

CHRISTIAN MEDICAL COLLEGE

DEPARTMENT OF CLINICAL BIOCHEMISTRY

CMC EXTERNAL QUALITY ASSURANCE SCHEME

MONTHLY SUMMARY REPORT - MAY 2023

Lab Name

TATA 1MG Labs Dehradun

Lab No

15585

Constituent Group

Chemistry I

Date of Result Entered:

10/05/2023

PT item

Lyophilized human serum based

Date of Report Published:

05/06/2023

SIA	lo Analyte	Method / Principle Name	Analyzer Name	No of	DV	Parti	cipants	Your		
	1	T .		Participants	DV	CV	SD	Value	SDI	L
1	GLUCOSE	Hexokinase	Siemens (Advia Series / Dimension Series)	104	244.98	3.25	7.96	233 mg/dL	-1.51	1.5
2	UREA	Urease UV / GLDH	Siemens (Advia Series / Dimension Series)	126	78.57	4.74	3.72	79.18 mg/dL	0.16	0.6
3	CREATININE	Jaffes Kinetic - Alkaline picrate	Siemens (Advia Series / Dimension Series)	109	1.67	6.03	0.10	1.74 mg/dL	0.69	0.0
4	T.BILIRUBIN	Others (DPD, Vanadate Oxidation)	(Automation / Semi	247	4.13	11.79	0.49	4.8	1.38	0.0
5	T-PROTEIN	Biuret - Colorimetric	Siemens (Advia Series / Dimension Series)	121	4.76	3.40	0.16	mg/dL 4.7 g/dL		0.0
6	ALBUMIN	BCG - colorimetric	Siemens (Advia Series / Dimension Series)	51	2.92	5.38	0.16	3 g/dL	0.51	0.0
7	CALCIUM	Arsenazo III	Any Analyser (Automation / Semi Automation)	968	9.49	6.34	0.60	9.1	-0.65	0.0
8	PHOSPHORUS	Molybdate UV / Phosphomolybdate complex	Siemens (Advia Series / Dimension Series)	69	5.39	4.84	0.26	mg/dL 5.54	0.57	0.0
9	URIC ACID	Enzymatic / Uricase Colorimetric	Siemens (Advia Series / Dimension Series)	116	8.15	3.57	0.29	mg/dL 8.1	-0.17	0.0
10	CHOLESTEROL	CHOD-PAP	Siemens (Advia Series / Dimension Series)	124	86.14	6.23	5.36	mg/dL 116	5.57	-
11	TRIGLYCERIDE	GPO-PAP / Enzymatic Colorimetric / End Point	Siemens (Advia Series / Dimension Series)	120	135.12	4,50	6.08	mg/dL 155		0.9
12	HDL	Direct method / Enzymatic colorimetric	Siemens (Advia Series / Dimension	111	24.69	8.36	2.06	mg/dL 22.7	3.27	1.11
13	SODIUM	ISE - Direct	Series) Transasia / Erba	220	_	0.00	2.06	mg/dL	-0.96	0.39
14	POTASSIUM	ISE - Direct	Transasia / Erba	232	134.64	3.05	4.10	132 mmol/L	-0.64	0.54
15	CHLORIDE	ISE - Direct		220	3.12	5.22	0.16	2.88 mmol/L	-1.47	0.02
16	AST	UV kinetic(with &	Transasia / Erba Siemens (Advia	176	98.20	3.62	3.55	97.9 mmol/L	-0.08	0.54
	ALT	without PLP (P-5-P)) UV kinetic(with &	Series / Dimension Series) Siemens (Advia	112	174.86	5.11	8.94	156 U/L	-2.11	1.69
		without PLP (P-5-P))	Series / Dimension Series)	113	89.00	10.69	9.51	90 U/L	0.11	1.79
18	ALP	PNP DEA kinetic	Any Analyser (Automation / Semi Automation)	391	348.86	17.23	60.10	389 U/L	0.67	6.08
9	AMYLASE	Enzymatic Colorimetric / G7PNP Blocked	Siemens (Advia Series / Dimension Series)	18 .	88.24	5.27	4.65	115 U/L	5.76	2.19

6/7/23, 12:22 PM

External Quality Assurance Scheme - Print Monthly Summary

20	IRON	Ferro Zine (No Protein Removal)	Any Analyser (Automation / Semi Automation)	354	76.62	5.26	4.03	78 ug/dL	0.34	0.43
	SDI F	Range		Interpreta	tion					
Withir	1 -1.00 to +1.00	E	excellent.							
Withir	±1.01 to ±2.00	C	Good.							
Withir	±2.01 to ±2.99	A	ccept with caution. Wa	rning Signal						
Beyor	nd ±3.0	ι	Unacceptable performance. Action Signal.							

LAB ADDRESS:

TATA 1MG Labs Dehradun 2Nd Floor ,Plot No. 1072,Ashirwad Tower,Ballupur Road,Chakrata Road, Sunder Vihar, ,Uttarakhand, Dehradun UTTARAKHAND248001

> **Coordinator Contact Details:** Email:clinqc@cmcvellore.ac.in Contact Number: 0416-2283102

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

Panela Christudoss

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 ******



	TATA 1mg Labs
TATA 1mg	Technologies Private Limited
	Proficiency Testing - Action Needed
Form Name	Form
Form No.	Gen / FR / 59
Issue Date & Version No.	01-Jul-2022 V2

Section 1 - Initiat	ion of ANF (to	be filled by the	person who raising the A	(NF)
PT/EQAS Agency	CAP	- AIIMS - BIC	DRAD - CMC -	RML Other
Survey name & di	stribution ID: C	MC Clinical Chemis	stry	
Date on agency re	port: 05-Jun-2	023		
ANF No: DDN/JUN/23/04	Issued by: P	rashant Singh	Issue Date: 09-Jun-2023	<u>Due date</u> : 24-Jun-2023
Department: Bioch	nemistry			
ANALYTE or EXA	MINATION: A	mylase		
Sample ID	Result submitted	PT targets	PT acceptable range	Problem/Performance
May	115 U/L	88.24	78.94- 97.54	2.19
		o la completa de la completa del completa del completa de la completa del completa del completa de la completa della completa de la completa de la completa de la completa della della completa della com	and within last 12 months	lab in regulatory jeonardy for this analyte?)
Comment /Observ	ations: (e.g. tre	ena, previously mis	sseu within last 12 months	, lab in regulatory jeopardy for this analyte?)

SI	tion 2 - Investigation of Non Conformance- Checklist ANF-CHECKLIST	Yes	No	N/A
<u>의</u> 1	Specimen temperature check, as per kit instructions	✓		
2	Specimen storage condition check, as per kit instructions	1	iv.	
3	Specimen physical condition check	1		
4	Sample integrity up to arrival in lab: any shipping, delay or other sample problems?		✓	
5	Sample integrity in-house: any problems with sample handling in the lab?		✓	
6	Were there any instrument problem?		✓	
7	Were there any method problem?		1	
8	Were there any faulty reagent/QC and Calibrator?		✓	
9	Were there QC trends / problems at time of assay?		√	
10	Was Peer group data checked, if required	1		
11	Were there any Calibration (Intercept/slope) problems at time of assay?		✓	
12	Was water quality checked?	1		
13	Did any technical errors occur due to pipetting error		1	
14	Did any technical errors occur due to sample mix-up		1	
15	Did any technical errors occur due to incorrect process, other than reconstitution,		1	
16	dilution or calculation errors, Did any technical errors occur due to misinterpretations		1	



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17	Was the instrument checked for daily. Weekly. Monthly, semiannually and Annual maintenance	✓		
18	Was there a lab clerical error? (e.g. error in unit conversion needed for survey only, transcription error onto result form, wrong method details submitted, Factor removal)		1	
19	Was there a clerical error by the PT / EQA agency?		1	
20	Were there Patient data trends / problems at time of assay?		1	
21	Were there any gaps / issues in training or competency assessment?		1	
22	Was the sample condition appropriate at time of retesting (mention temperature)			1
23	Has sample been re-tested / re-examined?		1	
24	Has the lab perform Interlaboratory Comparison	√		
-				

Questions 4-22 give details for any Yes answers

The instrument has been checked for daily, weekly, monthly, semi annual and annual maintenance. No issue found.

