

CHRISTIAN MEDICAL COLLEGE

DEPARTMENT OF CLINICAL BIOCHEMISTRY

CMC EXTERNAL QUALITY ASSURANCE SCHEME

MONTHLY SUMMARY REPORT - MARCH 2023



PC-1024

Lab Name **TELANGANA DIAGNOSTIC HUB**

Lab No **14984**

Constituent Group **Chemistry I**

Date of Result Entered : **21/03/2023**

PT Item **Lyophilized human serum based**

Date of Report Published : **04/04/2023**

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)	190	330.16	5.20	17.16	330 mg/dL	-0.01	2.49
2	UREA	Urease UV / GLDH	Any Analyser (Automation / Semi Automation)	700	58.51	9.15	5.35	33 mg/dL	-4.77	0.40
3	CREATININE	Jaffes Kinetic - Alkaline picrate	Any Analyser (Automation / Semi Automation)	795	1.84	14.24	0.26	2.03 mg/dL	0.73	0.02
4	T.BILIRUBIN	Diazonium salt (Colorimetric) / Jendrassik	Any Analyser (Automation / Semi Automation)	927	5.66	12.32	0.70	6.2 mg/dL	0.77	0.05
5	T-PROTEIN	Biuret - Colorimetric	Any Analyser (Automation / Semi Automation)	1082	5.49	10.00	0.55	5.3 g/dL	-0.35	0.03
6	ALBUMIN	BCG - colorimetric	Any Analyser (Automation / Semi Automation)	751	3.31	7.29	0.24	3.1 g/dL	-0.87	0.02
7	CALCIUM	Arsenazo III	Any Analyser (Automation / Semi Automation)	909	9.37	7.83	0.73	8.5 mg/dL	-1.19	0.05
8	URIC ACID	Enzymatic / Uricase Colorimetric	Any Analyser (Automation / Semi Automation)	931	4.50	17.14	0.77	3.8 mg/dL	-0.91	0.05
9	CHOLESTEROL	CHOD-PAP	Any Analyser (Automation / Semi Automation)	1038	110.71	10.15	11.24	106 mg/dL	-0.42	0.70
10	TRIGLYCERIDE	GPO-PAP / Enzymatic Colorimetric / End Point	Any Analyser (Automation / Semi Automation)	1004	146.11	8.05	11.77	157 mg/dL	0.93	0.74
11	HDL	Direct method / Enzymatic colorimetric	Any Analyser (Automation / Semi Automation)	701	28.43	19.18	5.45	30 mg/dL	0.29	0.41
12	AST	UV kinetic(with & without PLP (P-5-P))	Any Analyser (Automation / Semi Automation)	1032	69.96	12.49	8.74	60 U/L	-1.14	0.54
13	ALT	UV kinetic(with & without PLP (P-5-P))	Any Analyser (Automation / Semi Automation)	949	197.38	18.40	36.32	193 U/L	-0.12	2.36
14	ALP	PNP AMP kinetic	Any Analyser (Automation / Semi Automation)	713	52.08	20.82	10.84	53 U/L	0.08	0.81
15	AMYLASE	CNPG3	Any Analyser (Automation / Semi Automation)	480	106.12	17.92	19.02	277 U/L	8.98	1.74

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 HOSPITAL CAMPUS, JAMMIKUNTA.

**TITLE****EQAS CORRECTIVE ACTION FORM**

Issue No. 01

Page 1 of 1

EQAS Details	cmc vellose
Analyte:	UREA
Month:	MARCH
Date Sample Tested:	21-3-2023

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 checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>

Notes: _____

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?	20-3-2023	
How often is a calibration performed?	At the time of new kit placed	
When was the last calibration verification performed?	20-3-2023	

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 :
LAB MANAGER : Mrs PRAGNA**APPROVED & ISSUED BY:**
LAB HEAD: Dr. AKIFA ZAHID**CONTROLLED COPY**

	TELANGANA DIAGNOSTICS		Form: TD/QSP/08-EQCAR
	TITLE	EQAS CORRECTIVE ACTION FORM	Issue No. 01 Page 1 of 1

Have you contacted your analyzer manufacturer for assistance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Notes: <u>Equipment Condition is ok</u>		



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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Have there been any changes in reagent manufacturer or formulation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Notes: <u>Reagent stability is ok</u>		

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 type="checkbox"/>	No <input type="checkbox"/>
Review with testing personnel how samples were loaded to rule out misidentification or transposition of samples.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes: <u>Competent personal was done</u>		

Corrective Action:

Re-run the sample again shows the result in normal limits.

Person Performing Investigation: Hareetha Date: 21-3-23
 Lab Director: _____ Date: _____

PREPARED & REVIEWED BY : LAB MANAGER : Mrs PRAGNA	APPROVED & ISSUED BY: LAB HEAD: Dr. AKIFA ZAHID
	



TITLE

EQAS CORRECTIVE ACTION FORM

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 checked="" type="checkbox"/> REAGENT PROBLEM <input type="checkbox"/> CALIBRATOR PROBLEM <input type="checkbox"/> OTHER (SPECIFY): _____	<input 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

we have re-run the sample again but got the same result.



Preventive action Plan

The IQC was checked on that day was OK and no outliers was found.

Responsibility

we will recheck and review on next cycle.

Date 20-3-23	Testing Personnel Ry
Date 21-3-23.	Department Technical In charge Ry

PREPARED & REVIEWED BY : LAB MANAGER : Mrs PRAGNA 	APPROVED & ISSUED BY: LAB HEAD: Dr. AKIFA ZAHID 
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**TITLE****EQAS CORRECTIVE ACTION FORM**

Issue No. 01

Page 1 of 1

EQAS Details	Cmc vellore
Analyte:	Amylase
Month:	MARCH
Date Sample Tested:	21-3-2023

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LAB MANAGER : Mrs PRAGNA**APPROVED & ISSUED BY:**
LAB HEAD: Dr. AKIFA ZAHID**CONTROLLED COPY**



TITLE

EQAS CORRECTIVE ACTION FORM

Have you contacted your analyzer manufacturer for assistance?

Yes

No

Notes: Equipment Condition is OK

REAGENTS

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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: Reagent stability is OK

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: Competent personal was done

Corrective Action:

Rerun the sample again and show the within normal limits.

Person Performing Investigation:

Naraseth

Date:

21-3-2023

Lab Director:

Date:

PREPARED & REVIEWED BY :
LAB MANAGER : Mrs PRAGNA

Pragna

APPROVED & ISSUED BY:
LAB HEAD: Dr. AKIFA ZAHID

Akifa Zahid



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Pre-analytic Phase of Testing	Analytic Phase of Testing	Post-Analytic Phase of Testing
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