UK NEQAS Update

- Katy
  - Scheme redesign
  - Case study 1 – EQA sample

- Rob
  - Case study 2 – Patient sample
  - Flow Cytometry screening
Scheme redesign

• Live May 2018 (1803F)
• Registrations
  – New types
  – De-registered non-FMH users
• Refreshed
  – Data entry webpage
  – Report
• Feedback very welcome
Case study 1 - EQA
1804F P1 – 3mL
1804F P1 – 1mL

• Sources of error
  – User error?
  – Added cord material?
  – Incorrectly interpreted D type?

• Next steps
  – Repeat FC testing
  – Repeat D typing
  – Examined plots
Flow Cytometry

488nm

530nm

YD
Normal FC report - 12mL
1804F P1
Repeat D typing
HELP!!!!

- Matt Hazell @ RCI
  - Likely D weak or variant
- Lynne Porter @ WBS
  - Likely D weak or variant, anti-HbF result 3.7mL
- Shane Grimsley @ IBGRL
  - 13/17 antisera showed normal reactions, likely D variant, not weak
  - BRAD3 “ever so slightly weaker than the control”
Quantification results

Acid elution
(n = 170)
Max
29.4

Other FC
(n = 24)
Max
17.6

Anti-D FC
(n = 25)

1706F P1 (FC = 3.2mL)

Anti-D FC
(n = 36)
Gating changed
BRAD3 Survey results

• 8/16 noticed unusual plots
  – 3 noticed but did not adjust (0.9, 2.6, 2.9mL)

• 12/16 had a back up plan
  – 9 use anti-HbF / acid elution / refer the sample
  – 2 repeat
  – 1 match to controls
Genotyping results

DVII

3,600 – 8,398 antigen sites
(Common = 10,000 – 33,000)
Learning points

• Look at your plots
• Modification of gates – trained staff only
• Have a back up plan
• Risks of not noticing / acting on unusual plots
• Clearance rate may be different – binding sites