



RML – Quality Assurance Program (RML – QAP)



HEMATOLOGY

ALL METHOD REPORT

Lab Code: 2084

Cycle-10/2021
Round -2

Date: 30/03/2021

Complete Blood Count (CBC)

Parameters	No. of Participants	Group Mean	Standard deviation (SD)	Uncertainty of Assign Values	Range (± 2 SD)	Your Value	Standard Deviation Index(SDI)
Hb gm/dl	153	12.0	0.5	0.05	11.1-12.9	11.4	-1.3
WBC × 10 ³ /μl.	149	9.8	2.2	0.22	5.4-14.1	11.4	0.7
RBC × 10 ⁶ /μl.	150	4.1	0.2	0.02	3.8-4.4	4.12	0.0
Hct%	150	35.8	2.6	0.27	30.6-41.1	37.1	0.5
MCV fl.	150	86.8	4.8	0.49	77.3-96.4	90.1	0.7
MCH pg.	150	29.2	1.1	0.11	27.0-31.3	27.6	-1.5
MCHC gm/dl	150	33.6	2.4	0.24	28.8-38.3	30.7	-1.2
Platelet × 10 ³ /μl.	150	247.2	22.7	2.31	201.9-292.5	255	0.3

Interpretation of SDI:

SDI Value(+/-)	0 - 0.5	0.6 - 0.9	1.0 - 2.0	2.1 - 2.9	≥ 3
Interpretation	Excellent Performance	Good Performance	Acceptable Performance	Marginal Performance Need Improvement	Unacceptable Performance Needs Urgent action

Peripheral Blood Smear(PBS):

	Your Result	Consensus Result
DLC	P-20, L-12, E-55, M-2, B-1	E26.1-64.8, P13.4-42.2, L11.9-28.8, M1.4-5.8
Morphology	Normocytic Normochromic, platelets normal	Δ Normocytic/Normochromic (109/111), Δ Eosinophilia (95/111)
Diagnosis	Absolute Eosinophilia	Eosinophilia

Legends	(*) Excluded From Group Mean	[.] Not Reported	(#)Late Result Submission	(\$)Reported in other Unit
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Chief Coordinator

Dr. Sanjay Mehrotra

Checked By:



Programme Director

Dr. Bandana Mehrotra

End of Report

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CAPA for the outliers in EQUAS of Hematology

1. The machines are recalibrated during the month of June to rule out any problem with the equipments.
2. The reagents were analyzed by the vendor.
3. Controls are being run regularly to keep accuracy of the tests.
4. The last EQUAS reports have no outliers in the reports which is of second cycle.
5. The next two cycles of the EQUAS were delayed as the sample were delayed by RML due to upsurge in COVID-19 cases. The reports have been sent in the month of July , the results of which are expected in 10 days approx.
6. The above said measures are being taken and if outliers are still not falling in line with the latest EQUAS then if NABL decides we can remove the outliers from the scope of the centre.



Dr. RUBY
BAMS, PGDHA
Hospital Administrator
Nirvana Diagnostic Centre



(Prof.) Dr. Uma Singh
M.B.B.S, D.G.O, M.D. FLA.M.S. Pathology
Ex. Prof. P.G.I.M.S., ROHTAK-124001 (Hry.)
Regn. No. M.B.B.S., (M.N.C.)-1874
M.D. (M.C.I.)-1677

7/16/2021

Gmail - Suspension of further RML-QAP activity due to Corona virus pandemic



Ruby Malik <ruby.sangwan@gmail.com>

Suspension of further RML-QAP activity due to Corona virus pandemic

2 messages

RML <rmlresearchfoundation@gmail.com>
Re: ruby.sangwan@gmail.com

27 April 2021 at 16:43

Dear Participants,

This is to inform you that due to the current COVID-19 pandemic, we at RML-QAP will delay the dispatch of the assessment report and samples for the month of April and May respectively. We really appreciate your patience and support in these testing times. Please help us by sending all your results through electronic mail.

We also request you to provide us some more time for answering your queries.

Thanks & Regards,
RML-QAP
Contact. No. - 0522-4034100
Ph.no-7518077222

28 April 2021 at 13:41

Dr Uma Singh <drumasingh21@gmail.com>
To: "nirvanadiagnosticsindia@gmail.com" <nirvanadiagnosticsindia@gmail.com>, Dr Ruby Nirvana <ruby.sangwan@gmail.com>

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RML - Quality Assurance Program (RML)

LAB CODE-2084

Result Sheet HAEMATOLOGY

Cell-Tech Plus CT
Sample ID: RML-ROUND-3
Patient ID: AUTO_17023
Type ID: Human
Name:
Date of birth:
Sex:

(Filled by Participant) (Filled by QAP Provider)

Lab Code No. 2084

Cycle No.:10
Round No.:03

Sample Receiving Date: 24.06.2021

Sample Testing Date: 24.06.2021

Dispatch Date:

Sample-1: COMPLETE BLOOD COUNT

Last Date for Re

This specimen is an anticoagulated whole blood specimen. Determine its CBC by you manual or by autoanalyser.

