MID AMERICA CLINICAL LABORATORIES

HEMATOLOGY

INDIANAPOLIS, INDIANA

**SEPTEMBER QA 2015 RESULTS**

**QA 1**

This slide was from a 54 year old female that has Acute Myelomonocytic Leukemia. The major presence on the smear are monocytes (some immature). There were 68% monocytes reported on this sample. The increased absolute monocyte count should be sent for Pathology review. There were some nucleated red blood cells on the smear, but the count could be done without ever seeing one. Some associates counted some, and some did not. (The same case for QA2 – so a Bonus Point was given for those associates that counted it on either sample AND did the WBC correction, correctly.) The platelet result was reported from an Advia 2120 as 46 k/cumm. The following points [11] were given for:

Segs 5 - 24% **RBC Morphology**

Lymphs 7 – 31% aniso, macro, micro (sl – mod)

Monos 16 - 88% →Pathology Review poly (sl – mod)

Eosinophils 0 – 3% hypo (sl – mod)

IG (any combo) 0 – 15% giant platelets present

Plt Est 20 - 121 (Advia PLT = 46,000)

Send to pathology

**QA 2**

This slide was from a 62 year old male with a diagnosis of Acute MYELOID Leukemia. The majority of cells on the smear are blasts. There were 96% blasts reported on this smear. Auer rods were found on some smears, but not all…so no points were given for these. Associates should NOT differentiate between myeloid or lymphoid, unless auer rods are seen. This slide should be sent for pathology review due to the blasts. The platelet count reported from an Advia 2120 was 30 k/cumm. The following points [7] were given for:

Segs 0 - 9% **RBC Morphology**

Lymphs 0 - 9% aniso/macro (sl - mod)

Monos 0 - 2%

Blasts 70 - 98%

Plt Est 1 - 70 (Advia PLT = 30,000)

Send to Pathology

**Body Fluid**

The body fluid was worth [3] points. There were segmented neutrophils, lymphocytes, and monocytes present.

Segs 75 - 99%

Lymph 0- 8%

Mono 0 - 15%

**Urinalysis**

The microscopic was worth [4] points.

WBC (10 – 25), (25 – 50)

RBC (0 – 5), (5 – 10), (10 – 25)

Triple phosphate

Amorphous phosphate

**Retic**

0.2 – 1.6 %

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site** | **Avg Diff 1** | **Avg Diff 2** | **Avg Fluid** | **Avg UA** | **Avg Retic** | **Avg Total** | **Avg Score** |
| POSSIBLE POINTS | 11 | 7 | 3 | 4 | 1 | 26 |  |
| Regional | 9.9 | 6.2 | 3 | 3.1 | 1 | 23.9 | 92% |
| CHN | 9.9 | 6.5 | 3 | 3.3 |  | 23.5 | 94% |
| CHS | 9.5 | 6.5 | 3 | 3.4 |  | 22.9 | 92% |
| CHE | 9.4 | 6.7 | 3 | 3.2 |  | 22.8 | 91% |
| CHH | 9.6 | 6.5 | 3 | 3 |  | 22.9 | 92% |
| SVIN | 9.3 | 6.6 | 2.8 | 3.3 | 0.9 | 23.6 | 91% |
| SV Carmel | 9.3 | 6.9 | 3 | 3.9 |  | 24.1 | 96% |
| SV Womens | 9.6 | 6.6 | 3 | 2.7 | 1 | 23.4 | 90% |
| SV Mercy | 9 | 6.8 | 3 | 3.4 |  | 22.4 | 90% |
| SV NE | 9.7 | 6.5 | 3 | 3.7 |  | 23 | 92% |
| IOH | 10 | 7 | 3.3 |  |  | 21.3 | 97% |
| SV Jennings | 9.4 | 6.1 | 3.3 |  |  | 19.6 | 89% |
| SV Salem | 9.2 | 6.8 | 2.4 | 3 |  | 22.4 | 90% |
| SV Dunn | 8.8 | 7 | 3 | 3 |  | 22.3 | 89% |
| St Joe | 10.3 | 6.8 | 3 | 3 |  | 24 | 96% |
| SV Anderson | 9.4 | 6.3 | 2.9 | 3.6 |  | 22.3 | 89% |
| SV Randolph | 9.3 | 7 | 3 | 4 |  | 23.3 | 93% |
| Westview | 8.4 | 6.1 | 3 | 3.4 |  | 22 | 88% |
| SV Clay | 9.1 | 7 | 3.3 |  |  | 22 | 91% |
| SV Heart | 8.6 | 6.2 |  | 3.2 |  | 18.6 | 85% |
| SV Williamsport | 8 | 4 | 3 | 2.6 |  | 17.8 | 71% |
| St. Mary Ev | 9.9 | 7 | 3 | 3.8 | 0.9 | 25.4 | 98% |
| SV Frankfort | 8.8 | 5.7 | 2.5 | 3.2 |  | 20.5 | 82% |

Any associate that scored 85% or below should review their slides with the supervisor or designee. The review should be recorded and routed back to Regional for filing. If the associate had a previous failure on the last set of Hematology slides, re-training should occur. After re-training, the technologist must complete a successful QA challenge prior to reporting results.

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operations Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_