

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		mg/dl	-3.6
X Cholesterol	Alinity (Abbott)	12-3	121.00		-4.93
X Triglycerides	Alinity (Abbott)	104	96.00		-3.24
1 Total Protein	Alinity (Abbott)	5.34	5.50		-2.78
Calcium	Alinity (Abbott)	6.4		mg/dl	-2.71
Phosphorous Inorganic	Alinity (Abbott)	3.0		mg/dl	-2.81
ALP	Alinity (Abbott)	53	39.00		-2.39

Legend @: z score ≤ 2.0 - Acceptable

1 : 2.0 < z score < 3.0 - Warning

X : z score ≥3 - Unacceptable

: Not Evaluated

O: Delayed Result Entry

* : Not considered for evaluation.

Problem Classification:	
Corrective Action:	
Reviewed by:	Dated:



Metropolis Healthcare Ltd., EQAS

P.H.MEDICAL CENTRE (896)

Outlier And Analyte Summary Report
Result Details For Cycle No 230104 and Sample No 01

Report Date: 19/05/2023

strument: Alinity (Abbott)	- Indicated	a. Lad Hait	Result Value	Mean	Z-Score	RMZ
Analyte	Metro	Standard Unit	54.00	68.47	-4.74	-2.87
X Glucose	60	mg/dl	19.20	21.13	-1.83	-1.21
		mg/dl	0.73	0.86	-1.26	-0.38
@ Urea		mg/dl	0.17	0.24	-0.14	0.52
@ Creatinine		mg/dl		0.11	-0.03	-0.14
@ Bilirubin Total		mg/dl	0.10	6.69	-2.78	-1.34
@ Bilirubin Direct	5.34	g/dL	5.50	4.04	-4.12	-2.46
1 Total Protein	3,07	g/dL	2.80	4.10	-3.60	-2.10
X Albumin	3.0.1	mg/dl	3.00		-2.71	-1.86
X Uric Acid		mg/dl	6.40	7.94	-2.81	-1.87
Calcium		mg/dl	2.90	3.67	-4.93	-2.62
Phosphorous Inorganic		mg/dl	121.00	164.91	-3.24	-2.10
X Cholesterol		mg/dl	96.00	125.10		-0.4
X Triglycerides		mg/dl	28.00	38.80	-1.59	0.2
@ HDL		U/L	8.00	7.80	0.29	-0.8
@ ALT		U/L	14.00	17.62	-1.21	-1.7
@ AST		U/L	39.00	50.26	-2,39	
ALP		U/L	19.00	20.87	-1.21	-0.7
@ GGT		0/2		Tota	al Parameters	17
Legend @: Acceptable				Not Evaluate	d Parameters	
! : 2.0 < z score < 3.0 - Warning X : z score ≥3 - Unacceptable # : Not Evaluated ① : Delayed Result Entry					d Parameters	1
					Outlier Parameters (X)	
		- 4		EQAS Score Biochemist		70.59 %
* : Not considere	d for evaluation.					

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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

Sample Collected At:

P.h Medical Centre(22)

E ACTION
Reference: Dr.DR SELF WID: 230011001364419

Registered On: 22/05/2023 09:08 PM

Collected On: 22/05/2023 9:13PM

Reported On: 22/05/2023 11:31 PM

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



W-13a(22) Processing Location:- Metropolis Healthcare Ltd,unit No409-416,4th Floor,commercial Building-1,kohinoor Mall, mumbai-70

Sai-rachna, Juhu Road, Near Santacruz

Police Station, Santacruzw MumbaiZone:

Investigation Glucose Random (Plasma-R, Hexokinase)

EQAS

Observed Value

Unit mg/dL Biological Reference Interval 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.