Water quality also checked. No issue found.

ILC has been performed with Okhla Lab on ADVIA 2400 instrument.

Sample ID

Original result

Repeat value/
Lab Result

Referral Lab
Result

Res

Section 3 Root cause	(Refer to Non-conformance error Reason)
Why do you think the n	on-conformance / error occurred? Use this area to explain your findings.
The pre-analytical,ana	alytical and post-analytical assessment has been carried out.
The non-conformities	occurred may be due to a random error.

Assessment of the impact of root cause on patient results (Patient results may be affected before, during or after the PT event). Describe how the conclusion of impact was made and any corrective actions made to the patient result(s); "If No" - Explain why there was no patient impact?



	TATA 1mg Labs
TATA	1mg Technologies Private Limited
	Proficiency Testing - Action Needed
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Describe any previou	us proficiency testing issues w	ith this test in the last sample:NA	
Section 4: Departm	ent - Conclusion & Correcti	ve / Preventive Action	
What corrective act	tion have you carried out?		
Daily QC trends wil	I be continued to be monitor	red.	
An ILC had also be	en performed with Okhla lab	The values obtained in ILC are co	ncordant with our value.
Preventive action p	ut into place?		
Preventive action p		I the next evels regult evaluation	
-		l the next cycle result evaluation	1.
-		l the next cycle result evaluation	1.
Γhe parameter is l	kept under observation til		1.
Γhe parameter is l			1.
Γhe parameter is l	kept under observation til		1.
Γhe parameter is l	kept under observation til		1.
Γhe parameter is l	kept under observation til		
Γhe parameter is l	kept under observation til	d preventive action: NA	Lab Head

Date when ANF received to QA along with supporting documents:



pNPG7

Name : Mr.JAI PRAKASH ILC

Age/Gender : 42 Y 0 M 0 D /Male

Patient ID : DDN33375

Barcode ID/Order ID : Z3600759 / Z3600759

Referred By Sample Type : Serum

: SELF

Client Name

Registration Date : 18-Jun-23 07:12 PM

Collection Date : 18/Jun/2023 07:13PM Sample Receive Date : 18/Jun/2023 07:14PM

Report Status : Final Report

Report Date : 19/Jun/2023 03:41PM

BIOCHEMISTRY

Test Name Bio. Ref. Interval Result Unit Method Amylase U/L 30.0 - 118.0 Ethylidene Blocked-

Comment:

- Amylase is produced by Pancreas and some salivary glands.
- Amylase levels are significantly increased in patients with acute pancreatitis, pancreatic duct obstruction, carcinoma pancreas, ovaries, or lungs, cholecystitis, macroamylasemia, renal disease, pancreatic pseudocyst, procedures like Endoscopic retrograde cholangiopancreatography(ERCP) and acute alcohol poisoning.
- Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimester of pregnancy, Gastrointestinal cancer & bone fractures.
- Drugs causing increased amylase levels are aspirin, diuretics, or al contraceptives, corticosteroids, indomethacin, ethyl alcohol and opiate intake.
- In acute pancreatitis, elevated amylase levels usually parallel lipase concentrations, although lipase levels may take a bit longer to rise, will remain elevated longer and are more specific than amylase as a marker for pancreatitis.

*** End Of Report ***

Dr. Anupriya Nautiyal MBBS, MD (Pathology) Consultant Pathologist Reg No: 6189



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_				

Name Age/Gender

: Mr.JAI PRAKASH ILC : 42 Y 0 M 0 D /Male

Patient ID

: DDN33374

Barcode ID/Order ID

: B3600759 / B3600759

Referred By

: SELF Sample Type : Serum Client Name

: TATA IMG DEHRADUN

Registration Date

: 18-Jun-23 07:11 PM

Collection Date

: 19/Jun/2023 04:42PM

Sample Receive Date

: 20/Jun/2023 08:58AM

Report Status

: Final Report

Report Date

: 20/Jun/2023 01:49PM

BIOCHEMISTRY

Test Name

Result

Unit

Bio. Ref. Interval

Method

Amylase

U/L

30.0-118.0

Ethylidene Blocked-

pNPG7

Comment:

- Amylase is produced by Pancreas and some salivary glands.
- Amylase levels are significantly increased in patients with acute pancreatitis, pancreatic duct obstruction, carcinoma pancreas, ovaries, or lungs, cholecystitis, macroamylasemia, renal disease, pancreatic pseudocyst, procedures like Endoscopic retrograde cholangiopancreatography(ERCP) and acute alcohol poisoning.
- Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimester of pregnancy, Gastrointestinal cancer & bone fractures.
- Drugs causing increased amylase levels are aspirin, diuretics, oral contraceptives, corticosteroids, indomethacin, ethyl alcohol and opiate intake.
- In acute pancreatitis, elevated amylase levels usually parallel lipase concentrations, although lipase levels may take a bit longer to rise, will remain elevated longer and are more specific than amylase as a marker for pancreatitis.

*** End Of Report ***



PO No:FT080755

Name : Mr.MUKESH PANT

Age/Gender : 34/Male
Patient ID : DDN34156

Barcode ID/Order ID : D4818600 / 7488050

Referred By : Dr.
Sample Type : Serum

Client Name : TATA IMG DEHRADUN

 Registration Date
 : 25-Jun-23 12:51 PM

 Collection Date
 : 25/Jun/2023 07:16AM

 Sample Receive Date
 : 25/Jun/2023 01:18PM

Report Status : Final Report

Report Date : 25/Jun/2023 02:05PM

BIOCHEMISTRY

IHO - FREEDOM PACKAGE						
Test Name	Result	Unit	Bio. Ref. Interval	Method		
Amylase	165	U/L	30.0 - 118.0	Ethylidene Blocked- pNPG7		

Comment:

- Amylase is produced by Pancreas and some salivary glands.
- Amylase levels are significantly increased in patients with acute pancreatitis, pancreatic duct obstruction, carcinoma
 pancreas, ovaries, or lungs, cholecystitis, macroamylasemia, renal disease, pancreatic pseudocyst, procedures like
 Endoscopic retrograde cholangiopancreatography(ERCP) and acute alcohol poisoning.
- Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimester of pregnancy,
 Gastrointestinal cancer & bone fractures.
- Drugs causing increased amylase levels are aspirin, diuretics, oral contraceptives, corticosteroids, indomethacin, ethyl alcohol and opiate intake.
- In acute pancreatitis, elevated amylase levels usually parallel lipase concentrations, although lipase levels may take a bit longer to rise, will remain elevated longer and are more specific than amylase as a marker for pancreatitis.

