

# CHRISTIAN MEDICAL COLLEGE

DEPARTMENT OF CLINICAL BIOCHEMISTRY

CMC EXTERNAL QUALITY ASSURANCE SCHEME

MONTHLY SUMMARY REPORT - FEBRUARY 2023



PC-1024

Lab Name **TELANGANA DIAGNOSTIC HUB**

Lab No **15756**

Constituent Group **Chemistry I**

Date of Result Entered : **20/02/2023**

PT Item **Lyophilized human serum based**

Date of Report Published : **08/03/2023**

Sl.No	Analyte	Method / Principle Name	Analyzer Name	No of Participants	DV	Participants		Your Value	SDI	U
						CV	SD			
1	GLUCOSE	Hexokinase	Any Analyser (Automation / Semi Automation )	182	120.06	5.58	6.70	117 mg/dL	-0.46	0.99
2	UREA	Urease UV / GLDH	Any Analyser (Automation / Semi Automation )	648	129.71	8.40	10.90	149 mg/dL	1.77	0.86
3	CREATININE	Enzymatic Colorimetric	Any Analyser (Automation / Semi Automation )	151	5.17	6.52	0.34	5.46 mg/dL	0.86	0.05
4	T.BILIRUBIN	Diazonium salt ( Colorimetric ) / Jendrassik	Any Analyser (Automation / Semi Automation )	821	1.58	18.29	0.29	1.7 mg/dL	0.42	0.02
5	T-PROTEIN	Biuret - Colorimetric	Any Analyser (Automation / Semi Automation )	1100	4.63	9.80	0.45	4.2 g/dL	-0.95	0.03
6	ALBUMIN	BCG - colorimetric	Any Analyser (Automation / Semi Automation )	730	2.91	8.69	0.25	2.7 g/dL	-0.83	0.02
7	CALCIUM	Arsenazo III	Any Analyser (Automation / Semi Automation )	896	10.41	6.97	0.72	10.5 mg/dL	0.12	0.05
8	URIC ACID	Enzymatic / Uricase Colorimetric	Any Analyser (Automation / Semi Automation )	1011	6.92	10.14	0.70	6.9 mg/dL	-0.03	0.04
9	CHOLESTEROL	CHOD-PAP	Any Analyser (Automation / Semi Automation )	1046	98.66	7.43	7.33	96 mg/dL	-0.36	0.45
10	TRIGLYCERIDE	GPO-PAP / Enzymatic Colorimetric / End Point	Any Analyser (Automation / Semi Automation )	988	87.48	8.82	7.72	86 mg/dL	-0.19	0.49
11	HDL	Direct method / Enzymatic colorimetric	Any Analyser (Automation / Semi Automation )	714	28.16	19.26	5.42	26 mg/dL	-0.40	0.41
12	AST	UV kinetic(with & without PLP (P-5-P))	Any Analyser (Automation / Semi Automation )	1021	190.14	15.11	28.72	196 U/L	0.20	1.80
13	ALT	UV kinetic(with & without PLP (P-5-P))	Any Analyser (Automation / Semi Automation )	1025	49.30	15.70	7.74	54 U/L	0.61	0.48
14	ALP	PNP AMP kinetic	Any Analyser (Automation / Semi Automation )	733	178.51	26.55	47.40	200 U/L	0.45	3.50
15	AMYLASE	CNPG3	Any Analyser (Automation / Semi Automation )	449	79.72	17.30	13.80	1 U/L	-5.7	1.30

SDI Range	Interpretation
Within -1.00 to +1.00	Excellent.

Within $\pm 1.01$ to $\pm 2.00$	Good.
Within $\pm 2.01$ to $\pm 2.99$	Accept with caution. Warning Signal.
Beyond $\pm 3.0$	Unacceptable performance. Action Signal.

**LAB ADDRESS :**

**TELANGANA DIAGNOSTIC HUB  
DISTRICT HOSPITAL PREMISES  
ASIFABAD  
TELANGANA504293**

**Coordinator Contact Details:**

**Email: [clinqc@cmcvellore.ac.in](mailto:clinqc@cmcvellore.ac.in)  
Contact Number: 0416-2283102**



**Dr. Pamela Christudoss  
CMC EQAS Coordinator  
Christian Medical College, Vellore**

**Homogeneity and Stability of the sample is passed.**

**Data in CMC EQAS reports is confidential**

**CMC EQAS does not sub contract any components**

**\*\*\*\*\* End of Report \*\*\*\*\***



TITLE

EQAS CORRECTIVE ACTION FORM

EQAS Details	CMC EQAS
Analyte	AMYLASE
Month	FEBRUARY
Date Sample Tested	20-02-23

SPECIMEN HANDLING		
Were specimens received in an acceptable condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were specimens stored according to the instructions on the result forms?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were the samples hemolyzed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Were samples tested within the time allowed for sample stability?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If applicable, were the samples reconstituted correctly?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Notes: \_\_\_\_\_

