

Instrument : RANDOX RX imola

Analyte	Standard Unit	Result Value	Mean	Z-Score	RMZ
X Bilirubin Total	mg/dl	0.66	0.10	4.28	5.21
X Bilirubin Direct	mg/dl	0.54	0.05	12.88	12.71
@ Glucose	mg/dl	84.90	84.45	1.78	2.13
@ Urea	mg/dl	20.70	20.70	-1.48	-0.98
@ Creatinine	mg/dl	0.98	0.98	-0.04	-0.01
@ Total Protein	g/dL	6.70	6.90	-0.42	-0.38
@ Albumin	g/dL	4.00	4.10	0.11	0.33
@ Uric Acid	mg/dl	4.30	4.45	-0.59	-0.33
@ Calcium	mg/dl	8.60	8.65	-0.29	-0.47
@ Phosphorous Inorganic	mg/dl	4.50	-	-0.32	-0.13
@ Cholesterol	mg/dl	174.50	170.25	0.98	1.33
@ Triglycerides	mg/dl	138.70	146.35	0.17	0.80
@ HDL	mg/dl	30.50	-	-1.93	-1.40
@ ALT	U/L	7.00	7.00	-0.92	-0.40
@ AST	U/L	19.20	19.20	1.04	1.74
@ ALP	U/L	47.00	59.50	-1.13	-1.76
@ GGT	U/L	43.90	-	0.74	0.57

Legend @ : Acceptable  
 ! : 2.0 < z score < 3.0 - Warning  
 X : z score ≥ 3 - Unacceptable  
 # : Not Evaluated  
 ⊙ : Delayed Result Entry  
 \* : Not considered for evaluation.

Total Parameters	17
Not Evaluated Parameters	0
Evaluated Parameters	17
Outlier Parameters (X)	2
EQAS Score Biochemistry	88.24 %

*Dr Puneet Kumar Nigam*

**Dr Puneet Kumar Nigam**  
 PT coordinator & Technical Manager, MHL EQAS  
 Unit No. 409-416.  
 Commercial Building - 1A  
 Kohinoor Mall, Kiroi Road, Kurla (W),  
 Mumbai - 400070

Analyte	Instrument	Result Value	Standard Unit	Z-Score
X Bilirubin Total	RANDOX RX imola	0.66	mg/dl	4.28
X Bilirubin Direct	RANDOX RX imola	0.54	mg/dl	12.88
Legend @ : z score $\leq$ 2.0 - Acceptable ! : 2.0 < z score < 3.0 - Warning X : z score $\geq$ 3 - Unacceptable # : Not Evaluated ⊙ : Delayed Result Entry ★ : Not considered for evaluation.				

Problem Classification: Total Bilirubin and direct Bilirubin results were found unacceptable as the Z score was more than 3

Corrective Action: Inter-lab comparisons (ILC's) was done w/ a known patient sample dated 22/05/2023 and results were found OK. Kindly refer ILC comparison sheet attached for the same.

Reviewed by: Dr. Sheetal Mane

Dated: 23/5/2023



**P.H Medical Centre Kandivali.**

**ILC(Inter-laboratory comparisons)**

**Form (Biochemistry)**

Sr.no	Test parameters	P.H Registration number	Sent on date	Report Received on date	Findings		Difference in Readings	LD/QM Remark
					Our result	Referral Lab result		
1)	Total Bilirubin	305223003	22/5/23	22/5/23	1.16	1.05	CV% 7.0%	As the cv% for both the test parameters are meeting the acceptance criteria i.e <10%. Also the IGC on EBS was done and ILC was done for both the parameters were in acceptable range.
2)	Direct Bilirubin	305223003	22/5/23	22/5/23	0.45	0.42	4.8%	

Comments:

Acceptance criteria: For acceptance the cut of % coefficient of variation will be 10%.

*Dr. Mane*  
23/5/23

**DR. SHEETAL MANE, M.B.B.S.**  
M.D. Consulting Pathologist,  
Lab Director



**AARYAMAN JATAV**

PID NO: P112301371504  
Age: 19.0 Year(s) Sex: Male



Reference: Dr. DR **Medical Laboratory Report**

**Sample Collected At:**  
P. H. Medical Centre - Kandivali  
Shop No.-102, ganesh Angan Chs, thakur  
Village Road, near Thakur  
Cinema, kandivali East, Mumbai 400101  
**Processing Location:-** Metropolis  
Healthcare Ltd, unit No409-416, 4th  
Floor, commercial Building-1, kohinoor  
Mall, mumbai-70

Registered On:  
22/05/2023 06:07 PM  
Collected On:  
22/05/2023 6:07PM  
Reported On:  
22/05/2023 10:40 PM

**Investigation**

**Bilirubin-Total**  
(Serum, Diazo method)

**Observed Value**

1.05

**Unit**

mg/dL

**Biological Reference Interval**

0-1.2

**Interpretation :**

1. Total Bilirubin is the sum of the unconjugated and conjugated fractions. Total Bilirubin is elevated in hepatitis, cirrhosis, haemolytic disorders, several inherited enzyme deficiencies, and conditions causing hepatic obstruction.
2. Neonatal Bilirubin quantitation is used to monitor diseases causing jaundice in the new-born, chiefly erythroblastosis fetalis (also caused haemolytic disease of the newborn or HDN.)
3. Physiologic jaundice is seen at serum bilirubin concentrations from 7 to 17 mg/dl. Serum bilirubin concentrations greater than 17 mg/dl may be pathologic. The primary concern is the potential for bilirubin encephalopathy or kernicterus.

**Bilirubin-Direct**  
(Serum, Diazo method)

**0.42**

mg/dL

0.0-0.3

**Note:** Direct Bilirubin is elevated in conditions causing hepatic obstruction, hepatitis, cirrhosis, several inherited enzyme deficiencies, and inherited defects in canalicular excretion.

**-- End of Report --**



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2139; Validity till 01-06-2024

**Dr. ALAP CHRISTY**  
MBBS, MD, PGDM-HC Head -  
Clinical Chemistry

Look for '●' mark for the authenticity of this report.

**INNER HEALTH REVEALED**

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf. \*\* Referred Test

**METROPOLIS**  
The Pathology Specialist



# P. H. MEDICAL CENTRE

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Near Santacruz Police Station,  
Santacruz (W), Mumbai - 400 054.  
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Shri Ganesh Aangan Society,  
Next to Thakur Mall, Thakur Village,  
Kandivali (E), Mumbai - 400 101.  
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## LABORATORY TEST REPORT

PATIENT'S NAME : **MR. AARYAMAN JATAV**  
Age / Sex : **19 Years / Male**  
Regn No. : **305223003**  
Ref. By : **Dr. -**  
SAMPLE TPYE : **SERUM**

Regn Date : **22/05/2023 10:01**  
Sample Col. : **22/05/2023 10:04**  
Print Date : **23/05/2023 08:21**  
Int. Ref. No. : **305223003**

### TOTAL BODY PROFILE

#### BIOCHEMICAL TEST

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>S. Bilirubin</b>			
Serum Bilirubin (Total), Diazo	1.16	mg/dl	0.2 - 1.2
Bilirubin (Direct) (N),Jendrassik	0.45	mg/dl	Upto 0.5
S. Bilirubin (Indirect)	0.71	mg/dl	upto 1.0
Method : Calculated			

\*\*\* END OF REPORT \*\*\*

**\* - Rechecked**

Thank you for the reference.  
Individual laboratory investigations are never conclusive but should be used  
along with other relevant clinical examinations to achieve final diagnosis.

Dr. Sheetal V. Mane  
M.D Consulting Pathologist