UK NEQAS
Blood Coagulation

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

3rd Floor, Pegasus House,
463A Glossop Road,
Sheffield S10 2QD, UK
Tel: +44 (0)114 267 3300
E-mail: neqas@coaguk.org.uk
Website: www.neqascoag.org

Professor ID Walker (Director)
Dr S Kitchen (Scientific Director)
Dr I Jennings (Manager & Deputy Director)
Mrs D P Kitchen (Scientific Lead POCT Programmes)

# SURVEY 246 : JANUARY 2021
# CLOSING DATE 10TH FEBRUARY 2021

Dear Colleague

- Please find enclosed lyophilised plasma samples labelled from **21/01 – 21/09.** Participants registered for thrombophilia screening tests will also receive sample (**21/10**) in this package. Details for this sample are shown overleaf.

- Please note, in this survey, packages have been prepared to conserve stocks of some of the samples, so you may not receive all of these samples, but should receive at least all samples for the tests for which you are registered. If you find a sample is missing for one of your registered tests, please make contact.

- **IMPORTANT NOTE:** On receipt, samples should be stored below 8°C (for maximum storage life store at or below –20°C). All vials should be reconstituted by carefully adding exactly **0.5ml** of distilled water to each vial, mix vial gently and leave to stand for **10** minutes before testing.

Using your **routine methods**, please carry out whichever of the following tests you are registered for:

A. **Prothrombin Time and INR determination** on sample **21/01** using your usual test for oral anticoagulant control. If you use a capillary reagent method, use the reagent manufacturer's recommended method for citrated plasma with the capillary reagent method.

**Interpretations.** For sample 21/01, please give an interpretation of "underdosed", "adequate" or "overdosed" based on your INR result and the following clinical details:
*This sample is from a 45 year old man on warfarin for a first unprovoked DVT. He has been on warfarin therapy for 2 months. He was last tested 3 weeks ago, when his INR was 2.5; his dose was unchanged.*

B. **Activated Partial Thromboplastin Time** on sample **21/02**.

C. **Heparin Assay (anti-Xa assay for low molecular weight heparin)** on sample **21/03**. This sample was taken 4hrs post Clexane from a patient with a newly diagnosed DVT, being treated with twice daily dosing.

D. **Clauss Fibrinogen assay** on sample **21/04**. Please note, as previously instructed, PT-derived fibrinogen is not currently offered for EQA.

**E. D-Dimer Assay** on sample **21/05**.
***CLINICAL SCENARIO:*** *This sample is from a 25 year old woman suspected of having a DVT, and a Wells score of 0. PLEASE NOTE YOU ARE NOW REQUESTED TO REPORT INTERPRETATIONS AS "VTE NOT EXCLUDED" OR "VTE UNLIKELY".*

F. **Factor VII:C (Seven) Assay** on sample **21/06**.

G. **Factor VIII:C (Eight) Assay** on sample **21/07**.

H. **Factor X:C (Ten) Assay** on sample **21/08**.

I. **Factor XII:C (Twelve) Assay** on sample **21/09.**

cont/……..

## Thrombophilia Exercise (Survey 1246)

Reconstitute sample **21/10** by carefully adding exactly **0.5 ml** of distilled water to each vial, mix gently and leave standing at room temperature for **10 minutes** before testing. Using your **routine methods**, the following tests should be carried out within 30 minutes of reconstitution: Protein C, Protein S, Antithrombin, APC resistance, **and Plasminogen**. **CLINICAL SCENARIO:** *This patient is a 50 year old man who suffered a first DVT following a long haul flight. He was anticoagulated for 3 months. This sample was taken 3 months after cessation of anticoagulant therapy. There is no family history of thromboembolic disease*

**Important note.** *All samples have been screened for hepatitis B surface antigen (HBsAg) and for antibodies to hepatitis C virus and human immunodeficiency virus types 1 & 2 (anti-HIV-1+2) which were not detected. Samples were collected prior to the outbreak of the covid pandemic. However, normal precautions should be taken in their handling and disposal.*

## Results:

**PLEASE CHECK METHOD DETAILS, INCLUDING REFERENCE RANGES** and amend if necessary. As these analyses take into account reagent-related differences, **it is particularly important that all participants check and confirm all their registration details.** ***Reports will not be re-issued if methods have not been checked and updated if necessary.***

In order that the results can be analyzed and distributed as rapidly as possible, please return all the survey questionnaire pages or enter data via the web by **Wednesday 10th February 2021** (or **Wednesday 17th February 2021** for the thrombophilia exercise S1246). Results received after these dates cannot be included in the statistical analysis.

*Please note the following requirements of laboratory participation in EQA under ISO15189: "The laboratory shall not communicate with other participants in the interlaboratory comparison programme about sample data until after the submission date", and " The laboratory shall not refer interlaboratory comparison samples for confirmatory examinations before submission of the data, even if this would be routinely done with patient samples". Where evidence of collusion is found, participant performance will be scored as a fail for that survey.*

## WEB-BASED ENTRY OF RESULTS:

Data entry for this survey is only available through the online system. Please follow carefully the instructions detailed below.

1. To gain access to the data entry forms follow the link from the website homepage (www.ukneqasbc.org).
2. To login, enter your laboratory number (five digit number eg 32001) without any suffix, and then enter your password. If you have mislaid this password, please contact the scheme and a repeat email will be forwarded to you.
3. Once you have logged in, select the relevant survey to enter data. Method changes can be updated through the drop-down boxes – if your method does not appear on the relevant list, please contact the UK NEQAS (Blood Coagulation) office on +44 (0)114 267 3300. ***Please check your methods and enter your results carefully. Reports will not be re-issued if methods have not been checked and updated if necessary.***
4. Results can be saved at any time; by marking the "SAVE" button, results can be amended at a later date, up until the survey closing date.
5. Once an individual test is completed, click on the "mark as complete" box. This result will then be sent to the UK NEQAS for Blood Coagulation host server, and can no longer be altered on-line. Alternatively, when all results have been entered, click on the "complete" button at the top of the form. All results will be sent to the UK NEQAS for Blood Coagulation host server, and can no longer be altered on-line.
6. **IMPORTANT:** Once you have completed your result entry, please print and store a copy of your results for reference. This can be achieved by clicking on "File" and then "Print" on the toolbar of your web browser.
7. Once the survey is closed, any "saved" results which have not been marked as "complete" will be downloaded. Instructions are also provided on the website; please contact UK NEQAS for Blood Coagulation if any details require further clarification

Professor I D Walker
Director, UK NEQAS for Blood Coagulation