



**MEDIBRIDGE LABCORE • LAB INFORMATION SYSTEM**  
**UNIFIED DIGITAL ECOSYSTEM**

## THE CHALLENGE

# Five things that quietly cost a laboratory every day



## Re-typing analyzer results

Values copied from analyzer printouts into registers and reports, then checked by eye.

### WHAT IT COSTS

Transcription errors that can reach a patient's report.



## Samples nobody can find

Tubes tracked on paper between collection points, transport boxes and benches.

### WHAT IT COSTS

Repeat collections, delayed reports, unhappy patients.



## Critical values called late

Phone calls to clinicians made from memory, with no timer, escalation or record.

### WHAT IT COSTS

Clinical risk, and no evidence when an auditor asks.



## Accreditation by paperwork

QC charts, CAPA, documents and competency kept in files and spreadsheets.

### WHAT IT COSTS

Senior staff time before every assessment.



## Systems that do not talk

Separate billing, HIS orders and branch registers, so data is entered twice.

### WHAT IT COSTS

Revenue leakage and duplicate registrations.

### THE REAL GAP

## Most laboratories have software.

What they lack is one traceable record from the counter to the signed report. The cost shows up as rework, risk and staff time.

Which cost you the most today?

MEET LABCORE

# Every sample, result and decision, in one traceable place

**MediBridge LabCore** is a laboratory information management system for diagnostic laboratories, hospital labs and laboratory networks in India: registration, barcoded samples, analyzers, validated results, signed reports, quality and billing in one system.

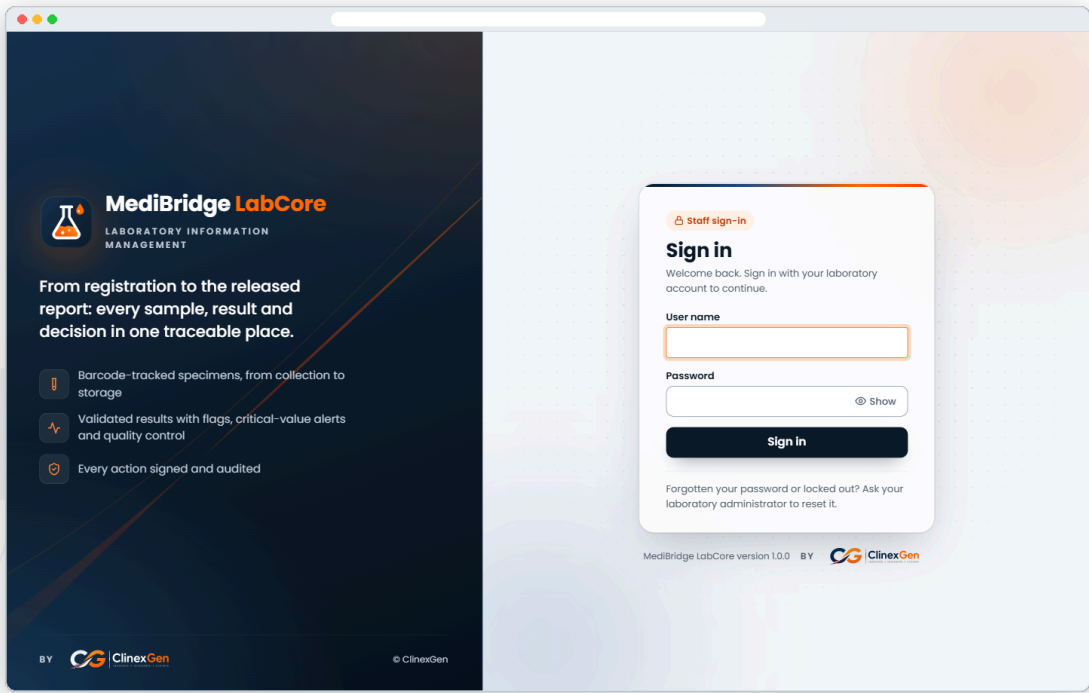
WHO IT SERVES

- Out-patients
- In-patients
- Emergency
- Home collection
- Collection centres
- Camps
- Corporate and B2B clients
- Multiple branches

IN THREE LINES

- ✓ Barcode-tracked specimens, from collection to storage
- ✓ Validated results with flags, critical-value alerts and quality control
- ✓ Every action signed and audited

Built by ClinexGen on .NET and PostgreSQL. It connects to analyzers and hospital systems through MediBridge Connect, ClinexGen's healthcare integration engine.



Product screen, synthetic sample data.

