

# UK NEQAS

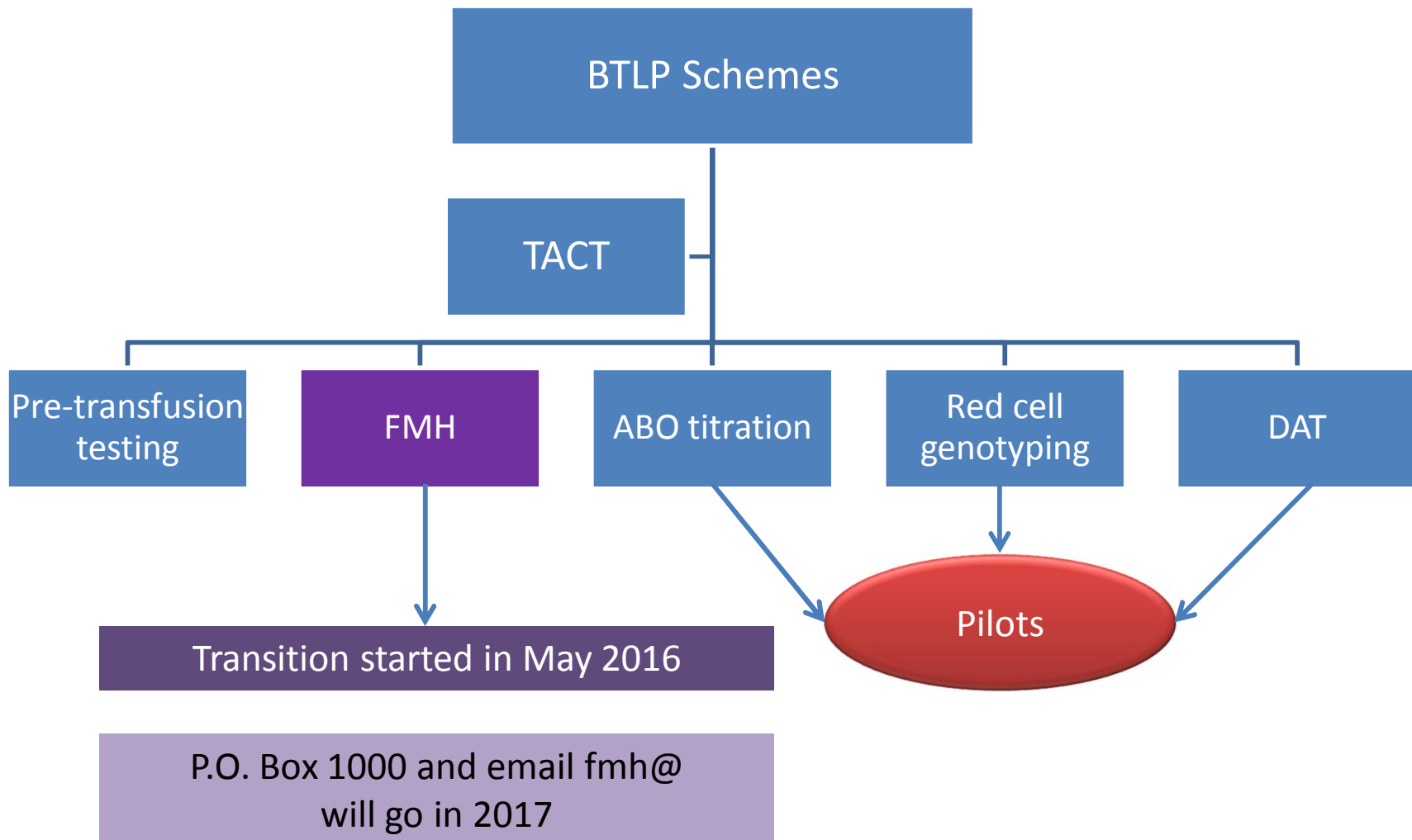
## Scheme developments and learning points

Clare Milkins, Jenny White, Claire Whitham  
UK NEQAS/BBTS November 2016

# Outline

















- ” Scheme structure
- ” Exercise material; EI and EQA
- ” Learning points – 16R9
- ” Annual practice questionnaire
- ” Pilots
  - . ABO titration
  - . Red cell genotyping
  - . DAT
- ” TACT

# New BTLP Structure



















# Problems with material

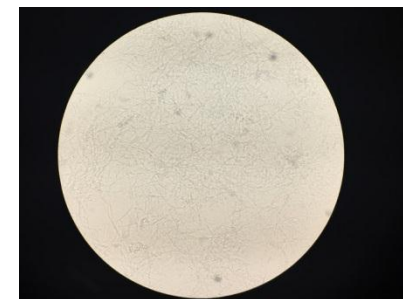
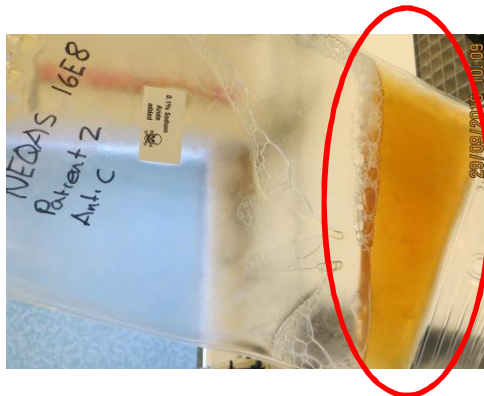
## In-house Capture results

| Sample ID                 | Interp.  | Flags | R-ID 1  | R-ID 2  | R-ID 3  | R-ID 4  | R-ID 5  | R-ID 6  | R-ID 7  | R-ID 8  |
|---------------------------|----------|-------|---|---|---|---|---|---|---|---|
| <a href="#">16R9P2RPT</a> | Complete | *     | 4+  | 0   | 4+  | 0   | 0   | 4+  | 0   | 0   |
|                           |          |       |  |  |  |  |  |  |  |  |
| Sample ID                 | Interp.  | Flags | R-ID 9  | R-ID 10   | R-ID 11   | R-ID 12   | R-ID 13   | R-ID 14   | Pos Ctrl  | Neg Ctrl  |
| <a href="#">16R9P2RPT</a> | Complete | *     | 0   | 0   | 0   | 0   | 0   | 4+  | 4+  | 0   |
|                           |          |       |  |  |  |  |  |  |  |  |

