



RML- Quality Assurance Program (RML-QAP)



HEMATOLOGY

ALL METHOD REPORT

Cycle-12/2023
Round -2

Date: 29/04/2023

Lab Code: 2457

Complete Blood Count (CBC)

Parameters	No.of Participants	Robust Mean	Robust Standard deviation (SD)	Uncertainty of Assign Values	Range (± 2 SD)	Your Value	Z Score
Hb gm/dl	282	12.0	0.4	0.03	11.3-12.8	11.7	-0.8
WBC $\times 10^3/\mu\text{l}$	280	10.6	0.7	0.05	9.2-12.0	*6.5	-5.9
RBC $\times 10^6/\mu\text{l}$	281	4.1	0.1	0.01	3.9-4.3	4.2	0.6
Hct%	280	36.5	2.6	0.19	31.2-41.8	35.3	-0.5
MCV fl.	280	88.4	5.0	0.37	78.4-98.4	84.9	-0.7
MCH pg.	280	29.2	0.9	0.07	27.4-31.0	28.1	-1.2
MCHC gm/dl	280	32.9	2.1	0.16	28.7-37.1	33.2	0.1
Platelet $\times 10^3/\mu\text{l}$	282	272.0	21.4	1.59	229.2-314.8	263	-0.4

Interpretation of Z Score:

Z Score Value(+/-)	$[Z] \leq 2.0$	$2.0 < [Z] < 3.0$	$[Z] \geq 3.0$
Interpretation	Satisfactory Performance No signal	Questionable Warning Signal	Unsatisfactory Performance action Signal

Peripheral Blood Smear(PBS):

	Your Result	Consensus Result
DLC	M-01, Meta-02, S-02, P-83, L-09, E-02, Mono-01	P-73.8-89.2, L-6.4-15.7, Prom-1.5-20.4, S-1.3-8.8
Morphology	RBC- Normocytic hypochromic. Inclusions seen in RBCs (Cocci +). WBC- neutrophilic leucocytosis and shift to left. Neutrophils show toxic granules. Few reactive lymphocytes seen. Platelets- adequate	Δ Neutrophilia (250/254) Δ Leukocytosis (245/254) Δ Normocytic/ Normochromic (179/254) Δ Hypochromia/Hypochromic (137/254) Δ Microcytic/ Microcytosis/ Microcytes (130/254)
Diagnosis	Neutrophilic leucocytosis with toxic granulation (Cocci +). Pneumococcal pneumonia may be considered.	Neutrophilic Leukocytosis with Anemia/ Neutrophilia/ Leucocytosis

Legends	(%) Excluded From Group Mean	{.} Not Reported	(#)Late Result Submission	(\$)Reported in other Unit
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Chief Coordinator

Dr. Sanjay Mehrotra

Checked By:

Doc. No.: ASS/FR/06/R01/DL/05.01.2022

End of Report

Programme Director

Dr. Bandana Mehrotra

Page 1 of 5



Address: B-171, Nirala Nagar, Lucknow-226020. Ph.: 4034100, 4077180, Fax: (0522)2788555
Email: rmlresearchfoundation@gmail.com Website: www.rmlpathology.com

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RML – Quality Assurance Program (RML – QAP)



HEMATOLOGY METHOD WISE REPORT

Lab Code: 2457

Cycle-12/2023
Round -2

Date: 29/04/2023

Complete Blood Count (CBC)

Parameters	Method Group	No.of Participants	Method Wise Robust Mean	Method Wise Robust Standard deviation (SD)	Method Wise Uncertainty of Assign Values	Method Wise Range (± 2 SD)	Your Value	Method Wise Z Score
Hb gm/dl	Photometric	190	12.0	0.3	0.03	11.4-12.6	11.7	-1.0
WBC $\times 10^3/\mu\text{L}$	Electrical impedance	172	10.6	0.7	0.07	9.2-12.0	*6.5	-5.9
RBC $\times 10^6/\mu\text{L}$	Electrical impedance	191	4.1	0.1	0.01	3.9-4.3	4.16	0.6
Hct%	Calculated	184	36.6	2.6	0.24	31.5-41.8	35.3	-0.5
MCV fL	Calculated	131	88.6	5.4	0.59	77.9-99.3	84.9	-0.7
MCH pg.	Calculated	194	29.1	0.9	0.08	27.3-30.8	28.1	-1.1
MCHC gm/dl	Calculated	196	32.7	2.1	0.19	28.5-36.8	33.2	0.2
Platelet $\times 10^3/\mu\text{L}$	Electrical impedance	187	272.5	20.7	1.89	231.1-313.9	263	-0.5