*** End Of Report ***

Dr. Anupriya Nautiyal MBBS, MD (Pathology) Consultant Pathologist Reg No: 6189



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: TATA IM	IG DEHRADUN	

Name	: M
Age/Gender	: 34

Patient ID

Ir.MUKESH PANT ILC

Client Name : 34 Y 0 M 0 D /Male : DDN34336

Registration Date Collection Date

: 26-Jun-23 06:16 PM : 26/Jun/2023 06:20PM : 27/Jun/2023 09:59AM

Barcode ID/Order ID : Z4818600 / Referred By : SELF Sample Type : Scrum

Sample Receive Date : Final Report Report Status

Report Date

: 27/Jun/2023 03:19PM

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Amylase	160	U/L	30.0-118.0	Ethylidene Blocked- pNPG7

Comment:

- Amylase is produced by Pancreas and some salivary glands.
- Amylase levels are significantly increased in patients with acute pancreatitis, pancreatic duct obstruction, carcinoma pancreas, ovaries, or lungs, cholecystitis, macroamylasemia, renal disease, pancreatic pseudocyst, procedures like Endoscopic retrograde cholangiopancreatography(ERCP) and acute alcohol poisoning.
- Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimester of pregnancy,
- Drugs causing increased amylase levels are aspirin, diuretics, oral contraceptives, corticosteroids, indomethacin, ethyl alcohol
- In acute pancreatitis, elevated amylase levels usually parallel lipase concentrations, although lipase levels may take a bit longer to rise, will remain elevated longer and are more specific than amylase as a marker for pancreatitis.

*** End Of Report ***





	TATA 1mg Labs			
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PT/EQAS Agen		AIIMS BI	ORAD CMC F	RML □ Other
Survey name & o	distribution ID: CM	1C Clinical Chemi	istry	
Date on agency	report: 05-Jun-20	23		
ANF No: DDN/JUN/23/03	Issued by: Pra	ashant Singh	Issue Date: 09-Jun-2023	<u>Due date</u> : 24-Jun-2023
Department: Biod	chemistry			
ANALYTE or EXA				
ANALYTE or EXA	AMINATION: AST Result submitted	PT targets	PT acceptable range	Problem/Performance
Sample ID	Result		PT acceptable range	Problem/Performance -2.11
	Result submitted	PT targets		
Sample ID	Result submitted	PT targets		

Section 2 - Investigation of Non Conformance- Checklist

<u>SI</u>	ANF-CHECKLIST	Yes	No	N/A
1	Specimen temperature check, as per kit instructions	105	110	IN/A
2	Specimen storage condition check, as per kit instructions	1		-
3	Specimen physical condition check	1		
4	Sample integrity up to arrival in lab: any shipping, delay or other sample problems?		1	
5	Sample integrity in-house: any problems with sample handling in the lab?		1	
6	Were there any instrument problem?		1	
7	Were there any method problem?		1	
8	Were there any faulty reagent/QC and Calibrator?		1	
9	Were there QC trends / problems at time of assay?		✓	
10	Was Peer group data checked, if required	1	-	
11	Were there any Calibration (Intercept/slope) problems at time of assay?			
12	Was water quality checked?	1	✓	
3	Did any technical errors occur due to pipetting error	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
4	Did any technical errors occur due to sample mix-up		V	
5	Did any technical errors occur due to incorrect process, other than recordity is		✓	
	dilution or calculation errors, Did any technical errors occur due to misinterpretations		✓	
	- any technical errors occur due to misinterpretations		1	



	TATA 1mg Labs
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17	Was the instrum	nent checked for d	oile Marth 11					
	Was the instrument checked for daily. Weekly. Monthly, semiannually and Annual Was there a lab clerical error? (e.g. error in unit conversion needed for survey only, transcription error onto recent forms were the semi-							
18	Was there a lab only, transcription removal)	o clerical error? (e. on error onto result		1				
19	Was there a cle	erical error by the P	T / EQA agency?				+,-	-
20		ient data trends / p					√	
21		gaps / issues in tra			?		√	
22	Was the sample	e condition appropr	riate at time of rete	esting (mention to	emnerature)		\ <u>\</u>	
23	Has sample bee	en re-tested / re-ex	amined?	, , , , , , , , , , , , , , , , , , ,			 	√
24	Has the lab perf	form Interlaboratory	y Comparison	-		,	√	
Que		details for any Ye				✓		
The i	instrument has be	een checked for da	aily , weekly, mont	hlv. semi annual	and annual mai	ntonono	- N- i	
Wate	er quality also che	ecked.No issue fou	and .	my, som amica	anu annuai mai	ntenance	e.No issu	e found.
	ida been penem	ned with Okhla Lab	on ADVIA 2400 ir	nstrument.				
Ques	etion 23/24: if an	sower in wear sive						
-	Stion LoiLT. II am	swer is yes, give	results of repeat	testing				
Sam	pie ID	Lab Result Referral Lab Acceptable Status (Acceptable)						
Sam	pie ID	Original result	Repeat value/	PT Targets/ Referral Lab		S		
Sam	pie ID	Original result	Repeat value/	PT Targets/ Referral Lab	Acceptable			
Sam	pie ID	Original result	Repeat value/	PT Targets/ Referral Lab	Acceptable	S		
Sam	pie ID	Original result	Repeat value/	PT Targets/ Referral Lab	Acceptable	S		
Sam	pie iD	Original result	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	Acceptable			
Sam	pie iD	Original result	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	Acceptable			
Sam	pie iD	Original result	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	Acceptable	S Tables of the state of the st		
Sam	pie iD	Original result	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	Acceptable			
Secti	on 3 Root caus	e (Refer to Non-co	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	Acceptable Range			
Secti	on 3 Root caus	e (Refer to Non-conformance /	Repeat value/ Lab Result onformance erro error occurred? U	PT Targets/ Referral Lab Result r Reason)	Acceptable Range	ngs.	acc	eptable)
Section Sectio	on 3 Root causedo you think the national complete pre-an	e (Refer to Non-co	Repeat value/ Lab Result onformance erro error occurred? U and post-analyt	PT Targets/ Referral Lab Result r Reason) Jse this area to exical assessmen	Acceptable Range	ngs.	acc	eptable)
Section Why of The of T	on 3 Root causedo you think the nation-conformities	e (Refer to Non-conformance /	Repeat value/ Lab Result onformance erro error occurred? U I and post-analytically due to a rando	PT Targets/ Referral Lab Result Tr Reason) Jese this area to exical assessment om error.	Acceptable Range 	ngs.	No issue	eptable)
Section Sectin Section Section Section Section Section Section Section Section	do you think the name on-conformities assent of the implement of the imple	e (Refer to Non-conformance /	error occurred? Ul and post-analytically due to a rando	PT Targets/ Referral Lab Result Pr Reason) See this area to exical assessment om error.	xplain your finding that been carr	ngs.	No issue	eptable)

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	TATA 1mg Labs	
TATA 1mg	Technologies Private Limited	
	Proficiency Testing - Action Needed	
Form Name Form		
Form No.	Gen / FR / 59	
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There is no patient impact as the ILC was performed at the Okhla lab to rule out any patient impact. The ILC result is found satisfactory.
Describe any previous proficiency testing issues with this test in the last sample:NA
, and the same production, seeming the same seems and seems are same productions.
Section 4: Department - Conclusion & Corrective / Preventive Action
What corrective action have you carried out?
The daily QC trends will be closely monitored .
An ILC had also been performed with Okhla Lab.The value obtained in ILC are concordant with our value.
Preventive action put into place?
The parameter will be kept under observation till the next cycle result evaluation.
Due date for closure of proposed corrective and preventive action: NA
Person investigated Department Manager Lab Head

Signature with Date:

Note: After signatures please hand over the form along with supporting documents to QA.

Signature with Date:

Note: After signatures please hand over the form along with supporting documents to QA.