Anti-K

| Sample ID              | Interp.  | Flags | R-ID 1  | R-ID 2  | R-ID 3  | R-ID 4  | R-ID 5  | R-ID 6  | R-ID 7  | R-ID 8  |
|------------------------|----------|-------|---|---|---|---|---|---|---|---|
| <a href="#">16R9P1</a> | Complete | *     | 1+  | ?   | 2+  | 0   | 1+  | ?   | ?   | 0   |
|                        |          |       |    |    |    |    |    |    |    |    |
| Sample ID              | Interp.  | Flags | R-ID 9  | R-ID 10   | R-ID 11   | R-ID 12   | R-ID 13   | R-ID 14   | Pos Ctrl  | Neg Ctrl  |
| <a href="#">16R9P1</a> | Complete | *     | ?   | ?   | ?   | 0   | 0   | 0   | 4+  | 0   |
|                        |          |       |  |  |  |  |  |  |  |  |

Inert



## NHSBT Reagents

# Immucor



**UK NEQAS**

## Participants



# Electronic issue

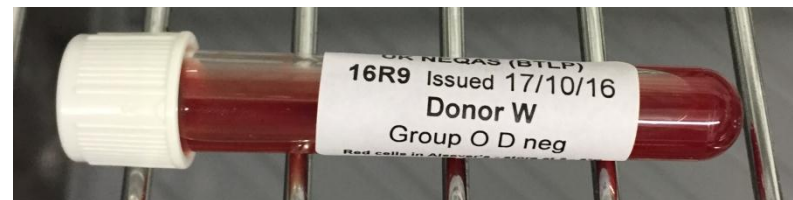
| Patient 1 - Crossmatching   |  |  |  |  |  |
|---|--|--|--|--|--|
| Method:<br>-- Select a Method --<br>Electronic Issue<br>Theoretical Deselection<br>Serological Crossmatch |  | Donor Y<br>Method: Serological Crossmatch              |  | Donor Z<br>Method: Serological Crossmatch              |  |
| Serological crossmatch reactions  | Interpretation   | Serological crossmatch reactions                       | Interpretation   | Serological crossmatch reactions                       | Interpretation   |
| DRT -- Select --<br>IAT Negative<br>Other -- Select --  | <input type="radio"/> Not Stated<br><input checked="" type="radio"/> Compatible <sup>1</sup><br><input type="radio"/> Incompatible <sup>2</sup><br><input type="radio"/> Unable to test <sup>3</sup> | DRT -- Select --<br>IAT Negative<br>Other -- Select -- | <input type="radio"/> Not Stated<br><input checked="" type="radio"/> Compatible <sup>1</sup><br><input type="radio"/> Incompatible <sup>2</sup><br><input type="radio"/> Unable to test <sup>3</sup> | DRT -- Select --<br>IAT Negative<br>Other -- Select -- | <input type="radio"/> Not Stated<br><input checked="" type="radio"/> Compatible <sup>1</sup><br><input type="radio"/> Incompatible <sup>2</sup><br><input type="radio"/> Unable to test <sup>3</sup> |
| If compatible, would you transfuse? <sup>4</sup>  | <input type="radio"/> Not Stated<br><input type="radio"/> Yes<br><input checked="" type="radio"/> No   | If compatible, would you transfuse? <sup>4</sup>       | <input type="radio"/> Not Stated<br><input type="radio"/> Yes<br><input checked="" type="radio"/> No   | If compatible, would you transfuse? <sup>4</sup>       | <input type="radio"/> Not Stated<br><input type="radio"/> Yes<br><input checked="" type="radio"/> No   |

**Notes**

<sup>1</sup> Compatible includes where compatibility established by serological or theoretical means  
<sup>2</sup> Incompatible includes where units are de-selected due to theoretical incompatibility (where the donor is positive for the antigen corresponding to an antibody identified in the patient)  
<sup>3</sup> Unable to test is only to be used where a sample is unsuitable for testing and a repeat cannot be obtained before the closing date  
<sup>4</sup> Allows you to tell us that a unit, although found serologically compatible, would not be issued according to your laboratory policy

16R7: P3 B D pos, all donors A D neg

One UK lab missed all 3 ABO incompatibilities by 'EI'



0% of UK labs would use EI without the donations being securely entered into the LIMS

