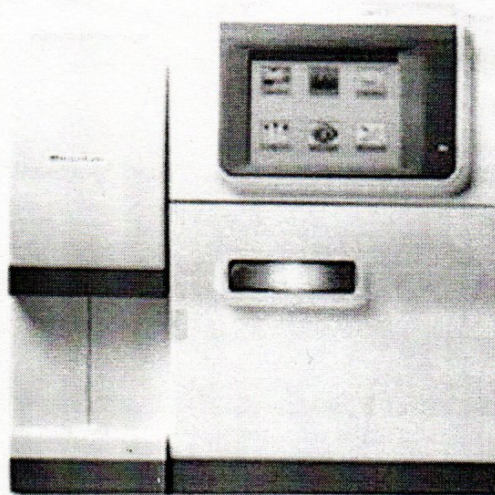


Call: 0471-2982488 / 9400101488 | Email: labxmedicalsistemas@labx.in



InnoLyte
Electrolyte Analyser

Calibration Certificate

Hospital Name	:	Nirnaya Diagnostics Trivandrum
Address	:	Main Road, Kunnathukal, Karakonam P O Trivandrum
Instrument Name	:	Innolyte
Serial No.	:	0350911161486
Department	:	Laboratory
Calibration Date	:	17-11-2021
Next Calibration Due	:	17-11-2022
Appearance	:	Clean

Calibration Status:

Item	Reagent	Value (mV)	Range	Remarks
Empty Tube ADC	Air	323	0-500	OK
Calibration A ADC	STD A	1235	>800	OK
Valve to Sensor Steps	STD A	1286	<2000	OK
Sodium	STD A	77.21	Stable	Ok
Sodium	STD B	71.45	Stable	Ok
Potassium	STD A	70.43	Stable	Ok
Potassium	STD B	85.6	Stable	Ok

Item	Concentration		
	Sodium	Potassium	Remarks
STD A	140	4	OK
STD B	110	8	OK

This is to certify that above instrument is calibrated and validated as per specification by the manufacturer and instrument is ready to report the samples of the patients with daily quality controls validation.

Performed by,

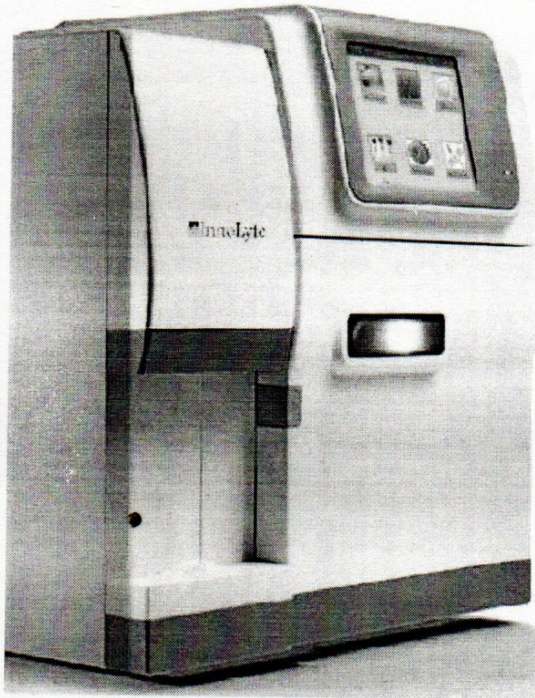



Amal V K
Service Engineer
Ernakulam



BOSE E. K, DMLT
Lab Technician
Niraya Laboratory

1) INNOLYTE INSTALLATION QUALIFICATION



 **InnoLyte**
Electrolyte Analyzer

LABORATORY : Nirnaya Diagnostics Centre

ADDRESS : Main Road, Kunnathukal, Karakonam P.O. Thiruvananthapuram

COUNTRY : India.

SERIAL No : 0350911161486

Software Ver :

Installation Date : 10-10-2016

Objective:

This checklist applies to the installation for InnoLyte, allowing the completion of each stage to be verified.

Documents required:

The reference for this checklist is the user's guide Rev:A/0 and an installation Check List.

1. Installation (instrument powered OFF):

1.1. Primary unpacking:

- | | | |
|---------------------------------------------------|----------------------------------------|------------------------------|
| Instrument and peripherals inspection. | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> NOK |
| Remove the instrument protective packing. | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> NOK |
| Checking the display,electrodes,tubing and probe. | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> NOK |

Comments:
Instrument received in good condition.

1.2. Installation auxiliary materials and disposables:

- | | | |
|------------------------------|----------------------------------------|------------------------------|
| Install the probe. | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> NOK |
| Install the peristaltic tube | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> NOK |
| Install the reagent. | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> NOK |
| Install the printer paper. | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> NOK |
| Install the waste bottle. | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> NOK |

Comments:
Successfully completed auxiliary installation.

