

			MATINOS	. Vaco de l'Odenco		
	-			EXCELLA	EXCELLAS CLINICS	
			EXTER	NAL QUALITY ASS	EXTERNAL QUALITY ASSURANCE PROGRAM FORM	ORM
a.				DISCIPLINE :	DISCIPLINE : HAEMATOLOGY	
EQAS	EQAS :AIIMS-EQAP	CYCLE	CYCLE NO : 5115	SAMPI	SAMPLE NO: 157-M	MONTH:OCT-2022
Date	Test / Parameters	Sample Details	Date of run	Report Received on	Zscore	QM/LD
					Action	Remarks
ě	HB				0	
	HCT				-0.39	
	MCH				1.08	
,	MCHC				0.54 REFER	
	MCV	,			0.63 CAPA NO 2	
	PLT				0.67	
	RBC	J.			0	
29/11/2022	WBC	EDTA whole	18/10/2022	28/11/2022	2.89	VATOO A TRITATRI TII IRBA
**	SMEAR STUDY	Blood				NESOLI STATISFACOTRY
	DLC%					
	RBC MORPHOLOGY				WITHIN CONSENSUS	
						1
	DIAGNOSIS				CHRONIC MYELOID LEUKEMIA	
FORM NO: 02	FORM NAN	AE: EQAS EVALU	FORM NAME: EQAS EVALUTION FORM-HEAMTOLOGY	rology.	FM/EQAS-EVAI	FM/EQAS-EVAL-HEÀMT/QM/TP/02
ISSUE NO: 01		ISSUE DATE: 01/06/2022	: 01/06/2022		USSI	ISSUE BY: QM
AMMEN NO: 00		AMMEND DATE: 00	DATE: 00		APPRC	APPROVED BY: L
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			*			EX(	EXCELLAS CLINIC	ಲ	je.	
S X	EXCELENCE IN CARE	/7) 5.3.3 52.5 53.5 54.5 54.5 54.5 54.5 54.5 54.5 54				ILC (Inter-laboratory Comparisons)	boratory Co	omparisons)		
pr.		7,		,		Discip	Discipline : Haematology	tology	e e	
1									Month .	Month : DEC 2022
Date	Test Parameters	Sample Details	Sent to	Sending Date	Report Received on	Method		Findings		QM/LD Remarks
							Our Results	Referral lab results	Difference in Reading	
29/11/2022	CBC	EDTA whole blood	lgenetic Diagnostics	29/11/2022	29/11/2022	As Mensioned in report	-			-
-						НВ	14.7	14.6	0.1	
			,	2		RBC	4.8	4.9	-0.1	RESULT SATISFACTORY(Ref. Delta check establishment )
					9 90	WBC	6200	7300	-1100	
						PLT	316	343	-27	
FORM NO: 08	9	FORM NAME	FORM NAME: ILC EVALUTION FORM-HAEMATOLOGY	ON FORM-HAI	SMATOLOGY			FM/	FM/ILC-HAEMAT/TP/08	80/4
ISSUE NO: 01		ISSUE DATE: 01/01/2022	01/01/2022						ISSUE BY: QM	- AND
AMMEN NO: 00		AMMEND DATE:00	TE:00			1	3	AP	APPROVED BY: LD	LD Dr. Santon Conference





#### 'PROFICIENCY TESTING REPORT

ISHTM-AIIMS EXTERNAL QUALITY ASSURANCE PROGRAMME NABL accredited program as per ISO/IEC 17043:2010 standard

Organized By Department of Hematology, AIIMS, New Delhi-110029



Duration of stability testing \* minimum upto 8 days at ambient temp. after dispatch of specimens

**EQAP CODE No.:** 5115

**Distribution No.:** 157-M

Month/Year: October/2022

Instrument ID: KX-21 (SN-B8406)

Name & Contact No. of PT Co-ordinator: Dr. Seema Tyagi (Prof.), Hematology, AIIMS, Delhi, Tel: 9013085730, E-Mail: accuracy2000@gmail.com

Date of issue & status of the report: 24-11-2022[Final].

#### **CBC** and Retic Assessment

				Amo	Among Lab (Accuracy Testing)			Within Lab (Precision Testing)				
Test Parameters	S.No.	Your Result 1		Your Results Sum of 2 Value	Consensus result sum of 2 values (Assigned Value)	Uncertainty of Assigned Values		Yours Results Diff. of 2 Values	Consensus Result Diff. of 2 values (Assigned Value)	Uncertainty of Assigned Values	Z Score	
WBC x10³/μl	1	5.5	5.1	10.6	11.2	0.0290	-0.74	0.4	0.1	0.0060	2.89	
RBC x10 <sup>6</sup> /μl	1	3.64	3.6	7.24	7.56	0.0080	-1.47	0.04	0.04	0.0030	0.00	
Hb g/dl	1	11.9	11.8	23.7	23.7	0.0270	0.00	0.1	0.1	0.0080	0.00	
НСТ%	1	34.7	34.5	69.2	73.3	0.1660	-0.86	0.2	0.4	0.0250	-0.39	
MCV-fl	1	95.8	95.3	191.1	194.55	0.3960	-0.30	0.5	0.3	0.0210	0.63	
МСН-Рд	1	33.1	32:4	65.5	62.6	0.0840	1.25	0.7	0.3	0.0200	1.08	
ACHC-g/dl	1	34.5	34	68.5	64.5	0.1500	0.93	0.5	0.3	0.0220	0.54	
Plt. x10³/μl	1	132	125	257	281.5	1.19	-0.76	7	4	0.28	0.67	
Retic %	2	8	7.5	15.5	10.5	0.23	0.75	0.5	0.5	0.03	0.00	

