



CHRISTIAN MEDICAL COLLEGE

DEPARTMENT OF CLINICAL BIOCHEMISTRY
CMC EXTERNAL QUALITY ASSURANCE SCHEME
MONTHLY SUMMARY REPORT - NOVEMBER 2022



Lab Name LABXPERTS TECHNOLOGIES

Lab No 8178

Constituent Group Chemistry I

Date of Result Entered : 13/11/2022

PT item Lyophilized Serum

Date of Report Published : 06/12/2022

| Sl.No | Analyte | Method / Principle Name | Analyzer Name | No of Participants | DV | Participants | | Your Value | SDI | U |
|-------|--------------|--|--|--------------------|--------|--------------|-------|-------------|-------|------|
| | | | | | | CV | SD | | | |
| 1 | GLUCOSE | GOD-POD | Mindray | 210 | 320.04 | 6.46 | 20.68 | 337 mg/dL | 0.82 | 2.85 |
| 2 | UREA | Urease UV / GLDH | Mindray | 237 | 56.85 | 5.98 | 3.40 | 59 mg/dL | 0.63 | 0.44 |
| 3 | CREATININE | Jaffes End point | Any Analyser (Automation / Semi Automation) | 340 | 3.91 | 9.29 | 0.36 | 3.12 mg/dL | -2.18 | 0.04 |
| 4 | T.BILIRUBIN | Diazonium salt (Colorimetric) / Jendrassik | Mindray | 195 | 1.70 | 11.39 | 0.19 | 1.39 mg/dL | -1.61 | 0.03 |
| 5 | T-PROTEIN | Biuret - Colorimetric | Mindray | 232 | 5.51 | 5.97 | 0.33 | 6.6 g/dL | 3.3 | 0.04 |
| 6 | ALBUMIN | BCG - colorimetric | Mindray | 231 | 3.48 | 7.18 | 0.25 | 4 g/dL | 2.08 | 0.03 |
| 7 | CALCIUM | Arsenazo III | Mindray | 189 | 9.95 | 8.62 | 0.86 | 9.6 mg/dL | -0.41 | 0.12 |
| 8 | PHOSPHORUS | Molybdate UV / Phosphomolybdate complex | Mindray | 144 | 4.01 | 12.73 | 0.51 | 4.9 mg/dL | 1.74 | 0.09 |
| 9 | URIC ACID | Enzymatic / Uricase Colorimetric | Mindray | 241 | 9.02 | 6.88 | 0.62 | 11.3 mg/dL | 3.68 | 0.08 |
| 10 | CHOLESTEROL | CHOD-PAP | Mindray | 246 | 115.83 | 6.57 | 7.61 | 134 mg/dL | 2.39 | 0.97 |
| 11 | TRIGLYCERIDE | GPO-PAP / Enzymatic Colorimetric / End Point | Mindray | 228 | 223.64 | 6.73 | 15.06 | 225 mg/dL | 0.09 | 1.99 |
| 12 | HDL | Direct method / Enzymatic colorimetric | Mindray | 177 | 26.28 | 7.57 | 1.99 | 36 mg/dL | 4.88 | 0.30 |
| 13 | SODIUM | ISE - Indirect | Any Analyser | 575 | 137.32 | 3.16 | 4.34 | 141 mmol/L | 0.85 | 0.36 |
| 14 | POTASSIUM | ISE - Indirect | Any Analyser | 576 | 5.35 | 6.62 | 0.35 | 5.31 mmol/L | -0.11 | 0.03 |
| 15 | AST | UV kinetic(with & without PLP (P-5-P)) | Mindray | 216 | 160.01 | 7.64 | 12.22 | 146 U/L | -1.15 | 1.66 |
| 16 | ALT | UV kinetic(with & without PLP (P-5-P)) | Mindray | 223 | 51.91 | 13.08 | 6.79 | 40 U/L | -1.75 | 0.91 |
| 17 | ALP | PNP AMP kinetic | Mindray | 147 | 154.65 | 13.97 | 21.61 | 217 U/L | 2.89 | 3.56 |
| 18 | AMYLASE | CNPG3 | Agape | 80 | 77.67 | 11.64 | 9.04 | 66 U/L | -1.29 | 2.02 |

