

acceptable i.e. giving a different clinical interpretation. Let me repeat that – a different result is one that gives a different clinical interpretation. The final two tests to be repeated, the cross-match and the HIV are more clear-cut. No other result except an IDENTICAL result would be acceptable.

CPD Questions: NB – select the choice you consider MOST correct

1. Although the sodium and the creatinine were identical numerically in the first set of results, you would be willing to accept a wider variation in creatinine on repeat. Why?
 - A) Labs make more mistakes when measuring creatinine than when measuring sodium.
 - B) Patient results vary more for creatinine than for sodium, i.e. the Biological Variation (BV) is greater for creatinine.

2. The Hb range is also quite wide. Select the most likely reason for this:
 - A) Hb is badly performed in the lab.
 - B) The BV is high for Haemoglobin.

3. Why would a negative for the TB slide be unacceptable?
 - A) We would need to repeat for a third time and we are too short staffed.
 - B) The clinical interpretation between negative and scanty is different.

4. Consider the requirement that we need to get the exact same set of results for the two qualitative tests - in effect there is zero tolerance for mistakes with tests such as cross-matching and HIV. Select the statement that you agree with most:
 - A) The clinical prediction of the tests cannot be different.
 - B) These tests are so well done by every laboratory that errors cannot occur.

5. Consider briefly why there are some tests where we are “allowed” a fairly large error, e.g. creatinine, some where we have little allowable error, e.g. sodium, and some where no error whatsoever is permitted.
 - A) All tests have different performance standards, and some have designed with zero errors.
 - B) The clinical requirement is different for serial changes in creatinine, compared to sodium.

Hands up those who grumbled that they thought this was meant to be a QC course, so what are patient results doing here? Congratulations to those who kept their hands down! The reason is obvious, when you think about it. QC is about patients, as stated already.

So, what do you take from the above illustration concerning acceptable repeat test results from this patient? Several things, I believe:

S A N A S



PROFICIENCY TESTING Accredited to ISO Guide 43 and ILAC G13