Date when ANF received to QA along with supporting documents: 9454525 by: 4506

PO No: PO3542069209-619

Name : Mr.ATUL KALA Age/Gender : 58/Male

Patient ID : DDN33350 Barcode ID/Order ID

: D3327035 / 7463071 Referred By : Dr. Sample Type : Serum

Client Name

Registration Date

Collection Date

Sample Receive Date Report Status

: 18/Jun/2023 01:38PM

: Final Report

: TATA 1MG DEHRADUN

: 18-Jun-23 01:20 PM

: 18/Jun/2023 11:55AM

Report Date : 18/Jun/2023 02:39PM

BIOCHEMISTRY

KIDNEY FUNCTION TEST & LIVER FUNCTION TEST				
Test Name Liver Function Test	Result	Unit	Bio. Ref. Interval	Method
Bilirubin-Total Bilirubin-Direct Bilirubin-Indirect Protein, Total Albumin Globulin A/G Ratio Aspartate Transaminase (SGOT) Alanine Transaminase (SGPT) SGOT/SGPT Alkaline Phosphatase Gamma Glutamyltransferase (GGT)	0.64 0.18 0.46 7.70 4.97 2.7 1.82 82 83 0.99 124 236	mg/dL mg/dL mg/dL g/dL g/dl Ratio U/L U/L Ratio U/L U/L	0.3 - 1.2 0.0-0.3 0.2-0.8 5.7-8.2 3.2-4.8 2.1 - 3.9 0.8 - 2.1 <34 U/L 10-49 46-116 <73	Vanadate oxidation Vanadate oxidation Calculated Biuret BCG Dye Binding Calculated Calculated Modified IFCC Modified IFCC Calculated IFCC Standardization Modified IFCC

Comment:

•LFTS are based upon measurements of substances released from damaged hepatic cells into the blood that gives idea of the Existence, Extent and Type of Liver damage. - Acute Hepatocellular damage: ALT & AST levels are sensitive index of hepatocellular damage - Obstruction to the biliary tract, Cholestasis and blockage of bile flow:1) Serum Total Bilirubin concentration 2) Serum Alkaline Phosphatase (ALP) activity 3) Gamma Glutamyl Transpeptidase (GGTP) 4) 5 - Nucleotidase -

•Bilirubin results from the enzymatic breakdown of heme. Jaundice is a yellowish discoloration of the skin and mucous

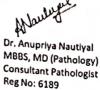
•Pre-hepatic or hemolytic jaundice - Abnormal red cells, antibodies, drugs and toxins, Hemoglobinopathies, Gilbert's syndrome, •Hepatic or Hepatocellular jaundice-Viral hepatitis,toxic hepatitis, intrahepatic cholestasis

- •Post-hepatic jaundice -Extrahepatic cholestasis, gallstones, tumors of the bile duct, carcinoma of pancreas
- •In viral hepatitis and other forms of liver disease associated with acute hepatic necrosis, serum AST and ALT concentrations are •ALT is the more liver-specific enzyme and elevations of ALT activity persist longer than AST activity.

•Peak values of aminotransferase activity occur between the seventh and twelfth days. Activities then gradually decrease, reaching normal activities by the third to fifth week. Peak activities bear no relationship to prognosis and may fall with worsening

•Aminotransferase activities observed in cirrhosis vary with the status of the cirrhotic process and range from the upper reference limit to four to five times higher, with an AST/ALT ratio greater than 1. The ratio's elevation can reflect the grade of fibrosis in these patients. Slight or moderate elevations of both AST and ALT activities have been observed after administration of various medications and chronic hepatic injury such as (1) hemochromatosis, (2) Wilson disease, (3) autoimmune hepatitis, (4) primary biliary cirrhosis, (5) sclerosing cholangitis, and (6) a1-antitrypsin deficiency.

•AST activity also is increased in acute myocardial infarction, progressive muscular dystrophy and dermatomyositis, reaching concentrations up to eight times the upper reference limit. Slight to moderate AST elevations are noted in hemolytic disease. •GGT is a sensitive indicator of the presence of hepatobiliary disease, being elevated in most subjects with liver disease







: Mr.ATUL KALA ILC Name : 58 Y 0 M 0 D /Male Age/Gender

: DDN33373 Patient ID

Barcode ID/Order ID : B3327035 / B3327035

: SELF Referred By : Serum Sample Type

Client Name

: 18-Jun-23 07:10 PM Registration Date

: 19/Jun/2023 04:42PM Collection Date

: 20/Jun/2023 08:58AM Sample Receive Date : Final Report

Report Status : 20/Jun/2023 01:49PM Report Date

BIOCHEMISTRY

Method Bio. Ref. Interval Unit Result **Test Name** Modified IFCC U/L <34 82 Aspartate Transaminase (SGOT)

Comment: SGOT/AST:

- Present in large concentrations in liver, skeletal muscle, brain, red cells, and heart.
- Released into the bloodstream when tissue is damaged, especially in liver injury.
- Test is not indicatted for diagnosis of myocardial infarction.
- AST/ALT ratio>1 suggests cirrhosis in patients with hepatitis C.

Increased in: Acute viral hepatitis (ALT> AST),

: Biliary tract obstruction (cholangitis, choledocholithiasis),

: Alcoholic hepatitis and cirrhosis (AST> ALT)

: Other conditions - liver abscess, metastatic or primary liver cancer; right heart failure, ischemia or hypoxia, injury to liver("shock liver"), extensive trauma. Drugs that cause cholestasis or hepatotoxicity.

Decreased in: Pyridoxine (vitamin B6) deficiency.

*** End Of Report ***





TATA 1MG Technologies Pvt. Ltd LABORATORY: Plot No. 1072, Ballupur Road, Chakrata Road, Sunder Vihar, Dehradun - 248001 www.lmg.com/labs care@img.com

CIN: U74140DL2015PTC279229

REGISTERED OFFICE: LEVEL 3, Vasant Square Mall, Pocket V, Sector B, Vasant Kunj New Delhi - 110070

: DC - CITY HEART CENTRE PUP212 : Mr.VIJAY Name Client Name

: 26-Jun-23 09:09 AM : 45 Y 0 M 0 D /Male Registration Date Age/Gender : 26/Jun/2023 09:12AM Patient ID · DDN34223 Collection Date : 26/Jun/2023 09:50AM Barcode ID/Order ID : d4597109 / 7514531 Sample Receive Date

: Dr.ASHWANI SHARMA : Final Report Report Status Referred By

: 26/Jun/2023 12:56PM Report Date Sample Type : Scrum

BIOCHEMISTRY

		IOCIIEMISTICE		
Test Name	Result	Unit	Bio. Ref. Interval	Method
Liver Function Test				
Bilirubin-Total	1.50	mg/dL	0.3 - 1.2	Vanadate oxidation
Bilirubin-Direct	0.89	mg/dL	0.0-0.3	Vanadate oxidation
Bilirubin-Indirect	0.61	mg/dL	0.2-0.8	Calculated
Protein, Total	7.04	g/dL	5.7-8.2	Biuret
Albumin	4.04	g/dL	3.2-4.8	BCG Dye Binding
Globulin	3.0	g/dl	2.1 - 3.9	Calculated
A/G Ratio	1.35	Ratio	0.8 - 2.1	Calculated
Aspartate Transaminase (SGOT)	179	U/L	<34 U/L	Modified IFCC
Alanine Transaminase (SGPT)	55	U/L	10-49	Modified IFCC
SGOT/SGPT	3.25	Ratio		Calculated
Alkaline Phosphatase	191	U/L	46-116	IFCC Standardization
Gamma Glutamyltransferase (GGT)	1,212	U/L	<73	Modified IFCC

Comment:

- •LFTS are based upon measurements of substances released from damaged hepatic cells into the blood that gives idea of the Existence, Extent and Type of Liver damage. - Acute Hepatocellular damage: ALT & AST levels are sensitive index of hepatocellular damage - Obstruction to the biliary tract, Cholestasis and blockage of bile flow:1) Serum Total Bilirubin concentration 2) Serum Alkaline Phosphatase (ALP) activity 3) Gamma Glutamyl Transpeptidase (GGTP) 4) 5`-Nucleotidase -Chronic liver disease: Serum Albumin concentration
- •Bilirubin results from the enzymatic breakdown of heme. Jaundice is a yellowish discoloration of the skin and mucous membranes caused by hyperbilirubinemia.
- •Pre-hepatic or hemolytic jaundice Abnormal red cells, antibodies, drugs and toxins, Hemoglobinopathies, Gilbert's syndrome, Crigler-Najjar syndrome
- ·Hepatic or Hepatocellular Jaundice-Viral hepatitis, toxic hepatitis, intrahepatic cholestasis
- •Post-hepatic jaundice -Extrahepatic cholestasis, gallstones, tumors of the bile duct, carcinoma of pancreas
 •In viral hepatitis and other forms of liver disease associated with acute hepatic necrosis, serum AST and ALT concentrations are elevated even before the clinical signs and symptoms of disease appear.
- •ALT is the more liver-specific enzyme and elevations of ALT activity persist longer than AST activity.
- •Peak values of aminotransferase activity occur between the seventh and twelfth days. Activities then gradually decrease, reaching normal activities by the third to fifth week. Peak activities bear no relationship to prognosis and may fall with worsening of the patient's condition.
- •Aminotransferase activities observed in cirrhosis vary with the status of the cirrhotic process and range from the upper reference limit to four to five times higher, with an AST/ALT ratio greater than 1. The ratio's elevation can reflect the grade of fibrosis in these patients. Slight or moderate elevations of both AST and ALT activities have been observed after administration of various medications and chronic hepatic injury such as (1) hemochromatosis, (2) Wilson disease, (3) autoimmune hepatitis, (4) primary biliary cirrhosis, (5) sclerosing cholangitis, and (6) a1-antitrypsin deficiency.

 •AST activity also is increased in acute myocardial infarction, progressive muscular dystrophy and dermatomyositis, reaching concentrations up to eight times the upper reference limit. Slight to moderate AST elevations are noted in hemolytic disease.
- •GGT is a sensitive indicator of the presence of hepatobiliary disease, being elevated in most subjects with liver disease regardless of cause. Increased concentrations of the enzyme are also found in serum of subjects receiving anticonvulsant drugs,



Dr. Anupriya Nautiyal MBBS, MD (Pathology) **Consultant Pathologist** Reg No: 6189



Page 3 of 4



TATA IMG Technologies Pvt. Ltd LABORATORY: 2nd Floor, B-225. Okhla Industrial Area, Phase - 1, New Delhi, 110020 www.lmg.com/labs care@img.com CIN: U74140DL2015PTC279229

REGISTERED OFFICE: LEVEL 3, Vasant Square Mall, Pocket V, Sector B, Vasant Kunj New Delhi - 110070



: Mr.VIJAY ILC Name

Age/Gender : 45 Y 0 M 0 D /Male

Patient ID : DDN34338 Barcode ID/Order ID : Z4597109 /

Referred By : SELF

Sample Type : Serum

: TATA 1MG DEHRADUN Client Name

: 26-Jun-23 06:17 PM Registration Date

Collection Date : 26/Jun/2023 06:20PM : 27/Jun/2023 10:01AM

: Final Report Report Status

: 27/Jun/2023 02:58PM Report Date

BIOCHEMISTRY

Sample Receive Date

Unit Bio. Ref. Interval Method **Test Name** Result

5-34 NADH w/o P-5'-P 166 U/L Aspartate Transaminase (SGOT)

Comment: SGOT/AST:

- Present in large concentrations in liver, skeletal muscle, brain, red cells, and heart.
- Released into the bloodstream when tissue is damaged, especially in liver injury.
- Test is not indicatted for diagnosis of myocardial infarction.
- AST/ALT ratio>1 suggests cirrhosis in patients wiyh hepatitis C.

Increased in: Acute viral hepatitis (ALT> AST),

- : Biliary tract obstruction (cholangitis, choledocholithiasis),
- : Alcoholic hepatitis and cirrhosis (AST> ALT)

: Other conditions - liver abscess, metastatic or primary liver cancer; right heart failure, ischemia or hypoxia, injury to liver("shock liver"), extensive trauma. Drugs that cause cholestasis or hepatotoxicity.

Decreased in: Pyridoxine (vitamin B6) deficiency.

*** End Of Report ***





	TATA 1mg Labs
1 ATAT	ng Technologies Private Limited
	Proficiency Testing - Action Needed
Form Name	Form
Form No.	Gen / FR / 59
Issue Date & Version	No. 01-Jul-2022 V2

Section 1 - Initiat	ion of ANF (to	be filled by the p	person who raising the A	NF)
PT/EQAS Agency	CAP	AIIMS - BIO	RAD CMC -	RML 🗆 Other
Survey name & di	stribution ID: CN	1C Clinical Chemis	try	
Date on agency re	eport: 05-Jun-20)23		-1
ANF No: DDN/JUN/23/01		ashant Singh	Issue Date: 09-Jun-2023	<u>Due date</u> : 24-Jun-2023
Department: Biocl	nemistry			
ANALYTE or EXA	MINATION: Ch	olesterol		
Sample ID	Result submitted	PT targets	PT acceptable range	Problem/Performance
May	116 mg/dL	86.14	75.42- 96.86	5.57
Comment /Observ	vations: (e.g. tre	nd, previously mis	sed within last 12 months,	lab in regulatory jeopardy for this analyte?)

SI	tion 2 - Investigation of Non Conformance- Checklist ANF-CHECKLIST	Yes	No	N/A
<u>ગ</u> 1	Specimen temperature check, as per kit instructions	✓		
2	Specimen storage condition check, as per kit instructions	✓		
3	Specimen physical condition check	✓		
4	Sample integrity up to arrival in lab: any shipping, delay or other sample		√	
5	Sample integrity in-house: any problems with sample handling in the lab?		✓	
6	Were there any instrument problem?		✓	
7	Were there any method problem?		✓	
8	Were there any faulty reagent/QC and Calibrator?		√	
9	Were there QC trends / problems at time of assay?		√	
10	Was Peer group data checked, if required	✓		
11	Were there any Calibration (Intercept/slope) problems at time of assay?		✓	
12	Was water quality checked?	✓		
13	Did any technical errors occur due to pipetting error		/	
14	Did any technical errors occur due to sample mix-up		✓	
15	Did any technical errors occur due to incorrect process, other than reconstitution,		✓	
16	dilution or calculation errors, Did any technical errors occur due to misinterpretations		1	

TATA 1mg

	TATA 1mg Labs
TATA 1mg	lechnologies Private Limited
Form Name	Proficiency Testing - Action Needed Form
Form No.	Gen / FR / 59
ssue Date & Version No.	01-101-2022 1/2

17	Was the instrument checked for daily. Weekly. Monthly, semiannually and Annual maintenance	1			307(0.0)		
18	Was there a lab clerical error? (e.g. error in unit conversion needed for survey only, transcription error onto result form, wrong method details submitted, Factor removal)		1				
19	Was there a clerical error by the PT / EQA agency?		1		Mules		
20	Were there Patient data trends / problems at time of assay?		1				
21	Were there any gaps / issues in training or competency assessment?		1				
22	Was the sample condition appropriate at time of retesting (mention temperature)			1			
23	Has sample been re-tested / re-examined?		1				
24	24 Has the lab perform Interlaboratory Comparison						
Que	stions 4-22 give details for any Yes answers		-	-			
The	nstrument has been checked for daily , weekly, monthly, semi annual and annual ma	intenance	. No issu	e found.			
Wate	r quality also checked.No issue found.						
ILC I	as been performed with Okhla Lab on ADVIA 2400 instrument.				-		
					-		
Ques	stion 23/24: if answer is yes, give results of repeat testing				-		
	nie ID Original result Popost volue DT Torrett DT To				. ()		

Sample ID	Original result	Repeat value/	PT Targets/ Referral Lab Result	PT/ILC Acceptable Range	Status (Acceptable/Not acceptable)
				•	

ction 3 Root c	ause (Refer to	Non-conformanc	e error Reason)	
	1			

The pre-analytical, analytical and post-analytical assessment has been carried out.