22

modules, from registration to the released report

2-step

technical verification, then medical validation

SHA-256

hash-chained, tamper-evident audit trail

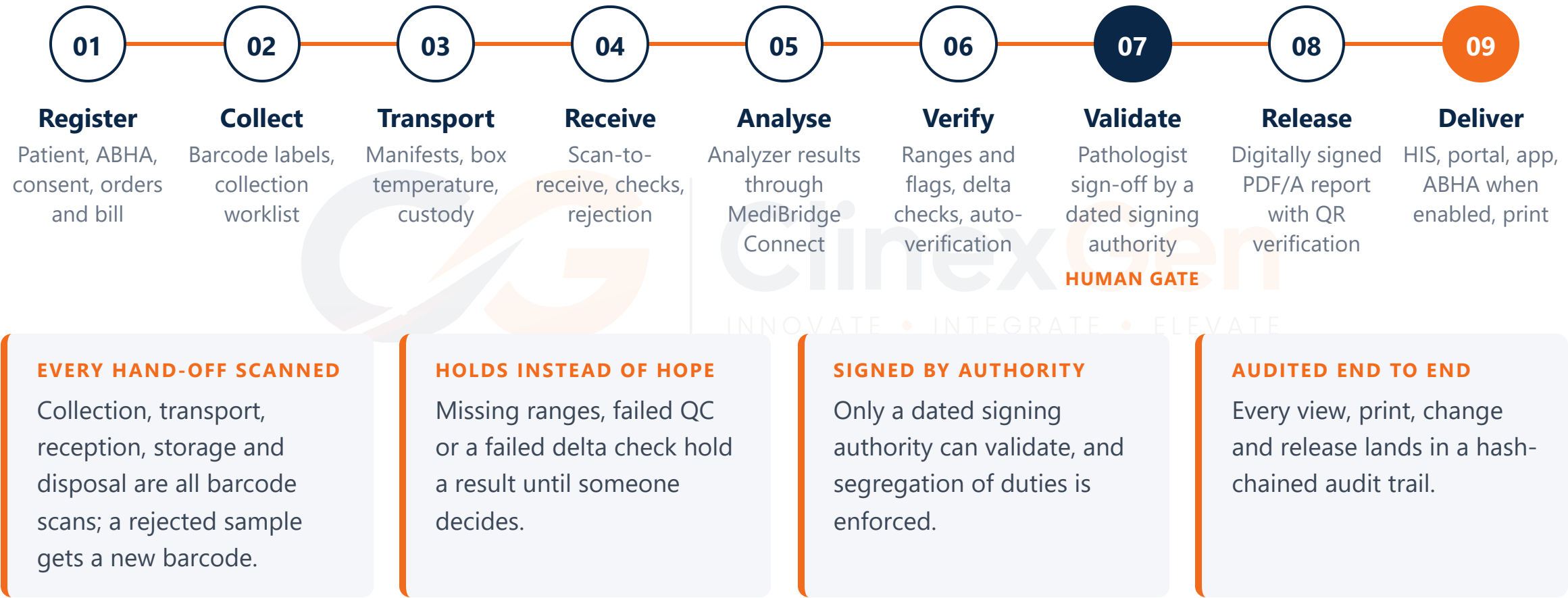
18

built-in calculated tests, from eGFR to HOMA-IR

THE WORKFLOW

# From the counter to the signed report, one record

Each hand-off is a barcode scan, each decision is signed, and the patient's record follows the sample all the way.

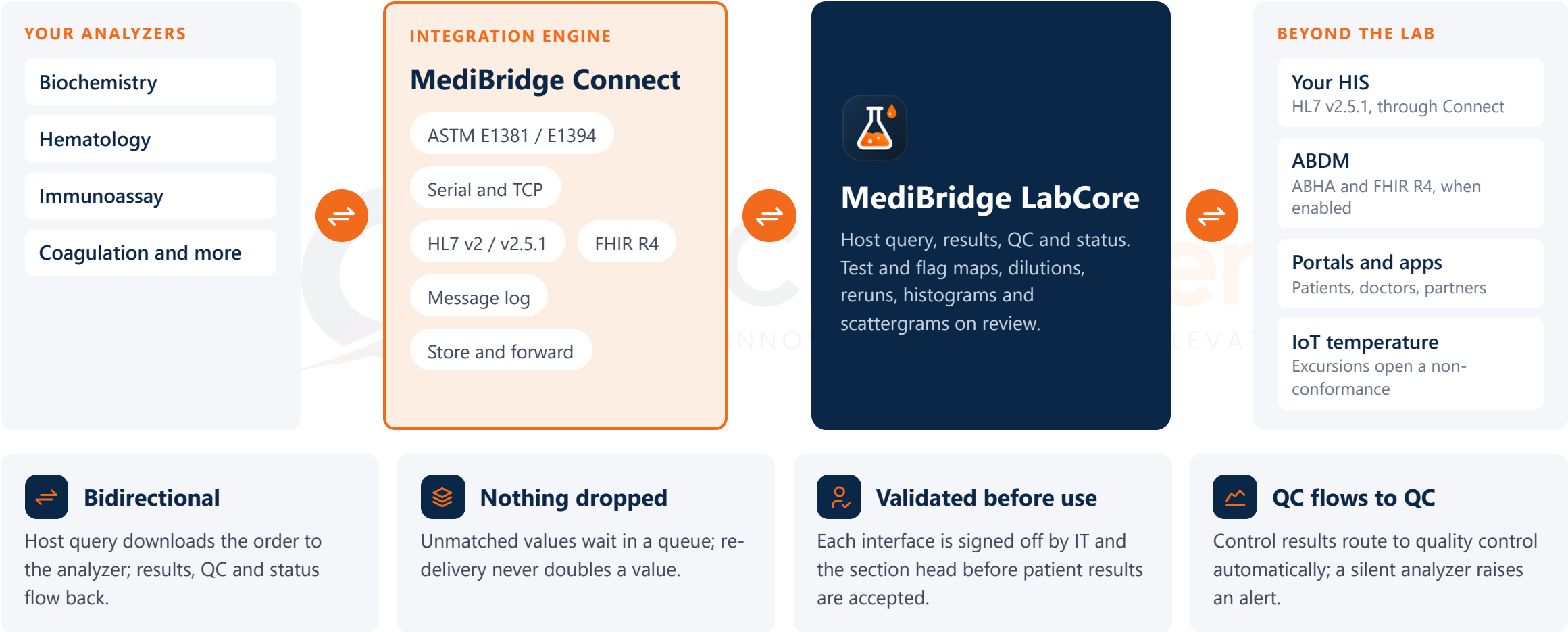


**Delivery that respects privacy:** SMS, WhatsApp and e-mail carry a secure link, never the PDF.

ECOSYSTEM ARCHITECTURE

# Analzers connected, transcription removed

LabCore receives results straight from your analyzers through MediBridge Connect, its companion integration engine.