**We are not assessing EI!**

# Learning points

16R9

AB D positive with positive DAT



16R9 AB D pos with a pos DAT

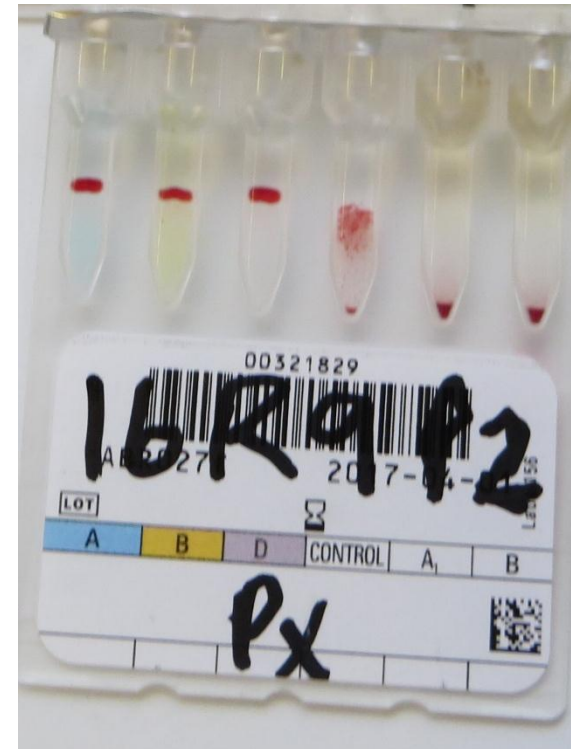


30/09/2016 17:06



# Provisional data

| Technology | Ctrl Pos  | Ctrl Neg  |
|------------|-----------|-----------|
| BioVue     | 120 (69%) | 53 (31%)  |
| Other      | 11 (3%)   | 326 (97%) |



**131 pos controls**

**34 used  
2<sup>nd</sup> technology**

**88 BioVue only  
7 other technique only**

Where recommended by the manufacturer, a diluent control should always be tested.....If pos (even weakly) the test result is invalidated

**32 (5 UK) interpreted  
group as  
AB positive**

# Provisional data

| Technology | Ctrl Pos  | Ctrl Neg  | BioVue | Ctrl Pos  | Ctrl Neg |
|------------|-----------|-----------|--------|-----------|----------|
| BioVue     | 120 (69%) | 53 (31%)  | Auto   | 115 (72%) | 45 (28%) |
| Other      | 11 (3%)   | 326 (97%) | Manual | 5 (38%)   | 8 (62%)  |

8 neg controls (manual)

1 used 2<sup>nd</sup> tech

45 neg controls (auto)

34 used 2<sup>nd</sup> tech

18 reported BioVue only

18 (9 UK) interpreted group as  
AB positive

# Annual practice questionnaire

## May 2016



Group-check policy



# Comments/suggestions for improvements

Web entry for titrations



Web entry pages not user-friendly

Reduce input required on techniques page

Would you like a formal customer satisfaction questionnaire?

Yes: 126

No: 121

Improvements to actual questionnaire



Next year

Whole blood sample

Website unclear with white on grey



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UK NEQAS

Haematology and Transfusion

Accreditation

West Hertfordshire Hospitals NHS Trust, operating UK NEQAS Haematology and Transfusion, is a UKAS accredited proficiency testing provider, No 7805 (BS EN ISO/IEC 17043 2010). A copy of the UKAS Accreditation Certificate is available to download [here](#)

Who we are and what we do

The schemes provided by UK NEQAS Haematology and Transfusion are members of the UK National External Quality Assessment Service (UK NEQAS), a registered charity offering external quality assessment (EQA) services across all pathology disciplines. The primary aim of UK NEQAS is to maintain and improve performance of diagnostic testing at a high level of proficiency, wherever testing is performed. Participation in EQA is an established part of Quality Assurance and is actively encouraged by professional bodies.

General Haematology

1610PV

closes in 7 days

(click for data entry and reports)

📅 More Distributions

Blood Transfusion Laboratory Practice

16R9,16R9B

close in 6 days

(click for data entry and reports)

📅 Schedule

Feto-Maternal Haemorrhage

There are no

open distributions

(click for data entry and reports)