The non-conformities probably occurred may be due to a random error.

Assessment of the impact of root cause on patient results (Patient results may be affected before, during or after the PT event). Describe how the conclusion of impact was made and any corrective actions made to the patient results); "If No" - Explain why there was no patient impact?



TATA 1mg Labs					
TATA 1mg Technologies Private Limited					
Proficiency Testing - Action Needed					
Form Name	Form				
Form No.	Gen / FR / 59				
Issue Date & Version No.	01-Jul-2022 V2				

There is no patient impact as the ILC was performed at the Okhla lab to rule out any patient impact. The ILC result is found satisfactory.
Describe any previous proficiency testing issues with this test in the last sample:NA
Section 4: Department - Conclusion & Corrective / Preventive Action
What corrective action have you carried out?
We will continue to monitor daily QC trends.
We had carried out ILC with Okhla lab and the values obtained are concordant with our value.
Preventive action put into place?
The analyte will be under observation till the next cycle result evaluation.
Due date for closure of proposed corrective and preventive action: NA
·
Person investigated Department Manager Lab Head
Signature with Date: Note: After signatures please hand over the form along with supporting documents to QA.
Date when ANF received to QA along with supporting documents: Julyo 27 by:



Name Age/Gender

Patient ID

: Mrs.RITIKA

: 20 Y 0 M 0 D /Female

: DDN33342

Barcode ID/Order ID : D2004268 / 7468968
Referred By : SELF
Sample Type : Serum

Client Name

Registration Date

Collection Date
Sample Receive Date

: 18-Jun-23 12:19 PM : 18/Jun/2023 12:28PM

Sample Receive Date : 18/Jun/2023 03:43PM
Report Status : Final Report

Report Date : 18/Jun/2023 04:40PM

BIOCHEMISTRY

Women Wellness Basic Package				
Test Name	Result	Unit	Bio. Ref. Interval	Method
Lipid Profile				- Totalou
Cholesterol - Total	98	mg/dL	Desirable <200, Borderline High 200-23 High >=240	Enzymatic 39,
Triglycerides	52	mg/dL	Normal: < 150, Borderline: 150 - 199, High:200 - 499, Very	GPO, Trinder without serum blank
Cholesterol - HDL	37	mg/dL	High >=500 Undesirable/high risk <=40mg/dL	Elimination/catalase
Cholesterol - LDL	50	mg/dL	Desirable/low risk>=60mg/dl Desirable: <100 Above desirable: 100 - 129 Rorderling high selection	Calculated
Cholesterol- VLDL	10	mg/dL	Borderline high: 130 - 159 High: 160 - 189 Very high: >=190	
Cholesterol: HDL Cholesterol	2.6	Ratio	<30	Calculated
		NAUU	Desirable: 3.5-4.5	Calculated
DL: HDL Cholesterol	1.35	Ratio	High Risk : >5 Desirable : 2.5-3.0 High risk : >3.5	Calculated
Non HDL Cholesterol	61	mg/dL	Desirable:< 130, Above Desirable 130- 159 Borderline High:160-189 High:190-219, Very High:>=220	Calculated

Comment:

Wanting Name

Dr. Anupriya Nautiyal MBBS, MD (Pathology) Consultant Pathologist Reg No: 6189



Page 1 of 2



Name : Miss.RITIKA ILC Client Name : TATA 1MG DEHRADUN

 Age/Gender
 : 20 Y 0 M 0 D /Female
 Registration Date
 : 18-Jun-23 07:07 PM

 Patient ID
 : DDN33371
 Collection Date
 : 19/Jun/2023 04:42PM

 Patient ID
 : DDN33371
 Collection Date
 : 19/Jun/2023 04:42PM

 Barcode ID/Order ID
 : B2004268 / B2004268
 Sample Receive Date
 : 20/Jun/2023 08:58AM

Referred By : SELF Report Status : Final Report

Sample Type : Serum Report Date : 20/Jun/2023 01:49PM

BIOCHEMISTRY

Test Name

Result

Unit

Bio. Ref. Interval

Method

Cholesterol - Total

101

mg/dL

Desirable <200, Enzymatic

Borderline High 200-239,

High >=240

Comment:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, 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.

*** End Of Report ***







Name Age/Gender

: Mr.SAGAR

: 32 Y 0 M 0 D /Male

Patient ID

Barcode ID/Order ID Referred By

Sample Type

: DDN34319 : d3327377/

: SELF : Serum Client Name

Registration Date

Collection Date

Sample Receive Date

Report Status

Report Date

: DC - CITY HEART CENTRE PUP212

: 26-Jun-23 02:06 PM

: 26/Jun/2023 02:42PM

: 26/Jun/2023 03:04PM

: Final Report

: 26/Jun/2023 04:16PM

BIOCHEMISTRY

	Compreh	ensive Health Che	eck Silver	
Test Name	Result	Unit	Bio. Ref. Interval	Method
Lipid Profile				
Cholesterol - Total	207	mg/dL	Desirable <200, Borderline High 200-23 High >=240	Enzymatic 39,
Triglycerides	272	mg/dL	Normal: < 150, Borderline: 150 - 199, High:200 - 499, Very High >=500	GPO, Trinder without serum blank
Cholesterol - HDL	43	mg/dL	Undesirable/high risk <=40mg/dL Desirable/low risk>=60mg/dl	Elimination/catalase
Cholesterol - LDL	109	mg/dL	Desirable: <100 Above desirable: 100 - 129 Borderline high: 130 - 159 High: 160 - 189 Very high: >=190	Calculated
Cholesterol- VLDL	54	mg/dL	<30	Calculated
Cholesterol: HDL Cholesterol	4.8	Ratio	Desirable: 3.5-4.5 High Risk: >5	Calculated
LDL: HDL Cholesterol	2.52	Ratio	Desirable: 2.5-3.0 High risk: >3.5	Calculated
Non HDL Cholesterol	164	mg/dl	Desirable: < 130, Above Desirable: 130 - 159, Borderline High: 160 - 189, High: 190 - 219, Very High: >= 220	Calculated

Comment:

Dr. Anupriya Nautiyal

MBBS, MD (Pathology) Consultant Pathologist Reg No: 6189



Page 1 of 2



TATA 1MG Technologies Pvt. Ltd
LABORATORY: 2nd Floor, B-225,
Okhla Industrial Area, Phase - 1,
New Delhi, 110020
www.img.com/labs
acare@img.com
CIN: U74140DL2015PTC279229

REGISTERED OFFICE: LEVEL 3, Vaxant Square Mall, Pocket V, Sector B, Vaxant Kunj New Delhi - 110070



lame	: Mr.SAGAR ILC	Client Name	TATA IMO DELIDADINI	

Name : Mr.SAGAR ILC Client Name : TATA 1MG DEHRADUN
Age/Gender : 32 Y 0 M 0 D /Male Registration Date : 26-Jun-23 06:15 PM

 Patient ID
 : DDN34335
 Collection Date
 : 26/Jun/2023 06:20PM

 Barcode ID/Order ID
 : Z3327377 /
 Sample Receive Date
 : 27/Jun/2023 10:01AM

Referred By : SELF Report Status : Final Report

Sample Type : Serum Report Date : 27/Jun/2023 02:58PM

BIOCHEMISTRY

Test Name

Result

Unit

Bio. Ref. Interval

Method

Cholesterol - Total

209

mg/dL

Desirable <200, Enzymatic

Borderline High 200-239,

High >=240

Comment:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, 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.