			- 1 11 470
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)		4	
Total Protein (Biuret)	5.34		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
	(Serum,Enzymatic) Triglycerides level (Serum,Enzymatic) Proteins (Serum) Total Protein (Biuret) Albumin (Bromocresol green) Globulin A/G Ratio	(Serum,Enzymatic) Triglycerides level (Serum,Enzymatic) Proteins (Serum) Total Protein 5.34 (Biuret) Albumin (Bromocresol green) Globulin 2.27 A/G Ratio 1.35	Triglycerides level (Serum,Enzymatic) 104 mg/dL

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Dr. LYNDA.RODRIGUES M.D. Pathology

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EQAS

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



Reference: Dr.DR SELF | VID: 230011001364419 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

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

Interpretation:

- Total Proteins are useful in the diagnosis and treatment of disease involving liver, kidney, bone marrow ,metabolic and
- 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:

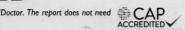
- Juraschek SP, Moliterno AR, Checkley W, Miller ER 3rd. The Gamma Gap and All-Cause Mortality. PLoS One. 2015 Dec 2;10(12):e0143494
- Busher JT. Serum Albumin and Globulin. In: Walker HK, Hall WD, Hurst JW, editors. Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition. Boston: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

0	Alkaline Phosphatase (Serum,p-nitrophenyl phosphate(IFCC))	<u>53</u>	U/L	122-469
0	Calcium (Serum,NM-BAPTA)	6.4	mg/dL	9.0-11
O	Phosphorous (Serum Mokhdata IIV)	3.0	mg/dL	3.5-6.6

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Dr. LYNDA.RODRIGUES M.D. Pathology







EQAS

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



Reference: Dr.DR SELF Medical Laboratory Report 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

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

Investigation

Uric Acid (Serum, Uricase) **Observed Value**

Unit

Biological Reference Interval

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
- 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 --



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

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Dr. LYNDA.RODRIGUES M.D. Pathology





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 physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf. ** Referred Test





Metropolis Healthcare Ltd., EQAS

P.H.MEDICAL CENTRE (896)

Outlier And Analyte Summary Report Result Details For Cycle No 230104 and Sample No 02

Report Date: 19/05/2023

Instrument:

Alinity (Abbott)

Analyte	Standard Unit	Result Value	Mean	Z-Score	RMZ
@ Glucose	mg/dl	72.00	72,21	-0.99	-2.87
@ Urea	mg/dl	23.50	23.18	-0.59	-1.21
@ Creatinine	mg/dl	1.01	0.93	0.51	-0.38
@ Bilirubin Total	mg/dl	0.26	0.28	1.18	0.52
@ Bilirubin Direct	mg/dl	0.10	0.11	-0.25	-0.14
@ Total Protein	g/dL	7.00	6.93	0.10	-1.34
@ Albumin	g/dL	3.70	3.81	-0.80	-2.46
@ Uric Acid	mg/dl	4.30	4.28	-0.59	-2.10
@ Calcium	mg/dl	8.10	8.18	-1.01	-1.86
@ Phosphorous Inorganic	mg/dl	3.80	3.86	-0.92	-1.87
@ Cholesterol	mg/dl	161.00	160.68	-0.31	-2.62
@ Triglycerides	mg/dl	131.00	130.50	-0.95	-2.10
@ HDL	mg/dl	39.00	39.52	0.76	-0.42
@ ALT	U/L	8.00	7.57	0.18	0.24
@ AST	U/L	16.00	17.52	-0.50	-0.86
@ ALP	U/L	48.00	53.18	-1.03	-1.71
@ GGT	U/L	37.00	34.93	-0.26	-0.74
Legend @: Acceptable			Total		
: 2.0 < z score < 3.0 - Warning			Total Parameters		17
X : z score ≥3 - Unacceptable			Not Evaluated P		0
# : Not Evaluated			Evaluated P	arameters	17
③ : Delayed Result Entry			Outlier Para	meters (X)	0
* : Not considered for evaluation.			EQAS Score Bio	ochemistry	100.00 %

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