RML- Quality Assurance Program (RML-QAP)

HAEMATOLOGY



led by Participant)

lab Code No.

2993

(Filled by QAP Provider) Cycle No.:12 Round No.:04

Sample Receiving Date: 201072023 Sample Testing Date: ...23. 12.7 2027

Dispatch Date:18-07-2023

Sample-1: COMPLETE BLOOD COUNT

Last Date for Result Submission-02-08-2023

This specimen is an anticoagulated whole blood specimen. Determine its CBC by your usual method which may be manual r by Autoanalyser.

Report of CBC

Reportor	
Method: i) Automatic	ii) Manual
Way must perform each	test and report the

Note: (1) You must perform each test and report the values in the prescribed columns.

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Test Parameters	Unit	Result	Instrument Name			
НР	g/dl.		Horiba - Yumizen Hroo			
WBC	10 ³ /μl.	O O F · D	Horiba- Yunizen H500			
RBC	106/μ1.	04.00	y y			
HCT/PCV	%	34.5	11			
MCV	n.	B 4 · 3	N			
MCH	Pg.	28.4	n			
MCHC	g/dl	32.9	N			
Platelet	103/μl	300	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Plateice						

One stained alcohol fixed and air dried Peripheral smear is provided. Please report D.L.C. and comment on R.B.C. morphology and Platelet i.e. report 3-5 noticeable/ relevant features observed. Only first five RBC morphology features will be included in your assessment. Reporting of diagnosis is essential.

A 40 year old female presented with chief complaints of fatigue & generalized weakness since 3 months, shortness of breath with physical activity since 2 months, Chronic daily headache since 2 months. On examination -Pallor(+). Hemogram is as follows: Hb - 5.8 gm%, TLC - 7.1x103 cells /mm3, Platelet - 221x103 /mm3, RBC-3.72x106/mm3, MCV-58.9 fL, RDW-23.3%

Report of Blood Film Report of Blood Film Report of Blood Film	
Tropo.	
No. of cells counted 100 Blasts% Promylelocytes % Lymphocytes % 6	
Polymorphs% 58 Lymphocytes 70	
Meta myelocytes % O Stabs % D Polymorphs% 50 Dympho NRBC/ 100 WBCs	
Meta myelocytes 10 NRBC/ 100 WBCs NRBC/ 100 WBCs	11
Meta myelocytes % O Stabs % O NRBC/ 100 WBCs Eosinophils 2 Monocytes % 6 Basophils O NRBC/ 100 WBCs Eosinophils 2 Monocytes % by Dochronic target alu, alliptocyte notes that the place of the	19
Eosinophils target and comic target and comic	
PRC - Microcync my light has but neutro phile who	1
Morphology & Monocytes % 6 Basophils 0 NRBC/100 WBCs Eosinophils 2 Monocytes % 6 Basophils 0 NRBC/100 WBCs Morphology & RBC - Microcytic hypochronic target alu, alliptocyte note Other positive Findings Other positive Pelgar huet anomaly charges with small uni orbitoted pelgar huet anomaly charges with small uni orbitoted pelgar huet anomaly charges with small uni orbitoted Therefore the pelgar huet anomaly charges with neutrophila granulous New York and Chromato Plate left to the pelgar huet anomaly charges with neutrophila granulous	
Other positive UBC - Normal ly change with small to lost noted	7
Findings hart anomaly charge chromas . Hate	Lic
pelating denul state	17
Diagnosis Note: Other positive pelger huet anomaly charges chromatin. Plate less planed chromating plate less planed chromating plate less planed of the pelger huet anomaly charges chromating plate less planed of the pelger huet anomaly charges with the result. Note: -	1
no his hypochronic articles I polyer h	un
Diagnosis Microgne aspectule assistant assista	
Note: - Note: - A sea machine printout along with the result and decimal point & units.	
Note: - It is mandatory to attach the machine printout along with the result. It is mandatory to attach the result only in above mentioned decimal point & units.	

