

QUALITY MATTERS

No 23, August 2005

Lipo (a) and Cholinesterase Redux

If it a sign of weakness to refuse to change your mind, then we are showing great strength by telling you that the above 2 assays have been reinstated. It seems that our participants are desperate to have these analytes available once again, so you got them. Each will doubtless carry stats warnings, as neither will have a big data base, but we hope you find the information useful and use it for "information only." And please, don't complain about the wide CVs. We know!

Uncertainty of Measurement

SANAS are currently working on a guidance document to help labs comply with the new ISO requirement that you know the uncertainty of each and every test that your lab measures and reports. It sounds to be yet another European nonsense, and some think it is indeed just that, but it will be here, soon. Basically, it involves knowing the SDs of all your tests, and having protocols to minimise all other potential sources of error. Doesn't sound too bad, does it? You will be kept informed of UM progress.

TQA-AQT

We plan to introduce a series of Annual Quality talks to replace the small seminars that have been performed at individual labs up till now. Venues will be chosen to maximise "the message" with the first one planned for Durban in November. There will be three presenters, covering all the major disciplines (yes, micro will have its own presenter, at last) and each will present the problems seen by Thistle during the previous year or so, along with lots of helpful hints and tips on solving problems. Lunch and all teaching materials, including plenty of CPD points, will be provided free of charge. The dates and times are being organised right now and will be sent to you when ready.

Blood Gas Vials

The vials now used show a significant improvement over the old ones with regard to better performance figures – except if you are using a Chiron 405 or a Chiron 865. The vials were tested thoroughly but not on either of these instruments and they "don't fit", making life difficult for users. We will work with our suppliers to prevent this happening again and meantime can only say "sorry" and ask for some patience. **Helpful Instructions for Preparation:** Prepare QC ampoule as per specifications. Open the ampoule. Use a 2 ml syringe and merge the tip of the syringe in the QC vial, turn the QC and syringe around so that the QC is on top and the syringe is at the bottom. The tip of the syringe should be submerged by the QC liquid. Start slowly to draw the QC fluid into the syringe without drawing air bubbles. Stop the action just before the syringe tip start to draw up air. Take the syringe away and use it to do your QC by injecting the fluid into the analyzer.

Thistle Reports

As most of you know, we are intending to further increase our ability to send out electronic reports by 2006. Few reports are currently available this way, but the redesigning has been taking place for some time now, so that the conversion to e-reports will be as smooth as possible. Labs that are unable to receive e-reports will still be sent their reports by post. Information regarding the variety of reports that we have available follows. Should you want more details of one of these types of reports, give us a call.

- Lab report. This is the basic report, designed to satisfy all the information needs of labs, with two sets of Levey-Jennings Charts and a whole lot more.
- Group Exclusion report. Designed for a QC Officer looking after a number of labs, this shows only those analytes which are not in control.
- Region report. If within a large group of labs, there are several regions with different people responsible for QC, then each will receive the report for their own region.
- Management report. With a real snap-shot approach, this report can describe the monthly performance of hundreds of labs in just a couple of pages.
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Direct Bilirubin is badly performed

The acceptable ranges for Direct Bilirubin have been changed after the usual democratic and scientific scrutiny of the Chemistry AdCom. It is, simply, a poorly performed test, especially as our samples contain no real D. Bili, but rather just some "stuff" that gives a reaction like D Bili. The new ranges, with immediate effect are: 36% when the consensus mean is greater than 20 $\mu\text{mol/l}$; and ± 7 when the mean is less than 20 $\mu\text{mol/l}$.

Mycology and Parasitology EQAs

The pilot studies for these two new EQAs will begin middle August. We had a bigger response than expected and thus only seven labs will receive their free pilot study kits. Sorry if you were not one of the lucky ones, but there is hope on the horizon. The first cycle should start soon, once we have received and processed results from the pilot study. They will no longer be free, but certainly affordable and useful.

S A N A S



PROFICIENCY
TESTING

SANAS Accredited to ISO Guide 43 / ILAC G13