

Observations

(Department of Pathology)

Root cause analysis of outlier parameter for EQAS performance Format No: SSL/FM/90

SL No **Check Points** Month: January Name of Parameter (s): To Bill rubin (SDI-3.54) T. Protein (SDI-2.00) Cycle No / Sample No / Distribution No: JAN , 2023 Date of testing - 11/01/2023 CLERICAL ERRORS Transcription error (may be pre- or post-analytical factors) 1. - NIL -Wrong method has been registered for analysis or method 2. - NIL change not updated METHODOLOGICAL PROBLEM Instrument function checks (e.g., temperatures, 3. readings, pressures) not performed as necessary, or results - NILnot within acceptable range. not performed - NA-Scheduled instrument maintenance 4. appropriately. Incorrect instrument calibration. 5. - NA -Standards or reagents improperly reconstituted and stored, 6. -NAor inadvertently used beyond expiration date. Instrument probes misaligned. - NIL-7. Problem with instrument data processing functions. The 8. - NII laboratory may need to contact the manufacturer to evaluate such problems. Problem in manufacture of reagents / standards, or with 9. -JIMinstrument settings specified by manufacturer Carry-over from previous specimen. - NIL-10. Automatic pipettor not calibrated to acceptable precision and 11. -NAaccuracy. Imprecision from result being close to detection limit of - NIL-12. QC material not run within expiration date, or improperly 13. - NILstored QC material not run at relevant analyte concentration - NTL-14. Result not within reportable range (linearity) for instrument -NIL-15. / reagent system.



🚱 इपल्केष्ठ SURAHA SPECIALITY LABORATORY

(Department of Pathology)

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Format No: SSL/FM/90 SL No **Check Points** Observations 16. Obstruction of instrument tubing / orifice by clot or protein. - NIL-17. Incorrect incubation times. -NIL-**TECHNICAL PROBLEM** 18. EQA material improperly reconstituted. -NIL-19. Testing delayed after reconstitution of EQA material (with -NILproblem from evaporation or deterioration). 20. Sample not placed in proper order on instrument. - NIF -21. Result released despite unacceptable OC data. -MIL -It shows then but 22. QC data within acceptable limits but showed trend suggestive sample was lested of problem with the assay. without takking compective action. 23. Inappropriate quality control limits / rules. If the acceptable QC range is too wide, the probability increases that a result - NILwill fall within the acceptable QC range yet exceed acceptable limits for EQA. 24. Manual pipetting / diluting performed inaccurately, at an -NTIincorrect temperature or with incorrect diluent. 25. Calculation error or result reported using too few significant - NII digits. Secondary specimen tubes incorrectly labeled. 26. - NII -PROBLEM WITH PROFICIENCY TESTING MATERIALS 27. PT sample with appropriate matrix to that as prescribed by -NIIthe equipment manufacturer for testing of samples. 28. Non-homogenous test material - NTL-29. Haemolysis on an immune-haemtology program samples. - NIL-PROBLEM WITH EVALUATION OF RESULTS BY THE PT PROVIDER 30. Peer group not appropriate. - NA-Inappropriate target value 31.



(Department of Pathology)
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SL No	Check Points	Observations				
22	,					
32.	Incorrect data entry by PT provider	- NA-				
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(Department of Pathology) Root cause analysis of outlier parameter for EQAS performance

SL No Format No: SSL/FM/90 **Check Points Observations**

CONCLUSION:

RCA done, however no major lause of outlier was identified. Cause of such ephons may be bandom. The paramete Total Bilimbin 3 hall be send for ILC to NABL accredited lab and the Paramotor T. Prootein shall be beown , Both the Parameter Shall be strictly moniton in the next eags eyele,

Sanwah Sengupta

Root Cause Analysis done by: Close monitoring of Control values

Remarks:

T. Bil and T. Protein for thrend identi-

-fication to be done.

Reviewed By: Sonwah' Sengupta



(Department of Pathology) **EQAS Corrective Action Details**

Format No: SSL/FM/91

	Format No. 22F									
Sl.	EQAS Agency	Sample	Cycle No/	Parameter	Remarks & Corrective Action Taken	Reviewed By				
No		Testing Date	Sample No	Outlier						
Λ	cmc	11/01/2023 Jan, 20		T. Bilinubin	ILC has been done, After Corre	Saswahi Sengupta				
1	vellone	.110112025	0 3 (3)		the parameter will be monitored	Supplied the supplied to the s				
	cmc	11/01/02	5 0 00	T 0 .	IRCA done and it has been obs-					
2	Vellone	11/01/2023 Jan, 20		(Warning)	-enved as Random envolutementers will be monitored in next cycle. After commechive action 2-scope found offer Sample has been belown.	Sanwahi Sengupta				
					Sample has been nerun.					
1			_ :		_ :	1				
				1						
-										





REF. DOCTOR: DR. SURAHA SPECIALITY LABORATORY PATIENT NAME: EQAS-1

CODE/NAME & ADDRESS : C000131225

SRISHTI DIAGNOSTICS 30, RASH BEHARI AVENUE,

KOLKATA 700026 9123818736

ACCESSION NO: 0031WB013818

PATIENT ID : EQASU871528730

CLIENT PATIENT ID: ABHA NO

AGE/SEX : 1 Days

DRAWN : 16/02/2023 12:27:26 RECEIVED: 16/02/2023 15:48:28 REPORTED: 16/02/2023 17:25:20

Test Report Status Results Biological Reference Interval Units **Einal**

BIOCHEMISTRY

BILIRUBIN, TOTAL, SERUM

BILIRUBIN, TOTAL METHOD: DIAZONIUM SALT

3.16

< 10.0

mg/dL

Interpretation(s)

