PROFICIENCY TESTING OR BIANNUAL VERIFICATION OF ACCURACY

Laboratories performing any of the following <u>regulated</u>, non-waived analytes must participate in an <u>approved</u> proficiency testing program according to the CLIA requirements [as specified in 42 CFR 493.801 - 493.959 (Subparts H and I)]. The minimum number of challenges is 5 samples per testing event, with 3 testing events per year.

REGULATED ANALYTES (Proficiency Testing is Required):

| REGULATED AWALT TES (Tronciency Testing is Required). | | | | |
|---|-------------------------------|-----------------------------------|--|--|
| <u>CHEMISTRY</u> | TOXICOLOGY | IMMUNOLOGY | | |
| ALT/GPT | Alcohol, blood | Alpha-1 antitrypsin | | |
| Albumin | Blood lead | AFP (tumor marker) | | |
| Alkaline phosphatase | Carbamazepine | Antinuclear antibody | | |
| Amylase | Digoxin | ASO | | |
| AST/GOT | Ethosuximide | HIV | | |
| Bilirubin, total (or neonatal) | Gentamicin | Complement C3, C4 | | |
| Blood gas pO2, pCO2, pH | Lithium | HBsAg, Anti-HBc, HBeAg | | |
| Calcium, total | Phenobarbital | IgA, IgE, IgG, IgM | | |
| Chloride | Phenytoin | Infectious mononucleosis | | |
| Cholesterol, total | Primidone | Rheumatoid factor | | |
| HDL Cholesterol | Procainamide (and metabolite) | Rubella | | |
| Creatine kinase | Quinidine | | | |
| Creatine kinase isoenzymes | Tobramycin | BACTERIOLOGY | | |
| Creatinine | Theophylline | Cover the specialty according | | |
| Glucose | Valproic Acid | to the different types of testing | | |
| | | | | |

Iron, total

LDH

LDH isoenzymes

HEMATOLOGY

Cell Identification

MagnesiumAuto or manual WBC differentialPotassiumErythrocyte Count (RBC)SodiumHematocrit (automated)Total ProteinHemoglobinTriglyceridesLeukocyte count (WBC)

Urea Nitrogen Platelet Count
Uric Acid Fibrinogen

Partial thromboplastin time

ENDOCRINOLOGY Prothrombin time

Cortisol
Free Thyroxine IMMUNOHEMATOLOGY

Serum Pregnancy (HCG)

(qualitative or quantitative)

ABO Group

D (Rh typing)

T3 Uptake Antibody Detection
Triiodothyronine Compatibility testing
TSH Antibody Identification

Thyroxine

SYPHILIS SEROLOGY

RPR, VDRL, MHA-TP, etc.

performed

MYCOLOGY

Cover the specialty according to the different types of testing

performed

PARASITOLOGY

Cover the specialty according to the different types of testing

performed

VIROLOGY

Cover the specialty according to the different types of testing

performed

MYCOBACTERIOLOGY

Cover the specialty according to the different types of testing

performed

If a laboratory performs tests that are not included on the list of <u>regulated</u> analytes, they must have a system for verifying the accuracy of their test results at least twice per year (biannual verification of accuracy). The minimum number of challenges is 2 samples, 2 times per year.

COMMON NON-REGULATED ANALYTES:

Microscopic examinations (KOH preps, wet mounts, pinworm preps, urine sediment, nasal smear for granulocytes, post vasectomy, Fern test); CO2; GGT; Phosphorus; PSA; *H. pylori* antibody; Urine colony counts only; Hemoglobin A1C (glycosylated hemoglobin); Reticulocyte counts.

APPROVED PROFICIENCY TESTING PROVIDERS:

| Accutest | (800) 356-6788 | California Thoracic Society | (714) 730-1944 |
|----------------------------------|----------------|----------------------------------|----------------|
| Amer. Acad. of Family Physicians | (800) 274-7911 | College of American Pathologists | (800) 323-4040 |
| Amer. Assoc. of Bioanalysts | (800) 234-5315 | EXCEL (CAP) | (800) 323-4040 |
| American Proficiency Institute | (800) 333-0958 | WSLH | (800) 462-5261 |
| ASIM Medical Lab Evaluation | (800) 338-2746 | | |

SUGGESTIONS FOR BIANNUAL VERIFICATION OF ACCURACY

- Include blind samples with known values in patient test runs.
- Participate in an external assessment program.
- Send split samples to another lab and compare results.
- Split samples with another instrument or method and compare results.
- For microscopic examinations, have two analysts review and compare results.
- Obtain Kodachrome slides from reference lab.
- Use peer group review of cases at professional meetings.
- Correlate patient test results with clinical history, presentation.

BE SURE TO:

- Have a written policy describing how the accuracy of testing is verified.
- Include specimens that span the reportable range for quantitative tests and establish criteria for acceptable agreement.
- Include specimens that give positive and negative results/reactions for qualitative tests.
- Include a minimum of 2 samples, 2 times per year.
- Document results of all verification activities.
- Document all corrective actions taken, if problems are identified and verify the effectiveness of the corrective action.