Interpretation of Z Score:

Z Score Value(+/-)	$ Z \leq 2.0$	$2.0 < Z < 3.0$	$ Z \geq 3.0$
Interpretation	Satisfactory Performance No signal	Questionable Warning Signal	Unsatisfactory Performance action Signal

Legends	(*) Excluded From Group Mean	(.) Not Reported	(#) Late Result Submission	(\$) Reported in other Unit
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Chief Coordinator

Dr. Sanjay Mehrotra

Checked by

Prepared By: PS

Programme Director

Dr. Bandana Mehrotra

End of Report

Page 2 of 5

Doc. No.: ASS / FR / 06A / R 01 / Dt.: 05.01.2022

Address: B-171, Nirala Nagar, Lucknow - 226 020



RML – Quality Assurance Program (RML – QAP)



HEMATOLOGY METHOD WISE REPORT

Lab Code: 2457

Cycle-12/2023
Round -2

Date: 29/04/2023

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Chief Coordinator

Dr. Sanjay Mehrotra

Checked By

Prepared By: PS

Doc. No.: ASS/FR/06A/R 01/Dt.: 05.01.2022

Programme Director

Dr. Bandana Mehrotra

End of Report

Page 2 of 5



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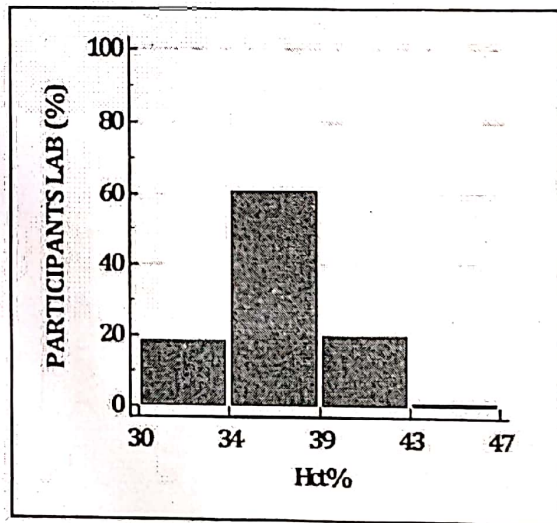
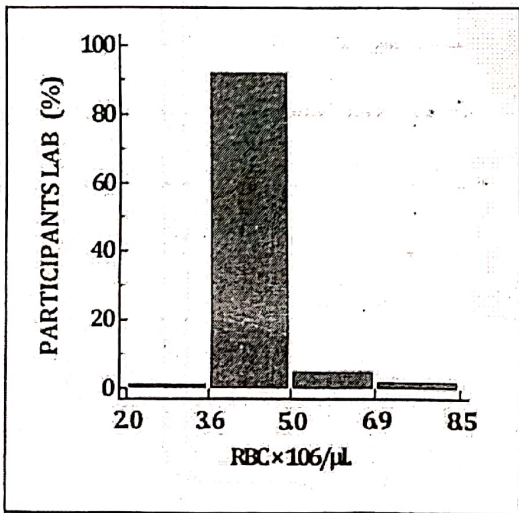
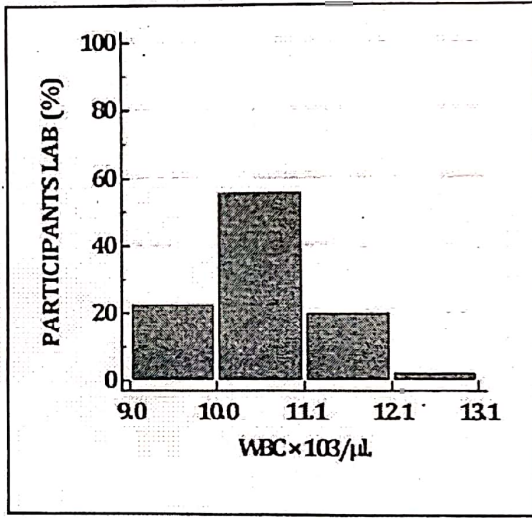
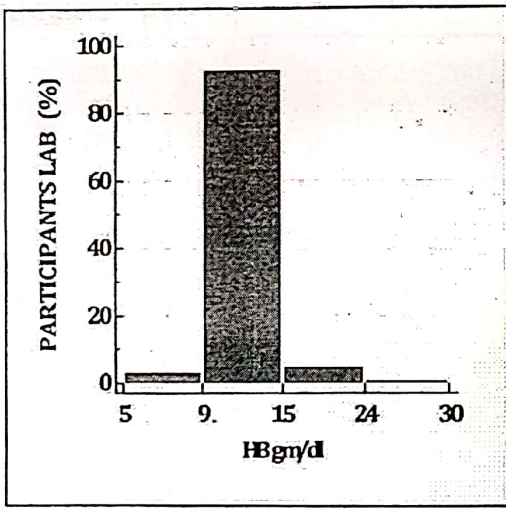


