

Received - 9/10/21
(7:50 PM)



RML – Quality Assurance Program (RML – QAP)



Lab Code No. 1770

BASIC SEROLOGY FINAL RESULT ASSESSMENT

CYCLE NO. : 10

ROUND: 5

TOTAL PARTICIPANT: 288

DATE: 02/10/2021

| Parameter | Total Responses | Your Result | All Lab Result | % | Remarks |
|-----------|-----------------|-------------|---------------------------------|-----|------------------|
| CRP | 236 | Negative | Positive : 42 Negative : 194 | 82% | Within Consensus |
| ASO | 181 | Negative | Positive : 03 Negative : 178 | 98% | Within Consensus |

Chief Coordinator

Dr. Sanjay Mehrotra

Programme Director

Dr. Bandana Mehrotra

Checked By:

End of Report





RML Quality Assurance Program

Testing Analytes & Method Questionnaire

Basic Serology 01



Lab Code No. (To be filled by the RML-QAP Provider) 1770

Serum sample shall be provided to participant for carrying out the following parameters.
Please tick following.

| Test Parameters | Methodology | Instrument Make | Model | Operation |
|------------------------------|--|--|---|---|
| 1. C-Reactive Protein | (1) Nephelometry <input checked="" type="checkbox"/> (2) Slide agglutination <input type="checkbox"/> (3) Others _____ | (1) Immage <input type="checkbox"/> (2) Rotator <input type="checkbox"/> (3) Others _____ | <input type="checkbox"/> | Auto <input checked="" type="checkbox"/> Manual <input type="checkbox"/> mg/L (unit) <input type="checkbox"/> Others _____ |
| 2. HBsAg | (1) Chemiluminescence <input type="checkbox"/> (2) Immunochromatography <input checked="" type="checkbox"/> (3) ELISA <input type="checkbox"/> (4) others _____ | (1) Vitros <input type="checkbox"/> (2) Elycses <input type="checkbox"/> (3) Cobas <input type="checkbox"/> (4) Rapid Card <input checked="" type="checkbox"/> (5) ELISA Reader <input type="checkbox"/> (6) Others _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____ |
| 3. Anti HCV | (1) Chemiluminescence <input type="checkbox"/> (2) Immunofiltration <input checked="" type="checkbox"/> (3) ELISA <input type="checkbox"/> (4) others _____ | (1) Vitros <input type="checkbox"/> (2) Elycses <input type="checkbox"/> (3) Cobas <input type="checkbox"/> (4) Rapid Card <input checked="" type="checkbox"/> (5) ELISA Reader <input type="checkbox"/> (6) Others _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | Auto <input type="checkbox"/> Manual <input type="checkbox"/> Others _____ |
| 4. RPR | (1) Slide agglutination <input checked="" type="checkbox"/> (2) others _____ | (1) Rotator <input type="checkbox"/> (2) others _____ | <input checked="" type="checkbox"/> | |
| 5. Rheumatoid Factor IgM/IgG | (1) Nephelometry <input checked="" type="checkbox"/> (2) Slide agglutination <input type="checkbox"/> (3) ELISA <input type="checkbox"/> (4) Others _____ | (1) Immage <input type="checkbox"/> (2) Rotator <input type="checkbox"/> (3) others _____ | <input type="checkbox"/> | Auto <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Others _____ |
| 6. ASO Titre | (1) Nephelometry <input checked="" type="checkbox"/> (2) Slide agglutination <input type="checkbox"/> (3) Others _____ | (1) Immage <input type="checkbox"/> (2) Rotator <input type="checkbox"/> (3) others _____ | <input type="checkbox"/> <input type="checkbox"/> | Auto <input type="checkbox"/> Manual <input type="checkbox"/> Others _____ |
| 7. Typhoid IgM/IgG | (1) Tpyhidot <input type="checkbox"/> (2) Immunchromatography <input checked="" type="checkbox"/> (3) Others _____ | (1) Rapid Card <input checked="" type="checkbox"/> (2) others _____ | <input checked="" type="checkbox"/> | Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____ |
| 8. Dengue IgM/IgG | (1) Immunchromatography <input checked="" type="checkbox"/> (2) ELISA <input type="checkbox"/> (3) Others _____ | (1) Rapid Card <input checked="" type="checkbox"/> (2) ELISA Reader <input type="checkbox"/> (3) Other _____ | <input checked="" type="checkbox"/> <input type="checkbox"/> | Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____ |
| 9. HIV* | (1) Chemiluminescence <input type="checkbox"/> (2) Immunochromatography <input checked="" type="checkbox"/> (3) ELISA <input type="checkbox"/> (4) others _____ | (1) Vitros <input type="checkbox"/> (2) Elycses <input type="checkbox"/> (3) Cobas <input type="checkbox"/> (4) Rapid Card <input checked="" type="checkbox"/> (5) ELISA Reader <input type="checkbox"/> (6) Others _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | Auto <input type="checkbox"/> Manual <input type="checkbox"/> Others <input checked="" type="checkbox"/> |

