CLINI CARE PATHOLOGY LABORATORY

Form No-

For Creatinine
Dec-2019 Cycle
CMC Vellore.

EQAS outlier corrective action check list

Sr No	ERRORS WITH PROFICIENCY TESTING	Check list
i.	**Clerical error**	
1.	Transcription error (may be pre- or post-analytical).	No
2.	Situations where wrong method has been registered for analysis or method change not updated	No
ii.	**Methodological problem**	
1.	Instrument function checks (e.g., temperatures, blank readings, pressures) not performed as necessary, or results not within acceptable range.	No
2.	Scheduled instrument maintenance not performed appropriately	No
3.	Incorrect instrument calibration.	No
4.	Standards or reagents improperly reconstituted and stored, or inadvertently used beyondexpiration date.	No
5.	Instrument probes misaligned	No
6.	Problem with instrument data processing functions .The laboratory may need to contact the manufacturer to evaluate such problems.	No
7.	Problem in manufacture of reagents/standards, or with instrument settings specified bymanufacturer	No
8.	Carry-over from previous specimen	No
9.	Automatic pipette not calibrated to acceptable precision and accuracy.	No
10.	Imprecision from result being close to detection limit of method.	No
11.	Instrument problem not detected by quality control: – QC material not run within expiration date, or improperly stored. – QC materials not run at relevant analyte concentration.	No
12.	Result not within range of reportable range (linearity) for instrument/reagent system.	No
13.	Obstruction of instrument tubing/orifice by clot or protein.	No
14.	Incorrect incubation times.	No
iii.	**Technical problem**	
1.	EQA material improperly reconstituted.	No
2.	Testing delayed after reconstitution of EQA material (with problem from evaporation ordeterioration).	No
3.	Sample not placed in proper order on instrument.	No
4.	Result released despite unacceptable QC data.	No
5.	QC data within acceptable limits, but showed trend suggestive of problem with the assay.	No
6.	Inappropriate quality control limits/rules. If the acceptable QC range is too wide, the probability increases that a result will fall within the acceptable QC range yet exceed acceptable limits for EQA.	No
7.	Manual pipetting/diluting performed inaccurately, at an incorrect temperature, or	No

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	withincorrect diluents.	
8.	Calculation error or result reported using too few significant digits.	No
9.	Secondary specimen tubes incorrectly labeled	No
10.	Errors that may be specific to special programs such as morphology, transfusion or microbiology.	No
iv.	**Problem with proficiency testing materials**	
1.	**Matrix effects:** The performance of some instrument/method Combinations may be affected by the matrix of the PT sample. This can be overcome to some extent byassessing participants in peer groups – to be done by the PT provider.	No
2.	Nonhomogenous test material (from variability in fill volumes, inadequate mixing, orinconsistent heating of lyophilized specimens, for example).	No
3.	Non-viable samples for microbiology PT program.	No
4.	Haemolysis on an immunohaemtology program samples	No
v.	**Problem with evaluation of results by the PT provider**	
1.	Peer group not appropriate.Inappropriate target value. Target values developed from participant consensus can be inappropriate.	No
2.	Nonhomogeneous testing material or lingering ("masked") outliers.However, occasional inappropriate target values occur in every PT program.	No
3.	Inappropriate evaluation interval. An evaluation interval may be inappropriately narrow—e.g. if +/- 2 standard deviation units are used with an extremely precise method, the acceptable range may be much	No
4.	Narrower than needed for clinical usefulness.	No
5.	Incorrect data entry by PT provider.	No
vi.	**No explanation after investigation.**	
1.	When all identifiable sources of error have been excluded, a single unacceptable result may beattributed to random error, particularly when the result of repeat analysis is acceptable. In suchcases, no corrective action should be taken; as such an action may actually increase the probability of a future unacceptable result.	Yes

Remark:- Sample repeated for Creatinine and repeat result were 9.36 and compared with peer group mean and SDI were found 1.55 which is with in acceptable limits.

No further corrective action is reqired.

Dr.Tarun Shah
05-01-2020

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