

### Параметры для ввода в программу анализатора iLab-Taurus

Test Name: NN **PhLip** Test Code: IL\_ **PhLip-d** **Measure** **Sample Reagent** **Ranges Limits** **Calibration**

**Sample Type**  
**Serum**

**Reaction Cycle**  
☒ Standard ☐ Extended

**Reporting Unit**  
☒ ммоль/л \* ☐ User Define  
Decimal Points: 2  
Conv. Factor: 0.000

**Methodology**  
**Type**  
☒ End Point ☐ Rate  
**Measuring Point**  
16 - ☒ 33  
**Photometric**  
☐ 1 Wavelength ☒ 2 Wavelength  
**Primary** 570 **Secondary** 700  
**Correction Constant**  
**Slope** 1.000 **Intercept** 0.000

Test Name: NN **PhLip** Test Code: IL\_ **PhLip-d** **Measure** **Sample Reagent** **Ranges Limits** **Calibration**

**Sample Volume**

|   | Sample Volume | Dilution Sample Vol. | Dilution Diluent Vol. |
|---|---------------|----------------------|-----------------------|
| 1 | 2.0           | 0.0                  | 0.0                   |
| 2 | 2.0           | 30.0                 | 60.0                  |
| 3 | 4.0           | 0.0                  | 0.0                   |
| 4 | 0.0           | 0.0                  | 0.0                   |

**Diluent** **Diluent Warning Limit** 0 Tests

**Reagent Volume**

R1: **PhLip-1** R2: **PhLip-2**

|    | Volume | Diluent Vol. | stirring                            | Warning Limit(tests) | Stability(days) |
|----|--------|--------------|-------------------------------------|----------------------|-----------------|
| R1 | 240    | 0.0          | <input checked="" type="checkbox"/> | 20                   | No Control      |
| R2 | 60     | 0.0          | <input checked="" type="checkbox"/> | 20                   | No Control      |

**Sampling Condition**

|  | Condition No. | 1                                | 2                                | 3                     | 4                     |
|--|---------------|----------------------------------|----------------------------------|-----------------------|-----------------------|
| <input type="checkbox"/> First Run               |               | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Samp.Vol.Reduction      |               | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Below N-Range           |               | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Above N-Range           |               | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Panic L                 |               | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Panic H                 |               | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> User Range L            |               | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="checkbox"/> User Range H |               | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Noise                   |               | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Prozone                 |               | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="checkbox"/> HIGH!        |               | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="checkbox"/> ABS!         |               | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Ranges  |                                  | Limits   |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
|---|----------------------------------|--|--|-------|-------|-----------------------|----------------------------------|--|------|--------------------|--------|-------|-------|-----------|------|---------|--|---------|----------------|--|------------------|--|--|--|--|--|---|--|------------------|--|-------|---|---|--|---|--|---------------|--|-------|---|--------|--|---|--|------------|--|-------|-------|---|------|--|--|--------------------|--|-------|-------|-----------|-----|---------|-----|---------|-----|---|--|------------|--|-------|-------|---|------|---|--|---------------|--|-------|---|--------|--|---|--|-------------|--|----|-----|-----------------------|----------------------------------|---|--|---------------|--|-------|---|--------|--|
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| Normal Range  |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
|   | Lower                            | Upper  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Male  | 1.61                             | 3.55   |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Female  | 1.61                             | 3.55   |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Other   | 1.61                             | 3.55   |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Reaction Slope  |                                  | Absorbance Limit   |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
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| Non-Linear Limit  |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Value   | %                                |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| 0   |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Prozone Limit   |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Value   | %                                |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| 2500.0  |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
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| User Range  |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Lower   | Upper                            |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| 0   | 13.3                             |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Serum Index Limits  |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Index   | Limit                            |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Hemolysis   | 0.0                              |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Icterus   | 0.0                              |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Lipemia   | 0.0                              |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| <table border="1"> <thead> <tr> <th colspan="2">ValidRange</th> </tr> <tr> <th>Lower</th> <th>Upper</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>13.3</td> </tr> </tbody> </table>   |                                  | ValidRange   |  | Lower | Upper | 0                     | 13.3                             | <table border="1"> <thead> <tr> <th colspan="2">Prozone Limit</th> </tr> <tr> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>2500.0</td> <td></td> </tr> </tbody> </table>  |      | Prozone Limit      |        | Value | %     | 2500.0    |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| ValidRange  |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Lower   | Upper                            |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| 0   | 13.3                             |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Prozone Limit   |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Value   | %                                |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| 2500.0  |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| <table border="1"> <thead> <tr> <th colspan="2">Qualitative</th> </tr> <tr> <th>On</th> <th>Off</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> </tbody> </table>   |                                  | Qualitative  |  | On    | Off   | <input type="radio"/> | <input checked="" type="radio"/> | <table border="1"> <thead> <tr> <th colspan="2">Prozone Limit</th> </tr> <tr> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>2500.0</td> <td></td> </tr> </tbody> </table>  |      | Prozone Limit      |        | Value | %     | 2500.0    |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Qualitative   |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| On  | Off                              |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| <input type="radio"/>   | <input checked="" type="radio"/> |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Prozone Limit   |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| Value   | %                                |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |
| 2500.0  |                                  |  |  |       |       |                       |                                  |  |      |                    |        |       |       |           |      |         |  |         |                |  |                  |  |  |  |  |  |   |  |                  |  |       |   |   |  |   |  |               |  |       |   |        |  |   |  |            |  |       |       |   |      |  |  |                    |  |       |       |           |     |         |     |         |     |   |  |            |  |       |       |   |      |   |  |               |  |       |   |        |  |   |  |             |  |    |     |                       |                                  |   |  |               |  |       |   |        |  |