MediBridge Connect holds every analyzer and hospital connection, with message logs, spooling and store-and-forward, so LabCore never talks to a socket directly.

## THE PLATFORM · 22 MODULES

# 22 modules. One system, one record.

Every laboratory gets the full module library. Switch on what you need and add specialties as you grow.



## Front office & specimens

From the counter to the bench

**M03** Patients

**M04** Orders

**M05** Specimens

**M14** Billing

**M17** Network



## Laboratory

Every bench, routine to specialty

**M06** Instruments

**M07** Results

**M08** Microbiology

**M09** Anatomic pathology

**M10** Specialty modules

**M22** Blood bank & transfusion



## Quality & operations

The quality system and the business

**M11** Quality control

**M12** Quality management

**M15** Inventory

**M16** Equipment

**M18** Analytics



## Platform & connectivity

Identity, masters, delivery and the trail

**M01** Platform & identity

**M02** Catalog

**M13** Reporting & delivery

**M19** Notifications

**M20** Integration

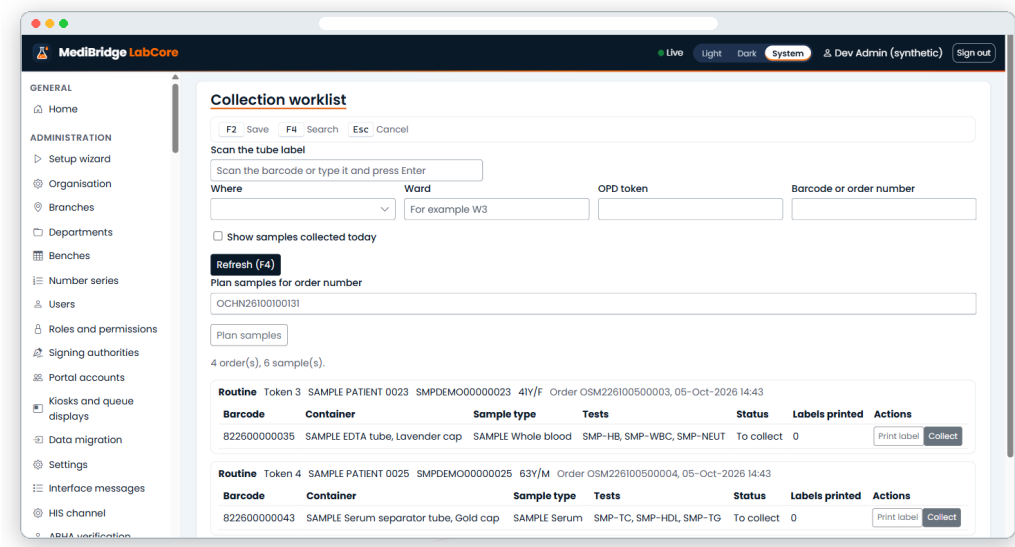
**M21** Audit

All 22 share one patient record, one barcode and one audit trail. Blood bank & transfusion is for blood centres licensed under the Drugs and Cosmetics Act, 1940 and Rules, 1945, following NBTC guidelines; switched on per centre.

FRONT OFFICE · SPECIMEN TRACKING

# Register once. Know where every tube is.

The counter is where most downstream errors start, so LabCore puts its checks there. After it, every move is a scan and every exception has an owner.



Product screen, synthetic sample data.

EVERY MOVE IS A SCAN

- Collection
- Transport
- Reception
- Storage
- Disposal

WHERE IS MY REPORT?

A per-item timeline shows where each test is, so the front desk can answer without a phone call to the bench.

AT THE COUNTER

Fast, safe registration

UHID issued or taken from the HIS, ABHA number, estimated age; VIP, medico-legal, unknown and newborn.

Search that knows Indian names

Phonetic search folds Lakshmi and Laxmi; merges need a second user's approval.

Orders that bill themselves

By name, code, alias or LOINC; packages expand at the prices in force; STAT, urgent, routine.

Guard-rails

Duplicate-order warnings, consent checks, retest-interval stops, add-ons with stability checks.

Camps and corporates

Bulk order upload from a spreadsheet, appointments, a self check-in kiosk and a token queue display.

EVERY TUBE, EVERY MOVE

Labels at collection

Automatic tube split, 12-digit check-digit barcodes, Code 128 labels from editable templates.

Transport you can account for

Manifests with box temperature at dispatch and arrival; custody for every move.

Reception in one scan

One tube or a whole rack; container, stability, volume and labelling checked.

Rejection without the chaos

A recollection is planned with a new barcode, and the collector is told.

