METROPOLIS EQASPLUS
PROFICIENCY. TRAINING. EXCELLENCE

Metropolis Healthcare Ltd., EQAS

P.H.MEDICAL CENTRE (896)

Outlier And Analyte Summary Report

Outlier Details For Cycle No 230104 and Sample No 01

Report Date : 19/05/2023

Analyte	Instrument	Metro	Result Value	Standard Unit	Z-Score
X Glucose	Alinity (Abbott)	60	54.00	mg/dl	-4.74
X Albumin	Alinity (Abbott)	3.07	2.80	g/dL	-4.12
X Uric Acid	Alinity (Abbott)	3.00	3.00	mg/dl	-3.6
X Cholesterol	Alinity (Abbott)	123	121.00	mg/dl	-4.93
X Triglycerides	Alinity (Abbott)	104	96.00	mg/dl	-3.24
! Total Protein	Alinity (Abbott)	5.34	5.50	g/dL	-2.78
! Calcium	Alinity (Abbott)	6.4	6.40	mg/dl	-2.71
! Phosphorous Inorganic	Alinity (Abbott)	3.0	2.90	mg/dl	-2.81
! ALP	Alinity (Abbott)	53	39.00	U/L	-2.39

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

Problem Classification: _____

Corrective Action: _____

Reviewed by: _____ **Dated:** _____

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Outlier And Analyte Summary Report

Result Details For Cycle No 230104 and Sample No 01 **Report Date :** 19/05/2023

Instrument : **Alinity (Abbott)**

Analyte	Metro	Standard Unit	Result Value	Mean	Z-Score	RMZ
X Glucose	60	mg/dl	54.00	68.47	-4.74	-2.87
@ Urea		mg/dl	19.20	21.13	-1.83	-1.21
@ Creatinine		mg/dl	0.73	0.86	-1.26	-0.38
@ Bilirubin Total		mg/dl	0.17	0.24	-0.14	0.52
@ Bilirubin Direct		mg/dl	0.10	0.11	-0.03	-0.14
! Total Protein	5.34	g/dL	5.50	6.69	-2.78	-1.34
X Albumin	3.07	g/dL	2.80	4.04	-4.12	-2.46
X Uric Acid		mg/dl	3.00	4.10	-3.60	-2.10
! Calcium		mg/dl	6.40	7.94	-2.71	-1.86
! Phosphorous Inorganic		mg/dl	2.90	3.67	-2.81	-1.87
X Cholesterol		mg/dl	121.00	164.91	-4.93	-2.62
X Triglycerides		mg/dl	96.00	125.10	-3.24	-2.10
@ HDL		mg/dl	28.00	38.80	-1.59	-0.42
@ ALT		U/L	8.00	7.80	0.29	0.24
@ AST		U/L	14.00	17.62	-1.21	-0.86
! ALP		U/L	39.00	50.26	-2.39	-1.71
@ GGT		U/L	19.00	20.87	-1.21	-0.74

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)	5
EQAS Score Biochemistry	70.59 %

DKNigam

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

CORRECTIVE ACTION

Medical Laboratory Report

EQAS

PID NO: P112301371744
Age: 1.0 Year(s) Sex: NA

Reference: Dr.DR SELF
Sample Collected At:
P.h Medical Centre(22)
Sai-rachna, Juhu Road, Near Santacruz Police Station, Santacruzw MumbaiZone: W-13a(22)
Processing Location:- Metropolis Healthcare Ltd,unit No409-416,4th Floor,commercial Building-1,kohinoor Mall,mumbai-70

VID: 230011001364419
Registered On:
22/05/2023 09:08 PM
Collected On:
22/05/2023 9:13PM
Reported On:
22/05/2023 11:31 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random (Plasma-R,Hexokinase)	60	mg/dL	Diabetes mellitus:: >= 200 (on more than one occassion) (American diabetes association guidelines 2022)

Interpretation:
- High levels (More than or equal to 400 mg/dL) are considered a critical value.
- Infants older than 1 week: Low levels (Less thn or equal to 40 mg/dL) are considered to be potentially life threatening.
- Infants younger than 1 week: Low levels (Less than or equal to 25 mg/dL) are considered to be potentially life threatening.