#### P.S. Assesment

		YOUR REPORT	CONSENSUS REPORT
DLC%	3	Nrbcs=3, Poly=45 L=7, E=2, Mono/Promono=3, B1=1 P.M.=2, Mye=20, Meta=07, Other=Band Form- 12, Wbc morphology -Marked Leucocytosis with shift to left present with occasional blast cell, platelet reduced on smear	Poly: 60 - 77, Myelo: 5 - 12, Meta: 5 - 10, Lympho: 3 - 7, Eos: 1- 3, nRBC/ Baso/ Promyelo, Blast Mono: 0 - 5
RBC Morphology	3	Mild Anisopoikil cytosis. Predominantly Normocytic Normchromic with occasional nRBC	Predominantly: Normocytic/Normochromic; Moderate: Anisocytosis, hypochromia
Diagnosis		Suggestive of chronic myeloproliferative disorder	Chronic Myeloid Leukemia QUALITANA

#### **COMBINED DATA VALUES OF TOTAL PARTICIPANTS**

Test parameters	C No	Total participants	Total No.		e 0-2		os with Z e 2-3		os with Z re >3
rest parameters	5.110.	current dist.	responded	Among labs	Within lab	Among labs	Within lab	Among labs	Within lab
WBC x10³/μl	1	333	332	83.13	88.55	6.63	5.12	10.24	6.33
RBC x10 <sup>6</sup> /µl	1	333	333	88.89	88.89	5.11	5.71	6	5.4
Hb g/dl	1	333	333	86.49	85.89	6.01	6.91	7.5	7.2
HCT%	1	333	331	93.96	91.54	4.23	3.32	1.81	5.14
MCV-fl	1	333	332	95.48	91.27	3.01	2.41	1.51	6.32
MCH-Pg	1.	333	332	90.36	85.54	5.72	7.83	3.92	6.63
MCHC-g/dl	1	333	332	93.67	91.87	3.92	2.11	2.41	6.02
Plt. x10 <sup>3</sup> /μl	1	333	332	91.57	92.17	5.72	4.22	2.71	3.61
ReticCount%	2	333	296	88.18	88.18	7.43	7.09	4.39	4.73
PS Assessment	3	333	269	Satisfactory	:87.66%, Bo	orderline Sat	: :11.14%, U	Insatisfactor	y:1.20%

#### \*Comments:

- 1). Among Lab (EQA): Results acceptable.
- 2). Within Lab (IQA): Precision acceptable.

**Note-1: EQA** (External Quality Assurance): Your Performance among various of participating labs in PT, to determine the accuracy of your results.

 $\mathbf{IQA}$  (Internal Quality Assurance): Your Performance of comparison of two consecutive measurement values within your lab to test the precision of your autoanalyzer.

**Note-2:** Z score among & within lab were calculated, as per to ISO/IEC 13528:2015 standard. Z score among lab (EQA)= (Your Result Sum of two values - Consensus Result sum of two values)/(Normalised IQR)

Z score within lab (IQA)= (Your Result Difference of two values - Consensus Result difference of two values)/(Normalised IQR)

IQR = Quartile 3 - Quartile 1 of participant data, Normalised IQR = 0.7413 x IQR

**Note-3:** Z score 0 to  $\pm 2$ : Acceptable, Z score  $\pm 2$  to  $\pm 3$ : Warning Signal, Z score  $> \pm 3$ : Unacceptable [As per ISO/IEC 13528:2015 standard]

**Note-4:** Z score value between "0 to  $\pm 2$ " are texted in green colour. Z score value between " $\pm 2$  to  $\pm 3$ " are texted in orange colour. Z score value  $> \pm 3$  are texted in red colour.

**Note-5:** Homogeneity and stability testing of PT sample were done as per ISO 13528:2015 standard. To pass homogeneity test, between sample SD (Ss) should be smaller than the check value (0.3\*SDPA). To pass the stability test, average difference in measurement values of first and last day sample  $(\overline{x}-\overline{y})$  should be smaller than the check value (0.3\*SDPA).

Note-6: ISHTM-AIIMS-EQAP does not subcontract any task of its scheme

Note-7: Participants are free to use methods/analyzer of their own choice.

Note-8: Proficiency testing (PT) samples are sent quarterly to each participant.

**Note-9:** All the necessary details regarding design and implementation of PT, are provided in the instruction sheet as well as on programme's website www.ishtmaiimseqap.com.

Note 10: Reports are kept confidential.

Report authorized by,

Dr. Seema Tyagi (Prof.)