Storage and disposal

Aliquots, racks and box positions, locate-by-scan, retention rules, a disposal list.

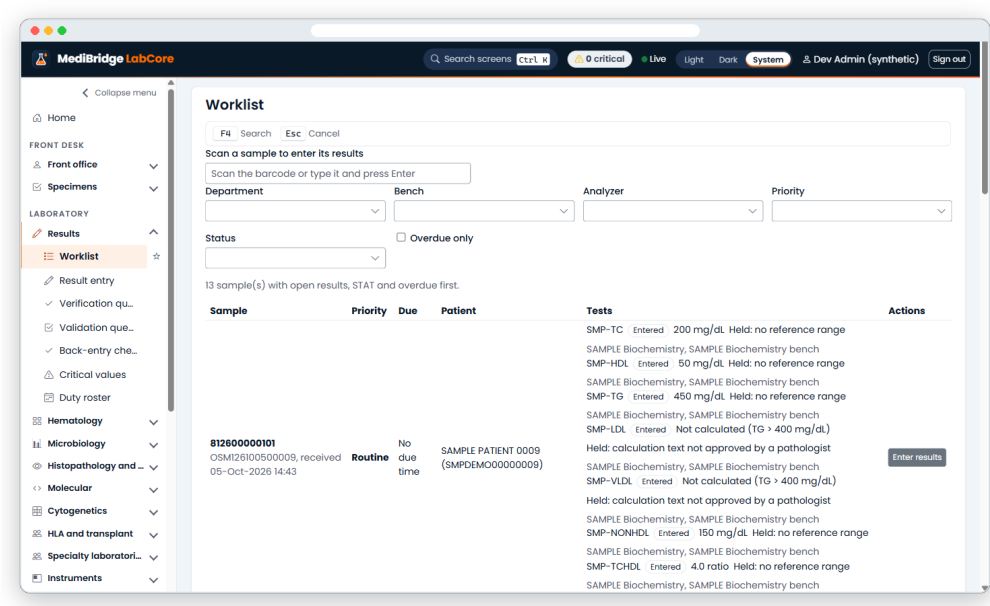
Downtime covered

Pre-printed downtime IDs, and blind re-typing by a second person before release.

RESULTS · CLINICAL RULES

# Results reviewed twice, and released once

Technologists verify, pathologists validate, and rules your pathologists approve catch what busy people miss.



Product screen, synthetic sample data.

- Live worklists, STAT first
- Keyboard result entry
- Ranges by age, sex, pregnancy, fasting, analyzer
- Flags as text, not colour alone



## Two-step sign-off

Technical verification, then medical validation by a dated signing authority.



## Amendments, never overwrites

A released result is never altered; an amendment creates a new version, marked AMENDED.



## Delta checks

Each result is compared with the patient's last released value; a failed check holds it, with the trace stored.



## Auto-verification

Approved rule sets check QC, analyzer flags, serum indices, deltas and holds, with a per-check trace and a simulator.



## Reflex testing

A condition such as a value above 4.5 or a reactive result adds the next test to the same sample, once.



## 18 calculated tests

eGFR (CKD-EPI 2021), LDL, HOMA-IR and more, recalculated when an input is amended.

### THE PATH OF A RESULT



**Rules, set by your laboratory.** No reference range or critical limit ships pre-filled; your pathologists approve every master. Custom formulas need approval.

CRITICAL VALUES

# Every critical value called, escalated and recorded

A running timer, an escalation ladder and a duty roster mean no critical result waits on someone's memory.



REPORTS · DELIVERY · PORTALS

# Signed reports, delivered safely, verifiable by anyone

Patients, doctors and hospitals get the report through the channel they use, and anyone holding a copy can check it is genuine.



### Templates per department, branch or client

Versioned header, footer and disclaimer, accreditation number, and signatories with qualification and registration number.



### Digitally signed PDF

PDF/A reports signed with the laboratory's certificate; the stored file is write-once and checked on every download.



### QR verification

A QR code on every report opens a public verification page, protected by date of birth or a one-time code.



### Release rules

Auto-release when a group is complete, partial reports marked "result to follow", an optional payment hold for OPD and B2B.



### Delivery that respects privacy

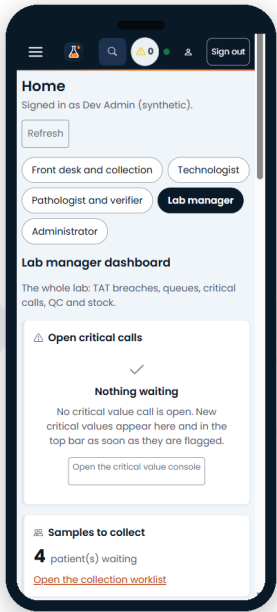
HIS, portal, app, ABHA when enabled, and print. Messages carry a secure link, never the PDF; sensitive tests are never sent by message.



### Watermarks and cumulative view

PARTIAL, AMENDED and PRELIMINARY watermarks; a cumulative view with the last five values and trend.

## PORTALS AND APPS



Product screen, synthetic sample data.

### Patient portal and app

Reports with an integrity check, trends, bills and home-collection booking.

### Doctor portal

Patients' reports and critical alerts for referring doctors, with OTP sign-in.

### Partner portal

Collection centres book, label and print their own work, and see only their own data.

### Phlebotomy app

Route for the day, barcode scan, tube photo, cool-box temperature; works offline and syncs.