HEMATOLOGY

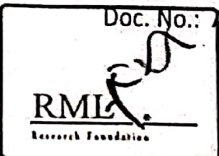
GRAPHICAL REPORT

Cycle - 12/2023
Round -2

Date: 29/04/2023



Arundha

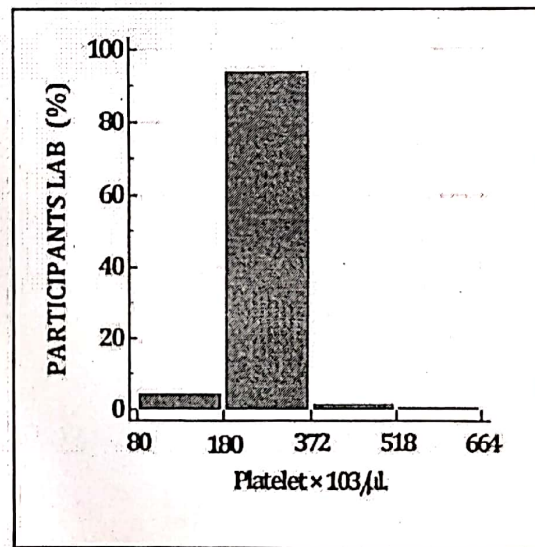
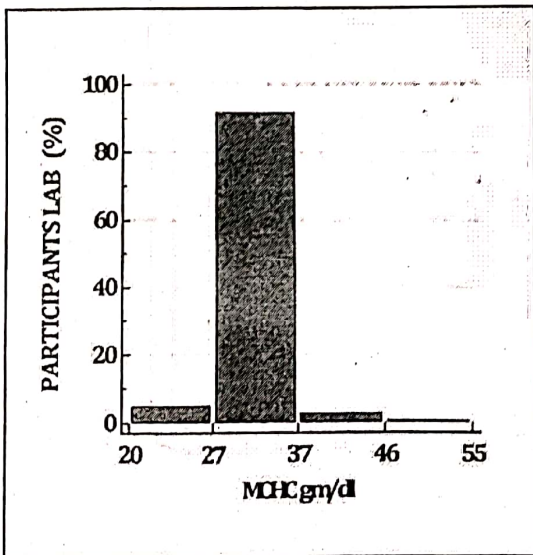
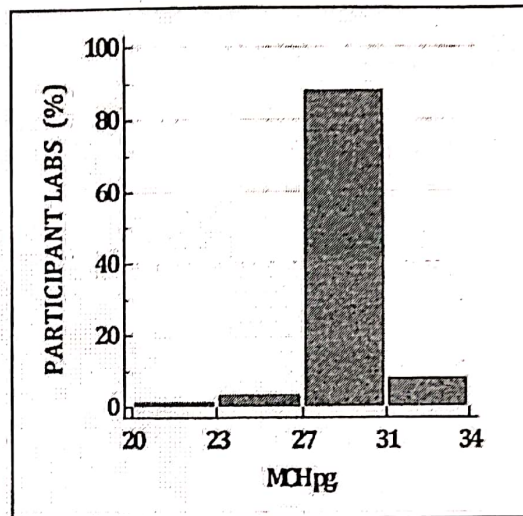
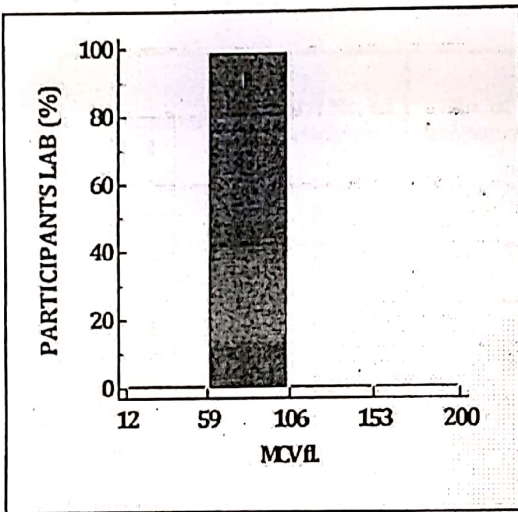