You may also send your results through mail, to avoid any delay in result submission.

Address: B-171, Nirala Nagar, Lucknow-226020 Ph.: 4034100-130 (30 Lines), 4077180, 2788444 Fax: (0522)2788555 Email: rmlresearchfoundation@gmail.com Website: www.rmlpathology.com R/06/R 01/Dt; 05,01,2022

Continuous Efforts And Execution Leads To Quality Excellence

RML- Quality Assurance Program (RML-QAP)



HEMATOLOGY

ALL METHOD REPORT

Cycle-12/2023 Round -4

Date: 31/08/2023

plete Blood Count (CBC)

b Code: 2993

parameters	No.of Participants	Robust Mean	Robust Standard deviation (SD)	Uncertainty of Assign Values	Range (± 2 SD)	Your Value	Z Score
gm/dl	310	11.9	0,4	0.03	11.1-12.6	11.4	-1.2
$BC \times 10^3/\mu L$	308	11.3	0.8	0.06	9.7-13.0	*7.1	-5.1
C × 10 ⁶ /µl.	309	4.1	0.1	0.01	3.8-4.4	4.00	-0.7
1%	309	36.1	2.6	0.18	31.0-41.2	34.5	-0.6
V fl.	308	87.7	4.9	0.35	77.9-97.5	86.3	-0.3
H pg.	308	28.9	1.0	0.07	26,9-30.8	28.4	-0.5
CHC gm/dl	308	32.9	2.0	0.14	28.8-36.9	32.9	0.0
atelet × ³/μl.	309	272.6	18.8	1.34	235.0-310.3	300	1.5

Interpretation of Z Score:

Z Score Value(+/-)	[Z] ≤ 2.0	2.0< [Z] < 3.0	[z] ≥ 3.0
Interpretation	Satisfactory Performance No signal	Questionable Warning Signal	Unsatisfactory Performance action Signal

· Peripheral Blood Smear(PBS):

Your Result Cons				Consensus Resu	dt	
	DLC	Meta-01, S-0	01, P-58, L-06, E-02, Mono- 06	P-47.7-68.4, L-23.9-45.9, E-1-3.6, Mono- 1.5-4.7		
Mor	phology	RBC- Microcytic Hypochromic Target cells, Elliptocyte noted. WBC- Normal in number, distribution, but neutrophils show Pelger Huet anomaly changes with small uni or bilobed.Plt noted		Δ Microcytic/Microcytosis/Microcytes (276/288) Δ Hypochromia/ Hypochromic (259/288) Δ Anisocytosis (230/288) Δ Poikilocytosis (205/288) Δ Target Cells (176/288)		
Dia	gnosis	Microcy Neutrophil	ytic Hypochromic with lic Granulocytic Dysplasia	a Microcytic Hypochromic Anemia		
Legends (*) Excluded From Gr		From Group	(.) Not Reported	(#)Late Result Submission	(\$)Reported in	

[.] Not Reported

Chief Coordinator

Dr. Sanjay Mehrotra

Checked By:

Legends

Doc. No.: ASS/FR/06/R 0 / Dt.: 05.01.2022

Mean

End of Report

Programme Director

Dr.Bandana Mehrotra

Page 1 of 5

other Unit

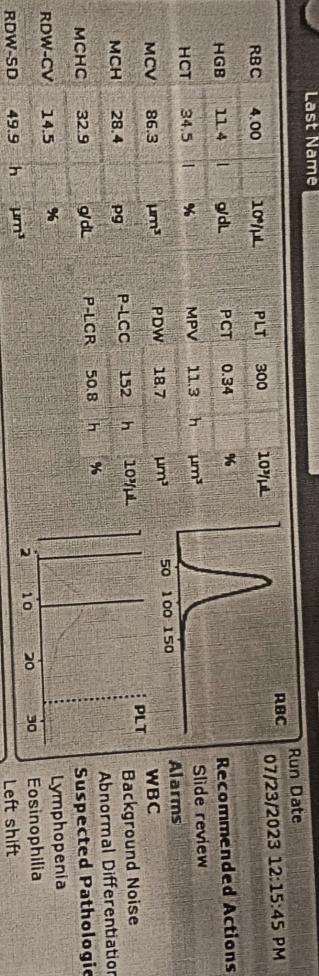


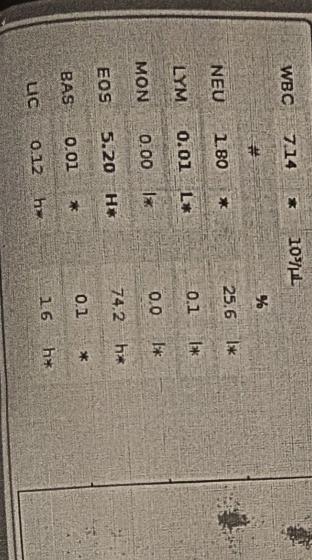
First Name

Gender

Age

Sample ID EQAS RML





07/23/2023 12:15:45 PM

Suspected Pathologies Abnormal Differentiation Left shift

JIG.

Investigation checklist/Form							
	111111111111111111111111111111111111111	tion:					
	Survey informa	tion.	del 11 c	. 11	m 11		
	RML-BAP	Analyzer name/1910	del horibo	- Yumi	jen H	000	
Survey Name	APIC - CITY	Date of analysis		2 0	0		
Date survey received	21-07-23	performed	23-+	-202	3		
Date survey	01-01-00						
Date survey result	23-7-23	receipt					
Laster	20	Date of	0.	0 0	20		
Investigation performed		evaluation	31-	08-20	حه		
			Date of rete	esting:			
Unacceptable parameter N	ame:	Reported value	Repeated	Intended/pe	eer group	value	
Specimen	Analyte	Reported value	value				
	. 1 , 1	7.1		11-3	?		
RML BAP	Total Count	T')					
NIIC LAN							
Root cause Analysis		NAME OF THE OWN OWN OF THE OWN		Voc	No	NA	
				Yes	MO	IVA	
Clerical	reactly transcribed fr	om instrument re	adout or				

KMC ANY						
Root cause Analysis	Yes	No	NA			
Clerical 1. Was the results correctly transcribed from instrument readout or	/					
report?						
report? 2. Was the correct instrument /method reagent reported on the result						
form? 3. Does the result reported on the result form match the result found						
3. Does the result reported on the result form materials						
on the proficiency testing evaluation report ?						
Procedural to a sadura followed?						
 Was the written procedure followed? Were the reagents within their open stability limit during analysis? 	./					
w. a I moults accontable and without plas?						
3. Were Quality Control results acceptable and without side.						
Were dilutions performed correctly?						
Analytical 1. Was the most recent calibration acceptable and within established						
1. Was the most recent calibration acceptable and within established						
limits at the time of testing? 2. Does a review of the past proficiency testing results indicate evenly						
2. Does a review of the past proficiency testing results marcute every distributed data without bias?						
1 1 1						
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· · · · · · · · · · · · · · · · · · ·	1					
instrument test problems noted prior to or after the proficiency						
testing as performed?						
PT /EQAS material		Series !	m. W. Jan			
Was proficiency testing material received in the laboratory within	1					
an appropriate time after shipment?	0					
Was proficiency testing material received at the appropriate	/	The Augusti				
temperature?			10.46			
3. Were results graded in the appropriate peer group based on the	/					
method reported on the result form?						
Conclusion /Summary:						
Type of error						
Method related Survey evaluation problem						
Technical process related Other (define below)						
Clerical	and the second					
Company of the contract of the						
Preventive actions (If any) Excluded from your mean						

Review and approval: Excluded for the provider has been identified to the from next available sample.

FC0 000