QUALITY

# QC and the quality system, in the same place as the results

Designed to support NABL / ISO 15189:2022 workflows, with the evidence drawn from system records.

QUALITY CONTROL

- 1-2s
- 1-3s
- 2-2s
- R-4s
- 4-1s
- 10x

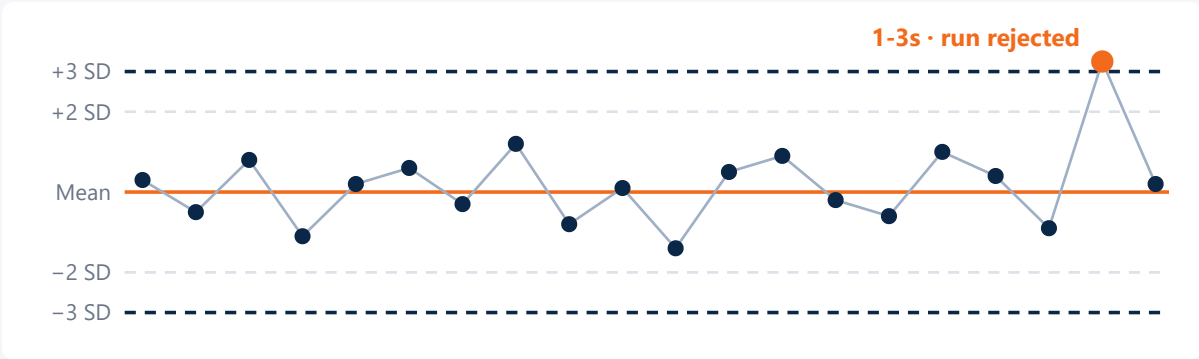


Illustration: a control beyond 3 SD rejects the run and blocks verification.

Westgard multi-rule

Configured per test and analyzer; a rejected run blocks verification until a corrective action is recorded.

Levey-Jennings and Youden

Charts plus monthly mean, SD, CV%, bias, total error, and Sigma when you set allowable error.

Look-back after failure

Lists results released since the last accepted run, so each can be reviewed.

EQAS

Programmes, rounds and results; an unacceptable result opens a CAPA automatically.

QUALITY MANAGEMENT

NC and CAPA

Root cause, correction, corrective and preventive action, and an effectiveness check.

Controlled documents

Versions, approval by someone other than the author, reviews and read receipts.

Competency

Training, assessments and a matrix; expired competency can block validation.

Audits and indicators

Audits, management review and nightly quality indicators.

READY FOR AN ASSESSOR, FROM SYSTEM RECORDS

- QC charts and monthly statistics
- EQAS rounds and results
- CAPA with effectiveness checks
- Controlled document versions
- Competency matrix
- Audit and management review
- Critical-call records

THE LOOP CLOSES ITSELF

Automatic non-conformances from EQAS failures and temperature excursions connect the bench and the quality manager.

## INTEGRATION

# Plugs into your hospital and India's health stack

HL7 v2.5.1 with your HIS through MediBridge Connect, and ABHA, HIP linking and FHIR R4 for patient-controlled sharing.

## HOSPITAL INFORMATION SYSTEM · HL7 V2.5.1

Your HIS



MediBridge Connect



MediBridge LabCore

**A01 TO A08, A40****ADT**

Patients, visits, transfers and discharges; merges go to human review.

**OML / ORM****Orders**

New, cancel and replace from the HIS, acknowledged and never duplicated.

**ORU^R01****Results**

LOINC codes, UCUM units, flags and the signed PDF embedded.

**DFT^P03****Charges**

In-patient charges and reversals posted back to the HIS.

## AYUSHMAN BHARAT DIGITAL MISSION

**ABHA verification**

By mobile or Aadhaar OTP through the ABDM gateway.

**HIP linking**

Released reports are linked to the patient's ABHA as care contexts.

**FHIR R4 reports**

Diagnostic report bundles with LOINC and UCUM, encrypted for consented requests.

ABHA verification, HIP linking and FHIR R4 report bundles, ready to enable once your HIP registration and ABDM sandbox validation are done.

## SPECIALTY LABORATORIES · BLOOD CENTRE

# Beyond routine: specialty benches, built in

Each specialty has its own worklists, screens and report formats, on the same patient record, barcode and audit trail.

**Microbiology**

Culture bench, Gram stain, AST from lab-loaded CLSI or EUCAST breakpoints, antibiogram, WHONET export.

**Histopathology**

Accessioning, grossing, cassettes and slides, special stains, frozen-section timer, SNOMED CT.

**Cytology**

Screener to cytopathologist, Bethesda categories and QC rescreening of negatives.

**Molecular**

Extraction batches, 96/384-well plates, Ct import, control review, viral load in log10.

**Cytogenetics**

Cultures, metaphase counts, ISCN syntax checks, karyograms, FISH and microarray.

**HLA**

Allele-level typing, CDC and flow crossmatch, PRA, single-antigen MFI and DSA.

**Hematology**

Keyboard differential counter, smear narratives, analyzer histograms and scattergrams.

**Coagulation**

International Normalised Ratio from the reagent lot's ISI and MNPT, carried with the lot.

**TDM and toxicology**

Dose and timing capture with cut-off interpretation.

**Allergy**

Specific IgE with classes 0 to 6.

