UK NEQAS
Haematology and Transfusion

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UK NEQAS FETO-MATERNAL HAEMORRHAGE

Instruction sheet for survey *2606F* version 2 due to delay in dispatch

Distribution Date – *11/11/26* Closing Date - *18/11/26*

Material

Enclosed are two samples of fresh adult whole blood in CPD with fetal blood in CPD added to simulate post-delivery specimens for FMH estimation, these should be treated as per clinical samples. COSHH information for these samples can be found at
https://haembtlp.ipassportqms.com/document_download/M2ZlYWMzMTEtNTYwNi00YjEzLTg3YTItYTNmMzAzN2FiMGY5
The stability of the specimens is only guaranteed until the closing date. Results of testing performed after the closing date will not be assessed.

Return of results

Please enter results via www.ukneqasbtlp.org Further instructions on use of the website can be found at the link below. See page 2 for further advice on the data entry webpage
https://haembtlp.ipassportqms.com/document_download/Y2ZjYTg5YzYtODlmZC00OTk3LWFjMjctMTI4Njk1MGZiMjk5
A summary of results can be produced after data has been saved or submitted.

If it is not possible to submit results electronically, please contact the scheme and if indicated, use the blank worksheet found at the link below
https://haembtlp.ipassportqms.com/document_download/MTY0ZGZmNTQtOGVlMi00NzVjLThjM2MtMGYwNzBmNGViMmM3
Please read the notes related to each section when submitting results.

Calculations

Reporting EQA results using BSH Guideline formulae will ensure comparability.

Record the FMH as mL **packed cells**, not whole blood.

If prophylactic anti-D immunoglobulin (Ig) is normally prescribed in μg, convert to IU (100μg = 500iu).

Acid Elution users

The whole blood used for this survey is collected into CPD and is has a slightly lower HCT than normal whole blood. This should be taken into account if diluting these samples prior to testing.

It is recommended that all participants performing acid elution keep EQA test and control slides (stained, but not mounted and without immersion oil) until after the reports of the exercise are received and reviewed. In the event of an unsatisfactory result, these slides may be useful for internal review or, if required, can be submitted for evaluation by the Scheme

If you have any comments about the exercise please email the scheme on BTLP@UKNEQAS.ORG.UK Do not forget to add your PRN to any correspondence.

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The Closing Date For This Exercise Is *18/11/26*

Sample Quality

The default result is 'Satisfactory', amend to 'Unsatisfactory' if the samples are not suitable for testing. All submitted results are assessed even if 'Unsatisfactory' is recorded. Do not submit results if the sample would not be analysed if it was a genuine clinical sample.

Submethod(s)

Submethods are not carried over and must be recorded for each exercise. If your kit/reagent/analyser is not present in the drop down list provided, select "other" and contact the scheme who will consider adding the option to the list.

Screening

Use your routine screening method for clinical samples.

Quantification

Laboratories registered for screening and quantification should only submit quantification results if this would be triggered by the same screening result for a routine clinical sample.

The Actual Bleed Volume is used for assessing performance and should be reported in mL packed cells to 1 decimal place.

Anti-D Ig Prophylaxis

If quantification was triggered, report the 'Calculated' dose, i.e. the bleed volume multiplied by 125 (if following UK guidelines).

The 'Prescribed dose' should be recorded as it would be administered to the patient based on available dose sizes.

Both these doses should reflect the total dose given to cover the bleed, i.e. any dose given at the screening stage of the procedure, (including the standard dose) plus any extra anti-D Ig given after quantification but pending follow up. Please do not use decimal points.

If prophylactic anti-D Ig is normally prescribed in μg, convert to IU (100μg = 500iu). Please do not record the number of vials.

Flow cytometry quantification laboratories which are responsible for advising on anti-D Ig dosing should answer Yes to 'Does your laboratory make recommendations for anti-D dosing?', the 'Calculated dose' can then be recorded.

Follow-up procedures

All acid elution quantification laboratories and all flow cytometry laboratories responsible for Anti-D Ig dosing should answer the 'Follow up' question(s). Flow cytometry laboratories not responsible for anti-D Ig dosing may also answer these questions but this is not mandatory.

If registered for quantification by acid elution, state in whether the sample would be referred for flow cytometry. State whether a repeat sample would be requested, and if so would this be routine, or dependent on the flow cytometry result, flow cytometry laboratories are not offered this response.