

# TIPS & TOOLS FOR ADDRESSING QC AND PT CITATIONS

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California Association for Medical Laboratory Technology  
Conference March 18, 2018

Presented By:  
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# Presentation Roadmap

- Inspection Process
  - COLA an Accrediting Agency
  - State / CLIA
- QC & PT Issues
  - Citation Examples
  - Tips
  - Tools To Fix QC ([SmartLabTools.com](http://SmartLabTools.com))
  - Statistical QC Demonstration
  - DropBox for Compliance Monitoring
  - Free QC Software
  - Website Analytics

# Double Inspection for POL



**COLA**  
Lab Accreditation Through Education

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Attn: Lab

COLA ID: 05/24/13 Redacted

Dear \_\_\_\_\_ MD:

Your laboratory was recently surveyed by COLA on 05/22/2013 by Leigh Ann Smith. We're pleased to assist you in maintaining quality lab practices.

During the survey of your lab, there were serious or systemic issues identified, requiring that your lab be referred to our Staff Technical Accreditation Team (STAT) for additional review. Once the STAT team has met to discuss the issues in your lab, you will receive a separate STAT letter (typically within one-two weeks) that will detail any additional actions required for accreditation. In the meantime, we are providing a Plan of Required Improvement (PRI) so that you may begin working on resolutions to the COLA criteria citations identified by the surveyor. A series of reports have been included to review the laboratory's citations at different levels and indicates the actions you will need to take to correct citations. This customized plan shows each required improvement prioritized for your convenience. In fact, you may have already begun to implement some of these improvements as the result of the summary conference conducted by the COLA surveyor.


Included as part of this report are:

- Laboratory Information** - This is a listing of stored information in our database observed at the time of the survey. This information should be accurate and up-to-date. If it is not, please submit corrections either through COLAcentral™ ([www.colacentral.com](http://www.colacentral.com)) or with your Agreement to the Plan of Required Improvement.
- Peer Review Comparison** - This report has a statistical analysis showing your lab's performance compared to other laboratories with a similar number of annual tests.
- Plan of Required Improvement (PRI)** - This report has specific instructions regarding the actions that must be taken to correct your citations. This customized plan is sorted as follows:
  - Improvements needed within 30 days, documentation required; then
  - Improvements to be completed in a timely manner, no documentation required.

**Note:** Repeat citations (citations that you also received during the prior COLA survey) are denoted with an asterisk (\*).


- Agreement to the PRI** - This document states that you agree to correct and maintain corrections to all citations noted at the time of survey.

9881 Broken Land Parkway Suite 200 Columbia, Maryland 21046-1195 Phone 410.381.6581 Fax 410.381.8611 www.colac.org  
Information Resource Center: 800-981-9883  
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State of California—Health and Human Services Agency  
California Department of Public Health

RON CHAPMAN, MD, MPH  
Director



EDMOND G. BROWN JR.  
Governor

**Certified-Return Receipt:**  
*(Confirmation of successful transmission by email or fax constitutes proof of receipt of this letter)*

May 28, 2013

**LAB NAME // REDACTED**

State License #: CNCXXXXX  
CLIA#: 05DXXXXXX

**RE: STATE OF CALIFORNIA CONDITION-LEVEL DEFICIENCIES - NOT IMMEDIATE JEOPARDY**

Dear Laboratory Director/Owner:

A survey of your laboratory was conducted on 5/22/2013 and completed on 5/22/2013 by Victoria Y. Maxwell, Examiner of the Department of Public Health, Laboratory Field Services. As a result of that survey it was determined that your laboratory was not in compliance with the requirements specified in Chapter 3 (commencing with Section 1200) of Division 2 of the Business and Professions Code (BPC) and/or Title 17 California Code of Regulations (CCR).

Enclosed is the Statement of Deficiencies found during this review. The following condition level deficiencies were not met:

- 42 CFR 493.1101 Patient Test Management as incorporated at CBPC 1220(a)(2)(A).
- 42 CFR 493.1201 (a)(b) General Quality Control as incorporated at CBPC 1220(d)(2)(B).
- 42 CFR 493.1403 Laboratory Director-Moderate Complexity as incorporated at CBPC 1209(a), CBPC 1209(b)(1), and CBPC 1209(d)(1)(2).
- 42 CFR 493.1701 Quality Assurance as incorporated at BPC 1220 (d)(2)(C)