**Andrology and IVF**

Sperm preparation, couple linkage, cryostorage with consent renewal.

**Medico-legal**

Police requisition, seal photos, witness signatures, a court-ready custody log.

**BLOOD CENTRE · M22**

## Vein-to-vein traceability

- ✓ Donors kept apart from patients, in an encrypted registry
- ✓ ISBT 128 bag and segment labels
- ✓ Components tracked bag by bag
- ✓ TTI outcomes visible only to authorised staff
- ✓ Every issue re-checks TTI, grouping, expiry and compatibility, with no override path
- ✓ Crossmatch, including electronic; issue, returns, cold chain
- ✓ Wristband-to-bag scan at the bedside; HvPI-format export
- ✓ Look-back, recall and signed period registers

For blood centres licensed under the Drugs and Cosmetics Act, 1940 and Rules, 1945, following NBTC guidelines; switched on per centre. Values are approved by your medical officer.

RUNNING THE BUSINESS · INSIGHT

# Billing, branches, stock and equipment, on the same record

The money, the branches and the bench share one system, so nothing has to be reconciled by hand. A live board shows the whole lab.



### Billing with tax

Price lists per branch, client or insurer; tax per line by SAC code; gapless bill and credit-note series; tax register export.



### Payments and credit

Cash, card, UPI and gateway payment links with settlement reconciliation; refunds with approval; B2B ledgers and credit limits; Tally export.



### Network and home collection

Routing between branches, referral labs and send-outs; franchise revenue share; home-collection slots by PIN code; camps.



### Inventory and reagent lots

Stores, indents, purchase orders and goods receipt with lot and expiry; new-lot verification; consumption against tests run.



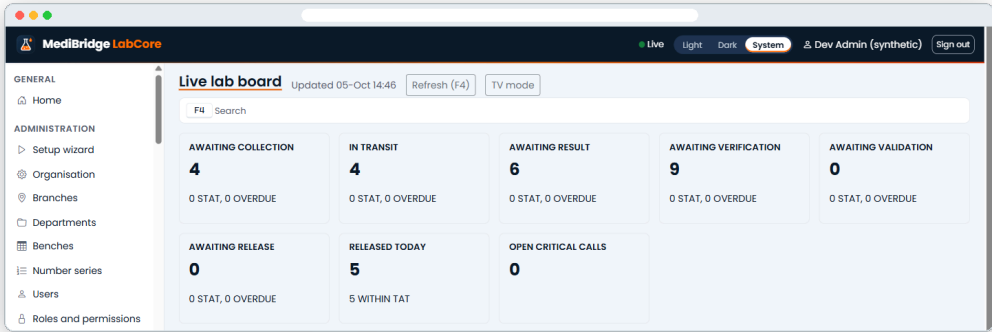
### Equipment and temperature

Asset register, maintenance and calibration with sign-off; worklist warnings when overdue; excursions open a non-conformance.



### Exports and schedules

Excel and PDF export, scheduled e-mailed reports and an ad-hoc report builder, from a reporting copy of the database.



Product screen, synthetic sample data.

### Live lab board, with a TV mode

Queues, overdue samples and open critical calls, refreshed on its own for everyone in the room.

### TAT by stage

Median and 90th percentile for every stage, with breaches, by test and branch.

### Quality indicators

Rejection rate, TAT compliance, critical call time, amended reports, EQAS.

### Business view

Workload heat map, revenue and collections, client and doctor metrics.

SECURITY & PRIVACY · BUILT FOR A BUSY BENCH

# Protected at every layer, fast at the bench

Permissions, encryption and a tamper-evident audit trail are part of the platform, not add-ons. Keyboard-first screens keep experts fast.



## Role permissions

Default roles and fine-grained permissions by branch and department; administrators can never hold result permissions.



## Encrypted patient data

Names, phone numbers, e-mail and address encrypted field by field (AES-256-GCM); logs are redacted.



## Sensitive tests masked

Identity coded for HIV and genetic results except for named roles; break-glass access is time-boxed and alerted.



## Tamper-evident audit

Append-only, SHA-256 hash-chained trail of every change, including views, prints, exports and sign-ins.



## Strong sign-in

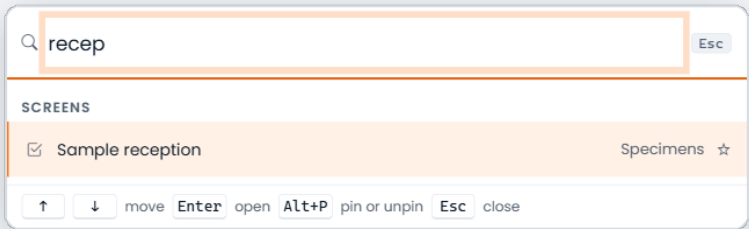
Multi-factor sign-in for pathologists and administrators; single sign-on with Entra ID or Keycloak.



## DPDP requests

Access, correction, erasure and nominee requests with due dates and escalation; Aadhaar stored masked.

### BUILT FOR A BUSY BENCH



Ctrl+K command palette. Product screen, synthetic sample data.

