



CHRISTIAN MEDICAL COLLEGE

DEPARTMENT OF CLINICAL BIOCHEMISTRY

CMC EXTERNAL QUALITY ASSURANCE SCHEME

MONTHLY SUMMARY REPORT - JANUARY 2023



PC-1024

Lab Name **TELANGANA DIAGNOSTIC HUB** Lab No **18046**
 Constituent Group **Chemistry I** Date of Result Entered : **24/01/2023**
 PT item **Lyophilized Serum** Date of Report Published : **09/02/2023**

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)	157	174.21	4.68	8.15	174 mg/dL	-0.03	1.30
2	UREA	Urease UV / GLDH	Any Analyser (Automation / Semi Automation)	588	31.57	10.65	3.36	15 mg/dL	-4.93	0.28
3	CREATININE	Jaffes Kinetic - Alkaline picrate	Any Analyser (Automation / Semi Automation)	767	1.40	10.99	0.15	1.39 mg/dL	-0.06	0.01
4	T.BILIRUBIN	Diazonium salt (Colorimetric) / Jendrassik	Any Analyser (Automation / Semi Automation)	835	3.43	15.36	0.53	3.78 mg/dL	0.66	0.04
5	T-PROTEIN	Biuret - Colorimetric	Any Analyser (Automation / Semi Automation)	956	5.25	9.77	0.51	5.1 g/dL	-0.29	0.03
6	ALBUMIN	BCG - colorimetric	Any Analyser (Automation / Semi Automation)	674	3.31	8.11	0.27	3.19 g/dL	-0.45	0.02
7	CALCIUM	Arsenazo III	Any Analyser (Automation / Semi Automation)	865	9.49	6.54	0.62	9.1 mg/dL	-0.63	0.04
8	URIC ACID	Enzymatic / Uricase Colorimetric	Any Analyser (Automation / Semi Automation)	939	4.83	16.02	0.77	4.5 mg/dL	-0.43	0.05
9	CHOLESTEROL	CHOD-PAP	Any Analyser (Automation / Semi Automation)	974	113.44	5.89	6.68	114 mg/dL	0.08	0.43
10	TRIGLYCERIDE	GPO-PAP / Enzymatic Colorimetric / End Point	Any Analyser (Automation / Semi Automation)	935	109.13	7.82	8.54	122 mg/dL	1.51	0.56
11	HDL	Direct method / Enzymatic colorimetric	Any Analyser (Automation / Semi Automation)	780	30.17	20.45	6.17	27 mg/dL	-0.51	0.44
12	AST	UV kinetic(with & without PLP (P-5-P))	Any Analyser (Automation / Semi Automation)	967	50.29	10.00	5.03	48 U/L	-0.46	0.32
13	ALT	UV kinetic(with & without PLP (P-5-P))	Any Analyser (Automation / Semi Automation)	958	57.78	13.00	7.51	60 U/L	0.30	0.49
14	ALP	PNP AMP kinetic	Any Analyser (Automation / Semi Automation)	793	101.50	10.81	10.97	102 U/L	0.05	0.78

SDI Range	Interpretation
Within -1.00 to +1.00	Excellent.
Within ±1.01 to ±2.00	Good.
Within ±2.01 to ±2.99	Accept with caution. Warning Signal.
Beyond ±3.0	Unacceptable performance. Action Signal.

LAB ADDRESS :

TELANGANA DIAGNOSTIC HUB
 DISTRICT AREA HOSPITAL CAMPUS, PRIYADASHINI NAGAR
 NIRMAL
 TELANGANA504106

Pamela Christudoss

Coordinator Contact Details:
Email: 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 *******

**TELANGANA DIAGNOSTICS****Form: TD/QSP/08-EQCAR****TITLE****EQAS CORRECTIVE ACTION FORM**

Issue No. 01

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EQAS Details	CMC VELLORE
Analyte:	CHEMISTRY I JAN 2023
Month:	JANUARY 2023
Date Sample Tested:	24/1/2023

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 checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Was the correct instrument/reagent/kit selected?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were the results recorded in the correct units?	Yes <input checked="" 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: Result evaluation was correct but results reported was wrong, entry done was wrong

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?		
How often is a calibration performed?	Weekly once (As per parameter stability)	
When was the last calibration verification performed?		

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"/>

PREPARED & REVIEWED BY :
CONSULTANT BIOCHEMIST: Dr. S. Supriya**APPROVED & ISSUED BY:**
LAB HEAD: Dr. T. Keerti Santoshi**CONTROLLED COPY**

	TELANGANA DIAGNOSTICS		Form: TD/QSP/08-EQCAR
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Have you contacted your analyzer manufacturer for assistance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Notes: _____		


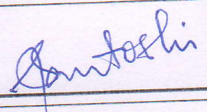
REAGENTS		
Were the reagents stored properly?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were the reagents expired or was the open vial stability exceeded?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have there been any changes in reagent manufacturer or formulation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Notes: _____		

