



Birmingham Quality News



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What have we been up to?

- The five centres of the UK NEQAS Clinical Chemistry Division have written a joint document explaining the rationale for our EQA Scheme design.

We would strongly recommend that all Participants read this.



Click QR code for
access to document

- The UK NEQAS Clinical Chemistry Division survey is now closed. Thank you to everyone who responded. A summary report will be available soon.
- If you return results via NPEX or plan to use Labgnostic EQA, please note that *you are still required to log into the Results and Reports portal for Scheme elements that will not be automated*, including any questions. These are part of our Scheme Design and are not optional. Our T&Cs will be updated to reflect this.

Scheme Updates:

- UK NEQAS for Steroid Hormones Distribution 521:
Summary of an audit of Testosterone Analysis by Mass Spectrometry
- Robin* is back as our patient with AKI ([Distribution 212](#) of the UK NEQAS for Acute and Chronic Kidney Disease Scheme) ... how well controlled is his diabetes this year? See the commentary for [Distribution 198](#) for his last hospital admission.
- It's a KFRE month!* If you are calculating *KFRE* please submit your results at [Distribution 212](#) of the UK NEQAS for Acute and Chronic Kidney Disease Scheme. A summary of the *KFRE* data from recent *KFRE* distributions is being presented at a *UKKA KFRE* meeting in September.

EQA Nuggets:



Did you know that if you don't have a Target Value, the reason is given in **red** at the bottom of the analyte page

No target value, and hence no specimen %bias, have been calculated for the Haemolysis Index for all Specimens in this distribution (low analyte concentration). It follows that the results for these specimens have not contributed to the rolling time-window statistics.

You may have missed:

Audit of pre-analytical handling of samples with haemolysis, icterus and lipaemia

See commentary on Distribution 185 of UK NEQAS for Serum Indices