- ✓ Light, dark or system theme, with contrast tested in both
- ✓ F2 save, F4 search, F8 verify, F9 validate, Esc cancel
- ✓ Ctrl+K opens any screen you may use, with favourites and recents
- ✓ Status is never colour alone: an icon and text, built to WCAG 2.1 AA
- ✓ Barcode scanners just work; a menu that adapts from bench PC to phone

### STANDARDS

HL7 v2.5.1

FHIR R4

ABDM / ABHA

LOINC

UCUM

SNOMED CT

ISBT 128

DPDP Act 2023

WCAG 2.1 AA

FIT

# One platform, four kinds of laboratory

Start with the modules your laboratory needs today, and switch on the rest as you grow.

01



## Standalone diagnostic lab

Front office, barcoded specimens, analyzers, validated reports, QC and billing with tax in one place.

### SWITCH ON

Patients and orders

Instruments

QC

Billing

02



## Hospital laboratory

HIS orders and results over HL7, ward collection by bed, critical calls to the ward, in-patient charges.

### SWITCH ON

HIS integration

Critical values

ABDM

03



## Laboratory chain and franchise

Branch routing, collection centres, home collection, franchise revenue share and central pricing.

### SWITCH ON

Network

Partner portal

Phlebotomy app

04



## Reference and specialty lab

Microbiology, histopathology, molecular, cytogenetics, HLA, and a blood centre where licensed.

### SWITCH ON

Specialty modules

Blood bank

## The full module library, for every laboratory

Switch on what you need and add specialties as you grow. **Your proposal sets out the modules and interfaces.** Blood bank is for blood centres licensed under the Drugs and Cosmetics Act, 1940 and Rules, 1945, following NBTC guidelines; switched on per centre.

HOW LABCORE COMPARES

# Side by side with what laboratories use today

Typical alternatives by category. No product is named, and every LabCore cell can be checked in the live demo.

| What matters            | Paper and spreadsheets                | Billing-only or generic software | MediBridge LabCore                                                                           |
|-------------------------|---------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------|
| Analyzer results        | Copied from printouts, checked by eye | Usually keyed in by hand         | Received through MediBridge Connect; unmatched values wait in a queue                        |
| Sample tracking         | Paper registers between benches       | A sample number; custody varies  | A barcode scan at every hand-off, with chain of custody                                      |
| Sign-off                | A signature on a printout             | Varies; often one release step   | Technical verification, then medical validation by a dated signing authority                 |
| Critical calls          | Made from memory, no timer            | Varies; often a flag on screen   | Timer, escalation ladder, duty roster and a read-back record                                 |
| QC and CAPA evidence    | Charts and files kept apart           | Often kept outside the system    | Westgard rules block verification; EQAS failures open a CAPA                                 |
| Audit trail             | Registers, where kept                 | Varies by product                | SHA-256 hash-chained and tamper-evident, including views and prints                          |
| ABDM readiness          | None                                  | Varies by product                | ABHA, HIP linking and FHIR R4, ready to enable after HIP registration and sandbox validation |
| Branches and franchises | A register per branch                 | Varies; often one site           | Branch routing, collection centres, home collection and franchise revenue share              |

## WHO STANDS BEHIND IT

# Who stands behind MediBridge LabCore

## CLINEXGEN PRIVATE LIMITED, CHENNAI

**A founding team, not a first attempt**

Founded by a technocrat, an industry leader and a marketing professional, with more than 50 years of combined experience.

**DPIIT-recognised**

Recognised by the Department for Promotion of Industry and Internal Trade, Government of India.

**One platform, seven products**

Casebook, Nucleus, Nalam360, MediBridge LabCore, MediBridge Connect, Beat and LedgerFlow AI, in three verticals, built to one engineering standard.

**AI-enabled, always moving forward**

An AI-enabled software development company, always moving towards state-of-the-art technology.

## FOUR REASONS LABORATORIES GIVE LABCORE A CLOSER LOOK

01

**Safety in the flow**

Holds, two-step sign-off, delta checks and QC blocks stop an unsafe result before it is released, not after.

02

**Evidence by default**

Every action is signed and audited, so QC, CAPA and critical-call records are ready for an assessor.

03

**Built for India**

ABHA and ABDM when enabled, tax-ready billing and UPI, DLT-ready messaging, DPDP requests, and search that understands Indian names.

04

**One partner, end to end**

LabCore and MediBridge Connect from ClinexGen: analyzers to HIS, bench PC to phone, setup to support. One partner, one support desk.

## PLAN · GO-LIVE

# A guided setup, and a check that tells you when you are ready

**SETUP WIZARD · 10 STEPS**

From organisation to the first validated test.

- |                                               |                             |
|-----------------------------------------------|-----------------------------|
| <b>01</b> Organisation                        | <b>02</b> Branches          |
| <b>03</b> Departments                         | <b>04</b> Benches           |
| <b>05</b> Number series                       | <b>06</b> Users and roles   |
| <b>07</b> Signing authorities and duty roster | <b>08</b> Catalogue         |
| <b>09</b> Settings                            | <b>10</b> Go-live readiness |

**Catalogue import**

Every master imports from CSV or Excel with a dry-run preview and diff.

**Readiness check**

Lists what must be in place before go-live, grouped by who signs it off.

**Change your system.  
Keep your history.**

Legacy migration runs as a dry run first, then a reconciliation report with a spot check.

**On your premises**

Docker and Kubernetes (Helm) packaging, an optional cloud disaster-recovery site; multi-branch and multi-tenant.