PT Co-ordinator: ISHTM-AIIMS-EQAP

Department of Hematology, AlIMS, New Delhi

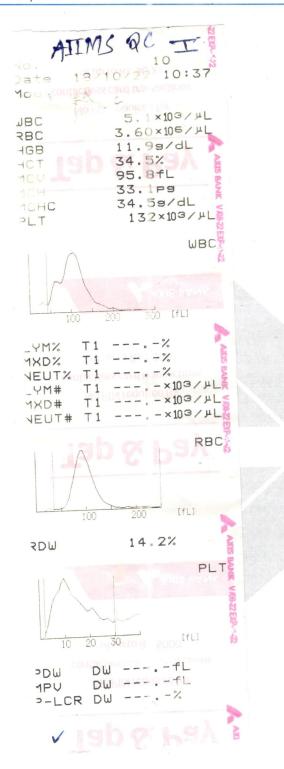
-----End Of Report-----

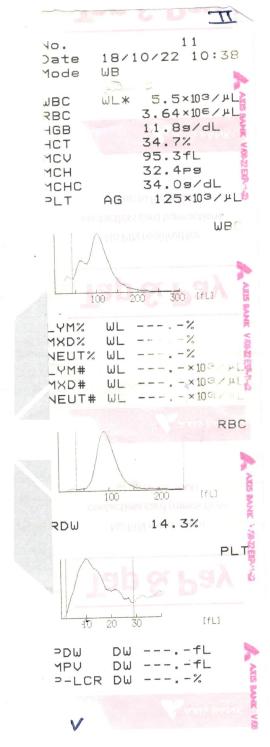
QUALITY ANAGER

Date: - 18/10/2022

# EXCELLENCE IN HEALTHCARE







QUALITY MANAGER

LAB DIRECTOR





Clinical Summary – P.S-3/157 M A 35 year old male with dragging pain in left upper quadrant of abdomen. Hemogram revealed WBC:  $97.28 \times 10^3 \text{/uL}$ , Hb: 9.5 g/dL & Plt:  $95 \times 10^3 \text{/Ul}$ 3/157 m PS -- poild Anisopoikilocytosis. Predominantly normacytie narmamomic, with occasional nes WBC - roanced Leurocytosis with shift to 12ft present with occasional blest cell. - Reduced on smeal. Imp - suggestive of chronie royeloptolife-Pranydogter - 02 myelocytes - 20%, metargelocytes = 07%. N-45 1 - 07

E - 02 m - 03 B - 01

nege - 03%

2/157m) - Relie count High 20unt - 8.0 %. Low count - 7.5 %.





#### CORECTIVE ACTION AND PREVENTIVE ACTION FORM

	ON AND THE VENTIVE P	ic more rolling
DATE: 29/11/2022	CAPA NO: 02	NC NO:
DISCIPLINE: Haematology	INITIAL BY:	ISSUED BY: QUALITY MANAGER
PARTICULAR: 50AS.	SIGN:	SIGN
DESCRIPTION OF NON-CONFORMITY	Y: ,	( 0 0 0 7 ( 0 0 0 0 1
DESCRIPTION OF NON-CONFORMITY  SN - 157-M FOUR	ds outlier MBC	(2.89 2-3016)
		† · ·
	D (C	
1 Specimen Handling: (For DT / FOA	Root Cause Analysis:	
1. Specimen Handling: - (For PT / EQA  ➤ Check Condition of Material when		
> Check Reconstitution Water quality		ire? Yes 🗵 No 🗆
<ul> <li>Check Reconstitution Water quant</li> <li>Check Personnel Handling and Ar</li> </ul>		
<ul> <li>Were your results graded in the ap</li> </ul>		
Were PT specimen reconstituted a		Yes $\square$ No $\square$
> Were PT specimen stored as indic		Yes No 🗆
1		1002110
2.Clerical Errors or Transcription Erro	r: -	
Were the results transcribed onto the		Yes ☑ No □
Were the results recorded on the corre	ct worksheet?	Yes⊲ No □
Was the correct instrument/reagent/kit		Yes⊾Z No □
Were the results recorded in the correct		Yes, ☑ No □
Were the results on your evaluation the	e same as the results you reported?	Yes.⊿No □
3.Internal Quality Control -		
❖ Were controls in range on the date the	proficiency samples were tested?	Yes√No □
Is there any indication of trending or s	hifting of the control results?	Yes 🗷 No 🗆
4.Calibration		
Were there any problems with the most		Yes □ No □
When was the last calibration performed	ed? HA	
• How often is a calibration performed?	MA	
5.Instrument		
<ul> <li>Were instrument problems noted the d</li> </ul>		Yes 🗆 No 🗷
Has there been any recent maintenance	on the analyser?	Yes 🗆 No 🗗

**	Has there been any recent maintenance on the analyser?
***	Have you contacted your analyses manufactures for assistance?

e you contacted your analyser manufacturer for assistance?