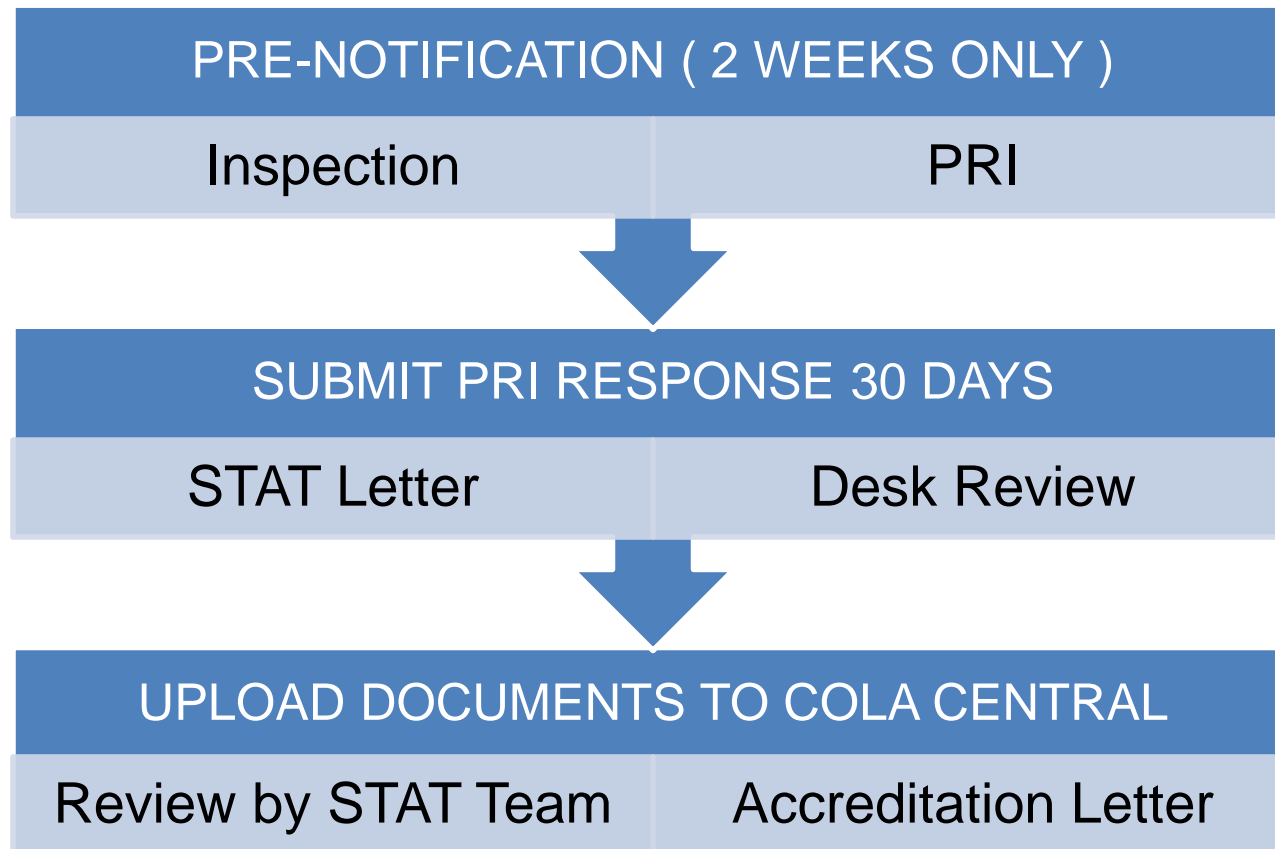
The Statement of Deficiencies describes the violations that were identified. You are required to submit an allegation of compliance and evidence of correction for each

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Laboratory Field Services, California Department of Public Health, 850 Marina Bay Parkway, Richmond CA 94804-6403  
(510) 620-3800  
Internet Address: <http://cdph.ca.gov/lfs>

# COLA Accreditation Survey



# COLA – PRI

COLA ID:  
05/24/13

Dear

Your laboratory was recently surveyed by COLA on 05/22/2013 by **Leigh Ann Smith**. We're pleased to assist you in maintaining quality lab practices.

During the survey of your lab, there were serious or systemic issues identified, requiring that your lab be referred to our Staff Technical Accreditation Team (STAT) for additional review. Once the STAT team has met to discuss the issues in your lab, you will receive a separate STAT letter (typically within one-two weeks) that will detail any additional actions required for accreditation. In the meantime, we are providing a Plan of Required Improvement (PRI) so that you may begin working on resolutions to the COLA criteria citations identified by the surveyor. A series of reports have been included to review the laboratory's citations at different levels and indicates the actions you will need to take to correct citations. This customized plan shows each required improvement prioritized for your convenience. In fact, you may have already begun to implement some of these improvements as the result of the summary conference conducted by the COLA surveyor.

# COLA - STAT Letter

June 3, 2013

Dear Laboratory Director:

**FedEx 2<sup>nd</sup> Day Tracking:**

At the time of survey, you were informed that the laboratory was being referred to the Staff Technical Accreditation Team (STAT) for decisions on serious problems identified by the surveyor. The decision of the Team and additional requirements for accreditation are conveyed in this letter. The documents required should be marked with your COLA ID and sent to COLA as soon as possible.

**Your laboratory was required to cease all patient testing for every analyte performed on the Access Immunoassay Analyzer due to Quality Control (QC) issues.**

During your survey performed May 22, 2013, the surveyor noted that the acceptable limits for the QC material used on the Access Immunoassay analyzer was not entered correctly, resulting in out of range QC not being identified and corrected, prior to patient testing. In addition, it was noted that the laboratory failed to establish its own mean and Standard Deviation (SD) for the QC material, failed to perform two levels of QC everyday of patient testing, and failed to review statistical data (Levy-Jennings graphs) at each testing event to assess continued accuracy and precision of the method. Lastly, the surveyor noted that weekly maintenance and system checks were not being performed on the Access analyzer. As a result of these findings, the laboratory was required to cease all patient testing performed on the Access Immunoassay Analyzer.

# COLA – Desk Review

COLA ID:

CLIA ID:

September 11, 2013

**FedEx 2<sup>nd</sup> Day Tracking:**

Dear Laboratory Director:

On June 3, 2013, COLA sent the laboratory a letter regarding the decision of the Staff Technical Accreditation Team (STAT) on serious issues identified by the surveyor at the time of the survey. It was stated in that letter that COLA would request additional documentation to ensure continued compliance. At this time we are requesting the following additional documents:



COLA Central lab document depository, where documents may conveniently be downloaded from COLA by Client/Consultant and Documents such as responses may be uploaded electronically

