

Call: 0471 - 2982488 / 9400 101 488 | Email: labxmedicalsystems@labx.in





CALIBRATION CERTIFICATE

Hospital Name	:	Nirnaya Diagnostics Centre, Trivandrum	
Address	:	Mainroad,Kunnathukal,Karakonam P O,Trivandrum	
Instrument Name	/	Microlab 300LX	
Serial No.	:	16-5585	
Department	:	Laboratory	
Calibration Date	:	10/11/2021	
Next Calibration Due	:	10/11/2022	
Appearance	:	Clean	

Room is Air Conditioned	[Yes	☐ No				
Power Supply Earthing	less than 5 V	∑ Yes	☐ No				
Room Working Environ	ment is Good	X Yes	☐ No				
<u>Initial check</u> : Switch (On ML300						
• Instrument is In	itialising properly	y		Yes	☐ No		
Display is showing	ng all Characters			Yes	☐ No		
• Inlet and Outlet	Valves working o	luring aspira	ation 🖂	Yes	☐ No		
Bellows pump is	moving to Home	position		Yes	☐ No		
• Start Up the ana	lyser software			Yes	☐ No		
• Lamp is Glowing	g			Yes	☐ No		
Key pad is work	ing			Yes	☐ No		
Aspiration Level	r is working			Yes	☐ No		
• Temperature of degrees	Peltier is showing	g 37		Yes	☐ No		
<u>acgrees</u>							
alidation: Performing F	ilter Check						
Select Filter	Range in Abs	Abs Va	lue	Repla	icement 1	Needed	
Filton 940nm	17 to 96	1.6		Voc		No	

Select Filter	Range in Abs	Abs Value	Replacement Needed	
Filter 340nm	1.7 to 2.6	1.6	Yes	No
Filter 405nm	1.2 to 2.6	1.7	Yes	No
Filter 505nm	0.8 to 2.6	1.8	Yes	No
Filter 546nm	0.8 to 2.6	1.5	Yes	No
Filter 578nm	0.6 to 2.6	0.8	Yes	No
Filter 620nm	0.6 to 2.6	1.1	Yes	No

<u>Must Stock Parts List</u>		Recommended for R	<u>Seplacement</u>
	Tubing Assay	Yes	☐ No
	Source Lamp	Yes	☐ No
	Waste Tube	Yes	☐ No





TC-13/1263(7)
FirstFloor,SaajComplex,Kumarapuram
MedicalCollege P.O, Trivandrum 695011
Kerala, India

Call: 0471 - 2982488 / 9400 101 488 | Email: labxmedicalsystems@labx.in

Performance Check:

✓ Aspiration Volume during Flush mode: 1500 µl
 ✓ Blanking is proper during test:
 ✓ Results are Satisfactory

Yes

Remarks:

Instrument is calibrated and working in good condition. Tested Samples and found results are satisfactory

This Calibration is valid from <u>10-11-2021</u> to <u>09-11-2022</u>

Next Calibration is on 10-11-2022.

Technical Acceptance

Amal V K

FSE – Elitech Instruments

LabX Medical Systems







INSTALLATION QUALIFICATION

CUSTOMER NAME	Nirnaya Diagnostics Centre - Trivandrum
CUSTOMER ADDRESS	Main Road, Kunnathukal, Karakonam P.O, Thiruvananthapuram
INSTRUMENT NAME	Microlab 300 LX
INSTRUMENT SERIAL NUMBER	16-5585
INSTALLATION DATE	09-11-2016



INSTALLATION, OPERATIONAL AND PERFORMANCE QUALIFICATION

☐ Yes

Transport damages Package damaged

Parts damaged					
If yes, please specify:	☐ Yes	⊠ No			
Initial check:					
Parts missing?		Part Number F	Part Description		
(Check against packin	g list)				
☐ Yes → Please	e specify parts				
□ No					
* Please return parts	, including a malfunction	n report.			
Line Voltage	/ Main Supply: 210 – 2	270V:			
☐ Earthing Vol	tage (0-5V):				
Room Air co	nditioned: Yes / No				
☐ Stabiliser / UPS Brand: Rating:					
(We recommend co	onnecting CA620 to CV	T or UPS of 0.5 KVA to 1 KV	VA)		
	END (OF QUALIFICATION-	~ ~ ~ ~ ~ ~ ~ ~		
		to ensure the proper function ons have been inspected and qu	ing of the device according to the ualified.		
		YES NO			
Customer's comments Installer's comments					
	Successfully verified all installation criteria as per manufacturecommendation.				
Customer (Name and Position)	Signature	Installer (Name and Position)	Signature		

No No

Amal V K Field Service Engineer LabX Medical Systems Remove all the Transpiration accessories / Clips / Packing.



OPERATIONAL QUALIFICATION

Connect the Waste Tubing.						
Switch ON the system and check the Display						
Check the initia	Check the initialising process.					
Check the Key	pad Keys					
Set System Par	ameters					
Check Valves a	and motor in the service	ce Menu.				
Check Aspirati	on of Liquid by pressi	ing Flush Key. (Should aspi	rate 1500ul)			
Check Filter w	heel movement and Al	bsorbance of each filter. (Ch	neck the data sheet)			
_		e element (Should be 37 deg				
	•	` .				
	ENT	OF QUALIFICATION	1			
	•	ed to ensure the proper functions have been inspected and	oning of the device according to the qualified.			
		XYES NO				
Customer's co	omments	Instal	ler's comments			
	Successfully verified all operational criteria as per manufacturer recommendation.					
Customer (Name and Position)	Signature	Installer (Name and Position)	Signature			
		Amal V K Field Service Engineer LabX Medical Systems	Specific			
This document i	s prepared and signed in	n duplicate. Each page must b	e initialled by the installer.			



PERFORMANCE QUALIFICATION

Filter Absorbance

<u>Calibrator</u>	Target Value	Range	Measured Value	Status
340	1.8	1.8 to 2.4	1.7	ОК
405	1.2	1.2 to 2.4	1.6	ОК
505	0.8	0.80 to 2.4	1.8	ОК
546	0.7	0.70 to2.4	1.5	ОК
578	0.6	0.60 to 2.4	0.8	ОК
620	0.6	0.60 to 2.4	1.1	ОК
Level 1	Target Value	Tolerance	Measured Value	Status
GLU	87.5	12	85	ОК
Chol	249	14	248	ОК
SGOT	39.3	8	37	ОК
SGPT	28.9	6.9	29	ОК
CREAT	20.04	0.6	1.99	ОК
Level 2	Target Value	Tolerance	Measured Value	Status
GLU	271	31	269	ОК
Chol	102	13	104	ОК
SGOT	196	24	193	ОК
SGPT	98	13	101	ОК
CREAT	5.54	0.6	5.67	ОК

-----END OF QUALIFICATION-----



INSTALLATION, OPERATIONAL AND PERFORMANCE QUALIFICATION

The customer confirms that the conditions required to ensure the proper functioning of the device according to the supplier's recommendations have been inspected and qualified.				
∑ YES ☐ NO				
Customer's co	mments	Installer's comments		
		Successfully verified all the performance criteria as per manufacturer recommendation		
Customer (Name and Position)	Signature	Installer (Name and Position)	Signature	
		Amal V K Field Service Engineer LabX Medical Systems	Angl	
This document is prepared and signed in duplicate. Each page must be initialled by the installer.				