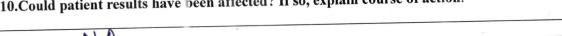
Yes 🗆 No 🖘

FORM NO: 04 FORM NAME:CAPA FORM NO:FM/CAPA/04 ISSUE NO: 01 ISSUE DATE: 01/06/2022 ISSUE BY :QM AMEND NO:00 **AMEND DATE:00** APPROVED BY: LD



# CORECTIVE ACTION AND PREVENTIVE ACTION FORM

#### 6.Reagents Yes No Were the reagents stored properly? • Were the reagents expired or was the open vial stability exceeded? Yes □ No ► Yes □ No ✓ Have there been any changes in reagent manufacturer or formulation? 7. Specimen /Sample Handling: - (For Patient Sample) Yes □ No □ Were specimens received in an acceptable condition? Yes | No | • Were specimens stored according to the instructions on the result forms? ❖ Were the samples haemolyzed (Palin tube) ?Yes □ No □ Yes □ No □ • Were samples tested within the time allowed for sample stability? 8. Regarding Patient Any major complaint received from Patient?Yes □ No □ Yes □ No □ Complaint related to reception behavior, technician, or results? ❖ Get back to the patient within 24 hrs. for the answer? Yes □ No □ 9.Culture Was the media stored according to manufacturer's instructions? Yes □ No □ Yes □ No □ Was the media expired? Yes □ No □ Was the appropriate QC performed on the media? Yes □ No □ ❖ Was the incubator temperature/gas/humidity within acceptable limits? If applicable, have you contacted your kit manufacturer for assistance? Yes □ No □ Notes: 10. Could patient results have been affected? If so, explain course of action:





Corrective Action Taken:

FORM NAME:CAPA	FORM NO:FM/CAPA/04
ISSUE DATE: 01/06/2022	ISSUE BY :QM
AMEND DATE :00	APPROVED BY: LD
_	ISSUE DATE: 01/06/2022



Corrective action and preventive action form

Corrective action!
Sending ILC to HABL accorded las for

Berally parameter.

Result satisfactory.

Preventive Action Taken:



FORM NO: 04	FORM NAME:CAPA	FORM NO:FM/CAPA/04
ISSUE NO: 01	ISSUE DATE: 01/06/2022	ISSUE BY :QM
AMEND NO:00	AMEND DATE :00	APPROVED BY: LD



### CORECTIVE ACTION AND PREVENTIVE ACTION FORM

Corrective Action for PT Failure?

Yes □ No □

CA 1 - Re-run Recalled EQAS sample of previous --- Results Satisfactory? Yes \( \text{No} \( \text{DAS} \) 7 SCOPE Possults Satisfactory?

CA 2 - EQAS -Z SCORE Results Satisfactory?

- Report attached?

-Z SCORE for Corrected Parameter:

MA

Yes □ No □
Yes □ No □

1 ,

CA 3 – Calibration done for outlier parameter?

Yes □ No □

- Re-run Recalled EQAS sample of previous ---Results Satisfactory? Yes □ No □

- Z SCORE Results Satisfactory?

NA

Yes □ No □

CA 4 -Random Patient sample for the analyte outlier for ILC?

- ILC Results Satisfactory?

- Report Attached?

Yes. ✓ No □ Yes. ✓ No □

Yes No 🗆

CA 5- comparable results if any?

-Report Attached?

Yes 🗆 No 🗗

CA 6 - If Any other --

NA



FORM NO: 04	FORM NAME:CAPA	FORM NO:FM/CAPA/04
ISSUE NO: 01	ISSUE DATE: 01/06/2022	ISSUE BY :QM
AMEND NO:00	AMEND DATE :00	APPROVED BY: LD



CORECTIVE ACTION AND PREVENTIVE ACTION FORM

**Preventive Action Report:** 



FORM NO: 04	EODIA MANGE CATA	The state of the s
1 01011110.04	FORM NAME:CAPA	FORM NO:FM/CAPA/04
ISSUE NO: 01	ISSUE DATE: 01/06/2022	
AMEND NO:00		ISSUE BY :QM
AWEND NO:00	AMEND DATE :00	APPROVED BY: LD ST. ANALYSIS A



#### LABORATORY TEST REPORT



ID

: 2193337

Collection

: 29/11/22, 05:05 PM

Client Name : Excellas Clinics pvt

Name

: ASHUTOSH KANOJIYA : 25 years

Received

: 29/11/22, 05:05 PM : 29/11/22, 06:13 PM Itd - TTFRCPL10

DOB/Age Gender

: Male

Reported Ref. Doctor : SELF Client Address:

Nationality: 0

Passport No.: -

**Test Description** 

Value(s)

Unit(s)

Reference Range

#### **HAEMATOLOGY**

Erythrocytes (Whole Blood)			
Hemoglobin (Hb)*	14.6	gm/dL	13.5 - 18.0
(NonCỳanmethemoglobin Photometric Measurement)			
Ery ocyte (RBC) Count* (Electrical Impedence)	4.90	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)*	44.7	%	42 - 52
(Calculated)			
Mean Cell Volume (MCV)*	91.2	fL	78 - 100
(Electrical Impedence)			
Mean Cell H <mark>aemoglobin (</mark> MCH)*	29.9	pg	27 - 31
(Calculated)			
Mean Corpus <mark>cular</mark> Hb Concn. (MCHC)*  [Calculated)	32.8	gm/dL	32 - 36
Red Cell Distribution Width (RDW)*	13.7	%	11.5 - 14.0
Electrical Impedence)			
RBC Morphology			
Remarks	Normocytic no	rmochromic	
Leucocytes (Whole, Blood)			
Tot: eucocytes (WBC) Count*	7300	cell/cu.mm	4000-10000
Electrical Impedence)			**
Neutrophils*	40	%	40 - 80
VCSn Technology)			
_ymphocytes*	43	%	20 - 40
VCSn Technology)			
Monocytes*	9	%	2 - 10
VCSn Technology)			
Eosinophils*	7	%	1 - 6
VCSn Technology)			
Basophils*	1	%	1-2
VCSn Technology)			
Absolute Count			
Absolute Neutrophil Count*	2.92	* 10^9/L	2.0 - 7.0
,		10 0/L	2.0 - 1.0