All Documents

COLA Documents

My Lab Documents

My Employee Documents

ID#	Document Type	Description	File Type	Add Tag	
Created Date: 6/26/2013 (... group continued from the previous page. Showing 4 of 5 items.)					
1495194	STAT Response Received	IMA_COLA PER 5 SUBMISSION	.pdf	<input type="text"/> Add	view
1495196	STAT Response Received	IMA_COLA PT 9 SUBMISSION	.pdf	<input type="text"/> Add	view
1495197	STAT Response Received	IMA_COLA QC 25 SUBMISSION	.pdf	<input type="text"/> Add	view
1495198	STAT Response Received	IMA_COLA QC 26 SUBMISSION	.pdf	<input type="text"/> Add	view
Created Date: 6/25/2013					
1494823	STAT/ROH Cover Letter	Resume Testing	.pdf	<input type="text"/> Add	view
Created Date: 6/19/2013					
1493559	STAT Response Received	ITEM 7. UPDATE_ACCESS DAILY QC RECORDS THRU 0618	.pdf	<input type="text"/> Add	view
1493560	STAT Response Received	ITEM 8. UPDATE_ACCESS MAINT RECORD THRU 0618	.pdf	<input type="text"/> Add	view
Created Date: 6/11/2013					
1491618	STAT Response Received	ITEM 1.T.C. PERSONAL QUALIFICATIONS	.pdf	<input type="text"/> Add	view
1491619	STAT Response Received	ITEM 2. CONSULTANT AGREEMENT	.pdf	<input type="text"/> Add	view
1491620	STAT Response Received	ITEM 3. COPY OF REVISED QC PROGRAM	.pdf	<input type="text"/> Add	view
1491621	STAT Response Received	ITEM 4. ACCESS TRAINING	.pdf	<input type="text"/> Add	view
1491622	STAT Response Received	ITEM 5. QC TRAINING	.pdf	<input type="text"/> Add	view
1491623	STAT Response Received	ITEM 6. EVIDENCE ESTABLISH OWN MEAN AND SD	.pdf	<input type="text"/> Add	view
1491624	STAT Response Received	ITEM 7. ACCESS DAILY QC RECORDS	.pdf	<input type="text"/> Add	view
1491625	STAT Response Received	ITEM 8. ACCESS MAINTENANCE RECORD	.pdf	<input type="text"/> Add	view
Created Date: 6/3/2013					
1479632	STAT/ROH Cover Letter	Cease Testing, TC, Education, Desk Review	.pdf	<input type="text"/> Add	view
Created Date: 5/30/2013					
1478198	PRI Agreement	Faxed or Emailed In Document	.TIF	<input type="text"/> Add	view
Created Date: 5/24/2013					
1477407	Survey Report & Cover Ltr (former PRI 3)	STAT Survey Report and Cover Letter	.pdf	<input type="text"/> Add	view
Created Date: 5/23/2013					
1477031	Annual Test Volume Received	Faxed or Emailed In Document	.TIF	<input type="text"/> Add	view
Created Date: 5/3/2013					
1462278	Survey Schedule	Survey Schedule	.pdf	<input type="text"/> Add	view

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Page size: 20

65 items in 4 pages



Approval for  
Certificate of  
Accreditation  
Pending..

All Documents		COLA Documents		My Lab Documents		My Employee Documents	
ID#	Document Type	Description	File Type		Add Tag		
Created Date: 9/21/2013							
1672971	STAT Response Received	IMA_APM-15 SUBMISSION	.pdf		<input type="text"/> Add	view	
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1672976	STAT Response Received	IMA_ORG-14 SUBMISSION	.pdf		<input type="text"/> Add	view	
1672977	STAT Response Received	IMA_PST-22 SUBMISSION	.pdf		<input type="text"/> Add	view	
1672978	STAT Response Received	IMA_PT-9 SUBMISSION	.pdf		<input type="text"/> Add	view	
1672979	STAT Response Received	IMA_PT-15 SUBMISSION	.pdf		<input type="text"/> Add	view	
1672980	STAT Response Received	IMA_QA-3 SUBMISSION	.pdf		<input type="text"/> Add	view	
1672981	STAT Response Received	IMA_QC-15 SUBMISSION	.pdf		<input type="text"/> Add	view	
1672982	STAT Response Received	IMA_QC-27 SUBMISSION	.pdf		<input type="text"/> Add	view	
1672983	STAT Response Received	IMA_QC-28 SUBMISSION	.pdf		<input type="text"/> Add	view	
1672984	STAT Response Received	IMA_QC-29 SUBMISSION	.pdf		<input type="text"/> Add	view	
Created Date: 9/11/2013							
1591474	STAT/ROH Cover Letter	Desk Review Request	.pdf		<input type="text"/> Add	view	
Created Date: 7/29/2013							
1512493	QIP-1 PT failure (unsatisfactory)	QIP-1 PT failure (unsatisfactory)	.pdf		<input type="text"/> Add	view	
Created Date: 7/9/2013							
1507209	STAT Response Received	15283 cola cert	.pdf		<input type="text"/> Add	view	
1507210	STAT Response Received	15283 QC Training Certificate	.pdf		<input type="text"/> Add	view	
Created Date: 6/27/2013							
1495539	STAT Response Received	IMA_LOOKBACK LETTER	.pdf		<input type="text"/> Add	view	
Created Date: 6/26/2013 (Showing 1 of 5 items. Group continues on the next page.)							
1495193	STAT Response Received	IMA_COLA MA 18 SUBMISSION	.pdf		<input type="text"/> Add	view	