[Handwritten signature]



RML Quality Assurance Program
Participant Enrollment Form

Cycle - 9 Year 2020

Please Fill Sign and Stamp the Form (Every detail is mandatory).

Registration

- New Registration Yes No
- Renewal Registration Yes No • If Yes - RML QAP Lab code

Laboratory Details

- Name of Laboratory DR. POTDAR LABORATORIES
- Organization (i) Government (ii) Private
- ISO15189 (i) Accredited (ii) Applied for
- NABL (iii) Non accredited (i) Accredited (ii) Applied for
- Size of Lab (i) Small Lab (1-100 Patient/day)
- (ii) Medium Lab (100-400 Patient/day)
- (iii) Large Lab (>400 Patient/day)

Address of Laboratory

- Name of Director / owner Dr. Nilkanth V. Potdar
- Address DR. POTDAR LABORATORIES, 519 'SHASHWAT MEDICENTS',
- City SOLA PUR • State MAHARASHTRA • Pin code 413002
MANIKCHOWK
- Phone No (0212) 2320999 • Mobile no 9881492388/982202345
- Email Address snptdr1972@gmail.com

Name of Consultant Pathologist & / or Microbiologist

- Name Dr. N.V. Potdar, Dr. Mrs. S.N. Potdar
- Phone No (0212) 2320999 • Email Address snptdr1972@gmail.com

Name of Contact Person

- Name Dr. Shubhangi Potdar
- Phone No (0212) 2320999 • Email Address snptdr1972@gmail.com

05/01/2021

RML- Quality Assurance Program

| Proficiency Testing Material With Quantity | Frequency | Testing Parameters | Assessment Report |
|--|-----------|--------------------|-------------------|
|--|-----------|--------------------|-------------------|

Microbiology

- 12 Unstained smears
- 12 Culture & Sensitivity vials

6 rounds

Microbiology-
(A) Unstained smear for AFB or Gram Stain & Interpretation
(B) Organism in nutrient Agar for Culture & Sensitivity

Marks based

Basic Serology Sero 01

Lyophilized Sample/Serum

6 rounds

1. CRP
2. HBsAg
3. HIV
4. Anti HCV
5. RPR
6. RF-Factor
7. ASO Titre
8. Typhoid IgG/IgM
9. Dengue IgG/IgM

Serology
Consensus result

(Random two test will be send per round)

Extended Serology Sero 02

Lyophilized Sample/Serum

2 rounds

1. Toxo IgG/IgM
2. CMV IgG/IgM
3. Rubella IgG/IgM
4. Herpes IgG/IgM
5. Anti HBc IgM
6. Anti HBc total
7. Anti HBe Ag
8. HEV IgM
9. HAV IgM
10. Brucella IgG
11. Brucella IgM
12. Leptospira IgM

Serology
Consensus result

(Random eight test will be send per round)

Molecular

Nasal Swab/ Oral Swab

2 rounds

SARS-CoV-2 (COVID-19)

Consensus result