1.3. Inspection of tubing connection and electrodes :

- | | | |
|----------------------------------------------------------|----------------------------------------|------------------------------|
| Physical inspection of tubing connection and electrodes. | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> NOK |
|----------------------------------------------------------|----------------------------------------|------------------------------|

Comments:
Inspected tubings, firmly connected & Electrodes found bubble free and adequately filled.

2. Switching on the instrument..

2.1. Language configuration:

Selected language. OK NOK

2.2. Self Check:

Initiated self check. OK NOK

Self check completed successfully. OK NOK

Comments: Software is configured and checked, completed successfully.

2.3. Instrument setup:

Set up test parameter. OK NOK

Set up unit. OK NOK

Set up std values. OK NOK

Set up the time. OK NOK

Set up aspiration volume. OK NOK

Set up empty tube ADC. OK NOK

Set up std A ADC. OK NOK

Set up deproteinization frequency. OK NOK


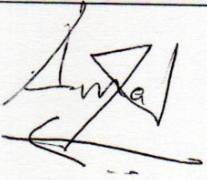
Set up calibration frequency. OK NOK

Set up revise function if necessary.. OK NOK

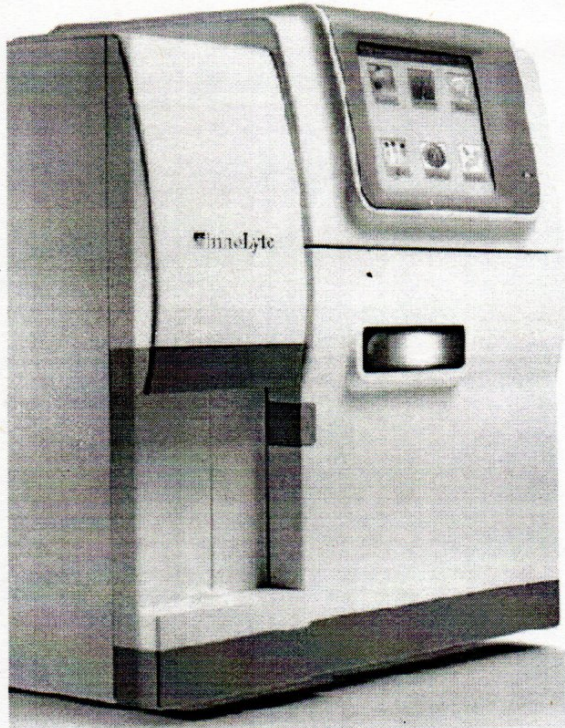
Comments:


Checked and verified all installation qualification with reference to manufacturer recommendatio

.....END OF INSTALLATION.....

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 comments		Installer's comments	
		Installation was successful and is well followed the a Recommendation by Manufacturer.	
Customer (name and position)	Signature	Installer (name and position)	Signature
E. K. Bose Owner		Amal V K FSE LabX.	
This document is prepared and signed in duplicate. Each page must be initialled by the installer.			

2) INNOLYTE OPERATIONAL QUALIFICATION



 **InnoLyte**
Electrolyte Analyzer

LABORATORY : Nirnaya Diagnostics Centre

ADDRESS : Main Road, Kunnathukal, Karakonam P.O. Thiruvananthapuram

COUNTRY : India.

SERIAL No : 0350911161486

Software Ver :

Installation Date : 10-10-2016

This document is property of LabX. It cannot be communicated or copied without any prior authorization

Objective:

Verify that the instrument is operating within established limits and tolerances.

This procedure must be carried out during the installation after a successful installation qualification (IQ).

Reference documents:

Refer to the user's manual REV: A/0.

1. Choice of parameters for acceptance testing:

The final QC procedure after production of a IVD analyser is to focus on the different measurement components. Thus the final phase tests will be performed with the following parameters:

Na,K,Cl,Ca,Li,pH.

These tests will check the performance of the analyser:

During these operations, the following modules are equally covered:

- Aspiration needle.
- ADC sensor.
- Electrode Packing.
- Tubing connections.
- Reagent sensor.
- Aspiration pump.
- Allot rotary valve.
- And all Electrodes.

A close look in to the calibration screen:

Empty tube ADC:	425
Std A ADC:	1025
Valve to sensor step:	10520

	Na	K	Cl
B	63.00	69.00	57.00
A	69.20	55.60	53.00
B	63.90	69.10	57.10
A	69.03	55.63	53.09
B	63.90	69.19	57.18
A	69.00	55.80	53.15
Slope	59.46	56.71	55.06

2. Data analysis:

Procedure:

This procedure consists of running quality control, third party(.....).