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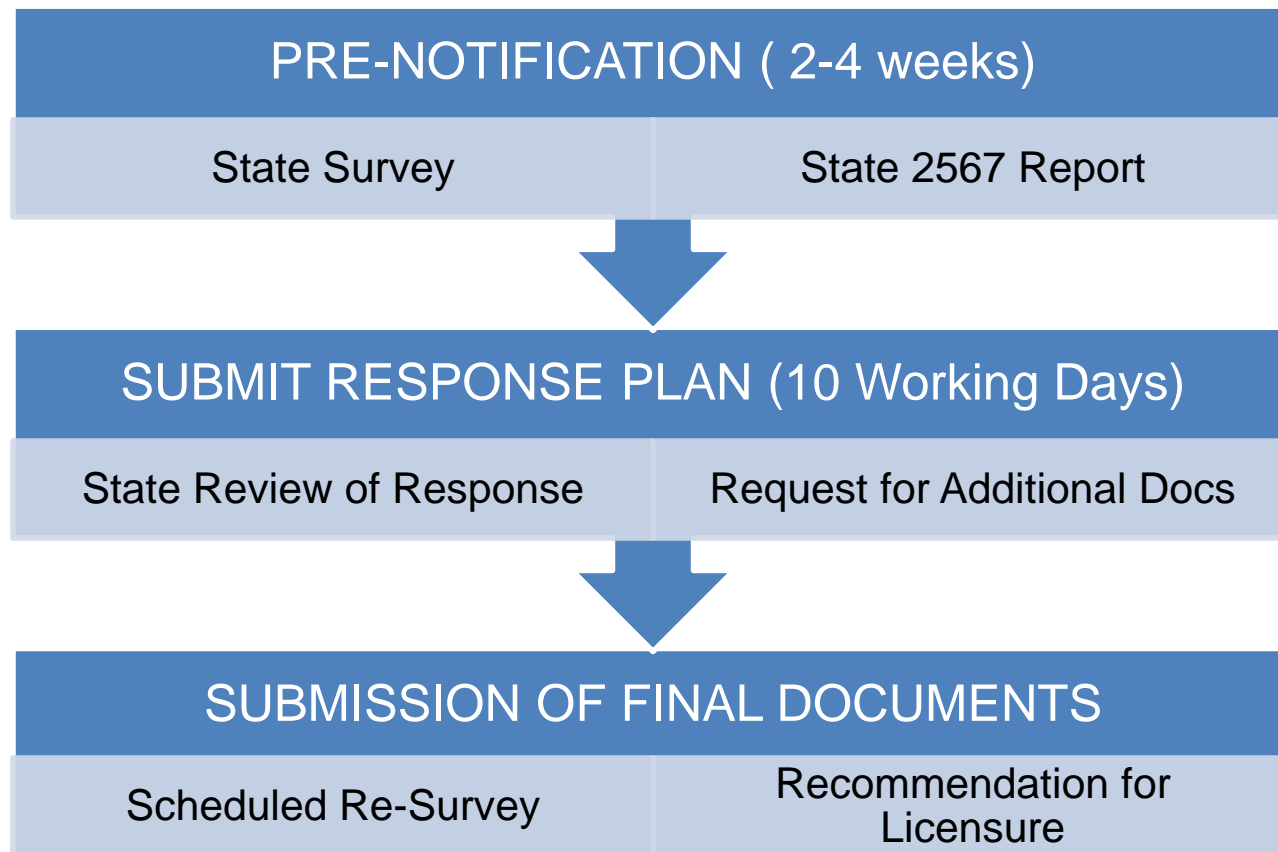
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65 items in 4 pages

# State Initial Survey for CA License



# CDPH-LFS -Correspondence

Dear Laboratory Director/Owner(s):

The Department of Public Health, Laboratory Field Services (DPH-LFS) has received your Plan of Correction (POC)/ allegation of compliance and some supporting evidence in response to our letter dated 5/28/2013 and the Statement of Deficiencies notifying your laboratory of condition level deficiencies. You were directed to submit your plan of correction / a credible allegation of compliance. For your information, a Plan of Correction /credible allegation of compliance is a statement or documentation that is:

- 1.Made by a representative of a laboratory with a history of having maintained a commitment to compliance and taking corrective action when required;
- 2.Realistic in terms of the possibility of the corrective action being accomplished between the date of the survey and the date of the allegation; and
- 3.Indicates resolution of the problems.

Please be reminded that you also must submit documented evidence that verifies that the corrections were made. **Acceptable evidence of correction must include:**

- 1) Documentation showing what corrective action(s) has been taken for patients found to have been affected by the deficient practice.**

# CDPH-LFS-Correspondence

You were notified in our previous letter dated May 28, 2013, that failure to meet the condition level requirements and/or **failure to return the allegation of compliance and evidence of correction within the ten-day time period may result in sanctions** against the clinical laboratory license, clinical laboratory director, and owners, suspension from the Medi-Cal and/or Medi-Care program in addition to civil money penalties and recovery of costs associated with the investigation:

- 1) Civil money penalties of \$3000/day and/or violation (CBPC 1310 and Title 17 CCR 1067.5)
- 2) Exclusion from Ownership or Operation (CBPC 1324 and Title 17 CCR 1065.30)
- 3) Revocation and/or suspension of the license to the facility (CBPC 1320 and Title 17 CCR 1062.5)

You have 10 working days from the date of receipt of this notice to submit a credible allegation of compliance and evidence of correction for the condition level deficiencies.

If we do not hear from you, or if we do not receive your acceptable evidence of compliance within the timeframe specified above, we may initiate enforcement actions including principal and or alternative sanctions.

## CDPH SURVEY PROCESS FINALIZED

Corrections found  
Acceptable and  
License Issued

2 MONTH  
PROCESS..



RON CHAPMAN, MD, MPH  
*Director*

State of California—Health and Human Services Agency  
California Department of Public Health



EDMOND G. BROWN JR  
*Governor*

July 26, 2013

STATE ID:  
CLIA #: 051

RE: STATE SURVEY – CORRECTIONS ACCEPTABLE - RECOMMENDATION FOR LICENSURE

Dear Laboratory Director/Owner:

This is to confirm that an on-site State inspection of your laboratory was conducted on 5/22/2013 by Victoria Maxwell, an Examiner of the California Department of Public Health-Laboratory Field Services.

At the time of the inspection, your laboratory was found to be **not** in compliance with the State laws and regulations, and deficiencies were found. The Allegation of Compliance and evidence you submitted, were received in our office on 6/7/2013, 6/20/2013 and 7/19/2013 and upon review, were found acceptable.

Your laboratory is now found to be in compliance with all applicable Title 17 California Code of Regulations (CCR) and California Business and Professions Code (BPC) statutes and regulations for clinical laboratories. A recommendation for facility licensure has been made. A California Clinical Laboratory license will be subsequently issued to your facility.

# Some Proficiency Citations

## Citations

- Performed detailed investigation of PT failures
- Director to sign PT attestation
- PT Records retention – 2yrs

## Actions

- Revise PT Procedure
- Revise PT Action Form
- Save Tapes, Printouts
- Train Personnel on new procedures, forms



# Some QA/QC Citations

## Citations

- Document all Function Checks
- Use latest version of PM forms
- Retain Function Check printouts
- Director's Name on LIS Report
- Update the QA Plan

## Actions

- Update Forms for PM
- Manufacturer on-site Training on maintenance, instrument QC functions
- Save Function Checks along with QC printouts
- Updated LIS Report
- Updated QA Plan with Schedule
- Trained Personnel

# QA/QC Citations (cont.)

## Citations

- QC tapes, printouts not saved for at least 2 years
- Critical Values not defined for INR
- Not keeping a Critical Value Notification Log
- Frequent QC Failures, & No Documentation of Remedial Action
- Failure to Establish Lab QC Limits

## Actions

- Printouts and Tapes now being saved
- Updated Critical Values Procedure & List
- Critical Values Notification Log implemented and personnel trained
- Implemented Corrective Action Logs
- Implemented New QC Program & Trained Testing Personnel

# Quality Control Specific Issues & Solutions to Improve the Sensitivity of QC by Developing useful Quality Control Ranges

# PRI – QC 10 Regulation

- QC 10 Are manufacturer's instructions for the use of reagents, controls, and kits followed?
- Altering the manufacturer's instructions is considered a modification of the test procedure which could change the complexity of the test.