Clinical Utility:
- Helpful in evaluation of diabetes and other carbohydrate metabolism disorders including gestational diabetes, neonatal hypoglycemia, idiopathic hypoglycemia and pancreatic islet cell carcinoma.

Note:
- Whole blood glucose levels (capillary blood/ glucometer samples) are 12 – 15% lower than plasma concentrations.
- Exercise immediately before sample collection can lower random glucose test results.

Associated Tests:
- HbA1c(H0018), Diabetes Profile – Maxi (D0021)

Reference:
- Kit insert
- Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics. 8th edition. Edited by CA Burtis.

Cholesterol-Total (Serum,Enzymatic)	123	mg/dL	Desirable: < 170 Borderline High: 170-199 High: >= 200
Triglycerides level (Serum,Enzymatic)	104	mg/dL	Desirable level: < 125 High: >= 125
Proteins (Serum)			
Total Protein (Biuret)	5.34	g/dL	5.1-7.3
Albumin (Bromocresol green)	**3.07**	g/dL	3.8-5.4
Globulin	2.27	g/dL	1.8-3.6
A/G Ratio (Calculated)	1.35		1.1-2.2

lynazareth

Dr. LYNDA.RODRIGUES
M.D. Pathology

METROPOLIS
The Pathology Specialist

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*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*

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Investigation	Observed Value	Unit	Biological Reference Interval

Interpretation:

- Total Proteins are useful in the diagnosis and treatment of disease involving liver, kidney, bone marrow ,metabolic and nutritional disorders.
- The protein concentration of serum is an indicator of the hydration state of the body.
- Prolonged bed rest results in decreased total protein concentration.
- The A/G ratio measures the relative ratio of albumin to globulin
- Low A/G ratio may indicate viral infections, liver and kidney disease, or autoimmune disorders. These diseases increase globulin and decrease albumin thus lowering the A/G ratio.
- A high A/G ratio may indicate diseases that make the body produce less globulin, such as genetic disorders or may result from the use of immunosuppressive drugs.

Reference:

- Juraschek SP, Moliterno AR, Checkley W, Miller ER 3rd. The Gamma Gap and All-Cause Mortality. PLoS One. 2015 Dec 2;10(12):e0143494
- Busher JT. Serum Albumin and Globulin. In: Walker HK, Hall WD, Hurst JW, editors. Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition. Boston: Butterworths; 1990. Chapter 101.
- Pack Insert

Alkaline Phosphatase (Serum,p-nitrophenyl phosphate(IFCC))	53	U/L	122-469
Calcium (Serum,NM-BAPTA)	6.4	mg/dL	9.0-11
Phosphorous (Serum,Molybdate UV)	3.0	mg/dL	3.5-6.6

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230011001364419

EQAS

PID NO: P112301371744
Age: 1.0 Year(s) Sex: NA

Reference: Dr.DR SELF
Sample Collected At:
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Registered On:
22/05/2023 09:08 PM
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Investigation	Observed Value	Unit	Biological Reference Interval
Uric Acid (Serum,Uricase)	3.0	mg/dL	1.2-5.6

Interpretation:

- Increased in Gout, asymptomatic hyperuricemia, leukemia, polycythemia, hemolytic anemia, sickle cell anemia, resolving pneumonia, toxemia of pregnancy, psoriasis, lymphoma, metabolic acidosis, chronic lead poisoning.
- Decreased in disorders of copper accumulation , kidney tubule disorder, Acromegaly, Celiac disease, Xanthine oxidase deficiency.
- Its used to monitor gout and also chemotherapeutic treatment of neoplasm to avoid renal urate deposition with possible renal failure (tumor lysis syndrome).

Note:

- A purine rich diet as well as sever exercise increases uric acid values.
- High protein-weight reduction diet and alcohol consumption can cause raised uric acid levels.

Reeference:

- Package insert
- Wallach's interpretation of diagnostic tests, Ed11, 2020.
- Henry's Clinical Diagnosis and Management by Laboratory Methods. 23rd ed; 2017.
- Tietz fundamentals of clinical chemistry 6th edition. Burtis CA, Ashwood ER, Bruns DE, 2008.

-- End of Report --

MC-2139

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

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