

(Department of Pathology)

Root cause analysis of outlier parameter for EQAS performance

Format No: SSL/FM/90

Observations SL No **Check Points** Month: January Name of Parameter (s): To Bill rubin (S) I - 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. - NIL-Instrument probes misaligned. 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. -MILinstrument 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 - NTL-12. QC material not run within expiration date, or improperly 13. - NILstored OC material not run at relevant analyte concentration - NIL-14. Result not within reportable range (linearity) for instrument -NIL-15. / reagent system.



(Department of Pathology)

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		,					
32.	Incorrect data entry by PT provider	- NA-					



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

# CONCLUSION:

RCA done, nowever 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 eggs 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. SSI /FM /91

					Pormat No:	22r/1.M/31
Sl. No	EQAS Agency	Sample Testing Date	Cycle No/ Sample No	Parameter Outlier	Remarks & Corrective Action Taken	Reviewed By
1	(MC vellone			T. Biliaubin	ILC has been done, After Corre- Chive action 2 score found 0.70 and the parameter will be monitored	Sanwahi Sengupta
2	revove	11/01/2023	Jan, 2023	T 0 .	RCA done and it has been obs- enved as Random envollablemerero will be monitorned in next cycle. After commective action 2-scape bund age Sample has been newn,	
			_ :		Sample has been behun.	÷
			v			
-			-			
1	1					

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** 

**Detail About Monthly Summary** 

Lab No

Month

16610

January

Detail about SDI

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	DV	Participants		Your	SDI	U
31.140	Analyte	Name	Analyzer Name	Participants	DV	CV	SD	Value	SDI	U
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 II	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 $\pm 1.01$ to $\pm 2.00$	Good.				
Within ±2.01 to ±2.99	Accept with caution. Warning Signal.				
Beyond ±3.0	Unacceptable performance. Action Signal.				

### Links

Modify Address Modify Methods Submit Lab Results View Lab Monthly Summary

Yearly Summary Change Password Home Sign-out



# Suraha Speciality Laboratory

167, Behara para, H.C. Sarani, Sonarpur, (S) 24 Parganas, Kolkata - 700150

S 9836756428 | M surahaspecialitylab@gmail.com

Associate : SSL23

Name : MS SARASWATI MANNA

Age / Gender: 20Y / FEMALE

**ID Number** : SSL/3886/B-1042/31

Referred By : DR.G.S.PANDA, DGO,MD

Sample Type : O.S.S.

Received On

: 16/02/2023

Reported On

: 16/02/2023

# DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
Bilirubin Total  Methodology: Diazonium Salt/Jendrssik	3.18	mg/dl	0.20-1.00
Specimen : serum	**		
Comment:			

REMARKS: The result may be correlated with clinical findings.

Patients identification not verified and sample is not drawn by us.

## End of Report ##

S. Sengupta

Dr. Saswati Sengupta

MBBS, MD(Path) Reg. No.: 62563 (WBMC)







ISO 9001:2015





REF. DOCTOR: DR. SURAHA SPECIALITY LABORATORY **PATIENT NAME: MS SARASWATI MANNA** 

CODE/NAME & ADDRESS: C000131225

SRISHTI DIAGNOSTICS 30, RASH BEHARI AVENUE,

KOLKATA 700026 9123818736

ACCESSION NO: 0031WB013818

PATIENT ID : 871528730

CLIENT PATIENT ID: ABHA NO

AGE/SEX : 20 Y Female

:16/02/2023 12:27:26 RECEIVED: 16/02/2023 15:48:28

REPORTED :16/02/2023 17:25:20

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

#### BIOCHEMISTRY

#### **BILIRUBIN, TOTAL, SERUM**

BILIRUBIN, TOTAL METHOD: DIAZONIUM SALT 3.16

< 10.0

mg/dL

Interpretation(s) BILIRUBIN, TOTAL, SERUM-Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. Elevated levels results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice).

An elevated bilirubin level in a newborn may be temporary and resolve itself within a few days to two weeks. However, if the bilirubin level is above a critical threshold or rapidly increases, an investigation of the cause is needed so appropriate treatment can be initiated. Source: Wallach"s Interpretation of Diagnostic tests, 9th ed2) Wallach"s interpretation of diagnostic tests, 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.
- 3. 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.
- Test results cannot be used for Medico legal purposes.
- 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

chaitalila.

Page 1 Of 1

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

## **PERFORMED AT:**

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

# SURAHA SPECIALITY LABORATORY (DEPARTMENT OF PATHOLOGY)

Laboratory 1 : SURAHA SPECIALITY LABORATORY

Laboratory 2 : SRL DIAGNOSTICS

Laboratory` 3 :

SI. 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	16-02-2023		t.bill	3.18	3.16		3.17	0.014142	0.707107		Saowah' Sengupta
1	16-02-2023		T.PROTEIN	6.3	4.73		5.515	1.110158	0.707107		Sanwah Sengupta

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