| | | | | | | | | | |
|----|-----------|--------------|---------|----|-------|------|-----------|------|------|
| 19 | MAGNESIUM | Xylidyl Blue | Mindray | 19 | 15.04 | 0.22 | 2.3 mg/dL | 3.82 | 0.10 |
|----|-----------|--------------|---------|----|-------|------|-----------|------|------|

| SDI Range | Interpretation |
|---------------------------------|--|
| Within -1.00 to +1.00 | Excellent. |
| Within ± 1.01 to ± 2.00 | Good. |
| Within ± 2.01 to ± 2.99 | Accept with caution. Warning Signal. |
| Beyond ± 3.0 | Unacceptable performance. Action Signal. |

LAB ADDRESS :

LABXPERS TECHNOLOGIES

SHOP NO E-14, G D A MARKET, PATEL NAGAR IIInd

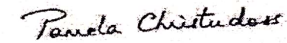
GHAZIABAD

UTTAR PRADESH201001

Coordinator Contact Details:

Email: clinqc@cmcvellore.ac.in

Contact Number: 0416-2283102



Dr. Pamela Christudoss
 CMC EQAS Coordinator
 Christian Medical College, Vellore

Homogeneity and Stability of the sample is passed.

Data in CMC EQAS reports is confidential


CMC EQAS does not sub contract any components

***** End of Report *****

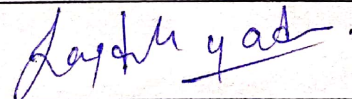


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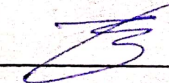
CAPA FORM

| S. No | Date | Outlier parameter | RCA | CAPA | EFFECTIVE DATE | SIGNATURE |
|-------|-----------|--|---------------------|---|----------------|---|
| 1. | 6/12/2022 | Observed outlier parameter of, Tl, Uric acid, HDL and Magnesium. | Because of Reorder. | Check controls on that day the controls are within in the range of Ref. & ICC from outsource Lab and the value of Tl, Uric acid & HDL is compared and the result is approximately same, for further use observe the analyte for next cycle. | 6/12/2022 |  |

Prepared By: Quality Manager :



Approved By: Director Laboratory: Dr. H.H.D Bhardwaj



| | | | |
|------------------------|---------------------------|---------------------|-----------------------|
| Name | : Dr. MOHIT SHARMA | Patient UID. | : 2502665 |
| Age/Gender | : 44 Yrs/Male | Visit No. | : 18522303100001 |
| Referred Client | : LDPL1526-micro path lab | Collected on | : 06-Dec-2022 02:00PM |
| Referred By | : SELF | Received on | : 06-Dec-2022 02:30PM |
| Doctor Name | : | Reported on | : 06-Dec-2022 06:22PM |
| Sample Type | : Serum - 10615198 | | |



| Test Name | Results | Unit | Bio. Ref. Interval |
|--|---------|--------|--------------------|
| BIOCHEMISTRY | | | |
| KIDNEY FUNCTION TEST (KFT)-BASIC | | | |
| UREA - SERUM <i>Methodology: Urease UV</i> | 18.8 | mg/dL | 19.0 - 44.0 |
| CREATININE-SERUM <i>Methodology: Jaffe Kinetic</i> | 0.96 | mg/dL | 0.90-1.30 |
| URIC ACID - SERUM <i>Methodology: Colorimetric</i> | 5.10 | mg/dL | 3.50 - 7.20 |
| SODIUM (SERUM) <i>Methodology: ISE</i> | 135.2 | mmol/L | 135 - 150 |
| POTASSIUM-SERUM <i>Methodology: ISE</i> | 4.16 | mmol/L | 3.5 - 5.5 |
| CHLORIDE ,Serum <i>Methodology: ISE</i> | 99.00 | mmol/L | 94 - 110 |
| BLOOD UREA NITROGEN (BUN) <i>Methodology: Calculated</i> | 8.79 | mg/dL | 8.00-23.0 |
| BUN/CREATININE RATIO <i>Methodology: Calculated</i> | 9.16 | Ratio | 10-20:1 Normal |
| UREA / CREATININE RATIO <i>Methodology: Calculated</i> | 19.58 | Ratio | 40-100:1 Normal |