📅 Schedule

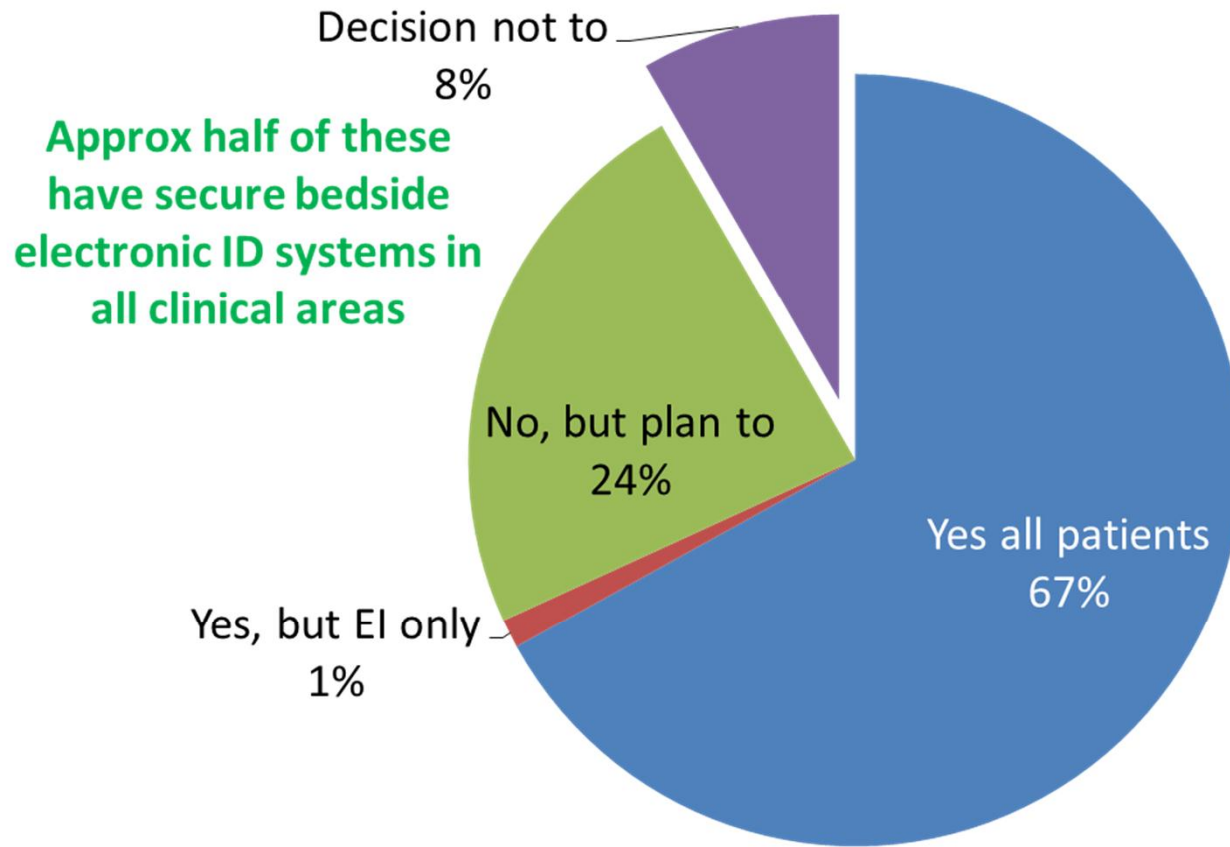
News & Announcements

Joint UK NEQAS (BTLP) and BBTS Blood Bank Technology SIG Annual

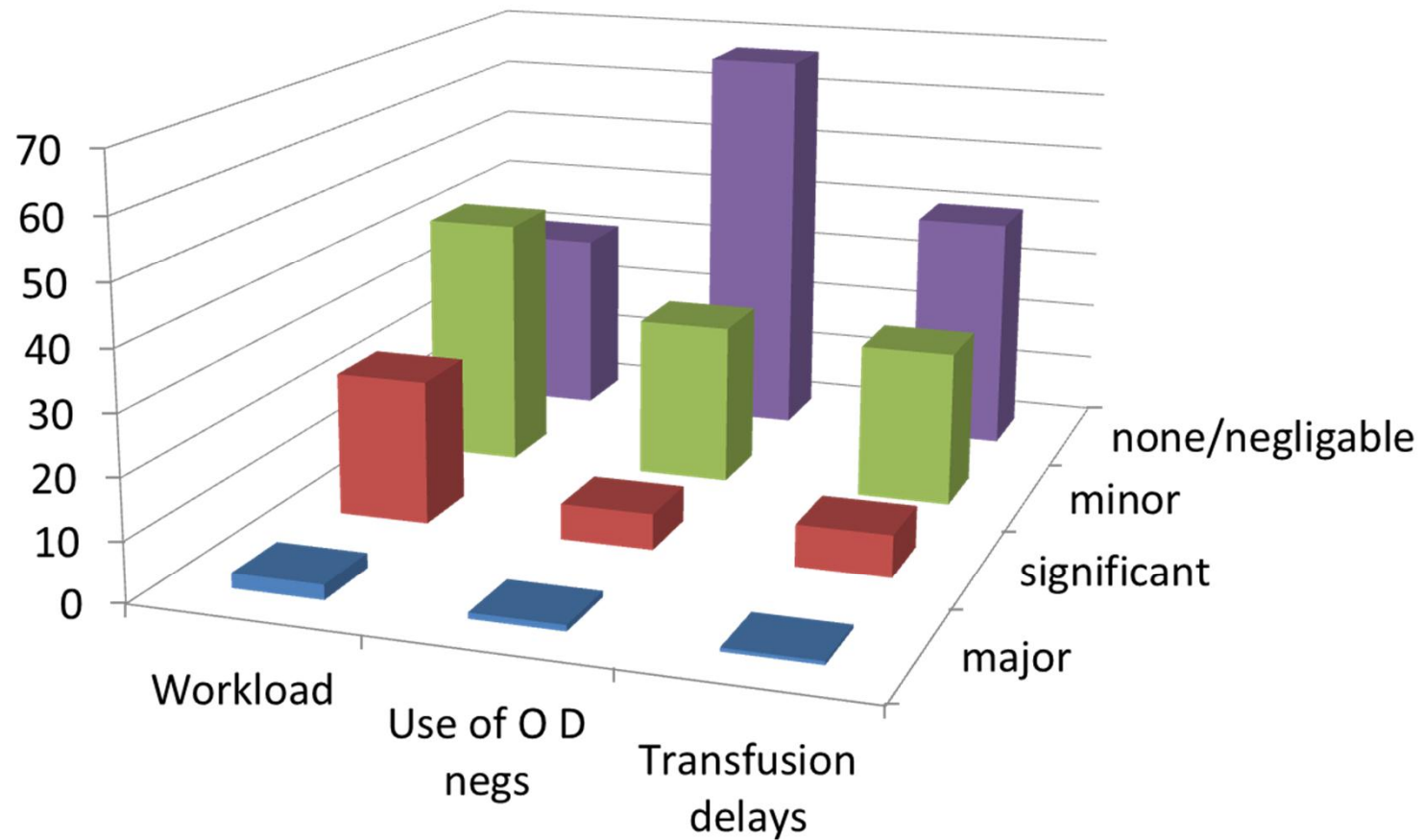
15:48

25/10/2016

# Group-check policy (n=252)

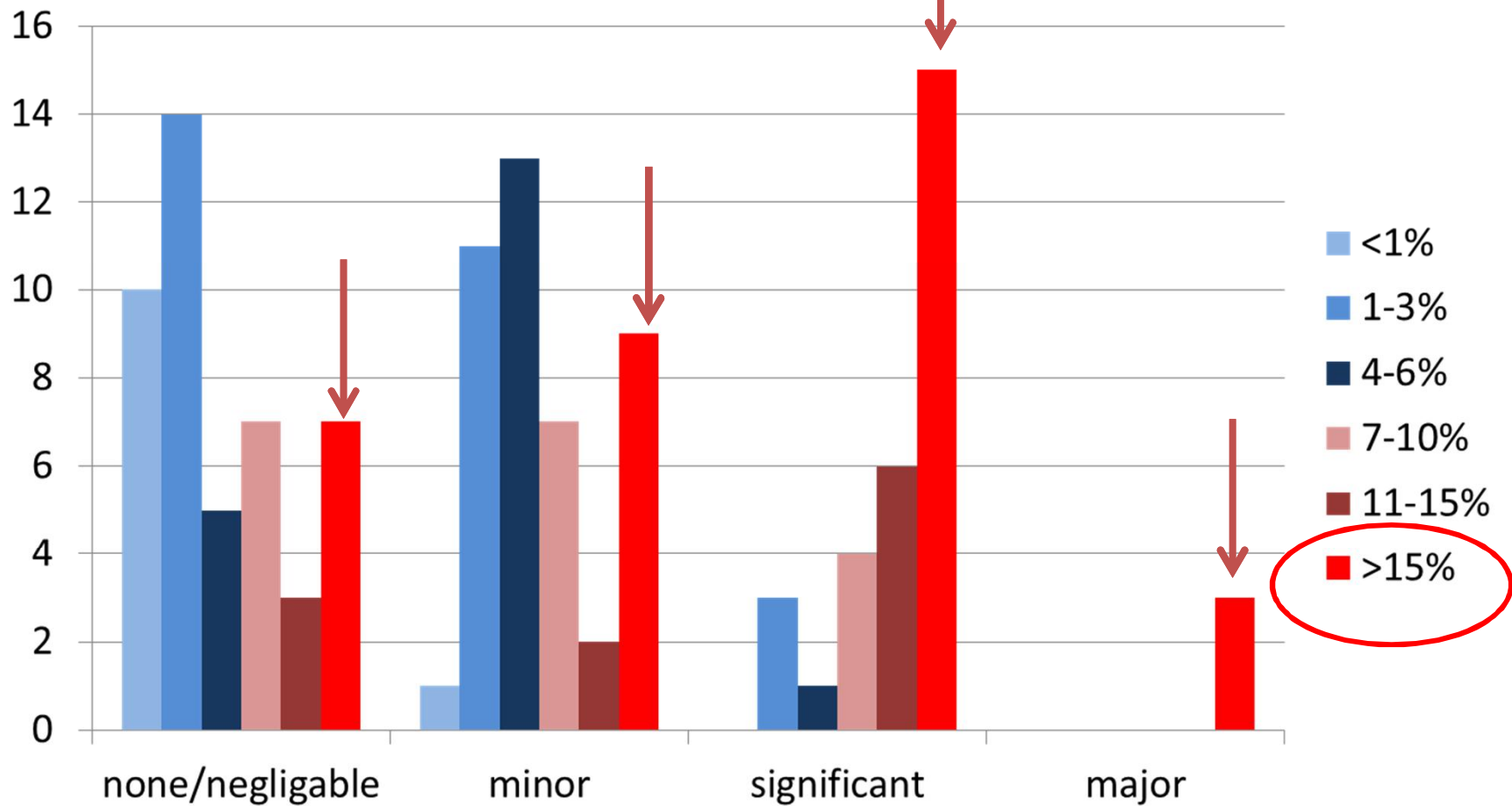