HEMATOLOGY
GRAPHICAL REPORT

Cycle - 12/2023
Round -2

Date: 29/04/2023



Aruna



RML – Quality Assurance Program (RML – QAP)



Hematology

ALL PARTICIPANTS COMPLETE DATA REPORT

Cycle - 12/2023

Round No - 2

Date: 29/04/2023

Note:- This report is only for information about the participant's performance in the particular round.

Parameters	Total No. of Participants	No. of Responses	No of Participant Excluded from Robust Group Mean	No. of Participants Z Score b/w 0.0 - 2	No. of Participants Z Score b/w 2.1 - 2.9	No. of Participants Z Score >3
Hb gm/dl	328	282	38	231	13	38
WBC × 10 ³ /μL	328	280	91	174	15	91
RBC × 10 ³ /μL	328	281	49	205	27	49
HCT%	328	280	24	244	12	24
MCV fl.	328	280	3	268	9	3
MCH pg.	328	280	12	253	15	12
MCHC gm/dl	328	280	5	266	9	5
Platelet × 10 ³ /μL	328	282	13	257	12	13

****End of Report****

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Aruna K

Doc. No.: ASS/FR/01/R00/Dt.: 01.07.2012



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PT EXCEPTION INVESTIGATION FORM

SURVEY INFORMATION - PROFICIENCY TESTING				
Department Name: <i>Hematology</i>		PT/EQA Provider and #: <i>RMLEQAS-Round-02</i>		
Survey Name:	<i>Cycle-12 Round-02</i>	Analyzer Name/Model: <i>YUMIZEN H500</i>		
Date Survey Received:	<i>21-03-2023</i>	Date Analysis Performed:	<i>27-03-2023</i>	
Date Survey Results Submitted:	<i>27-03-2023</i>	Date Evaluations Available:	<i>10-05-2023</i>	
Previous Survey Problems (If yes, explain):				
Investigation Performed By:	<i>P. Eswara</i>	Date:	<i>11-05-2023</i>	
Unacceptable PT/EQA Panel: Date of Repeat testing:				
Specimen No.	Analyte	Reported Result	Repeated Result	Intended Result/Peer Group
<i>Cycle-12 Round-02</i>	<i>WBC</i>	<i>6.5 10³/μl</i>	<i>9.9 10³/μl</i>	<i>10.6</i>

