

# Proficiency Testing Participant Summary and Evaluation Resource

Proficiency testing/external quality assessment (PT/EQA) is a tool the laboratory can use to verify the accuracy and reliability of its testing and can also be used to validate the entire testing process including the competency of your testing personnel.<sup>1</sup> Designed by our scientific resource committees to closely mimic patient testing, CAP PT/EQA provides actionable insights to drive quality improvements and education to help ensure staff competency. Our programs are accredited to the ISO 17043 standard.

On the proficiency testing (PT) program(s) completion date, your laboratory's participant summary and evaluation report will be mailed, made available online, or within your laboratory's Performance Analytics Dashboard. This resource provides an overview of which information is included in these documents.

# **Participant Summary**

#### **Evaluation Criteria**

*Note:* Information listed in this section provides the criteria used to determine the acceptability of results.

## Quantitative

- Provides a list of all graded analytes included in this mailing.
- Provides the target value that the evaluation criteria will be applied to. Peer group is the mean value for all users of the same instrument/method.
- Provides the criteria used to determine acceptability of results based on scientific assessment of acceptable limits.

#### Qualitative

 Qualitative data is typically graded by participant or referee consensus.

Evaluation Criteria. cont'd. Analytes regulated for proficiency testing appear in bold type. 2 (3) Quantitative Analyte Target Value Evaluation Criteria (1)± 3 SD or or 1.0 • Basophils\* Peer Group ± 3 SD or or 1.0 . Eosinophils\* Peer Group Hematocrit Peer Group ± 6% Microhematocrit (waived) Peer Group ± 6% or 2 SD 🜢 Hemoglobin Peer Group  $\pm 7\%$ IG Not Graded Educational Immature Platelet Fraction Not Graded Educational ± 3 SD or or 1.0 . Lymphocytes\* Peer Group MCV Peer Group ± 3 SD MCH Peer Group ± 3 SD ± 3 SD MCHC Peer Group Monocytes\* Peer Group ± 3 SD or or 1.0 . ± 3 SD MPV Peer Group ± 3 SD or or 1.0 . Neutrophils/Granulocytes\* Peer Group Educational nRBC Not Graded Platelet Count Peer Group ± 25% RDW Peer Group ± 3 SD Red Blood Cell Count Peer Group ± 6% White Blood Cell Count Peer Group ± 15% Results for IG, Immature Platelet Fraction, and nRBC are not formally evaluated; however, statistics appear in the Participant Summary for your information. (whichever is greater) 4 Qualitative Analyte Evaluation Criteria Blood Cell Identification\* 80% referee or participant consensus

\*Blood Cell Identification results are included in the CMS performance summary. In the event that Blood Cell Identification is not performed, results from the flow through differential will be reported.

1. Proficiency Testing and PT Referral Do's and Don'ts; Centers for Medicare and Medicaid Services; September 2017.

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Laboratory Quality Solutions

- **5** Analyte presented and unit of measure.
- 6 Peer groups that reported 10 or more results. In this example, the peer group is the instrument.
- 7 Specimen number for the sample statistics listed below.
- 8 Statistics for each peer group

7 FH9-01 5 x 10E9/L or x 10E3/µL INSTRUMENT MEAN MEAN SD CV% MEAN SD SD CV% Ν Ν CV% Abbott Alinity hg 7.77 0.21 2.7 2.4 2.80 0.11 34 34 6.44 0.15 35 3.8 Sysmex XE-2100,2100 D/L 28 7.71 0.21 2.94 0.10 3.4 28 0.18 2.4 28 6.61 3.1 Sysmex XE-2100 D/L (Bld Ctr) 67 2.92 0.12 4.2 67 7.66 0.23 3.0 67 6.50 0.21 3.3 Sysmex XE-5000 56 2.91 0.10 3.3 56 7.67 0.22 2.9 55 6.52 0.20 3.1 Sysmex XN-L Series 637 2.81 0.08 2.9 640 7.75 0.15 1.9 631 6.50 0.13 2.1 Sysmex XN-Series 2.78 0.07 2.6 7.59 0.14 2965 2966 1.9 2962 6.30 0.12 1.9 Sysmex XN-Series (RL App) 87 2.77 0.07 2.5 89 7.54 0.14 1.8 89 6.28 0.12 1.9 Sysmex XS (Except RL App) 422 2.89 0.08 2.9 424 7 92 0.17 21 422 6 65 0.15 22 Sysmex XS-1000iC (RL App) 65 2.89 0.08 2.7 64 7.95 0.17 2.1 65 6.68 0.16 2.4 Sysmex XT-1800i/2000i 66 2.91 0.10 3.5 65 7 68 0.17 2.2 66 6.72 0.21 3.2 Sysmex XT-4000i 51 2.90 0.10 34 49 7.68 0.20 27 50 6.72 0.17 2.6

FH9-02

FH9-03

including the number of laboratories, mean, standard deviation, and coefficient of variation. Some programs may also include columns for Min and Max, which indicate the lowest and highest values reported.