INTERPRETATION
Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product produced by muscles from the breakdown of a compound called creatine. In blood, it is a marker of GFR, in urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection. It is removed from the body by the kidneys, which filter almost all of it from the blood and release it into the urine. This test measures the amount of creatinine in the blood and/or urine. Creatinine is part of the cycle that produces energy needed to contract muscles. Both creatine and creatinine are produced by the body at a relatively constant rate. Since almost all creatinine is filtered from the blood by the kidneys and released into the urine, blood levels are usually a good indicator of how well the kidneys are working.

REMARK-The amount of creatinine you produce depends on your body size and your muscle mass. For this reason, creatinine levels are usually slightly higher in men than in women and children. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Higher creatinine than normal level may be due to: • Blockage in the urinary tract • Kidney problems, such as kidney damage or failure, infection, or reduced blood flow • Loss of body fluid (dehydration) • Muscle problems, such as breakdown of muscle fibers • Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal creatinine level may be due to: • Myasthenia Gravis • Muscular dystrophy. Low serum creatinine values are rare; they almost always reflect low muscle mass.

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| | | | |
|-----------------|---------------------------|--------------|-----------------------|
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| Age/Gender | : 44 Yrs/Male | Visit No. | : 18522303100001 |
| Referred Client | : LDPL1526-micro path lab | Collected on | : 06-Dec-2022 02:00PM |
| Referred By | : SELF | Received on | : 06-Dec-2022 02:30PM |
| Doctor Name | : | Reported on | : 06-Dec-2022 06:22PM |
| Sample Type | : Serum - 10615198 | | |

BIOCHEMISTRY

| Test Name | Results | Unit | Bio. Ref. Interval |
|--|---------|-------|--|
| LIPID PROFILE BASIC | | | |
| CHOLESTEROL -TOTAL <i>Methodology: Cholesterol Oxidase,Esterase,Peroxidase</i> | 206.10 | mg/dL | <200 Desirable 200-239 Borderline high risk >240 High risk |
| TRIGLYCERIDES - SERUM <i>Methodology: Enzymatic End Point</i> | 204.40 | mg/dL | <150 |
| CHOLESTEROL - HDL (DIRECT) <i>Methodology: Direct Enzymatic Colorimetric</i> | 50.40 | mg/dL | >40 Recommended Range |
| NON-HDL CHOLESTEROL | 155.70 | mg/dL | <130 |
| CHOLESTEROL-LDL (DIRECT) <i>Methodology: Calculated</i> | 114.82 | mg/dL | <130 Recommended Range |
| VLDL ,SERUM <i>Methodology: Spectrophotometry/Calculated</i> | 40.88 | mg/dL | 0.00 - 45.0 |
| CHOL/HDL Ratio <i>Methodology: Calculated</i> | 4.09 | Ratio | 3.40-4.40 |
| LDL/HDL Ratio <i>Methodology: Calculated</i> | 2.28 | Ratio | 1.0-3.5 |
| HDL/LDL CHOLESTEROL RATIO <i>Methodology: Calculated</i> | 0.44 | Ratio | <3.50 |
| REFERENCE RANGES AS PER NCEP ATP III GUIDLINES | | | |

| TOTAL CHOLESTEROL | mg/dl | HDL | mg/dl | LDL | mg/dl | TRIGLYCERIDES | mg/dl |
|-------------------|---------|------|-------|---------------------------------|--------------------|-------------------|-----------------|
| Desirable | <200 | Low | <40 | Optimal | <100 | Normal | <150 |
| Borderline High | 200-239 | High | >60 | Near Optimal Borderline High | 100-129 130-159 | Borderline High | 150-199 |
| High | >240 | - | - | High Very High | 160-189 >190 | High Very High | 200-499 >500 |