BILIRUBIN, TOTAL, SERUM-Bilirubinis a yellowishpigmentfound in bile and is a breakdownproduct of normalheme catabolism. Bilirubinis excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. Elevated evels results from increased bilirubin production (eg., hemolysis and ineffective erythropoies is) decreased bilirubinexcretion(eg, obstruction and hepatitis), and abnormalbilirubinmetabolism(eg, hereditaryand neonataljaundice).

An elevatedbilirubinlevelin a newbornmay be temporaryand resolveitself within a few days to two weeks. However if the bilirubinlevelis above a critical threshold or rapidlyincreases, an investigation of the cause is neededso appropriatetreatment can be initiated.

Source: Wallach"s Interpretation of Diagnostictests, 9th ed2) Wallach"s interpretation of diagnostictests, 9th ed

End Of Report

Please visit www.srlworld.com for related Test Information for this accession

CONDITIONS OF LABORATORY TESTING & REPORTING

- 1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
- 2. All tests are performed and reported as per the turnaround time stated in the SRL Directory of Services.
- Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
- 4. A requested test might not be performed if:
 - i. Specimen received is insufficient or inappropriate
 - ii. Specimen quality is unsatisfactory
 - iii. Incorrect specimen type
 - iv. Discrepancy between identification on specimen container label and test requisition form

- 5. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
- Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
- 7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
- 8. Test results cannot be used for Medico legal purposes.
- 9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

SRL Limited

Fortis Hospital, Sector 62, Phase VIII, Mohali 160062

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Dr. Chaitali Ray, PHD Senior Biochemist cum **Management Representative**









SRL Ltd

P S SRIJAN TECH PARK BUILDING, DN-52, UNIT NO. 2, GROUND FLOOR, SECTOR V, SALT LAKE, KOLKATA, 700091

WEST BENGAL, INDIA

Tel: 9111591115, Fax: 30203412 CIN - U74899PB1995PLC045956 Email: customercare.saltlake@srl.in



lest Name: TP Date: 16/02/2023 Patient Name: DrName: MUKTI Result:4:73 g/dL Flag: Lows

Lab Name SURAHA SPECIALITY LABORATORY

Details About RobustAnalysis

Lab No

16610

Detail About Monthly Summary

Detail about SDI

Month

January

Year

2023

Constituent

Group

Chemistry II

Click on the analyte to view Graphical Data

All Analyser Result

Print

Date of Result Entered: 18/01/2023

Date of Report Published : 09/02/2023

Sanwah' Sengupta

SI.No	Analyte	Method / Principle	Analyzer Name	No of Participants	DV	Partici		Your Value	SDI	U
1		Name		ranticipants		CV	SD			
1	GLUCOSE II	GOD-POD II	Agape	472	170.54	8.84	15.07	177.1 mg/dL	0.44	1.39
2	UREA II	Urease UV / GLDH II	Agape	430	30.78	11.49	3.54	36.5 mg/dL	1.62	0.34
3	CREATININE II	Jaffes Kinetic- Alkaline Picrate II	Agape	346	1.30	11.47	0.15	1.12 mg/dL	-1.21	0.02
4	T.BILIRUBIN II	Diazonium Salt (Colorimetric) / Jendrassik li	Agape	372	3.21	14.87	0.48	4.91 mg/dL	3.54	0.05
5	T-PROTEIN II	Biuret - Colorimetric	Agape	326	5.40	8.33	0.45	6.3 g/dL	2.00	0.05
6	ALBUMIN II	BCG - Colorimetric II	Agape	319	3.31	9.23	0.31	3.65 g/dL	1.11	0.03
7	URIC ACID II	Enzymatic / Uricase Colorimetric II	Agape	362	4.66	16.12	0.75	6 mg/dL	1.78	0.08
8	CHOLESTROLII	CHOD-PAP II	Agape	435	107.88	11.75	12.67	123.1 mg/dL	1.20	1.22
9	TRIGLYCERIDE II	GPO-PAP / Enzymatic Colorimetric / End Point II	Agape	323	104.14	11.50	11.98	106 mg/dL	0.16	1.33

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.

Links

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SURAHA SPECIALITY LABORATORY (DEPARTMENT OF PATHOLOGY)

Laboratory 1 : SURAHA SPECIALITY LABORATORY

Laboratory 2 : SRL DIAGNOSTICS

Laboratory` 3

Sl. No	Date of Testing	ID No	Parameter	Lab 1	Lab 2	Lab 3	Mean	SD	Z-Score	Corrective action (≥2 Z-score)	Reviewed By
1	11-01-2023		t.bill	4.91	3.16		4.035	1.237437	0.707107		Sanwah Sengupta
1	11-01-2023		T.PROTEIN	6.3	4.73		5.515	1.110158	0.707107		Sanwah Sengupta

Z- Score = (Lab 1 - Mean)/SD