| Test Name   |  | Test Code  |         | Measure  |  | Sample Reagent |  | Ranges Limits             |      | Calibration |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
|---|--|------------|---------|--|--|----------------|--|---------------------------|------|-------------|----------|--|---|--|--|---------|--|-------------------|---|-------|------|------|------|---|--|--|--|----|-----------|--|-------------------------------------|---------------|--------------------------|------------------------------|--------------------------|--|--|--|--|--|---------------|--|-------|------|--------|--|
| NN  | PhLip  | IL         | PhLip-d |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Calibration   |  |            |         | Condition  |  |                |  | Calibration/R-Blank Limit |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| <table border="1"> <thead> <tr> <th colspan="2">Method</th> <th colspan="2">Curve Type</th> </tr> </thead> <tbody> <tr> <td>1-point</td> <td></td> <td>Linear</td> <td></td> </tr> </tbody> </table>  |  |            |         | Method   |  | Curve Type     |  | 1-point                   |      | Linear      |          | <table border="1"> <thead> <tr> <th colspan="2">Repeats</th> <th colspan="2">Stability</th> </tr> </thead> <tbody> <tr> <td>2</td> <td></td> <td></td> <td>days</td> </tr> </tbody> </table> |   |  |  | Repeats |  | Stability         |   | 2     |      |      | days | <table border="1"> <thead> <tr> <th colspan="2">No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> |  |  |  | No |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Method  |  | Curve Type |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 1-point   |  | Linear     |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Repeats   |  | Stability  |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 2   |  |            | days    |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| No  |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
|   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| <table border="1"> <thead> <tr> <th colspan="3">Calibrator</th> </tr> <tr> <th></th> <th>Calibrator</th> <th>Conc</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>StdPhLip</td> <td>**</td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> </tbody> </table> |  |            |         | Calibrator   |  |                |  | Calibrator                | Conc | 1           | StdPhLip | **   | 2 |  |  | 3       |  |                   | 4 |       |      | 5    |      |   | <table border="1"> <thead> <tr> <th colspan="2">Condition</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Reagent Blank</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Auto Reagent Blank by Bottle</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ask for calibration when reagent lot changes</td> </tr> </tbody> </table> |  |  |    | Condition |  | <input checked="" type="checkbox"/> | Reagent Blank | <input type="checkbox"/> | Auto Reagent Blank by Bottle | <input type="checkbox"/> | Ask for calibration when reagent lot changes | <table border="1"> <thead> <tr> <th colspan="2">R-Blank Limit</th> </tr> <tr> <th>Value</th> <th>mAbs</th> </tr> </thead> <tbody> <tr> <td>2500.0</td> <td></td> </tr> </tbody> </table> |  |  |  | R-Blank Limit |  | Value | mAbs | 2500.0 |  |
| Calibrator  |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
|   | Calibrator                                   | Conc       |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 1   | StdPhLip                                     | **         |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 2   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 3   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 4   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 5   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Condition   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| <input checked="" type="checkbox"/>   | Reagent Blank                                |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| <input type="checkbox"/>  | Auto Reagent Blank by Bottle                 |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| <input type="checkbox"/>  | Ask for calibration when reagent lot changes |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| R-Blank Limit   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Value   | mAbs   |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 2500.0  |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
|   |  |            |         | <table border="1"> <thead> <tr> <th colspan="2">Cal Reps Range</th> </tr> <tr> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>20.0</td> <td></td> </tr> </tbody> </table> |  |                |  | Cal Reps Range            |      | Value       | %        | 20.0   |   | <table border="1"> <thead> <tr> <th colspan="2">Min Cal Reps</th> </tr> <tr> <th>Value</th> <th>mAbs</th> </tr> </thead> <tbody> <tr> <td>50.0</td> <td></td> </tr> </tbody> </table>  |  |         |  | Min Cal Reps      |   | Value | mAbs | 50.0 |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Cal Reps Range  |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Value   | %  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 20.0  |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Min Cal Reps  |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Value   | mAbs   |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 50.0  |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
|   |  |            |         | <table border="1"> <thead> <tr> <th colspan="2">Factor Change</th> </tr> <tr> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>20</td> <td></td> </tr> </tbody> </table>    |  |                |  | Factor Change             |      | Value       | %        | 20   |   | <table border="1"> <thead> <tr> <th colspan="2">M-Point Curve Fit</th> </tr> <tr> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>0.0</td> <td></td> </tr> </tbody> </table> |  |         |  | M-Point Curve Fit |   | Value | %    | 0.0  |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Factor Change   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Value   | %  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 20  |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| M-Point Curve Fit   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| Value   | %  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |
| 0.0   |  |            |         |  |  |                |  |                           |      |             |          |  |   |  |  |         |  |                   |   |       |      |      |      |   |  |  |  |    |           |  |                                     |               |                          |                              |                          |  |  |  |  |  |               |  |       |      |        |  |

\* -Рекомендуемый параметр.

\*\* - Вводится из паспорта калибратору.

Тип калибровки: Линейная, по стандарту "Стандартный раствор фосфолипидов" (Phospholipids Standard FS).

Контроль по TruLab L (липидный) уровни 1 и 2.