ALERT!!!! 10-12 hours fasting is mandatory for lipid parameters.If not,values might fluctuate. CLINICAL NOTES

Lipid profile is initial screening tool for abnormalities in lipids. The results of this test can identify certain genetic diseases & can determine approximate risks for cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low HDL & elevated LDL, while elevated TG is risk factor for coronary artery disease, especially when low HDL is present. TG of 500mg/dL or more can be concerning for development of pancreatitis.

Remark-Measurements in the same patient can show physiological & analytical variations. 3 serial samples 1 week apart are recommended for Total Cholesterol, TG, HDL & LDL Cholesterol. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended. NCEP identifies elevated Triglycerides as an independent risk factor for Coronary Heart Disease (CHD).

Nabl Scope.

*** End Of Report ***

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REGN.NO : RMEE1901730

Clinically tested at LABEXPERTS TECHNOLOGIES, E-14 GDA MARKET PATEL NAGAR-II GHAZIABAD MOBILE NO - 9540255023



UHID :
 Lab Ref No : 223032901 Centre No. : 118 Booking Date &Time : 06-Dec-2022 10:00 am
 Name : Dr. MOHIT SHARMA Sample Coll. Date &Time : 06-Dec-2022 10:00 am
 Age /Sex : 44Y / Male Report Print Date &Time : 06-Dec-2023 2:22 pm
 Referred By : Self Sample By : ROHAN GAUTAM
 Centre Name : LABXPERS TECHNOLOGIES

| Test Name | Results | Units | Biological Ref-Range |
|-----------|---------|-------|----------------------|
|-----------|---------|-------|----------------------|

BIOCHEMISTRY

LFT (LIVER FUNCTION TEST)

Method: Spectrophotometry

| | | | |
|----------------------|------|-------|------------|
| SERUM BILIRUBIN | 0.52 | mg/dL | 0.1 - 1.2 |
| BILIRUBIN TOTAL | 0.20 | mg/dL | 0.1 - 0.40 |
| BILIRUBIN DIRECT | 0.32 | mg/dL | 0.1 - 0.60 |
| BILIRUBIN INDIRECT | 70 | IU/L | 2 - 40 |
| SGOT/AST | 133 | U/L | 2 - 40 |
| SGPT (ALT) | 114 | U/L | 30-120 |
| ALKALINE PHOSPHATASE | 6.8 | gm/dL | 6.0 - 8.0 |
| TOTAL PROTEINS | 4.1 | gm/dL | 3.5-4.8 |
| ALBUMIN | 2.70 | gm/dL | 2.3 - 3.5 |
| GLOBULIN | | | |
| A:G RATIO | 1.52 | | |
| G.G.T.P. | 126 | U/L | 10.0-45.0 |

INTERPRETATION:

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases. Hypoalbuminemia is found in any liver impairment, nephrosis, certain chronic diseases (Rheumatoid arthritis), malnutrition, severe hemorrhage and pregnancy.

Dr. H.H.D Bhardwaj (MD, MICRO)
Consultant Microbiologist



Dr. Roopali Singh (MD, Path)
Consultant Pathologist

Disclaimer:- For test performed on specimens received or collected from non Labxperts locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. Labxperts will be responsible only for the analytical part of test carried out. All other responsibility will be referring Laboratory.