Products status:

Product name	Lot Number	Expiry date
Reagent(DS-I).	M211102	23-10-2023
QC Level 1	26481	10-08-2023
QC Level 2	26482	10-08-2023

2.3. QC acceptance ranges (lot:.....).

	Na (unit:mmol)		K (unit:mmol)		Cl (unit:mmol)	
	min	max	min	max	min	max
	Level-1	136	148	3.32	4.12	94.3
Level-2	119	131	5.63	6.21	78.4	88.1

*(please find attached value sheet for ref)

1. QC data:

(refer to 2.3. for acceptance ranges)

	Na (unit:mmol)		K (unit:mmol)		Cl (unit:mmol)	
	1	2	1	2	1	2
	Level 1	136	148	3.32	4.12	94.3
Level 2	119	131	5.63	6.21	78.4	88.1
acceptance (OK /NOK/ n/a)	OK	OK	OK	OK	OK	OK


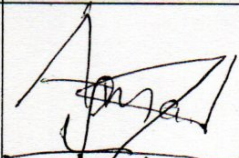
Comments: Successfully completed operational qualification verification

1. Repeatability Check:

With pool normal serum prepared from more than three samples.

Sr. No.	Na+	K+	Cl-
1	136.00	3.21	98.00
2	136.10	3.22	98.50
3	136.30	3.20	98.40
4	136.20	3.21	98.10
5	136.00	3.20	98.00

.....END OF OPERATIONAL 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.			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Customer's comments		Installer's comments	
		Successfully verified all operational criteria as per manufacturer recommendation.	
Customer (name and position)	Signature	Installer (name and position)	Signature
E. K. Bose owner		Amal V K FSE LabX.	
This document is prepared and signed in duplicate. Each page must be initialed by the installer.			

PERFORMANCE QUALIFICATION

Customer Name	Nirnaya Diagnostics Centre
Address	Main Road, Kunnathukal, Karakonam P.O, Thiruvananthapuram, Kerala
Instrument	Innolyte
Serial No	0350911161486

QC Results:

Level 1: 26481

		Mean	Ref. Range
Na	144.2	144	139-149
K	3.81	3.89	3.69- 4.09

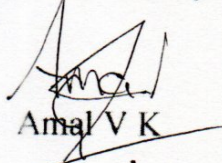
Level 11: 26482

		Mean	Ref. Range
Na	126	125	120-130
K	6.1	6.09	5.59-6.59

Repeatability:

Na	144	144.2	144.1	144.5
K	4.21	4.21	4.22	4.0

Performed by ,


Amal V K

Service Engineer





BOSE E. K, DMLT
Lab Technician
Nirnaya Laboratory

Ref.No:

35417


LabX
 medical systems

Instrument Repair Report

Customer Name:	Vishnaga Clinical Laboratory Diagnostic Center		
Address:	Kunnathukal		
District, State	Irum, Kerala		
Telephone No. :		Pin Code:	
Email ID:		Person In Charge	Baru
Instrument Model:	Innolyte	Mobile No:	
Call Received Date:	20/01/2022	Serial No.:	03509116148
Call Received Time:		Call Attended Dates:	20/01/2022
Customer Type		Call Attended Time:	In: Out:
Work Carried out at:			
<input type="checkbox"/> Warranty	<input checked="" type="checkbox"/> Site	<input type="checkbox"/> Service Centre	
Nature Of Visit			
<input type="checkbox"/> Installation	<input type="checkbox"/> Breakdown	<input type="checkbox"/> Application	
<input type="checkbox"/> AMC/CMC	<input type="checkbox"/> Emergency	<input type="checkbox"/> Others	
<input type="checkbox"/> RRC		Prev. Maintenance	
<input type="checkbox"/> Ad hoc /Others		<input type="checkbox"/> PM1	<input type="checkbox"/> PM2 <input type="checkbox"/> PM3
Customers Complaint			
PM visit			
Description of work done			
checked the instrument, cleaned the tubing, wash cup, changed the filling solution for Na ⁺ , K ⁺ , Cl ⁻ calibrated the instrument			
Run - sample, read instrument, part replaced			
Art No.	Description	Quantity	Foc/To pay
Customer Remarks			
			Problem resolved Yes/No
Customer service Feedback			
<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Engineers Details		Customer Details	
Name :	Rahul M.R	Name :	E.K. Baru
Signature :		Signature :	
Date :	20/01/2022	Seal :	

TC 13/1363(7), First Floor, Saj Complex, Kumarapuram, Medical College P.O
 Trivandrum- 695011, Mob: 9400101488, email: sevicesupport@labx.in

Channel Service Provider