ROOT CAUSE ANALYSIS			
PRE-ANALYTICAL ERRORS:	YES	NO	N/A
1. Were proficiency testing materials received in the laboratory without delay? Please describe any delivery issues. Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were specimens shipped and stored appropriately according to temperature requirements? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did all EQA vials arrive intact (i.e. no missing, broken or leaking specimens) If not, did you contact the PT provider? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you prepare/reconstitute/dilute PT specimens as indicated by the kit instructions? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If there were special instructions provided in the kit, were they followed? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were the correct tests performed on the correct specimen(s)? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was routine maintenance of instruments/equipment performed as scheduled (daily, weekly, monthly, etc.)? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you check lot numbers and storage conditions of kits, reagents, and materials used to perform testing on samples? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were all expiration dates verified before sample testing (Controls, reagents, etc.)? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ANALYTICAL ERRORS:	YES	NO	N/A
1. Did you review the current and past PT event for bias, shifts and trends? If present, were investigations performed and what were the outcomes? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you evaluate the instrument/method for any problems prior to or after the PT event? Describe any problems identified. Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the calibration at the time of the PT event reviewed for acceptability? If not acceptable, comment:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How do you establish your Quality Control (QC) mean and ranges? <input type="checkbox"/> Lab established <input type="checkbox"/> Use manufacturer's Comments:	<input checked="" type="checkbox"/> Not applicable		
5. Were all QC levels for this analyte within acceptable range(s) on the day the survey was run? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are Westgard QC rules used? If so which ones? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were QC/Levy Jennings charts reviewed for any trends, shifts and/or bias? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your laboratory track precision by monitoring Coefficient of Variation (CV) for this analyte? If yes, was your CV acceptable at the time of the survey? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aruna ll

9. If manual calculation was performed for this analyte was it checked for accuracy? (dilutions, formula etc.) Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are questionable results reviewed by supervisor/pathologist before reporting? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was the instrument or reagent manufacturer contacted? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POST ANALYTICAL ERRORS:	YES	NO	N/A
1. Were the results correctly transcribed from the instrument print-out/ worksheets to the PT Result Form? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you verify that the electronic results submitted matched the PT result form (i.e. was the provider website checked for accuracy of results submitted?) Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were the correct instrument/method/reagentcodes submitted to the PT provider? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the correct units reported? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were results reported to the correct decimal place? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were your results graded in the appropriate peer group? Comments:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aruna. K

7. Did you select the correct result code for photographic images and/or microscopic examinations?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

INVESTIGATIVE ACTIONS AND ROOT CAUSE: Briefly discuss what actions were taken in this investigation and what you believe is the primary cause of this PT problem.

WBC counts (results) not match wild will pregroup maybe occurred due to random error. Did QC, Calibration the machine and reported ^{the} WBC count. Now results matched with the pregroup.

Was Personnel training/competency reviewed? Staff education or re-training conducted, as appropriate?

Comments: Competent staff has performed testing and reviewed by Pathologist.

Type of Error:

Methodological Survey evaluation problem

Technical

Clerical

Others (explain)

Random error

FUTURE PREVENTATIVE MEASURES/ ACTIONS: Briefly discuss how you will prevent this problem from occurring in the future.

NA

Aruna ll
Lab Director
(Sign & date) 11.05.2023

Verified by QM
(Sign & date)
Aruna ll
11.05.2023

Investigated by:
(Sign & date)
P. C. ...
11.05.2023

Form: TNT/GEN/01- PTEIF
Issue No. 01
Page 6 of 6

Table for supporting documents:

Attachment	Description of attachments
TC	Repeated Result or attached

Aruna ll

Results

Run Date 11/05/2023 07:49:55 AM

Operator TENET

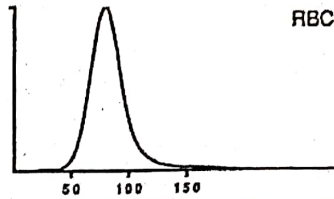
Last Name
First Name
Gender
Patient ID

Sample ID RML QAP ROUND-2
Department
Physician
Type Standard

Date of birth

Sample comments

				Range
RBC	7.08	H	10 ³ /μL	3.80 - 6.00
HGB	20.1	H	g/dL	11.5 - 17.0
HCT	60.6	H	%	35.0 - 52.0
MCV	85.6		μm ³	76.0 - 100.0
MCH	28.4		pg	27.0 - 34.0
MCHC	33.2		g/dL	32.0 - 35.0
RDW-CV	15.0		%	11.0 - 17.0
RDW-SD	45.4		μm ³	37.0 - 49.0