## COLA PRI – QC 10 Citation & Requirement

- The lab has not followed manufacturer's requirements with the use of controls. The lab is using Bio Rad Immunoassay QC, they have not established their own mean and SD, They have adopted the range of means as their QC range.
- The range is to be used as a guide and does not provide a meaningful range to assess QC acceptability.
- Use your historic QC data and submit documentation demonstrating establishment of your own mean and 2SD range for... analytes

## COLA PRI – QC 16

QC 16 For each quantitative test performed, are quality control data prepared and plotted with each testing event, or are statistical parameters calculated to permit the laboratory to assess continued accuracy and precision of the method?



# QC Statistical Parameters

- 493.1218(d) Control Procedures
- When calibration or control materials are used, **statistical parameters (e.g., mean and standard deviation)** for each lot number of calibration material and **each lot of control material must be determined through repetitive testing.**
- This Standard is not met as evidenced by: Based on review of quality control records, interview and direct observation, it was determined that the **laboratory failed to determine or establish statistical parameters** (e.g., mean, standard deviation, and acceptable limits) for **each lot of control** materials used for testing in the specialty of **Chemistry** and **Hematology**. Findings included:

## QC – Establish Own Limits

1. The laboratory utilized Biorad Liquichek Immunoassay Plus Control levels 1, 2, and 3, lot numbers 40791, 40792, and 40793, respectively. These controls were tested on the Beckman Coulter Access 2 instrument to monitor the accuracy of few routine chemistry and some endocrinology tests performed on the instrument. The laboratory had been utilizing these specific control lots since December 2012 and **to this day had not established their limits of acceptability.**

# QC – Insert Disclaimers

- In addition, as stated in the Biorad control package insert, section "Assignment of Values", that **it was recommended that each laboratory to establish its own means and acceptable ranges and use the Manufacturer's given means and ranges only as a guide.**

## QC Insert Limits – 3SD ?

- Biorad Liquichek Immunoassay Plus Control levels 1, 2, and 3, lot numbers 40791, 40792, and 40793, respectively, expiration date 9/30/2013 were utilized as controls.
- Since the laboratory has not yet established their own values for all the control materials they use for testing, **the manufacturer's means and ranges, which was at 3SD (standard deviation) were utilized for acceptance criteria.**

# QC Corrective Action Log

- 493.1219(b) Remedial Actions
- The **laboratory must document all remedial actions** taken when results of control and calibration materials fail to meet the laboratory's established criteria for acceptability.
- This Standard is not met as evidenced by: Based on review of quality control records, interview and direct observation, it was determined that **the laboratory failed to document remedial actions taken when results of control materials fail to meet the laboratory's established criteria for acceptability.**

# QC TIP #1

- *Beware of So-Called Instrument Specific Assayed Control Limits*
  - See following example where excessive QC limits have been published for assayed controls that equate to exactly 2x the CLIA Total Allowable Error Limits, & SD 3x the inter-lab peer SD





# QC Insert Limits vs. Peer Limits

## Glucose Values – Insert, CV=10%

	<b>1SD = 6.0</b>		<b>1SD = 12.1</b>		<b>1SD = 36.5</b>
60.5	48.4 – 72.6	122	97.6 – 146	366	293 – 439

## Peer / Monthly / Lot-To-Date, CV=3%

Mean	60.80	61.08	121.7	121.8	358.5	359.3
SD	1.88	1.88	5.14	3.58	9.30	9.62
CV	3.1	3.1	4.2	2.9	2.6	2.7
# Points	6698	37914	2914	17203	5393	31362
# Labs	219	277	83	109	197	255

## QC Limits using Peer CV%

MEAN	HCV	SD	-2SD	+2SD	MEAN	HCV	SD	-2SD	+2SD	MEAN	HCV	SD	-2SD	+2SD
61	3.1	1.89	57.22	64.78	122	4.2	5.12	111.75	132.25	359	2.7	9.69	339.61	378.39

# CV derived from External Proficiency peer data

## Referred to as $CV_{EQA}$

API PROFICIENCY Q213							
GLUCOSE DIMENSION			#LABS	MEAN	SD	CV%	RANGE
		SPEC 1	1153	147.3	2.9	2.0	132-163
		SPEC 2	1153	204.2	3.8	1.9	183-225
		SPEC 3	1153	88.7	1.9	2.1	79-98
		SPEC 4	1153	77.3	1.8	2.3	69-86
		SPEC 4	1153	101.6	2.2	2.2	91-112
				AVERAGE CV% =		<b>2.1</b>	

PT Total Allowable Error for Glucose is  $\pm 10\%$ , or  $\pm 6$

The CV% is not provided by the PT agency, so must be calculated:

**$CV = (SD/Mean) \times 100$ , expressed as a percent (%)**

# QC Limits Comparison

## Glucose, Level-3 Control



EQA LIMITS (343-373 mg/dL) CV=2.1%

PEER LIMITS (339-378 mg/dL) CV=2.7%

± 10% CLIA LIMITS (324-396 mg/dL) CV=5%

± 20% INSERT LIMITS ( 293-439 mg/dL ) CV=10%

## QC Tip #2


- *Beware of Assayed Control QC Limits that are 3SD , and may be introduced into analyzers (Bar-Code Scanned) or Manual input into an Instrument or LIS QC program that assumes 2SD limits. **Do the Math!** (Hint: Use Dan's PDF QC Calculator)*