# Reported impact (n=161)

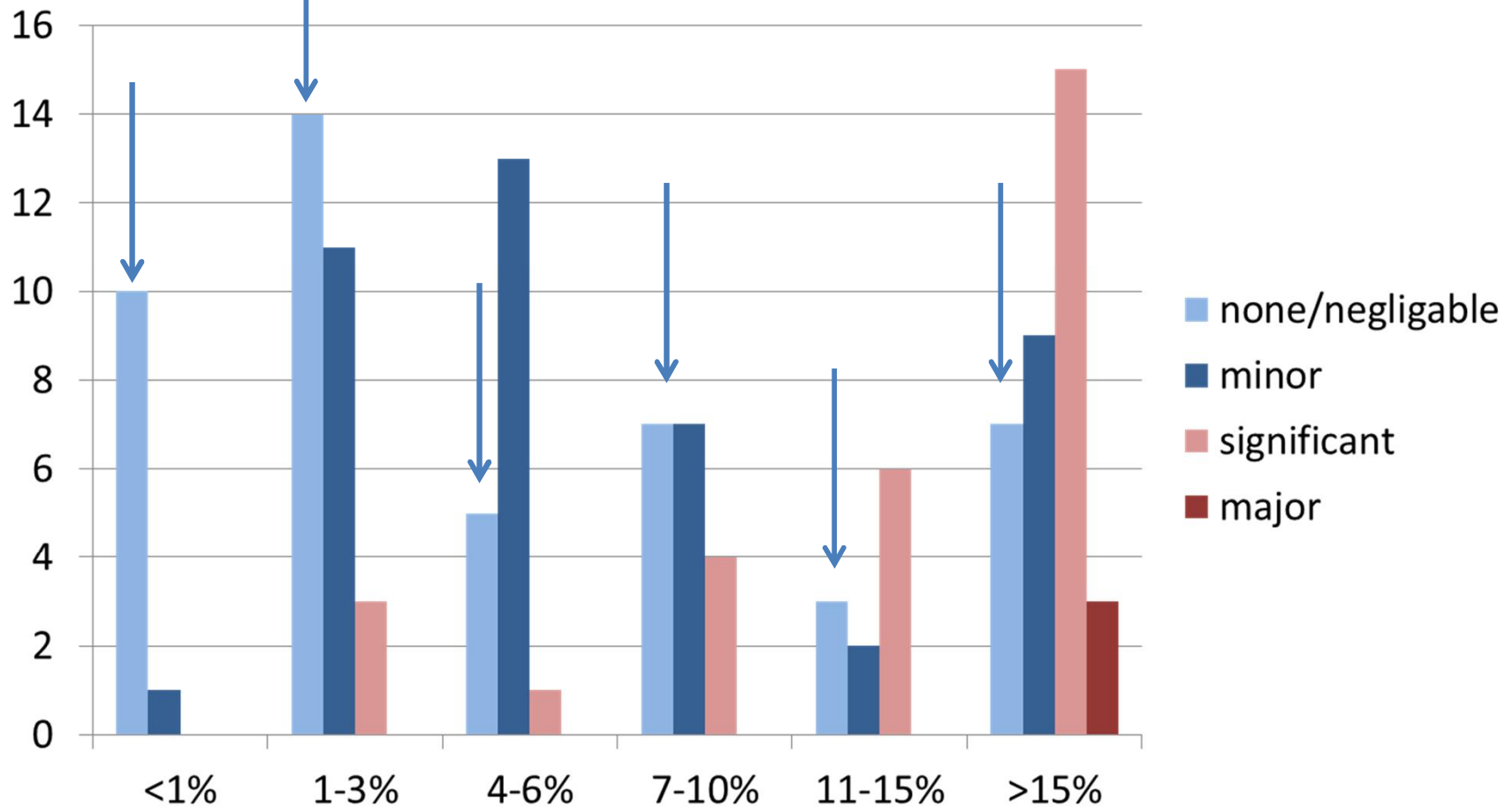




# Impact of group-check on workload (n=121)

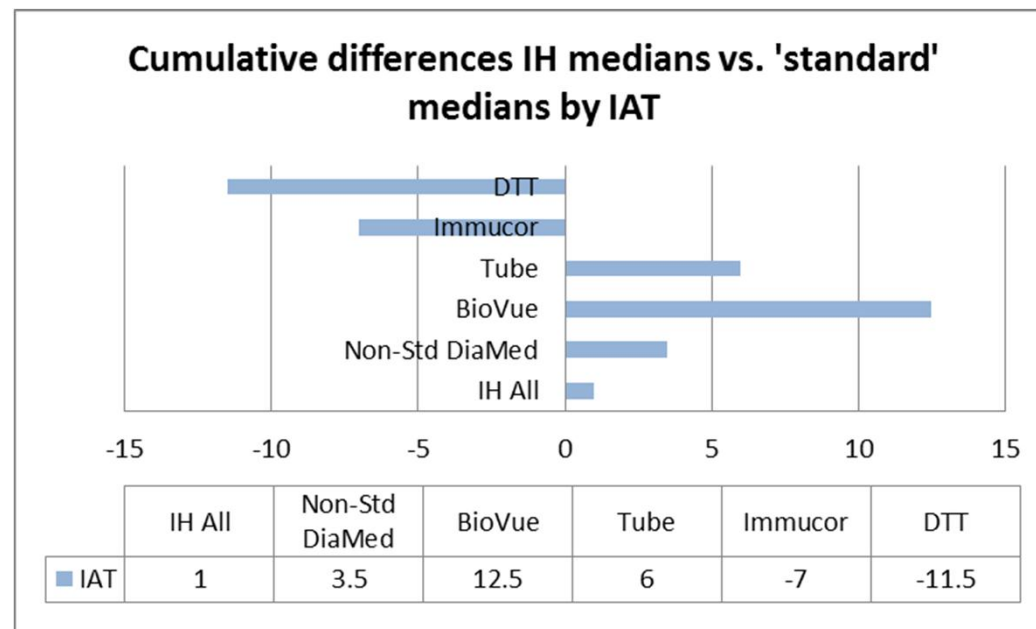


# Impact of group-check on workload (n=121)



# ABO titration pilot scheme

- “ 2010 - 2016 pilot – aim to support ABOi renal transplant
- “ ‘Standard’ technique - initially to facilitate EQA
- “ Still variation by technique... trends 2014/15 data
- “ Automation now available



# ABO titration pilot collaborations



“ NHSBT living kidney donor transplant strategy group looking to achieve standardisation across UK:

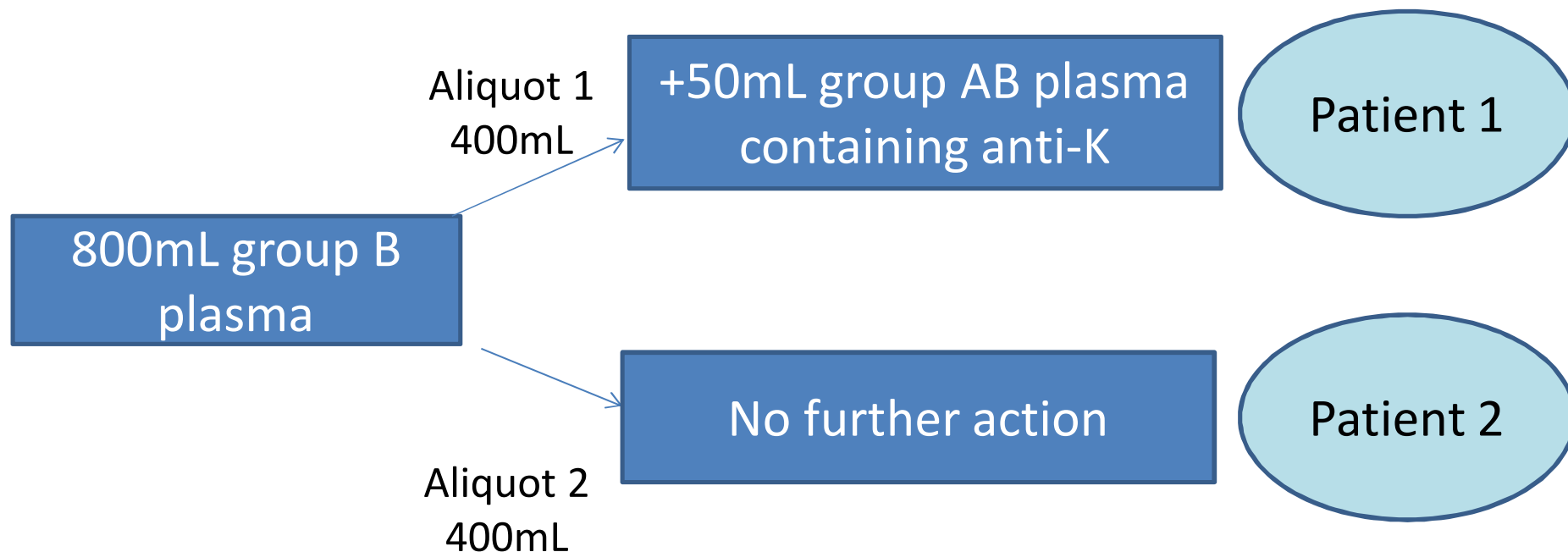
- equitable access to ABOi renal transplant programmes
- safe cut-off limits on day of transplant

“ NIBSC reference preparation 14/300 (high titre anti-A & anti-B)

- available since Dec 2015



# Red cell antibody (anti-K) – Dec 2015



Titrate against A<sub>1</sub> cde/cde K+ red cell

90/97 returns (43 supporting ABOi renal transplant)

# Direct Agglutination at Room Temperature (DRT) Results

| DRT technique | No. results | P1 median (range) | P2 median (range) |
|---------------|-------------|-------------------|-------------------|
| Standard      | 63          | 1 (0 – 4)         | 2 (0 – 8)         |
| IH DiaMed     | 13          | 1 (0 – 4)         | 1 (0 – 8)         |
| IH BioVue     | 7           | 2 (0 – 4)         | 2 (0 – 4)         |
| IH tube       | 20          | 1 (0 – 4)         | 1.5 (0 – 4)       |
| IH Immucor    | 7           | 0 (0 – 2)         | 1 (1 – 4)         |
| IH Grifols    | 2           | 0.5 (0 – 1)       | 2 (2 – 2)         |

↑  
Anti-A  
↑

# Indirect Antiglobulin Test (IAT) Results

| IAT technique | No. results | P1 median (range) | P2 median (range) |
|---------------|-------------|-------------------|-------------------|
| Standard      | 76          | 128 (4 – 512)     | 1 (0 – 8)         |
| IH DiaMed     | 5           | 128 (128 – 256)   | 2 (0 – 4)         |
| IH BioVue     | 7           | 128 (8 – 128)     | 2 (1 – 8)         |
| IH tube       | 6           | 64 (16 – 128)     | 3 (1 – 8)         |
| IH Immucor    | 9           | 64 (16 – 256)     | 0 (0 – 4)         |
| IH Grifols    | 2           | 64 (64 – 64)      | 0.5 (0 – 1)       |

**Anti-K**

**Anti-A**



# Is an antibody screen included when a titration is requested?

35/89 stated that they do not routinely include an antibody screen



13/35 support ABOi renal transplant

Questionnaire data 2013

**Acceptance on programme**

Median 512

Range 128 - 4096

**Max titre on day of transplant**

Median 8

Range 2 - 16

# Transition to full UK NEQAS Scheme

- “ Scoring accepted by NQAAP 2016
  - . For technology groups  $\geq 20$ , using median result
  - . Premise that one dilution either side of median is OK
  
- “ IT being developed
  - . for more secure data entry
  - . to eliminate manual analysis for scoring and manipulation of data to mailmerge into reports
  
- “ To be added to scope for ISO17043 in 2017

# Red cell genotyping pilot 2016/17

## Scientific advisory group

- ” Jill Storry
- ” Geoff Daniels
- ” Sylvia Armstrong-Fisher
- ” Martin Maley
- ” Shane Grimsley

## Participants

- ” Recruited 45 labs in 22 countries
- ” First exercise June 2016



# Red cell genotyping pilot 2016/17

- “ 4 exercises per year
- “ Haemoglobinopathy patient testing scenario
  - . 2 samples non-leucodepleted whole blood
  - . D, Cc, Ee, MN, Ss, Kk, Fy<sup>a</sup> Fy<sup>b</sup> Fy, Jk<sup>a</sup> Jk<sup>b</sup>, Do<sup>a</sup> Do<sup>b</sup>
  - . Genotype / predicted phenotype / Qs on practice
- “ 16/17G1 reported - commentary from Geoff Daniels
  - . 5 errors (4 labs), 3 data entry / interpretation, 2 possibly testing
  - . Some possibly due to lack of knowledge
  - . Main issue with results is terminology
  - . ? Lead to problems recording in LIMS for use in clinical practice