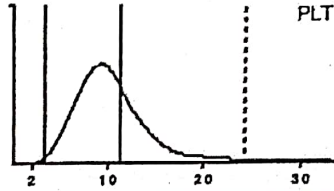


RBC

Recommended actions

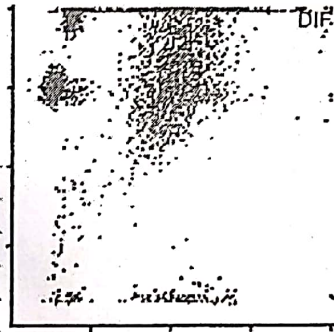
- Slide review
- Susp. Pathologies**
- Erythrocytosis
- Thrombocytosis
- PLT aggregate ?
- Lymphopenia
- Neutropenia
- Eosinophilia

				Range
PLT	889	H*	10 ³ /μL	150 - 400
PCT	0.97	h*	%	0.15 - 0.40
MPV	10.9	*	μm ³	8.0 - 11.0
PDW	12.5	*	μm ³	11.0 - 22.0
P-LCC	255	h	10 ³ /μL	44 - 140
P-LCR	28.7		%	18.0 - 50.0



PLT

				Range
WBC	9.90	*	10 ³ /μL	3.50 - 10.00
	#			
NEU	1.12	L*	1.60 - 7.00	11.4 * 40.0 - 73.0
LYM	0.13	L*	1.00 - 3.00	1.3 * 15.0 - 45.0
MON	0.00	l*	0.20 - 0.80	0.0 * 4.0 - 12.0
EOS	8.52	H*	0.00 - 0.50	87.2 h* 0.5 - 7.0
BAS	0.01	*	0.00 - 0.15	0.1 * 0.0 - 2.0
LIC	0.12	h*	0.00 - 0.10	1.2 h* 0.0 - 1.0



DIF

Slide Review

Neutrophil	Myeloblast	Anisocytosis
Lymphocyte	Promyelocyte	Hypochromia
Monocyte	Myelocyte	Polychromasia
Eosinophil	Metamyelocyte	Poikilocytosis
Basophil	Blast	Microcytosis
Atypical Lymphocyte	Target Cell	Macrocytosis
Other	Sickle Cell	Platelet Clumps

Reviewed on _____ by N. Singh Signature: Aruna
 11/05/2023 11.05.2023

QC - Control Run Report

Run Date 11/05/2023 07:22:18 AM

Operator TENET

Name ABXdifftrol L

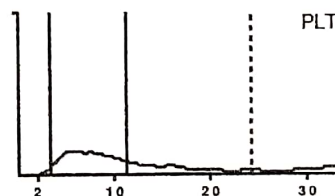
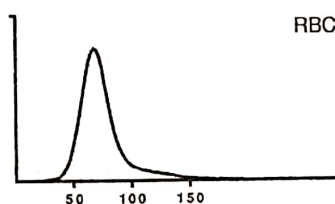
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Level Low

Exp. date 05/07/2023

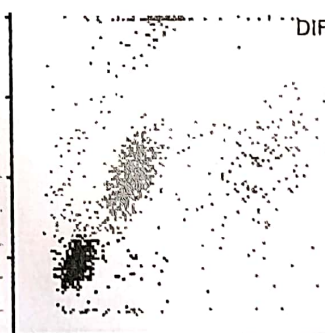
Lot number PX441L

			Range
RBC	2.27	10 ⁶ /μL	2.16 - 2.48
HGB	5.8	g/dL	5.4 - 6.2
HCT	17.5	%	16.2 - 19.2
MCV	77.0	μm ³	71.5 - 81.5
MCH	25.5	pg	23.0 - 27.0
MCHC	33.1	g/dL	29.7 - 35.7
RDW-CV	16.2	%	12.0 - 20.0
RDW-SD	42.8	μm ³	37.0 - 53.0
Range			
PLT	69	10 ³ /μL	48 - 88
MPV	10.9	μm ³	7.1 - 11.1