Report of CBC

Method: i) Automatic ii) Manual

Note: (1) You must perform each test and report the values in the prescribed column

Test Parameters	Unit	Result	In
Hb	g/dl.	10.7	
WBC	10 ³ /μl.	10.9	RADIA
RBC	10 ⁶ /μl.	3.9	
HCT / PCV	%	36.6	Cell Tech CT Plus.
MCV	fl.	93.9	
MCH	Pg.	27.5	
MCHC	g./dl	29.3	
Platelet	10 ³ /μl	276	

Test date	Report date	Order	Options	Warning	Serial number
24/06/2021 11:26 AM	24/06/2021 11:28 AM				373011
WBC	9.96	10 ⁹ /l	4.00		11.70
LYM H	52.6	%	10.8		45.4
MID H	7.9	%	1.8		17.0
GRA H	39.5	%	44.0		80.9
LYM L	5.24	10 ⁹ /l	0.80		3.30
MID L	0.79	10 ⁹ /l	0.30		1.70
GRA L	3.93	10 ⁹ /l	2.30		8.80
HGB	10.7	g/dl	8.8		16.5
MCH	27.5	pg	23.3		36.1
MCHC	29.3	g/dl	29.7		36.8
RBC	3.90	10 ¹² /l	2.76		5.74
MCV	93.9	fl	76.4		102.0
RDWc	73.4	fl			16.7
RDWc H	17.9	%	11.3		49.60
HCT	36.60	%	26.10		
PLT	276	10 ⁹ /l	97		390
PCT	0.24	%			
PDWc	11.0	fl			
PWc	38.6	%			
MPV	8.7	fl	7.5		13.1
P-LCC	106	10 ⁹ /l			
P-LCR	38.53	%			

Sample-2: PERIPHERAL BLOOD SMEAR

One stained alcohol fixed and air dried Peripheral smear is provided. Please report D.L.C. and comment on R.B.C. morphology and Platelet i.e. report five noticeable/ relevant features observed. Only first five RBC morphology features will be included in your assessment. Reporting of diagnosis is optional.

Clinical Summary:-

38 year male presented with complaints of weakness & weight loss. USG abdomen showed mild splenomegaly Blood hemogram revealed Hb- 6.6 gm/dl, TLC- 380x10³/μl, and Platelet- 581 x10³/μl.

Report of Blood Film

No. of cells counted 500 Blasts% 2 Promyelocytes % 1 Myelocytes % 45

Meta myelocytes % 25 Stabs % 10 Polymorphs% 10 Lymphocytes % 2

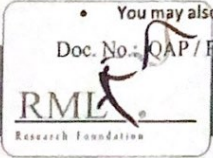
Eosinophils 2 Monocytes % Nil Basophils 3 NRBC/ 100 WBCs 2/100 WBC

RBC Morphology SIZE PREDOMINANTLY MACROCYTIC.

Any Other Positive Finding PLATELETS INCREASED.

Diagnosis CHRONIC MYELOID LEUKAEMIA.

- Note: -
- It is mandatory to attach the machine printout along with the result.
 - You are request to report the result only in above mentioned decimal point & units.
 - You may also send your results through mail, to avoid any delay in result submission.



Doc. No.: QAP/FR/10/R-01/Dir: 20.04.2014 Page 1 of 1
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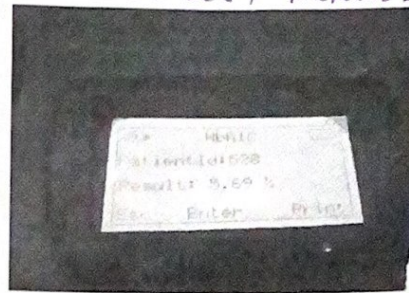
RML – Quality Assurance Program (RML – QAP)



LAB CODE 2084 RMLROUND-2L

Result Sheet

HbA1c



(Filled by Participant)

Lab Code No. 2084

(Filled by QAP Provider)

Cycle No.: 10

Round No.: 2

Dispatch Date: 21-06-2021

Last Date for Result Submission- 06-07-2021

Sample Receiving Date: 24.06.2021

Sample Testing Date: 24.06.2021

The lyophilized sample is being provided. Kindly process the following analytes.

Sr. No	Name of the Test	Result	Units	Method
1.	HbA1c	5.50	%	NEPHELOMETRIC METHOD

Note:-

- It is mandatory to attach the machine printout along with the result.
- You are request to report the result only in above mentioned decimal point & units.
- You may also send your results through mail, to avoid any delay in result submission



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RML - Quality Assurance Program (RML)

Result Sheet

HAEMATOLOGY

(Filled by Participant) (Filled by QAP Provider)

Lab Code No. 2084

Cycle No.:10
Round No.:04

Sample Receiving Date: 24.06.2021

Sample Testing Date: 24.06.2021

Dispatch Date

Sample-1: COMPLETE BLOOD COUNT

Last Date for R

This specimen is an anticoagulated whole blood specimen. Determine its CBC by your manual or by autoanalyser.