Absolute Lymphocyte Count

(Calculated) Ground Floor, Plot No. 6/19, Compound No. 82 Transmission House, Marol Co-Operative Industrial Estate, Near Marol Bhavan, Sir Mathuradas Vasanji Rd, Ganesh Nagar, Marol, Andheri East, Mumbai, Maharashtra - 400059



(Calculated)





#### LABORATORY TEST REPORT



ID .

: 2193337

Collection

-: 29/11/22, 05:05 PM

Client Name : Excellas Clinics pvt

Name

: ASHUTOSH KANOJIYA

Received : 29/11/22, 05:05 PM

Itd - TTFRCPL10

DOB/Age : 25 years

Reported : 29/11/22, 06:13 PM Ref. Doctor : SELF Client Address:

Gender : Male Nationality : 0

Passport No. : -

11221116278

Test Description	Value(s)	Unit(s)	Reference Range
Absolute Monocyte Count* (Calculated)	0.66	* 10^9/L	0.2-1.0
Absolute Eosinophil Count* (Calculated)	0.51	* 10^9/L	0.0-0.5
Absolute Basophils Count* (Calculated)	0.07	* 10^9/L	1-2
WBC	Lymphocytosis	e e e	
Platerets (Whole, Blood)			
Platelet Count*	343	10^3/ul	150 - 450
(Electrical Impedence)			
Mean Platelet Volume (MPV)*	7.9	fL	7.2 - 11.7
(Electrical Impedence)			
Platelet Morphology	Adequate on sme	ear	
PCT*	0.270	%	0.2 - 0.5
(Calculated)			
PDW*	17.1	. %	9.0 - 17.0
(Calculated)			

Tests done on Automated Five Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.



\*\*END OF REPORT\*\*

P. K. SMLY

Dr. Prashant Shetty (M.D. Pathology)



B1, Vikas Paradise Commercial, Below Axis Bank, Near Santoshi Mata Mandir,LBS Marg,

Mulund (W), 400 080.

Phone: 022 - 25695661/71 | Mobile: +91 7718802441/42



Patient Name : MR ASHUTOSH ASHOK KANOJIYA Reg. No. : 37050

Age/Gender : 25 YEARS/MALE Reg.Date : 29/11/2022 / 09:11 AM

Sample Collected At: KOTAK LIFE INSURANCE Patient ID: 65079

Referred by Dr. : KOTAK LIFE INSURANCE / N Print Date : 09/12/2022 / 12:42PM

· ·				
	COMP	LETE BLOOD COUNT W	ITH E.S.R	
TEST DONE		RESULT	<u>UNIT</u>	REFERENCE RANGE
Haemoglobin	:	14.7	gm %	13.0 - 18.0
R.B.C. Count	:	4.80	/ c.mm	3 - 6
Packed Cell Volume	:	42.3	%	36.0 - 54.0
MCV	:	88.12	fl	78 - 101
MCH	:	30.62	pg	27 - 32
MCHC	: .	34.75 H	g/dl	31.5 - 34.5
RDW		12.5	%	11.6 - 14.0
Leucocytes Count	:	6200	/ c.mm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>				
Neutrophils	:	45	%	40 - 75
Eosinophils	:	02	%	01 - 06
Basophils	:	00	%	00 - 01
Lymphocytes	:	45	%	20 - 45
Monocytes		08	%	1 - 10
Abnormalities of RBC		Normocytic Normochromi	C	
Abnormalities of W B C		Normal Morphology		
Platelet Count	:	316	10^3 / c.mm	150 - 450
Platelet On Smear	η, :	Adequate on smear		
ERYTROCYTE SEDIMENTATIO	N RATE			
E.S.R.	:	07	mm/hr	0 - 20

#### Method

EDTA Whole Blood - Tests done on Automated three Part Cell Counter. (WBC, RBC Platelet count by DC impedance method, other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