REGN.NO : RMEE1901730

Clinically tested at LABEXPERTS TECHNOLOGIES, E-14 GDA MARKET PATEL NAGAR-II GHAZIABAD MOBILE NO - 9540255023



UHID :
 Lab Ref No : **223032901** Centre No. : **118** Booking Date & Time : 06-Dec-2022 10:00 am
 Name : **Dr. MOHIT SHARMA** Sample Coll. Date & Time : 06-Dec-2022 10:00 am
 Age /Sex : 44Y / Male Report Print Date & Time : 06-Dec-2022 2:22 pm
 Referred By : Self
 Centre Name : LABXPERS TECHNOLOGIES Sample By : ROHAN GAUTAM

Test Name **Results** **Units** **Biological Ref-Range**

BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST)

| | | | |
|---|--------|---------|-----------|
| BLOOD UREA Method: UREASE GLDH | 21 | mg/dL | 15-38 |
| SERUM CREATININE Method: ENZYMATIC | 0.80 | mg/dL | 0.62-1.17 |
| SERUM URIC ACID Method: URICAS TOPS | 4.9 | mg/dL | 3.6 - 8.2 |
| IONISED CALCIUM Method: ISE | 1.18 | mmol/L | 1.10-1.35 |
| SERUM PHOSPHOROUS Method: PHOSPHO-MOLYBDATE | 3.6 | mg/dl | 2.5-5.0 |
| SERUM PROTEINS | | | |
| TOTAL PROTEINS Method: BIURET | 6.8 | Gm/dL. | 6.0-8.0 |
| ALBUMIN Method: BCG | 4.1 | Gm/dL. | 3.5-4.8 |
| GLOBULIN Method: CALCULATED | 2.70 | Gm/dL. | 2.3 - 3.5 |
| A : G RATIO | 1.52 | | |
| SERUM SODIUM (Na) Method: ISE | 139.20 | SEmEq/L | 135 - 155 |
| SERUM POTASSIUM (K) Method: ISE | 4.12 | mEq/L | 3.5-5.5 |
| BLOOD UREA NITROGEN (BUN) Method: CALCULATED | 10 | mg/dl | 05-25 |
| BLOOD SUGAR FASTING (F) Method: GOD-POD | 107 | mg/dL | 70-110 |

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Developed by: www.saralpath.com

REGN.NO : RMEE1901730

Clinically tested at LABEXPERTS TECHNOLOGIES, E-14 GDA MARKET PATEL NAGAR-II GHAZIABAD MOBILE NO - 9540255023

UHID : _____
 Lab Ref No : **223032901** Centre No. : **118** Booking Date & Time : 06-Dec-2022 10:00 am
 Name : **Dr. MOHIT SHARMA** Sample Coll. Date & Time : 06-Dec-2022 10:00 am
 Age /Sex : 44Y / Male Report Print Date & Time : 06-Dec-2022 2:22 pm
 Referred By : Self
 Centre Name : LABXPERTS TECHNOLOGIES Sample By : ROHAN GAUTAM



| Test Name | Results | Units | Biological Ref-Range |
|-----------|---------|-------|----------------------|
|-----------|---------|-------|----------------------|

BIOCHEMISTRY

LIPID PROFILE DIRECT

Method: Spectrophotometry

| | | | |
|----------------------------|------|-------|---------|
| SERUM CHOLESTEROL TOTAL | 208 | mg/dL | <200 |
| SERUM TRIGLYCERIDES | 207 | mg/dL | <150 |
| HDL- CHOLESTEROL | 52.4 | mg/dL | 35-80 |
| VLDL-CHOLESTEROL | 42 | mg/dL | 10 - 30 |
| CHOL/HDL CHOLESTEROL RATIO | 3.45 | | |
| LDL/HDL CHOLESTEROL RATIO | 1.84 | | |

INTERPRETATION:

Low levels of HDL-CHOLESTEROL are associated with increased risk of ATHEROSCLEROTIC DISEASE of Coronary arteries.
 High TRIGLYCERIDES levels may be associated with Diabetes or Obesity, Fast about 12 hours and Avoid Alcohol intake.