CLERICAL ERRORS		
Were the results transcribed onto the result forms correctly?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Were the results transcribed from the result forms to the website correctly?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Were the results recorded on the correct result form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the correct instrument/reagent/kit selected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were the results recorded in the correct units?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were the results on your evaluation the same as the results you reported?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes: AMYLASE was not performed as the reagent was not available. Result entered was not correct as the test was not done.



QUALITY CONTROL		
Were quality control materials within the acceptable range on the date of PT testing? (Verify the quality control acceptable range in use)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there any indication of trending or shifting of the control results?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Notes: \_\_\_\_\_

CALIBRATION		
Were there any problems with the most recent calibration?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
When was the last calibration performed?	17-03-2022	
How often is a calibration performed?	Once in a year	
When was the last calibration verification performed?	17-03-2022	

Notes: \_\_\_\_\_

INSTRUMENT		
Were instrument problems noted the day the samples were tested?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has there been any recent maintenance on the analyzer?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

<b>PREPARED &amp; REVIEWED BY:</b> QUALITY MANAGER : Mr.T. Bharath Kumar  	<b>APPROVED &amp; ISSUED BY:</b> LAB HEAD: Dr. Indu Kapur  
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TITLE EQAS CORRECTIVE ACTION FORM

Page No. 1  
Page 1 of 1

Have you contacted your analyzer manufacturer for assistance? Yes No

Notes \_\_\_\_\_

REAGENTS

Were the reagents stored properly? Yes  No

Were the reagents expired or was the open vial stability exceeded? Yes No

Have there been any changes in reagent manufacturer or formulation? Yes No

Notes \_\_\_\_\_

TESTING PERSONNEL

Date of last competency assessment for testing personnel Yes  No

Review assay procedure and proficiency test sample preparation instructions with testing personnel to ensure that instructions were followed Yes  No

Review with testing personnel how samples were loaded to rule out misidentification or transposition of samples Yes  No

Notes \_\_\_\_\_

Corrective Action:

This was a Clerical Error of entering data without performing that particles analyte testing.  
This is a Random error and will be followed up in the next cycle.

Person Performing Investigation: Dr. Surya Teja

Date 10/31/2023.

Lab Director: Dr. Surya Teja

Date 10/31/2023.

10/31/23.

PREPARED & REVIEWED BY :  
QUALITY MANAGER : Mr.T. Bharath Kumar

APPROVED & ISSUED BY:  
LAB HEAD: Dr. Indu Kapur





INVESTIGATION SUMMARY: ROOT CAUSE

Pre-analytical Phase - Testing	Analytical Phase - Testing	Post-analytical Phase - Testing
<input type="checkbox"/> PROB. FM WITH PT SAMPLE <input type="checkbox"/> SAMPLE PROCESSING <input type="checkbox"/> DATA ENTRY <input type="checkbox"/> OTHER SPECIFIC	<input type="checkbox"/> ALL CALIBRATION & VERIFICATION <input type="checkbox"/> THE INSTRUMENTS <input type="checkbox"/> REAGENT STOCKS <input type="checkbox"/> QUALITY CONTROL PROGRAM <input type="checkbox"/> TESTS	<input checked="" type="checkbox"/> REPORTING <input type="checkbox"/> COMPLIANCE WITH EQAS <input type="checkbox"/> NOTIFICATION OF RESULTS <input type="checkbox"/> ARCHIVING OF RESULTS <input type="checkbox"/> OTHER

PREVENTION

Preventive action proposed

Not to enter values of an analyte to which test is not performed. It should be left blank

Preventive action Plan

→ Consultant must upload the results.

Responsibility

→ Consultant

Date 10/31/25.	Testing Personnel Srisailam.
Date 10/31/23	Department Technical In charge Dr. Gump Raja.

<b>PREPARED &amp; REVIEWED BY :</b> <b>QUALITY MANAGER : Mr.T. Bharath Kumar</b>	<b>APPROVED &amp; ISSUED BY:</b> <b>LAB HEAD: Dr. Indu Kapur</b>