**CHECKED BY** 

Dr. Santosh Khairnar M.D. Pathologist





		EXCELL	EXCELLAS CLINICS	
	EXTER	NAL QUALITY AS	EXTERNAL QUALITY ASSURANCE PROGRAM FORM	FORM
		DISCIPLINE:	DISCIPLINE : HAEMATOLOGY	
	N N	SAMP	SAMPLE NO: 158-M	MONTH: JANIJARY-2023
est ratameters sample Details	iils Date of run	Report Received on	Zscore Corrective	QM/LD
			7 05	
			-0.26	-
	-		4 5	
			4.05 PEEED	
			T	
			0	
EDTA whole	e 26/01/2023	25/04/2022	0	
SMEAR STUDY Blood		6202/40/61		RESULT STATISFACOTRY
	<u>.</u>			
RBC MORPHOLOGY			WITHIN CONSENSUS	
-				/
DIAGNOSIS			ACUTE LEUKEMIA	
FORM NAME: EOAS EVALITION FORM-HEAMTOLOGY	LITION FORM-HEAMT	Ology		
		OLOGI	FM/EQAS-EVA	FM/EQAS-EVAL-HEAMT/QM/TP/02
ISSUE DA	ISSUE DATE: 01/06/2022		nssi	ISSUE BY: QM
AMMEN	AMMEND DATE: 00		APPRO	APPROVED BY: 1 Tecce
				OLD DIS Entering





#### PROFICIENCY TESTING REPORT

ISHTM-AIIMS EXTERNAL QUALITY ASSURANCE PROGRAMME

NABL accredited program as per ISO/IEC 17043:2010 standard Organized By Department of Hematology, AIIMS, New Delhi-110029



Duration of stability testing - minimum upto 8 days at ambient temp. after dispatch of specimens

**EQAP CODE No.:** 5115

**Distribution No.:** 158-M

Month/Year: January/2023

Instrument ID: B8406

Name & Contact No. of PT Co-ordinator: Dr. Seema Tyagi (Prof.), Hematology, AIIMS, Delhi,

Tel: 9013085730 , E-Mail : accuracy2000@gmail.com

Date of issue & status of the report: 28-02-2023[Final].

#### **CBC** and Retic Assessment

				Amo	ng Lab (Ac	curacy Testi	ng)	With	Within Lab (Precision Testing			
Test Parameters	S.No.	Your Result 1	Your Result 2	Results	Consensus result sum of 2 values (Assigned Value)	Uncertainty of Assigned Values		Yours Results Diff. of 2 Values		Uncertainty of Assigned Values	Z Score	
WBC x10³/μl	1	5.7	5.6	11.3	13.31	0.0350	-2.30	0.1	0.1	0.0070	0.00	
RBC x10 <sup>6</sup> /μl	1	4.8	4.75	9.55	10.25	0.0120	-1.95	0.05	0.05	0.0030	0.00	
Hb g/dl	1	13.5	12.8	26.3	26.5	0.0270	-0.27	0.7	0.1	0.0080	4.05	
НСТ%	1	39.7	39.4	79.1	85.7	0.2190	-0.89	0.3	0.4	0.0250	-0.26	
MCV-fl	1	82.9	82.7	165.6	169.35	0.3530	-0.33	0.2	0.3	0.0190	-0.32	
МСН-Рд	1	28.1	26.9	55	51.5	0.0590	2.15	1.2	0.2	0.0140	4.50	
MCHC-g/dl	1	34	32.5	66.5	61	0.1400	1.01	1.5	0.3	0.0210	4.05	
Plt. x10³/μl	1	405	392	797	781	2.99	0.18	13	9	0.52	0.49	
Retic %	2	14.5	13.5	28	15.35	0.22	2.12	1	0.5	0.03	0.84	

#### P.S. Assesment

		YOUR REPORT	CONSENSUS REPORT
DLC%	3		Blast: 65-88, Lympho: 5-14, Poly: 2-5, nRBC/Eos/Baso/Mono /Myelo/Meta/ Promyelo: 0-5
RBC Morphology			Predominantly: Normocytic/ Normochromic, Moderate: Anisocytosis, Microcytic
Diagnosis	3	Suggestive of Acute Leukemia	Acute Leukemia (AL)

QUALITY MANAGER

#### COMBINED DATA VALUES OF TOTAL PARTICIPANTS

Test parameters	S.No.	Total participants covered in the	Total No.	Score	bs with Z re 0-2	La Laubantanana e e e e	bs with Z re 2-3		bs with Z re >3
	on to.	current dist	Moomondod	Among labs	Within lab	Among labs	Within lab	Among labs	Within
WBC x10³/μl	1	338	335	83.88	84.18	6.27	6.27	9.85	9.55
RBC x10 <sup>6</sup> /μl	1	338	338	89.64	89.35	5.92	5.03	4.44	5.62
Hb g/dl	1	338	338	88.76	85.21	5.03	4.44	6.21	10.35
HCT%	1	338	336	97.92	89.88	0.89	5.36	1.19	4.76
MCV-fl	1	338	336	97.62	87.2	1.79	6.55	0.59	6.25
MCH-Pg	1	338	336	88.39	89.58	7.44	4.76	4.17	5.66
MCHC-g/dl	1	338	336	98.21	86.9	0.89	7.74	0.9	5.36
Plt. x10 <sup>3</sup> /μl	1	338	336	94.64	92.26	3.27	2.98	2.09	4.76
ReticCount%	2	338	296	91.22	85.14	6.08	9.8		
PS Assessment	3	338		Satisfactory				2.7	5.06

#### \*Comments:

- 1). Among Lab (EQA): Results acceptable.
- 2). Within Lab (IQA): Difference in the CBC measurement values for HB, MCH & MCHC unacceptable, please check precision/human error.Remaining precision acceptable.