Dr. Reema Agrawal MBBS, MD (Pathology) Consultant Pathologist Reg No: 56096





TATA IMG Technologies Pvt. Ltd LABORATORY: 2nd Floor, B-225, Okhla Industrial Area, Phase - 1, New Delhi, 110020 www.lmg.com/labs CIN: U74140DL2015PTC279229

REGISTERED OFFICE: LEVEL 3, Vasant Square Mall, Pocket V, Sector B. Vasant Kunj New Delhi - 110070



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111 11					•		••	
111111				ш	•	***	•	

Name Age/Gender

Patient ID

: Mr.SAGAR ILC

: 32 Y 0 M 0 D /Male : DDN34335

Barcode ID/Order ID

: Z3327377 / Referred By : SELF

Sample Type

: Serum

Client Name

Registration Date

Collection Date Sample Receive Date

Report Status

Report Date

: 26-Jun-23 06:15 PM

: TATA IMG DEHRADUN

: 26/Jun/2023 06:20PM : 27/Jun/2023 10:01AM

: Final Report

: 27/Jun/2023 02:58PM

BIOCHEMISTRY

Test Name

Result

Unit

Bio. Ref. Interval

Method

Triglycerides

268

mg/dL

Normal: <150,

Borderline: 150 - 199,

GPO

High:200-499, Very High>=500

Comment:

Increased in: Secondary causes such as obesity, diabetes, hypothyroidism, pregnancy and medications such as diuretics, beta blockers, oral estrogens, steroids, immunosuppressants.

Note:

- The base of the diagnosis is made on the fasting triglyceride levels.
- Measurements in the same patient can show physiological variations. Three serial samples 1 week apart are recommended to establish basal triglyceride levels.
- Certain conditions such as acute illness, stress, pregnancy, dietary changes especially changes in intake of saturated fatty acids, lipid lowering drugs, alcohol or, prednisone may cause variation in lipid levels.

*** End Of Report ***





	TATA 1mg Labs
TATA 1mg	Technologies Private Limited
TATA IIIIg	
Form Name	Proficiency Testing - Action Needed Form
Form No.	Gen / FR / 59
Issue Date & Version No	o. 01-Jul-2022 V2

Section 1 - Initiat	ion of ANF (to be	e filled by the p	erson who raising the	ANF)
PT/EQAS Agency		AIIMS BIO		RML Dother
Survey name & dis	stribution ID: CMC	Clinical Chemis	tru	
Date on agency re			9	
ANF No: DDN/JUN/23/02	Issued by: Pras	hant Singh	Issue Date: 09-Jun-202	3 <u>Due date</u> : 24-Jun-2023
Department: Bioch	nemistry			
ANALYTE or EXA			T ==	
Sample ID	Result submitted	PT targets	PT acceptable range	Problem/Performance
May	155 mg/dL	135.12	122.96- 147.28	3.27
			-	
Comment /Observ	ations: (e.g. trend	d, previously mis	sed within last 12 months	s; lab in regulatory jeopardy for this analyte?)
				-, and analytics

Section 2 - Investigation of Non Conformance- Checklist

<u>SI</u>	ANF-CHECKLIST	Yes	No	N/A
1	Specimen temperature check, as per kit instructions	✓		
2	Specimen storage condition check, as per kit instructions	√		
3	Specimen physical condition check	✓		
4	Sample integrity up to arrival in lab: any shipping, delay or other sample problems?		✓	
5	Sample integrity in-house: any problems with sample handling in the lab?	15	1	
6	Were there any instrument problem?		1	
7	Were there any method problem?		1	
8	Were there any faulty reagent/QC and Calibrator?		1	
9	Were there QC trends / problems at time of assay?		1	
10	Was Peer group data checked, if required	1		
11	Were there any Calibration (Intercept/slope) problems at time of assay?		1	
12	Was water quality checked?	1		
13	Did any technical errors occur due to pipetting error		1	
14	Did any technical errors occur due to sample mix-up		1	
15	Did any technical errors occur due to incorrect process, other than reconstitution, dilution or calculation errors,		1	
16	Did any technical errors occur due to misinterpretations		1	



	TATA 1mg Labs
IATA 1mg T	echnologies Private Limited
Form Name	Proficiency Testing - Action Needed Form
Form No.	Gen / FR / 59
Issue Date & Version No.	01-Jul-2022 V2

18	Was there a lat	o clerical error? (e.	g. error in unit cor	nversion needed	for survey	-		
	removal)	✓						
19	Was there a cle	-						
20	Were there Pat	ient data trends / p	roblems at time of	assay?			√	
21	Were there any	gaps / issues in tra	aining or compete	ncy assessment	?		√	
22	Was the sample	e condition appropr	riate at time of rete	esting (mention to	emperature)		√	
23	Has sample be	en re-tested / re-ex	amined?	3 (************************************				✓
24	Has the lab per	form Interlaborator	y Comparison				✓	
Que		details for any Yo				✓		
		een checked for da		hly semi annual	and annual ma			>_
		ecked.No issue fou		y, ocim annuar	and annual ma	intenand	ce.No issue	e found.
		ned with Okhla Lab		etrument				
			01171240011	istidificit.				
Oues	stion 23/24: if ar	nswer is yes, give	results of reneat	testing	·			
- Que								
Sam	ple ID	Original result	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	PT/ILC Acceptable Range		Status (Adacce	cceptable/Not eptable)
Sam	ple ID	Original result	Repeat value/	PT Targets/ Referral Lab	Acceptable		Status (Adacce	cceptable/Not eptable)
Sam	ple ID	Original result	Repeat value/	PT Targets/ Referral Lab	Acceptable		Status (Adaced	cceptable/Not eptable)
Sam	ple ID	Original result	Repeat value/	PT Targets/ Referral Lab	Acceptable		Status (Adaced	cceptable/Not eptable)
Sam	pie iD	Original result	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	Acceptable		Status (Adacce	cceptable/Not eptable)
Sam	pie iD	Original result	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	Acceptable		Status (Adacce	cceptable/Not eptable)
Secti	on 3 Root caus	Original result	Repeat value/ Lab Result	PT Targets/ Referral Lab Result	Acceptable Range		Status (Adacce	cceptable/Not eptable)
Secti	on 3 Root caus	Original result	Repeat value/ Lab Result onformance erro error occurred? U	PT Targets/ Referral Lab Result r Reason)	Acceptable Range		Status (Academic Academic Acad	cceptable/Not eptable)

Assessment of the impact of root cause on patient results (Patient results may be affected before, during or after the PT event). Describe how the conclusion of impact was made and any corrective actions made to the patient result(s); "If No" -

Was the instrument checked for daily. Weekly. Monthly, semiannually and Annual

Explain why there was no patient impact?