VS-0650678C100V3

# Vitamin D

**cobas**<sup>®</sup>

LOT 171103 2014-03



Value sheet

REF 06506780 160

Kit LOT	Bottle LOT	Value	Range	1SD	Bottle LOT	Value	Range	1SD	Bottle LOT	Value	Range	1SD	Units
<div>PreciControl V3 0</div> <div>PreciControl V3 1</div> <div>PreciControl V3 2</div>													
PreciControl Varia 3, 06364829													
168232	167515**	13.3 33.3	8.51 – 18.1 21.3 – 45.3	1.60 4.00	167516*	18.0 45.0	12.6 – 23.4 31.5 – 58.5	1.80 4.50	167517**	28.8 72.0	20.2 – 37.4 50.4 – 93.6	2.88 7.20	ng/mL nmol/L
MODULAR ANALYTICS E170 and cobas e 601 analyzers													

Published Limits are 3SD  
Which will be Bar-Code Scanned  
into the analyzer or LIS 2SD QC  
program

## Simple Q.C. Range Calculator

Enter Known Mean and SD to Calculate 2SD, 3SD Limits

Control Level	Mean	1 SD	- 2SD	+2SD	- 3SD	+3SD
Level-1	13.30	1.60	10.10	16.50	8.50	18.10
Level-2	18.00	1.80	14.40	21.60	12.60	23.40
Level-3	28.80	2.88	23.04	34.56	20.16	37.44

Enter Range to Calculate Mean and 1SD

Control Level	Range Low	Range High
Level-1	8.51	18.1
Level-2	12.6	23.4
Level-3	20.2	37.4

( If Range is 2SD )

Mean	1SD
13.31	2.40
18.00	2.70
28.80	4.30

( If Range is 3SD )

Mean	1SD
13.31	1.60
18.00	1.80
28.80	2.87



## QC Insert Limitations – Analyte Stability

The laboratory had been using the same Biorad control lots since December 2012 or maybe even much earlier. Review of the Biorad control package insert showed the manufacturer's disclosure of control value limitations. It stated that Folate and Estradiol values may gradually decrease over the product shelf life. Thus, individual laboratory means may eventually fall outside of the corresponding acceptable ranges printed in the insert. It is possible that the laboratory may be experiencing this now and this may necessitate an investigation.

# Analyte Stability Insert Claims

## STORAGE AND STABILITY

This product will be stable until the expiration date when stored unopened at -20 to -70°C.

Thawed and Unopened: When the control material is thawed and stored unopened at 2 to 8°C, all analytes will be stable for 30 days with the following exceptions: Folate will be stable for 4 days. Estradiol will be stable for 8 days. Free PSA, PSA and Prolactin will be stable for 14 days (date of thaw should be noted).

Thawed and Opened: Once the control material is thawed and opened, all analytes will be stable for 14 days when stored tightly capped at 2 to 8°C, with the following exceptions: Folate will be stable for 4 days. Estradiol will be stable for 5 days.

Once thawed, do not refreeze the control; discard the remaining material.

This product is shipped under frozen conditions.

## LIMITATIONS

1. This product should not be used past the expiration date.
2. If there is evidence of microbial contamination or excessive turbidity in the product, discard the vial.
3. This product is not intended for use as a standard.
4. Folate and Estradiol values may gradually decrease over the product shelf life. Individual laboratory means may eventually fall outside of the corresponding acceptable ranges printed in this insert.

# QC Assignments may Vary over Time ...

## Check Vendor Site & Participate in Peer Programs

### ASSIGNMENT OF VALUES

The mean values printed in this insert were derived from replicate analyses and are specific for this lot of product. The tests listed were performed by the manufacturer and/or independent laboratories using manufacturer supported reagents and a representative sampling of this lot of control. Individual laboratory means should fall within the corresponding acceptable range; however, laboratory means may vary from the listed values during the life of this control. Variations over time and between laboratories may be caused by differences in laboratory technique, instrumentation and reagents, or by manufacturer test method modifications. It is recommended that each laboratory establish its own means and acceptable ranges and use those provided only as guides.

Refer to [www.qcnet.com](http://www.qcnet.com) for insert update information.

Dehydroepiandrosterone-Sulfate (DHEA-Sulfate)	µg/dL	86.6	72.8 – 101	122	102 – 142	526	442 – 610
Digoxin	ng/mL	0.760	0.640 – 0.880	2.06	1.72 – 2.40	3.26	2.74 – 3.78
Estradiol, E2 (E2, Re-standardization)	pg/mL	67.7	47.8 – 87.7	370	301 – 440	938	776 – 1100
Estriol, Free (Unconjugated)	ng/mL	1.32	1.11 – 1.54	2.96	2.49 – 3.44	>6.95	
Ferritin	ng/mL	23.8	20.0 – 27.6	119	100 – 138	269	226 – 312
Folate (Improved)	ng/mL	2.47	2.07 – 2.87	7.55	5.85 – 9.25	11.1	9.11 – 13.2
Folate (Re-standardization, FOLW)	ng/mL	3.37	2.83 – 3.91	9.83	8.11 – 11.6	14.4	12.1 – 16.7

### Folate

Chemiluminescence ng/mL

Beckman Coulter Access, LXI 725, DxC 600i IA Systems

Beckman Coulter Access Folate (REF A14208)	Mean	3.13	3.22	9.78	9.76	14.20	14.51
	SD	0.180	0.253	0.346	0.495	1.01	1.36
	CV	5.7	7.9	3.5	5.1	7.1	9.4
	# Points	45	201	22	56	46	161
	# Labs	3	5	1	2	3	5
Beckman Coulter Access Folate (REF A98032)	Mean	3.28	3.36	10.28	10.63	14.61	15.13
	SD	0.249	0.252	0.721	0.729	1.03	1.11
	CV	7.6	7.5	7.0	6.9	7.1	7.3
	# Points	985	3544	587	2130	1003	3501
	# Labs	38	44	27	29	39	44

# Read the Manuals, Inserts, Notices

- Examiners DO READ & quote labeling & Inserts
- Examiners DO READ & quote Instrument Manuals
- Reagent Re-formulations do occur / may be stated on Insert, Peer Reports with own limits
- Calibrator Set-points may be re-stated and Control Limits updated by manufacturer  
(Take appropriate actions & SAVE notices)

# Establishing Your new Mean

1. Ensure that your old lot of QC material is running inside of your current range with no bias, shifts, or trends
2. Run new QC material for at least 20 data points with old QC material for at least 5 days. Ensure that your old QC material is within acceptable range for each run.
3. Calculate SD, MEAN & CV from data
4. Is the CV's  $<$  or  $=$   $CV_H$   $CV_{MAN}$  (INSERT) ?