**01****Discover**

Your test menu, analyzers, HIS, branches and reports, walked through with your team

**02****Configure**

Masters imported with dry runs; ranges and limits approved by your pathologists

**03****Validate**

Analyzer interfaces signed off, user acceptance testing and a parallel run

**04****Go live**

The readiness check passes, staff are trained, and support continues

**Your clinical values:** no reference range or critical limit ships pre-filled; your pathologists approve every master. Service levels are set out in your proposal.

## NEXT STEPS

# Let's see LabCore on your workflow

Tell us about your laboratory, its branches and its analyzers. Every step runs on your own setup, not a demo dataset.

**01 · SEE IT****Live demo**

LabCore on your own workflow, from registration to the signed report.

**02 · SCOPE IT****Fit and gap**

Your test menu, analyzers, HIS and billing contacts, branches and report formats.

**03 · 14 DAYS****Trial on your data**

A parallel run on one branch or department, with TAT by stage measured before and after.

**04 · IN WRITING****Proposal**

Scope, modules, interfaces and the rollout plan.

**05 · SCALE IT****Rollout**

Configure, validate and go live, then scale branch by branch.

**BRING TO THE FIT-AND-GAP**

Test menu and panels

Analyzer makes and models

Current report formats

HIS and billing contacts

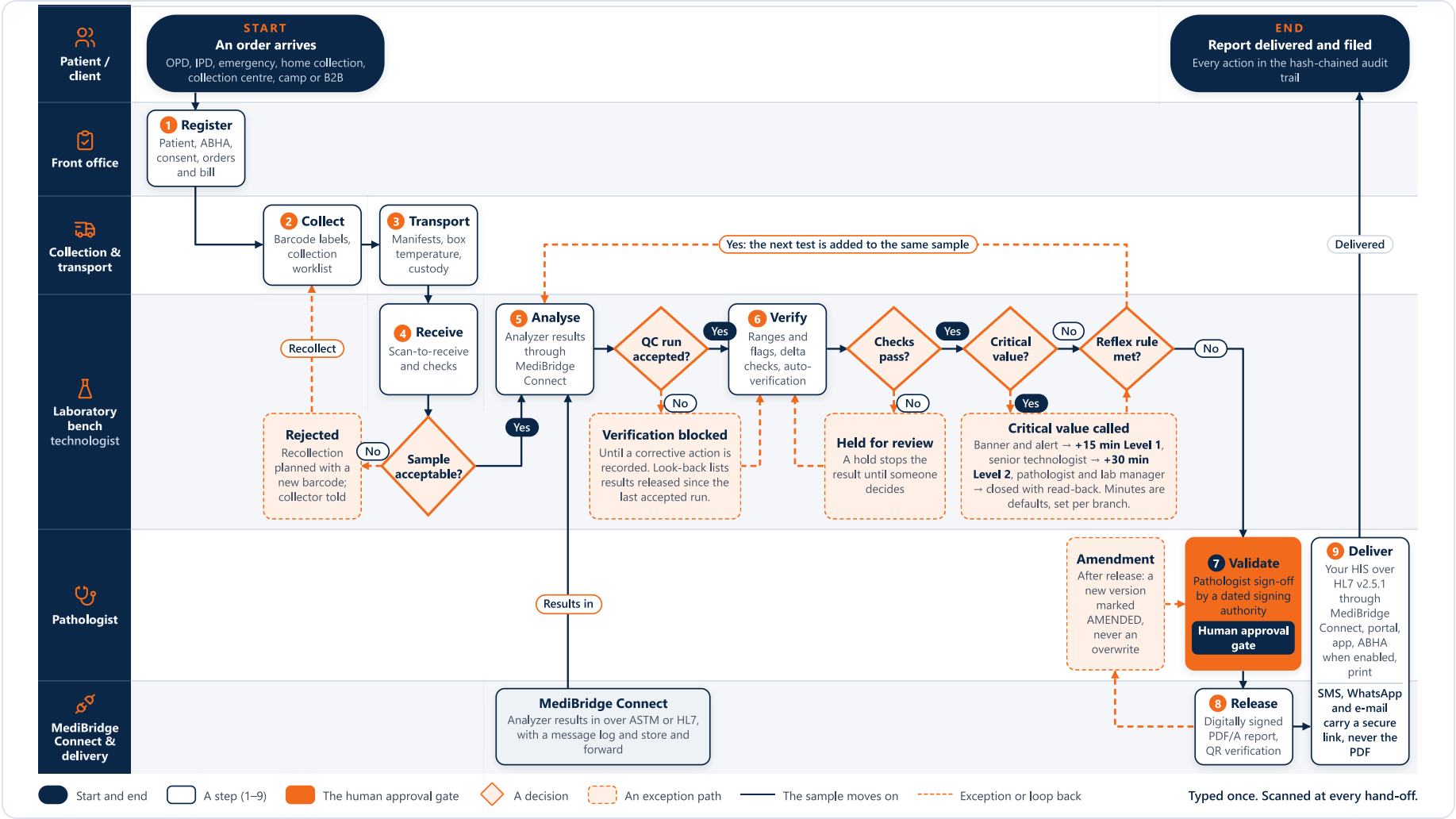
Branches and collection centres

**Book the live demo**

**info@clinexgen.com · +91 7338 786 196 · www.clinexgen.com**

APPENDIX · PROCESS FLOWCHART

# Every sample, from registration to delivery





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**THANK YOU**

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