	TATA 1mg Labs
TATA 1mg	Technologies Private Limited
Form Name	Proficiency Testing - Action Needed Form
Form No.	Gen / FR / 59
Issue Date & Version No.	01-Jul-2022 V2

There is no patient impact as the II C was performed at the CLLL to the CLLl t
There is no patient impact as the ILC was performed at the Okhla lab to rule out any patient impact. The ILC result is found satisfactory.
Describe any previous proficiency testing issues with this test in the last sample:NA
Section 4: Department - Conclusion & Corrective / Preventive Action
What corrective action have you carried out?
An ILC has been performed with Okhla lab.The values obtained in ILC rae concordant with our values.
Also we are closely monitoring the daily QC trend.
g are menal
Preventive action put into place?
The parameter will be kept under observation till the next cycle result evaluation.
Duo data for alcours of man and a series
Due date for closure of proposed corrective and preventive action: NA
Develop investigated
Person investigated Department Manager Lab Head
ignature with Date: (\ \ \
ote: After signatures please hand over the form along with supporting documents to QA.
Date when ANF received to QA along with supporting documents:

PO No :PO3341319747-715

Name

Age/Gender

: Mr.MR. RAJEEV RANJAN

: 38/Male

Patient ID : DDN33307

Barcode ID/Order ID : D3326463 / 7459876

Referred By : Dr.

Sample Type : Serum

: TATA 1MG DEHRADUN

Registration Date : 18-Jun-23 10:30 AM

Collection Date : 18/Jun/2023 09:44AM

Sample Receive Date : 18/Jun/2023 11:03AM

Report Status : Final Report

Report Date : 18/Jun/2023 12:52PM

BIOCHEMISTRY

Client Name

Test Name	Result *	Unit	Bio. Ref. Interval	Method
Lipid Profile				
Cholesterol - Total	127	mg/dL	Desirable <200, Borderline High 200-239 High >=240	Enzymatic),
Triglycerides	131	mg/dL	Normal: < 150, Borderline: 150 - 199, High:200 - 499, Very High >=500	GPO, Trinder without serum blank
Cholesterol - HDL	37	mg/dL	Undesirable/high risk <=40mg/dL Desirable/low risk>=60mg/dl	Elimination/catalase
Cholesterol - LDL	64	mg/dL	Desirable: <100 Above desirable: 100 - 129 Borderline high: 130 - 159 High: 160 - 189 Very high: >=190	Calculated
Cholesterol- VLDL	26	mg/dL	<30	Calculated
Cholesterol: HDL Cholesterol	3.4	Ratio	Desirable: 3.5-4.5 High Risk: >5	Calculated
LDL: HDL Cholesterol	1.74	Ratio	Desirable: 2.5-3.0 High risk: >3.5	Calculated
Non HDL Cholesterol	90	mg/dl	Desirable:< 130, Above Desirable:130 - 159,	Calculated
			Borderline High: 160 - 189, High: 190 - 219, Very High: >= 220	

Comment:

Dr. Anupriya Nautiyal MBBS, MD (Pathology) Consultant Pathologist Reg No: 6189





Name

: Mr.RAJEEV RANJAN ILC

Age/Gender Patient ID

: DDN33372

Barcode ID/Order ID

: B3326463 / B3326463

: 38 Y 0 M 0 D /Male

Referred By

Sample Type : Serum

: SELF

Client Name

Registration Date

: 18-Jun-23 07:09 PM

Collection Date

: 19/Jun/2023 04:42PM

Sample Receive Date

: 20/Jun/2023 08:57AM

Report Status

: Final Report

Report Date

: 20/Jun/2023 01:49PM

BIOCHEMISTRY

Test Name

Result

Unit

Bio. Ref. Interval

Method

Triglycerides

131

mg/dL

Normal: <150,

GPO

Borderline: 150 - 199,

High:200-499,

Very High>=500

Comment:

Increased in: Secondary causes such as obesity, diabetes, hypothyroidism, pregnancy and medications such as diuretics, beta blockers, oral estrogens, steroids, immunosuppressants.

Note:

- The base of the diagnosis is made on the fasting triglyceride levels.
- Measurements in the same patient can show physiological variations. Three serial samples 1 week apart are recommended to establish basal triglyceride levels.
- Certain conditions such as acute illness, stress, pregnancy, dietary changes especially changes in intake of saturated fatty acids, lipid lowering drugs, alcohol or, prednisone may cause variation in lipid levels.

*** End Of Report ***





Name : Mr.SAGAR Client Name : DC - CITY HEART CENTRE PUP212

 Age/Gender
 : 32 Y 0 M 0 D /Male
 Registration Date
 : 26-Jun-23 02:06 PM

 Patient ID
 : DDN34319
 Collection Date
 : 26/Jun/2023 02:42PM

 Patient ID
 : d32327377 /
 Seconds Respire Pate
 : 26/Jun/2023 03:04PM

Barcode ID/Order ID : d3327377 / Sample Receive Date : 26/Jun/2023 03:04PM
Referred By : SELF Report Status : Final Report

Sample Type : Serum Report Date : 26/Jun/2023 04:16PM

BIOCHEMISTRY

Comprehensive Health Check Silver					
Test Name	Result	Unit	Bio. Ref. Interval	Method	
Lipid Profile					
Cholesterol - Total	207	mg/dL	Desirable <200, Borderline High 200-23 High >=240	Enzymatic 39,	
Triglycerides	272	mg/dL	Normal: < 150, Borderline: 150 - 199, High:200 - 499, Very High >=500	GPO, Trinder without serum blank	
Cholesterol - HDL	43	mg/dL	Undesirable/high risk <=40mg/dL Desirable/low risk>=60mg/dl	Elimination/catalase	
Cholesterol - LDL	109	mg/dL	Desirable: <100 Above desirable: 100 - 129 Borderline high: 130 - 159 High: 160 - 189 Very high: >=190	Calculated	
Cholesterol-VLDL	54	mg/dL	<30	Calculated	
Cholesterol: HDL Cholesterol	4.8	Ratio	Desirable : 3.5-4.5 High Risk : >5	Calculated	
LDL: HDL Cholesterol	2.52	Ratio	Desirable: 2.5-3.0 High risk: >3.5	Calculated	
Non HDL Cholesterol	164	mg/dl	Desirable:< 130, Above Desirable:130 - 159, Borderline High:160 - 189, High:190 - 219, Very High: >= 220	Calculated	

Comment:

Dr. Anupriya Nautiyal MBBS, MD (Pathology) Consultant Pathologist Reg No: 6189



Page 1 of 2



TATA IMG Technologies Pvt. Ltd LABORATORY: 2nd Floor, B-225, Okhla Industrial Area, Phase - 1, New Delhi, 110020 www.1mg.com/labs care@lmg.com

CIN: U74140DL2015PTC279229

REGISTERED OFFICE: LEVEL 3, Vasant Square Mall, Pocket V, Sector B, Vasant Kunj New Deihi - 110070



|--|

: TATA 1MG DEHRADUN

Name	
Name Age/Gender	

: Mr.SAGAR ILC

: 32 Y 0 M 0 D /Male

: DDN34335 Patient ID Barcode ID/Order ID : Z3327377 /

: SELF Referred By : Serum Sample Type

Client Name

Registration Date

Collection Date

Report Status

Sample Receive Date

Report Date

: 27/Jun/2023 10:01AM : Final Report

: 27/Jun/2023 02:58PM

: 26-Jun-23 06:15 PM

: 26/Jun/2023 06:20PM

BIOCHEMISTRY

Test Name

Result

Unit

Bio. Ref. Interval

Method

Triglycerides

268

mg/dL

Normal: <150,

GPO

Borderline: 150 - 199, High:200-499,

Very High>=500

Increased in: Secondary causes such as obesity, diabetes, hypothyroidism, pregnancy and medications such as diuretics, beta blockers, oral estrogens, steroids, immunosuppressants.

Note:

- The base of the diagnosis is made on the fasting triglyceride levels. Measurements in the same patient can show physiological variations. Three serial samples 1 week apart are

recommended to establish pasar trigited to the commended t

acids, lipid lowering drugs, alcohol or, prednisone may cause variation in lipid levels.

*** End Of Report ***