# Data Plot with Calculated Mean, SD – High Sensitivity



## Levey-Jennings Q.C. Chart & Mean, SD Calculator

California Association of Bioanalysts Meeting - October 2013

**ANALYTE :** GLUCOSE **CONTROL :** NORMAL CTL **MONTH / YEAR :** SEPT 2013

**INSTRUMENT :** DIMENSION **MANUF :** BIORAD **DATE BEGUN :** 09/01

**METHOD :** HEXOKINASE **LOT # :** 123... **CHART MEAN :** 87.9

**UNITS :** MG/DL **EXP. DATE :** 10/14 **CHART SD :** 2.25

**SD INTERVALS**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	REMARKS
>3 SD																																
+3 SD																																
+2.75																																
+2.50																																
+2.25																																
+2 SD																																
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-2 SD																																
-2.25																																
-2.50																																
-2.75																																
-3 SD																																
>3 SD																																

**INITIALS (If Manual) :** Enter QC Results : Check Box for Plot : ☒

**Wk-1 :** 88.00 89.00 86.00 84.00 89.00 **Wk-2 :** 90.00 92.00 87.00 86.00 91.00 **Wk-3 :** 88.00 87.00 86.00 84.00 86.00 **Wk-4 :** 86.00 87.00 86.00 86.00 88.00

**REMARKS :** CLEAR FORM

**FILE NAME :** S.L.T. CMA16 v. 101513 (C) 2012-2013, Daniel W. Leighton, CLB

**QC GUIDELINES :** At least two (2) levels of controls must be performed and charted each day of patient testing. All Control results must meet Lab QC Criteria prior to reporting patient results. OUT OF CONTROL results must be charted, resolved, and documented. Any actual or pencil-drawn BIAS and/or TRENDING must be investigated, resolved, fully documented, reviewed for possible actions & approval by Lab Supervisor. This L.J. CHART may be used for MANUAL or ELECTRONIC recording of QC results.

**Comments / Actions :** 20 DATA POINTS OF NORMAL QC DATA ESTABLISHES PRELIMINARY MEAN

# Data Plot with Insert Mean, CV% - Low Sensitivity

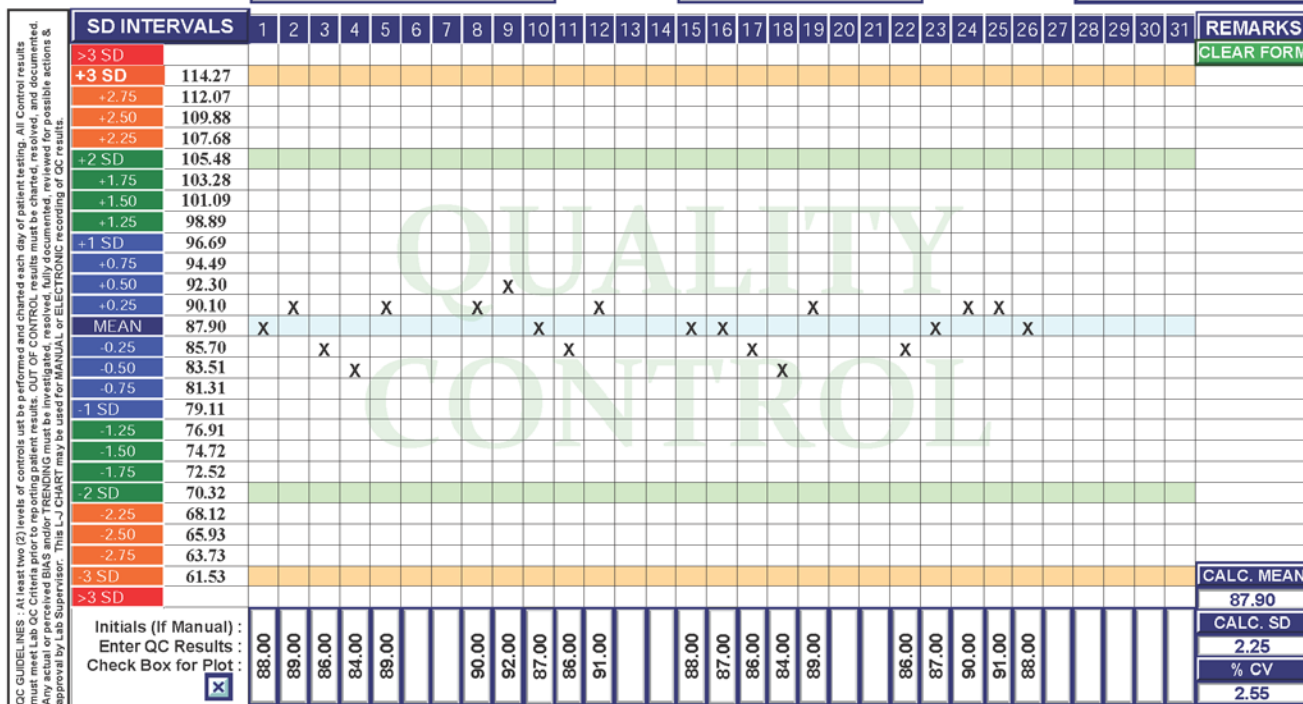


## Levey-Jennings Q.C. Chart & Mean, SD Calculator

California Association of Bioanalysts Meeting - October 2013



ANALYTE :	GLUCOSE	CONTROL :	NORMAL CTL	MONTH / YEAR :	SEPT 2013
INSTRUMENT :	DIMENSION	MANUF :	BIORAD	DATE BEGUN :	09/01
METHOD :	HEXOKINASE	LOT # :	123...	CHART MEAN :	87.9
UNITS :	MG/DL	EXP. DATE :	10/14	CHART SD :	8.79