White Blood Cell Count

## **Qualitative Data tables**

- 9 A summary of the responses reported are provided. The number of referees and participants reporting that response are indicated. Often, frequently reported unacceptable responses are included to provide data for common mis-identifications.
- 10 Many qualitative programs include an educational discussion crafted by an expert scientific committee.

		C	of the CAP				
9		Refe	rees		cipants		
9	Identification	C	- *	Partic N	cipants	Evaluation	
9	Identification Platelet, normal	Refe	rees			Evaluation	

The arrowed cells were correctly identified as normal platelets by 99.5% of referees and 99.7% of participants. Platelets, also known as thrombocytes, are small, blue-gray fragments of megakaryocytic cytoplasm. Most measure 1.5 to 3 µm in diameter. A few small platelets, less than 1.5 µm in diameter, and a few large platelets, 4 to 7 µm in diameter, may also be seen in normal blood films. Fine, purple-red granules are dispersed throughout the cytoplasm or are sometimes aggregated at the center. These granules are platelet alpha granules. Platelet delta granules (or dense granules) are not visible on light microscopy. Platelets may be variable in shape, but most normal platelets are round or very slightly elliptical. Some have short cytoplasmic projections or ruffled margins. They are typically single but may form aggregates, particularly in fresh (fingerstick) preparations.

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# **Evaluation Report**

The evaluation provides a summary of results reported be each individual laboratory, the target results and a summary of performance.

# **Quantitative Evaluation**

E V A L U A T I O N Original			FH9-A 2022 Hematology Auto Differentials, FH9								
Test Unit of Measure Peer Group	2	3 E Your	B Evaluation and C Your				d Statistics 6 Limits of Acceptability Your		Plot of the Relative Distance of Your Results from Target as Percentages of allowed Deviation		
1 reer Group	Specimen	Result	Mean	S.D.	Labs	S.D.I	Lower	Upper	Grade	Survey	-100+100
White Blood Cell Count	FH9-01	2.8	2.78	0.07	2965	+0.3	2.3	3.2	Acceptable		
x 10E9/L or x 10E3/uL	FH9-02	7.6	7.59	0.14	2966	0.0	6.4	8.8	Acceptable	FH9-A 2022	
SYSMEX XN-SERIES	FH9-03	6.4	6.30	0.12	2962	+0.8	5.3	7.3	Acceptable	FH9-C 2021	
	FH9-04	17.1	16.92	0.25	2959	+0.7	14.3	19.5	Acceptable	FH9-B 2021	
	FH9-05	2.9	2.93	0.08	2972	-0.4	<b>5</b> 2.4	3.4	Acceptable		-100 - 80 - 60 - 40 - 20 0 20 40 60 80 10

- Indicates the analyte, unit of measure, and method provided on the result form for your kit.
- 2 Indicates the specimen number.
- 3 Indicates the result reported for the specimen on your result form.
- 4 The mean, standard deviation, and number of laboratories for your peer group.
- 5 The calculated limits of acceptability that were applied to your result.
- 6 The grade assigned to your result.
- Graphical representation of the results reported for this analyte for the past 3 mailings. Refer to our <u>PT Troubleshooting Guide</u> for assistance interpreting these graphs.

## **Qualitative Evaluation**

Test Method	9 Specimen	10 Your Result	Good Response	Acceptable Response	12 Your Grade
Blood Cell ID	<u>BCP-01</u>	NEUTROPHIL, SEG/BAND	NEUTROPHIL, SEG/BAND		Good
8	<u>BCP-02</u>	MICROCYTE w/INCR PALLOR	MICROCYTE w/INCR PALLO		Good
	<u>BCP-03</u>	PLATELET, NORMAL	PLATELET, NORMAL		Good
	<u>BCP-04</u>	PLATELET, GIANT	PLATELET, GIANT		Good
	<u>BCP-05</u>	OVALOCYTE	OVALOCYTE		Good

- 8 Indicates the analyte.
- 9 Indicates the specimen number for the results.
- Indicates the result reported for the specimen on your result form.
- 1 Indicates the consensus response for this specimen.
- Indicates the grade assigned to your response.

Additional information regarding the information provided in the participant summary and the evaluation report can be found in the <u>CAP Proficiency Testing manual</u> located at cap.org.

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