NOTE : Lipid Profile RANGES AS PER NCEP-ATP III are:

Serum cholesterol (Total):

Desirable : < 200 mg/dl, Borderline : 200-250 mg/dl, Elevated : > 250 mg/dl

Serum high density lipoprotein cholesterol (HDL):

Desirable : > 60 mg/dl, Borderline : 40-65 mg/dl, Reduced is less than 40 mg/dl

Total cholesterol:

HDL cholesterol ratio :

Low risk : 2.5-3.5, Average risk : 3.5-5.0, Moderate risk : 5.5-11.0, High risk : >11.0

Serum low density lipoprotein (LDL) cholesterol:

Desirable : 100 mg/dl, Borderline : 100-130 mg/dl, Elevated : >= 130 mg/dl

Triglycerides :

Desirable less than : 170 mg/dl, Borderline : 170-199 mg/dl, High : 200-499 mg/dl, Very High : >= 500 mg/dl

LDL/HDL RATIO:

Normal range :2.5-3.0, High risk :>3.5

As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400 mg/dl.

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| | | | |
|------------------------|---------------------------|---------------------|-----------------------|
| Name | : Mrs. CHHAVI GOEL | Patient UID. | : 2467665 |
| Age/Gender | : 53 Yrs./Male | Visit No. | : 18522305100001 |
| Referred Client | : LDPL1526-micro path lab | Collected on | : 06-Dec-2022 02:00PM |
| Referred By | : SELF | Received on | : 06-Dec-2022 02:30PM |
| Doctor Name | : | Reported on | : 06-Dec-2022 06:11PM |
| Sample Type | : Serum - 10525198 | | |



| BIOCHEMISTRY | | | |
|---------------------|---------|-------|--------------------|
| Test Name | Results | Unit | Bio. Ref. Interval |
| Magnesium | 1.95 | mg/dl | 1.8-2.6 |

A low magnesium level is found in malabsorption syndrome, diuretics, aminoglycosides therapy, and hyperparathyroidism or diabetic acidosis. Elevated concentration of magnesium is found in uremia, chronic renal failure, glomerulonephritis, Addison disease or intensive anti acid therapy.
Clinical diagnosis should not be made on a single test result; it should integrate clinical and other laboratory data.

Nabl Scope.

*** End Of Report ***

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Clinically tested at LABEXPERTS TECHNOLOGIES, E-14 GDA MARKET PATEL NAGAR-II GHAZIABAD MOBILE NO - 9540255023



UHID : 223032572 Centre No. : 63 Booking Date &Time : 06-Dec-2022 10:15 am
 Lab Ref No : 223032572
 Name : Mr. CHHAVI GOEL Sample Coll. Date &Time : 06-Dec-2022 10:15 am
 Age /Sex : 53Y / Male Report Print Date &Time : 06-Dec-2022 9:49 pm
 Referred By : Self
 Centre Name : LABEXPERTS TECHNOLOGIES Sample By : LIYAQAT ALI

| Test Name | Results | Units | Biological Ref-Range |
|-----------|---------|-------|----------------------|
|-----------|---------|-------|----------------------|

BIOCHEMISTRY

| | | | |
|-----------|------|-------|---------|
| MAGNESIUM | 2.08 | mg/dl | 1.8-2.6 |
|-----------|------|-------|---------|

A low magnesium level is found in malabsorption syndrome, diuretics, aminogluco-side therapy, and hyperparathyroidism or diabetic acidosis. Elevated concentration of magnesium is found in uremia, chronic renal failure, glomerulonephritis, Addison's disease or intensive anti acid therapy.

Clinical diagnosis should not be made on a single test result; it should integrate clinical and other laboratory data.

-----{END OF REPORT }-----

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