**Note-1: EQA** (External Quality Assurance): Your Performance among various of participating labs in PT, to determine the accuracy of your results.

**IQA** (Internal Quality Assurance): Your Performance of comparison of two consecutive measurement values within your lab to test the precision of your autoanalyzer.

Note-2: Z score among & within lab were calculated, as per to ISO/IEC 13528:2015 standard. Z score among lab (EQA)= (Your Result Sum of two values - Consensus Result sum of two values)/(Normalised IQR) Z score within lab (IQA)= (Your Result Difference of two values - Consensus Result difference of two

values)/(Normalised IQR)  $IQR = Quartile \ 3 - Quartile \ 1$  of participant data, Normalised  $IQR = 0.7413 \times IQR$ 

Note-3: Z score 0 to  $\pm 2$ : Acceptable, Z score  $\pm 2$  to  $\pm 3$ : Warning Signal, Z score  $> \pm 3$ : Unacceptable [As per ISO/IEC 13528:2015 standard]

**Note-4:** Z score value between "0 to  $\pm 2$ " are texted in green colour. Z score value between " $\pm 2$  to  $\pm 3$ " are texted in orange colour. Z score value  $> \pm 3$  are texted in red colour.

**Note-5:** Homogeneity and stability testing of PT sample were done as per ISO 13528:2015 standard. To pass homogeneity test, between sample SD (Ss) should be smaller than the check value (0.3\*SDPA). To pass the stability test, average difference in measurement values of first and last day sample  $(\bar{x}-\bar{y})$  should be smaller than the check value (0.3\*SDPA).

Note-6: ISHTM-AIIMS-EQAP does not subcontract any task of its scheme

Note-7: Participants are free to use methods/analyzer of their own choice.

Note-8: Proficiency testing (PT ) samples are sent quarterly to each participant.

**Note-9:** All the necessary details regarding design and implementation of PT, are provided in the instruction sheet as well as on programme's website www.ishtmaiimseqap.com.

Note 10: Reports are kept confidential.

Report authorized by,

Dr. Seema Tyagi (Prof.)

PT Co-ordinator: ISHTM-AIIMS-EQAP

Department of Hematology, AIIMS, New Delhi

-----End Of Report-----

QUALITATIANAGER





C(	DRECTIVE ACTIO	N AND PREVENTIV	E ACTION FORM
DATE.		CAPA NO: 04	NC NO:
DISCIDI INE.		NITIAL BY:	ISSUED BY: QUALITY MANAGER
PARTICULAR:	CAAS	SIGN:	SIGN
DESCRIPTION OF	NON-CONFORMITY:		
5N -	158-M FOI	and outlier	HB, MCH & MCHO
		Zscore	HB, MCH & MCHC (4:05) (4:05) (4:05
*			
		Root Cause Analysis:	
<ul> <li>Check Cond</li> <li>Check Reco</li> <li>Check Perso</li> <li>Were your I</li> <li>Were PT sp</li> </ul>	onstitution Water quality? onnel Handling and Anal	eceivedExpiry and Tempe Yes \( \text{No} \( \text{V} \) yzing - Satisfactory?Yés \( \text{N} \) opriate peer group based on the kit instruction?	0 🗆
<ul> <li>Were the results</li> <li>Were the results</li> <li>Was the correct</li> <li>Were the results</li> </ul>	ts transcription Error: Its transcribed onto the we recorded on the correct vinstrument/reagent/kit se recorded in the correct us on your evaluation the se	orksheets correctly? worksheet? lected?	Yes⊿No□ Yes⊿No□ Yes⊿No□ Yes⊿No□ Yes⊿No□
<ul><li>3.Internal Quality</li><li>Were controls in</li><li>Is there any indi</li></ul>	range on the date the pro	oficiency samples were tested ting of the control results?	i? Yes⊿No □ Yes⊿No □
When was the la	problems with the most reast calibration performed? alibration performed?		Yes □ No □
5.Instrument		& 9.	
<ul><li>Were instrument</li><li>Has there been a</li></ul>	t problems noted the day any recent maintenance or sted your analyser manufa	the analyser?	Yes $\square$ No $\square$ Yes $\square$ No $\square$
FORM NO: 04	FORM NAME:CAPA	A	FORM NO:FM/CAPA/04
CCLIE NO. 01	1001/5 5 4 5 5 4 6 5		

FORM NO: 04	FORM NAME:CAPA	FORM NO:FM/CAPA/04
ISSUE NO: 01	ISSUE DATE: 01/06/2022	ISSUE BY :QM
AMEND NO:00	AMEND DATE :00	APPROVED BY: LD
	*	QUALITYMANAGER