TESTING PERSONNEL		
Date of last competency assessment for testing personnel	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Review assay procedure and proficiency test sample preparation instructions with testing personnel to ensure that instructions were followed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Review with testing personnel how samples were loaded to rule out misidentification or transposition of samples.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Notes: _____		

Corrective Action:

Correct entry of results in website

Person Performing Investigation: Mrs. Madhulatha Date: 24/1/2023
 Lab Head: Dr. T. Keerti Santoshi Date: 24/1/2023

PREPARED & REVIEWED BY : CONSULTANT BIOCHEMIST: Dr. S. Supriya	APPROVED & ISSUED BY: LAB HEAD: Dr. T. Keerti Santoshi
	

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TELANGANA DIAGNOSTICS

Form: TD/QSP/08-EQCAR

TITLE

EQAS CORRECTIVE ACTION FORM

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INVESTIGATION SUMMARY: ROOT CAUSE

Pre-analytic Phase of Testing	Analytic Phase of Testing	Post-Analytic Phase of Testing
<input type="checkbox"/> PROBLEM WITH PT SAMPLE <input type="checkbox"/> SAMPLE PROCESSING <input type="checkbox"/> DATA ENTRY <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> METHODOLOGICAL PROBLEM <input type="checkbox"/> TECHNICAL PROBLEM <input type="checkbox"/> REAGENT PROBLEM <input type="checkbox"/> CALIBRATOR PROBLEM <input type="checkbox"/> OTHER (SPECIFY): _____	<input checked="" type="checkbox"/> CLERICAL ERROR <input type="checkbox"/> REPORTING PROBLEM <input type="checkbox"/> NO EXPLANATION AFTER INVESTIGATION <input type="checkbox"/> OTHER (SPECIFY): _____

PREVENTION

Preventive action proposed

Yes

Preventive action Plan

Yes - Correct entry of results, before submitting the report consultant biochemist will review.

Responsibility

Date 24/1/2023	Testing Personnel Mrs. Madhulatha
Date 24/1/2023	Department Technical In charge Dr. S. Supriya

PREPARED & REVIEWED BY : CONSULTANT BIOCHEMIST: Dr. S. Supriya	APPROVED & ISSUED BY: LAB HEAD: Dr. T. Keerti Santoshi

Results List Report
Released

JAN EQUAS CMC
VELLORE

Operator ID: ADMIN

System serial number: 82689

C / P	Module	SID	Name	Assay	Result	Flags	Code	Date / Time
L303/1	1	CMC EQUAS FEB 24		DLDL	43 mg/dL	LOW		14.02.2023 16:14
L311/1	1	CMC EQUAS 2023		Uric2	4.5 mg/dL			24.01.2023 11:20
L311/1	1	CMC EQUAS 2023		ALT	60 U/L	HIGH		24.01.2023 11:19
L311/1	1	CMC EQUAS 2023		GGT	20 U/L			24.01.2023 11:19
L311/1	5	CMC EQUAS 2023		LDL/HDL	2.3			24.01.2023 11:19
L311/1	1	CMC EQUAS 2023		DLDL	63 mg/dL	LOW		24.01.2023 11:19
L311/1	5	CMC EQUAS 2023		CHOL/HDL	4.2			24.01.2023 11:18
L311/1	1	CMC EQUAS 2023		UHDL	27 mg/dL	LOW		24.01.2023 11:18
L311/1	1	CMC EQUAS 2023		CrEnz	1.39 mg/dL			24.01.2023 11:18
L311/1	1	CMC EQUAS 2023		BiID	0.41 mg/dL			24.01.2023 11:18
L311/1	1	CMC EQUAS 2023		AST	48 U/L	HIGH		24.01.2023 11:18
L311/1	1	CMC EQUAS 2023		Chol	114 mg/dL			24.01.2023 11:17
L311/1	1	CMC EQUAS 2023		BUN 2	15 mg/dL			24.01.2023 11:17
L311/1	5	CMC EQUAS 2023		BLOOD UREA	32.1			24.01.2023 11:17
L311/1	1	CMC EQUAS 2023		AIkP	102 U/L			24.01.2023 11:16
L311/1	1	CMC EQUAS 2023		BiIIT	3.78 mg/dL	HIGH		24.01.2023 11:14
L311/1	1	CMC EQUAS 2023		TPRO2	5.1 g/dL			24.01.2023 11:14
L311/1	5	CMC EQUAS 2023		GLOBULIN	1.9			24.01.2023 11:14
L311/1	5	CMC EQUAS 2023		AG RATIO	1.7			24.01.2023 11:14
L311/1	1	CMC EQUAS 2023		GlUC	174 mg/dL	EXP, HIGH		24.01.2023 11:13
L311/1	5	CMC EQUAS 2023		VLDL	24.4			24.01.2023 11:12
L311/1	1	CMC EQUAS 2023		Trig	122 mg/dL			24.01.2023 11:12
L311/1	1	CMC EQUAS 2023		CaC	9.1 mg/dL	EXP		24.01.2023 11:11
L311/1	1	CMC EQUAS 2023		AlbG	3.19 g/dL			24.01.2023 11:10