Report of CBC

Method: i) Automatic

ii) Manual

Note: (1) You must perform each test and report the values in the prescribed column

Test Parameters	Unit	Result	In
Hb	g/dl.	11.9	
WBC	10 ³ /μl.	10.8	RADI
RBC	10 ⁶ /μl.	4.49	
HCT / PCV	%	41.8	Cell Tech CT Plus.
MCV	fl.	92.6	
MCH	Pg.	26.6	
MCHC	g./dl	28.7	
Platelet	10 ³ / μl	320	

Cell-Tech Plus CT
Sample ID LABCODE-2084
Patient ID
Type ID RML-ROUND
Name
Date of birth
Sex

Test date 24/06/2021 11:22 AM
Report date 24/06/2021 11:24 AM
Doctor
Options
Warning
Serial number 373011

WBC	8.43	10 ⁹ /l	4.00	11.70
LYM	41.8	%	10.8	45.4
MID	7.2	%	1.8	17.0
GRA	51.0	%	44.0	89.9
LYM H	3.52	10 ⁹ /l	0.80	3.10
MID	0.61	10 ⁹ /l	0.30	1.70
GRA	4.30	10 ⁹ /l	2.30	8.89
HGB	11.9	g/dl	8.8	16.5
MCH	26.6	Pg	23.3	36.1
MCHC	28.7	g/dl	29.7	36.8
RBC	4.49	10 ¹² /l	2.76	5.74
MCV	92.6	fl	76.4	102.0
RDW	11.1	%		
RDW-CV	17.5	%	11.4	16.7
HCT	41.59	%	26.10	49.60
PLT	320	10 ⁹ /l	97	390
PCT	0.29	%		
PDW	11.3	fl		
PDW-CV	49.0	%		
MPV	9.0	fl	7.5	13.1
P-LCC	129	10 ⁹ /l		
P-LCR	40.25	%		

Diagnostic flags

Lymphocytosis
Anisocytosis
Hypochromia

Sample-2: PERIPHERAL BLOOD SMEAR

One stained alcohol fixed and air dried Peripheral smear is provided. Please report D.L.C. and comment on R.B.C. morphology and Platelet i.e. report five noticeable/ relevant features observed. Only first five RBC morphology features will be included in your assessment. Reporting of diagnosis is optional.

Clinical Summary:-

66 year old female presented with complaining of chest pain with off and on headache & fatigue. Blood hemogram revealed Hb- 17.5 gm/dl, TLC- 14x10³ and Platelet- 15x10⁵

Report of Blood Film

No. of cells counted 200 Blasts% Nil Promyelocytes % Nil Myelocytes % Nil

Meta myelocytes % Nil Stabs % 5 Polymorphs% 70 Lymphocytes % 14

Eosinophils 4 Monocytes % 6 Basophils 1 NRBC/100 WBCs 1/100WBC

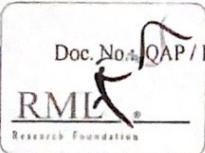
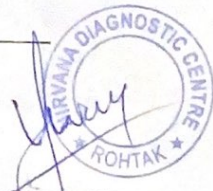
RBC Morphology Thick Smears. Normo To MACROCYTIC RBC.

Any Other Positive Finding PLATELETS INCREASED. PANCYTOSIS

Diagnosis POLYCYTHAEMIA.

Note:-

- It is mandatory to attach the machine printout along with the result.
- You are request to report the result only in above mentioned decimal point & units.
- You may also send your results through mail, to avoid any delay in result submission.



Doc. No. QAP/ RR/10/R/01/Dir/20-04-2014- Page 1 of 1

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RML – Quality Assurance Program (RML – QAP)

FEEDBACK FORM – PARTICIPANT'S



Date: 21/06/2021

Cycle No.-10 Round-2,3,4

Dear Participant,

Thanks for availing the Quality Assurance Program services of our organisation. Hope the services offered are to your satisfaction. Our goal has always been to provide the best and we are making continual efforts to improve & update our services.

We will be grateful, if you can spare some time in sharing your views by filling and returning this form. Your support will help us in serving you better.

Lab Code: 2084

Dated: 21.06.2021

Sr. No.	Parameters	Satisfaction Level (Scale of 5 to 1)					
		High 5	4	3	2	Low 1	N/A
a.	Staff – helpful & polite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Sample received in time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Sample Packing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Sample integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Biochemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii.	Hematology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv.	Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	Serology-01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi.	Serology-02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii.	Histopathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii.	Cytopathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix.	Urine Routine Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.	HbA1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi.	Histopathology Virtual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xii.	Cytopathology Virtual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Reports submission forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Assessment report - timely receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Assessment report - contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Adequacy / Scope of testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	What is your overall satisfaction level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Your suggestion for improvement	_____					
k.	Unpleasant experience, if any	_____					

Participant's signature

For office use only:

Action recommended, if any:

Reviewed By

Page 2 of 2



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