# DAT pilot

## UK NEQAS (BTLP)

Summary of findings from  
16R4 (distributed 18/04/2016)  
16R7 (distributed 18/07/2016)

# To date....

- “ Five pilot exercises sent
  - . 15R7 (13/07/2015)
    - ❖ DAT 1 negative
    - ❖ DAT 2 4+ coated with monoclonal anti-D
  - . 15R9 (12/10/2015)
    - ❖ DAT 1 2+ coated with monoclonal anti-D
    - ❖ DAT 2 2+ coated with polyclonal anti-K
  - . 16R4
    - ❖ DAT 1 negative
    - ❖ DAT 2 2+ coated with C3d
  - . 16R7
    - ❖ DAT 1 weakly positive coated with monoclonal anti-D
    - ❖ DAT 2 2+ coated with monoclonal anti-D
  - . 16R9
    - ❖ DAT 1 negative
    - ❖ DAT 2 2+ coated with monoclonal anti-D

# In summary

- “ Positive reactions reported for cells coated with differing antibody specificities and strengths, and with complement
- “ SurveyMonkey questionnaire edited to include questions regarding internal negative controls, and result entry into the LIMS
- “ Sample quality and reaction grade data from all exercises shows the samples are stable for one week





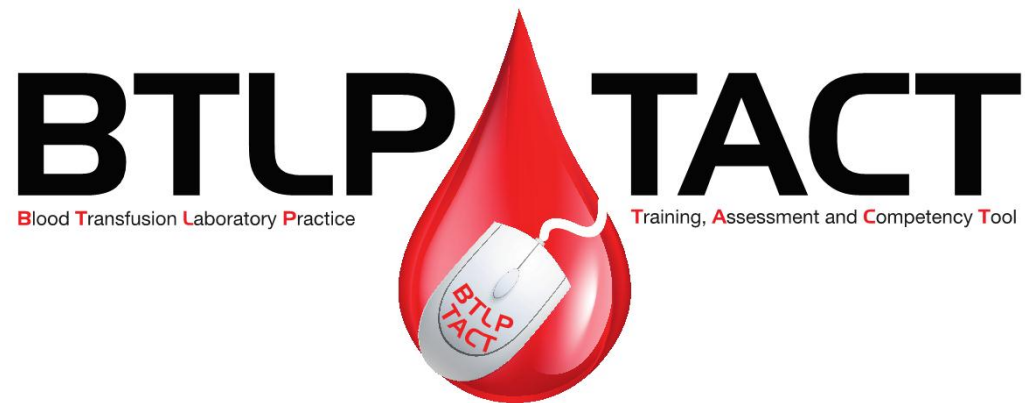
# In summary

- “ Feedback from some participants:-
  - . Cell suspension is not strong enough to process on automation
- “ Sample packaging to be addressed



# Conclusions

- “ With thanks to all participants for testing the samples twice each exercise
- “ From 17R1, we will be asking participants to test the samples only once
- “ There will be a one week exercise period
- “ Scoring system to be developed
- “ A full report with data analysis will be issued soon
- “ High likelihood of proceeding to a full DAT scheme during the next financial year



## Overcoming a resource hurdle

Claire Whitham MSc MIBMS, Snr EQA Scientist,  
UK NEQAS BTLP

On behalf of the TACT team, UK NEQAS BTLP.

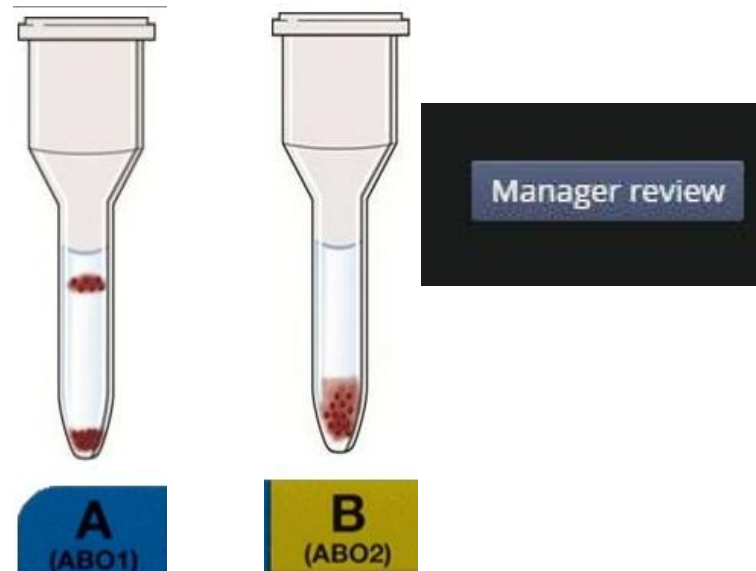
# Training, Assessment and Competency Tool (TACT)



# Released this year



- “ Increased number of antibody specificities and combinations
- “ ABO/D grouping anomalies
  - . Mixed field/dual population
  - . Weak reactions vs. anti-A, anti-B and anti-D
  - . Logic rules and scoring linked to patient demographics and clinical condition
- “ Fully randomised patient demographics
- “ Increase in variety of clinical conditions
- “ Manager review feature
- “ Gross request form and sample label mismatches





# How does TACT work?



# Future TACT direction



“Coming soon:-

- . Reason for ‘fail’
- . Anomalous scenarios flag, for ‘best practice’
- . Multiple requests in the in-tray
- . ‘Group check’ sample request
- . Electronic crossmatch

