# University of California, Davis Health System Department of Pathology and Laboratory Medicine Automated Chemistry/Urinalysis

Chemistry Non-Surveyed Analyte Proficiency Testing

Administrative Procedure 3010

### **PURPOSE:**

The purpose of this procedure is to outline the steps to be taken to satisfy proficiency testing requirements in the Automated Chemistry/Urinalysis section where graded proficiency testing is not available.

### PROCEDURE:

The following analyte is currently tested by ungraded proficiency testing methods:

## Specific Gravity, Urine, manual refractometer method

For each CM CAP survey (2 times per year), a chemistry technologist will also perform a test for specific gravity. Each survey sample tested for automated specific gravity will also be tested for specific gravity by manual refractometer. These results will be recorded on the appropriate form by the technologist. (See Attachment A)

Upon receipt and final grading of the CM survey(s), the results obtained at UCDMC will be compared to the CAP peer data obtained for Visual Refractometer. The result must be  $\pm$  2 S.D., as determined by CAP, or  $\pm$  0.002 of the Peer Group Mean, whichever is greatest. Results, acceptable ranges, and interpretation of acceptability for each sample are recorded on the SG Refractometer form. (Attachment B). The completed form is saved with the CM survey results.

If there is any disparity in results, the section Supervisor or Specialist will follow-up with a Proficiency Testing Investigation and Corrective Action Report per Administrative Procedure 705.A.

The results of this non survey testing will be reviewed by the Section Supervisor and Medical Director. The documentation will be sent to the Proficiency Testing Coordinator for review and filing.

V093014kd Page 1 of 2

# University of California, Davis Health System Department of Pathology and Laboratory Medicine Automated Chemistry/Urinalysis

Chemistry Non-Surveyed Analyte Proficiency Testing

Administrative Procedure 3010

# PROCEDURE HISTORY

Date	Written/ Revised by	Revision	Approved Date	Approved By
12/15/00	C. Jarvinen	New	12/15/00	E. Larkin
5/01	C. Jarvinen	Annual Review	5/01	E. Larkin
9/02	C. Jarvinen	Revised	9/02	E. Larkin
8/03	C. Jarvinen	Annual Review	8/03	E. Larkin
9/04	C. Jarvinen	Revised	9/04	E. Larkin
9/05	C. Jarvinen	Annual Review	9/05	R. Green
9/06	C. Jarvinen	Annual Review	9/06	R. Green
9/07	C. Jarvinen	Annual Review	9/07	R. Green
8/08	J. Frey	Revised	8/08	L. Howell
12/08	J. Frey	Revised	12/08	S. Devaraj
5/09	J. Frey	Revised	5/09	L. Howell
1/10	J.Frey	Renumbered to 3010		*
9/11	J. Frey	Revised. SG Body Fluid changed to SG Urine.		*
10/2014	kdagang	update	10/06/2014	J.Gregg

<sup>\* 10/2014</sup> Unable to locate document approval signatures for time period 01/2010 to 10/2014. Minor revisions during this period. Procedure was properly followed during this period.

V093014kd Page 2 of 2

# University of California, Davis Health System Department of Pathology and Laboratory Medicine

Attachment A
Non-Surveyed Chemistry Analyte Proficiency Testing
Specific Gravity, Urine by Refractometer Testing Worksheet

The College of American Pathologists (CAP) requires that "Semi-annual alternative assessment must be performed on tests for which PT is not available." Our lab is not enrolled in proficiency testing for urine Specific Gravity by manual refractometer method. Therefore, this alternative performance assessment has been implemented. The results obtained by individuals performing this assessment will be compared to those obtained by the CAP for this method.

<u>Instructions:</u> Test each specimen as you would a patient. Record your results in the table below. Sign your name and record the date testing was performed below. Any comments deemed necessary may be noted below.

Specimen	Result
A (CM-01)	
B (CM-02)	
C (CM-03)	

Comments:	
Technologist Signature	Date

# Department of Pathology and Laboratory Medicine University of California, Davis Health System

Attachment B

Non-Surveyed Chemistry Analyte Proficiency Testing Summary Specific Gravity, Urine by Refractometer Testing Results Summary

Year:

Specific Gravity, Urine Analyte:

Refractometer, Visual

Reviewed by:	
CLS	
Acceptable?	
Acceptable Range (± 2 CAP S.D. or ± 0.0020, whichever is greatest)	
S.D. (CAP)	
Result (CAP)	
Result Result S.D. obtained (CAP)	
Specimen	
Date	

Date Director Date Reviewed By Page 1 of 1