#### CORECTIVE ACTION AND PREVENTIVE ACTION FORM

6.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
7.Specimen /Sample Handling: - (For Patient Sample)  ❖ Were specimens received in an acceptable condition?  ❖ Were specimens stored according to the instructions on the result forms?  ❖ Were the samples haemolyzed (Palin tube) ?Yes □ No □  ❖ Were samples tested within the time allowed for sample stability?	Yes $\square$ No $\square$ Yes $\square$ No $\square$
8. Regarding Patient  ❖ Any major complaint received from Patient? Yes □ No □  ❖ Complaint related to reception behavior, technician, or results?  ❖ Get back to the patient within 24 hrs. for the answer? Yes □ No □	Yes 🗆 No 🗆
9.Culture	
❖ Was the media stored according to manufacturer's instructions?	Yes □ No □
* Was the media expired?	Yes □ No □
❖ Was the appropriate QC performed on the media?	Yes □ No □
Was the incubator temperature/gas/humidity within acceptable limits?	Yes □ No □
If applicable, have you contacted your kit manufacturer for assistance?	Yes □ No □
Notes:	
10.Could patient results have been affected? If so, explain course of action:	· ·

Corrective Action Taken:

FORM NO: 04	FORM NAME:CAPA	FORM NO:FM/CAPA/04
ISSUE NO: 01	ISSUE DATE: 01/06/2022	ISSUE BY :QM
AMEND NO:00	AMEND DATE :00	APPROVED BY: LD
	* G3 JW	



CORECTIVE ACTION AND PREVENTIVE ACTION FORM

Corrective action: No correction action taken because

Rac on st date 26/01/23 within +1SD

we will wait for next sample.

Preventive Action Taken:

ISSUE NO: 01 ISSUE DATE: 01/06/2022 ISSUE BY :QN	Z
	1 Madel
AMEND NO:00 AMEND DATE :00 APPROVED B	Y; LD or. santosh Khairnar



### CORECTIVE ACTION AND PREVENTIVE ACTION FORM

Corrective Action for PT Failure?

Yes □ No □

CA 1 - Re-run Recalled EQAS sample of previous --- Results Satisfactory? Yes  $\square$  No  $\square$ 

105 🗆 110 🗅

CA 2 - EQAS -Z SCORE Results Satisfactory?

MA Yes □ No □

- Report attached?

-Z SCORE for Corrected Parameter:

Yes □ No □

CA 3 – Calibration done for outlier parameter?

Yes □ No □

– Re-run Recalled EQAS sample of previous ---Results Satisfactory? Yes  $\square$  No  $\square$ 

- Z SCORE Results Satisfactory?

HA

Yes □ No □

CA 4 -Random Patient sample for the analyte outlier for ILC?

- ILC Results Satisfactory?

- Report Attached?

Yes □ No □ Yes □ No □

Yes 🗈 No 🗆

CA 5- comparable results if any?

-Report Attached?

Yes  $\square$  No  $\square$ 

CA 6 - If Any other --



FORM NO: 04	FORM NAME:CAPA	FORM NO:FM/CAPA/04
ISSUE NO: 01	ISSUE DATE: 01/06/2022	ISSUE BY :OM
AMEND NO:00	AMEND DATE :00	APPROVED BY: LD



**Preventive Action Report:** 



FORM NO: 04	FORM NAME:CAPA	FORM NO:FM/CAPA/04
ISSUE NO: 01	ISSUE DATE: 01/06/2022	ISSUE BY :QM
AMEND NO:00	AMEND DATE :00	APPROVED BY: LD



EGAS - Sample No. 158 M

Date - 26/01/23

26/01/23 10:43 Date Mode WB IJBC 5.6×103/µL RBC 4.75×10モノル **HGB** 12.89/dL HCT 39.4% MCV 82.9fL **1CH** 26.9ps **MCHC** 32.59/dL PLT AG 392×103/µL WBC

WE 100 200 300 [fL]

\_YM% WL\* 20.1%

MXD% WL\* 5.2%

NEUT% WL\* 74.7%

\_YM# WL\* 1.1×109/µL

MXD# WL\* 0.3×109/µL

NEUT# WL\* 4.2×109/µL

RBGANK U11-22 EXP (2) 23

15.2%

PLT

PDW + 27.5fL MPV + 13.6fL P-LCR + 51.7%

26/01/23 10:45 Date WB Mode 5.7×103/µL **JBC** WL\* 4.80×105/µL RBC 13.59/dL **HGB** HCT 39.7% 82.7fL MCV 28.1pg **MCH** 34.09/dL **MCHC** 405×103/µ© ∍LT AG+

MBC 100 200 300 [fL]

YM% WL\* 18.8% 5.6% YXD% WL\* WL\*75.6% **NEUT%** 1.1×10<sup>3</sup>/μL \_YM# WL\* 0.3×10<sup>3</sup>/µL WL\* **MXD#** 4.3×103/µL WL\* VEUT#

RBC

AXIS BANK WI1-32 EXP

[fL]

10 20 30

PDW DW ---.-fL MPV DW ---.-fL P-LCR DW ---.-%









RDW

EGAS - Sample No. 158 M

Date - 26/01/23

mild Anisopolkilocytesis

RBC - Predominantly Normorytie Holmochemic

with negels.

wase - marked' leurocytosis with atypical

/ abnormal cells

PL - Reduced on Smear

soup - Sugges Ave of Accete becakemia

Abnormal (Atypical wells) -86%.

N-06

L-12

E-02

00-02

3 y. nege's.

Relie count.

Reading 13.5

Reading 2) 14.5