Alarms

			Range	
WBC	2.94	10 ³ /μL	2.50 - 3.30	
	#		Range	%
NEU	1.39		0.84 - 1.54	47.1
LYM	1.18		0.88 - 1.54	40.3
MON	0.15		0.00 - 0.42	5.1
EOS	0.21		0.00 - 0.36	7.2
BAS	0.01		0.00 - 0.22	0.3
			Range	%
			31.2 - 51.2	
			29.7 - 53.7	
			0.0 - 14.4	
			0.0 - 12.2	
			0.0 - 7.6	



Slide Review

Neutrophil	Myeloblast	Anisocytosis
Lymphocyte	Promyelocyte	Hypochromia
Monocyte	Myelocyte	Polychromasia
Eosinophil	Metamyelocyte	Poikilocytosis
Basophil	Blast	Microcytosis
Atypical Lymphocyte	Target Cell	Macrocytosis
Other	Sickle Cell	Platelet Clumps

Reviewed on 11/05/2023 by N. Simon Signature: Diana Le 11/5/23

QC - Control Run Report

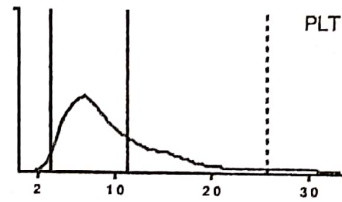
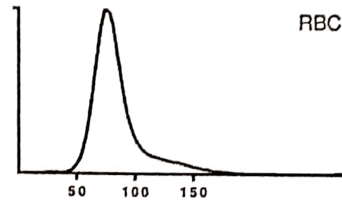
Run Date | 11/05/2023 07:25:09 AM

Operator | TENET

Name | ABXdifftrol N
Level | Normal
Lot number | PX441N

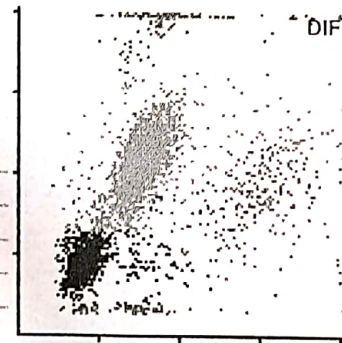
Sample ID | PX441N
Exp. date | 05/07/2023

			Range
RBC	4.62	10 ⁶ /μL	4.39 - 4.79
HGB	13.1	g/dL	12.7 - 13.7
HCT	40.1	%	37.9 - 41.9
MCV	86.7	μm ³	82.0 - 92.0
MCH	28.4	pg	26.8 - 30.8
MCHC	32.8	g/dL	30.1 - 36.1
RDW-CV	14.9	%	11.0 - 19.0
RDW-SD	44.5	μm ³	38.0 - 54.0
Range			
PLT	236	10 ³ /μL	210 - 270
MPV	10.4	μm ³	7.3 - 11.3



Alarms

			Range
WBC	8.07	10 ³ /μL	7.20 - 9.20
	#	Range	%
NEU	4.16	2.97 - 4.77	51.6
LYM	3.23	2.74 - 4.14	40.0
MON	0.38	0.00 - 0.80	4.6
EOS	0.28	0.00 - 0.48	3.5
BAS	0.02	0.00 - 0.50	0.3
			Range
			37.2 - 57.2
			34.0 - 50.0
			0.0 - 9.8
			0.0 - 5.8
			0.0 - 6.0



Slide Review

Neutrophil	Myeloblast	Anisocytosis
Lymphocyte	Promyelocyte	Hypochromia
Monocyte	Myelocyte	Polychromasia
Eosinophil	Metamyelocyte	Poikilocytosis
Basophil	Blast	Microcytosis
Atypical Lymphocyte	Target Cell	Macrocytosis
Other	Sickle Cell	Platelet Clumps

Reviewed on 11/05/23 by N. Singh Signature: Drun... 11/5/23