File Name : SLT\_CW416V\_101513 (C) 2012-2013, Daniel W. Leighton, CLB



# SmartLabTools Interactive PDF Calculators

Let this PDF Calculator assist you with determination of QC Limits

This PDF Calculator is a free download at [www.SmartLabTools.com](http://www.SmartLabTools.com)



## Simple Q.C. Range Calculator

Enter Known Mean and SD to Calculate CV%, 2SD, 3SD Limits

Control Level	Mean	1SD	- 2SD	+2SD	- 3SD	+3SD	CV%
Level-1	100.00	5.00	90.00	110.00	85.00	115.00	5.00
Level-2	200.00	7.50	185.00	215.00	177.50	222.50	3.75
Level-3	300.00	10.00	280.00	320.00	270.00	330.00	3.33

Enter Range to Calculate Mean and 1SD

( If Range is 2SD )

( If Range is 3SD )

Control Level	Range Low	Range High	Mean	1SD	Mean	1SD	CV%
Level-1	90.00	110.00	100.00	5.00	100.00	3.33	5.00
Level-2	185.00	215.00	200.00	7.50	200.00	5.00	3.75
Level-3	280.00	320.00	300.00	10.00	300.00	6.67	3.33

Enter Mean and CV% to Calculate 1SD, and 2SD QC Limits

Control Level	Mean	CV%	1SD	- 2SD Limit	+2SD Limit
Level-1	100.00	5.00	5.00	90.00	110.00
Level-2	200.00	3.75	7.50	185.00	215.00
Level-3	300.00	3.33	10.00	280.00	320.00

Reset



Calculate 2SD Limits  
using Lab determined  
**Mean** based on parallel  
testing data for this lot &  
**HCV** (Historical CV)  
from cumulative  
statistics of prior lot.

[illegible]

[illegible]

# Daily QC Statistical Assessment


- 1) Manually entered QC results are compared to user-defined parameters
- 2) Bias, SDI (z-score) are calculated
- 3)  $SDI > 1.5$  (Trend Flag) for result triggers ( \* )
- 4)  $SDI > 2.0$  ( greater than 2SD ) will show as 'Out', else 'In'.
- 5) 'Trend Alert' or 'QC OUT' Message appears on lower screen
- 6) Comments, Corrective Actions may be documented.
- 7) Date/Time/Analyst recorded
- 8) This example is actual client data viewed by TC using Cloud application 'Dropbox'

[illegible]

# Daily QC Assessment in current use with a COLA Client

Daily QC is being saved to cloud storage application 'Dropbox' where TC can review remotely to observe:

- 1) QC Compliance
- 2) Shifts or Trends
- 3) QC Out
- 4) Corrective Action



**SmartLabTools**  
Laboratory Information Systems

## QUALITY CONTROL RESULTS EVALUATION

### VTMG LABORATORY

**HEMATOLOGY - ABX MICROS 60**

**LOT# MX093L, MX093N, MX093H - EXP. 11/05/2013**

Specimen Source	Analyte Name	Low -2SD	High +2SD	Calc Mean	Calc 1SD	Test Value	Calc Bias	Calc SDI	QC In?	QC Out?
LOW CTL	WBC	1.60	2.40	2.00	0.20	2.00	0.00	0.00	QC In	
MX093L	RBC	2.28	2.58	2.43	0.08	2.43	0.00	0.00	QC In	
	HGB	5.70	6.50	6.10	0.20	6.20	0.10	0.50	QC In	
	HCT	14.80	18.80	16.80	1.00	17.10	0.30	0.30	QC In	
	PLT	53.00	93.00	73.00	10.00	78.00	5.00	0.50	QC In	
	GRAN %	19.00	31.00	25.00	3.00	26.10	1.10	0.37	QC In	
	LYMP %	58.00	70.00	64.00	3.00	62.00	-2.00	-0.67	QC In	
	MID %	6.00	16.00	11.00	2.50	11.90	0.90	0.36	QC In	
NORM CTL	WBC	6.80	8.40	7.60	0.40	7.60	0.00	0.00	QC In	
MX093N	RBC	4.39	4.75	4.57	0.09	4.43	-0.14	-1.55*	QC In	
	HGB	13.00	14.00	13.50	0.25	13.30	-0.20	-0.80	QC In	
	HCT	35.00	40.00	37.50	1.25	37.20	-0.30	-0.24	QC In	
	PLT	218.00	298.00	258.00	20.00	268.00	10.00	0.50	QC In	
	GRAN %	54.00	66.00	60.00	3.00	60.30	0.30	0.10	QC In	
	LYMP %	27.50	37.50	32.50	2.50	32.10	-0.40	-0.16	QC In	
	MID %	3.50	11.50	7.50	2.00	7.60	0.10	0.05	QC In	
HIGH CTL	WBC	18.50	21.70	20.10	0.80	20.90	0.80	1.00 *	QC In	
MX093H	RBC	5.48	5.88	5.68	0.10	5.66	-0.02	-0.20	QC In	
	HGB	17.20	18.40	17.80	0.30	18.10	0.30	1.00 *	QC In	
	HCT	47.60	53.60	50.60	1.50	51.10	0.50	0.33	QC In	
	PLT	450.00	540.00	495.00	22.50	518.00	23.00	1.02 *	QC In	
	GRAN %	72.00	86.00	79.00	3.50	79.50	0.50	0.14	QC In	
	LYMP %	10.50	20.50	15.50	2.50	14.40	-1.10	-0.44	QC In	
	MID %	1.50	9.50	5.50	2.00	6.10	0.60	0.30	QC In	

QC item(s): \_\_\_\_\_

Problem: ...

Actions: ..

SLT\_CW105a v070212

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2008-2013

Daniel W. Leighton

10/13/2013

7:12 am

[Reset All](#)

[Reset Data](#)

[Click for Link To QC Reference](#)

DLH

Analyst

TPB/HS

Reviewed by

# Demonstration of Dropbox Application using Daily Q.C. Assessment Program

Discussion of Presentation...

Questions....

Acknowledgement

[www.psmile.org/resources](http://www.psmile.org/resources)

END...

Thank You.