INFORMATION ABOUT EQAnews 2007

General
EQAnews provides information on quality assurance issues in Clinical Laboratory Medicine; such as Clinical Biochemistry, Clinical Immunology, Clinical Microbiology, Clinical Parasitology, Clinical Virology, Haematology, Coagulation and Haemostasis. EQA-news is issued twice a year; in May and September.

SCOPE OF EQAnews
EQAnews regards Quality Assurance (QA) as a professional activity with the aim of improving the quality of service provided by the clinical laboratory.

One important aspect of QA is External Quality Assessment (EQA, proficiency testing, inter-laboratory comparison). EQAnews sees External Quality Assessment as a rapidly developing scientific and practical area where world wide understanding and support for further development is essential. EQAnews is established to facilitate world wide communication of scientific, organizational and practical aspects of EQA.

EQAnews is owned by the European Committee for External Quality Assurance Programs in Laboratory Medicine, EQALM.

EQALM will ensure contact with the various disciplines of Laboratory Medicine. EQAnews collaborates with the IFCC, ECLM and WASP and welcomes co-operation with other scientific organizations.

Subscription
The annual fee is 30 Euro excl. 25% VAT. Members of EQALM receive EQAnews as part of their membership fee. Readers from developing countries receive EQA-news free of charge.

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EQALM SYMPOSIUM 2008
11th - 12th SEPTEMBER
BIRMINGHAM
UNITED KINGDOM

Next year’s 2008 symposium will be held in Birmingham (local organiser: Dr. J.G. Middle) on 11th and 12th September 2008. The general assembly of EQALM along with the working group meetings will be organised in conjunction with this symposium.
ESEAP: The Greek External Quality Assessment Scheme in Clinical Chemistry

O. Panagiotakis and A. Haliassos. ESEAP, Alopekis 47, 106 76 Athens, Greece, info@eseap.gr

The Greek external quality assessment scheme (ESEAP) has been operating at the Biochemical Department of Evangelismos Hospital in Athens since 1994. At the beginning the number of participants was about 100 laboratories in public hospitals, diagnostic centers and private laboratories all over Greece. Today, the number of participants has reached 290 laboratories, including almost all public hospital laboratories in Greece and 45 laboratories of the public and private sector in Cyprus.

A full cycle of the program involves twelve distributions and covers a two year period. The material for each distribution consists of two lyophilized controls of different concentrations. Participants determine the concentration of the 23 most frequently ordered analytes in Clinical Chemistry (Albumin, Calcium, Glucose, Potassium, Creatinine, Total Protein, Sodium, Urea, Uric Acid, Triglycerides, Total Bilirubin, Cholesterol, HDL-Cholesterol, Phosphorus, Magnesium, Iron, Alkaline Phosphatase, γ-Glutamyltransferase, Lactate Dehydrogenase, Creatinine Kinase, Aspartate Aminotransferase, Alanine Aminotransferase, Amylase) and submit the results to the organizers. There is no replicate distribution of the same controls. 21 out of 23 analytes are statistically processed on the overall results, regardless of the analytical methodology. For the alkaline phosphatase (ALP) and lactate dehydrogenase (LDH) where there are clear differences in results between the assay methods, (buffer 2-amino-2-methyl-1-propanol or Diethanolamine for the ALP and reaction order lactate to pyruvate or pyruvate to lactate for LDH determination), statistical processing is performed separately for each analytical methodology. After the elimination of outliers, the “consensus” mean, namely the mean from all individual results is used as target value. Every two months, the participating laboratories receive a report booklet containing the statistical evaluation of their individual results compared with the overall performance. At the end of each two-year cycle, the performance of each participant is assessed through a standard scoring and ranking system.

ESEAP has had a marked contribution to the improvement of performance for the majority of the laboratories, as the mean CVs for all analytes showed a significant decrease from cycle 1 (1994-1996) to cycle 3 (1998-2000) of the program. The CV per cycle for each analyte
was calculated as average between control A and control B mean CVs, over the 12 distributions of the cycle (inter-laboratory CV). In this calculation we included only the 100 laboratories that participated continuously in all three cycles.

We have also introduced, in collaboration with the European Reference Laboratory for Glycohemoglobin, a new EQA scheme for glycated hemoglobin. 60 Laboratories currently participate in this Scheme. Furthermore, we are planning to start a scheme for the markers of cardiac damage, early in 2008.

Recently, a new, web based, software was implemented which allows participants to upload their own results and download reports and information about their performance through the Internet.

The new software features permit further grouping of methods and analyzers with enhancement of the statistical evaluation. ESEAP is the only external quality assessment scheme in the field of laboratory medicine in Greece with a continuous successful operation and an increasing number of participants. This success is attributed to the fact that this scheme operates in the Greek language, covers the most frequently ordered tests in clinical chemistry, is simple to use and was provided, till now, free of charge to the public sector laboratories. In 2006 ESEAP, having completed twelve years of successful operation, changed its legal status to a non-profit making organization. Its wide acceptance and contribution in improving the quality of results in Clinical Chemistry necessitate its updating and expansion to other analytes of clinical chemistry as well as to other categories of tests such as hormones and tumor markers.
Consensus Statement on Name and Units of HbA1c

Cas Weykamp, Queen Beatrix Hospital, Winterswijk, The Netherlands. Network Coordinator of the IFCC Working Group on Standardization of HbA1c

At present the measurement of HbA1c is either not standardized or standardized to the national designated comparison methods of the USA (NGSP), Japan (JDS/JSCC) and Sweden (Mono-S). A scientifically sound reference method has been developed by the IFCC Working Group on HbA1c and has been in place as analytical anchor for 5 years. There has been a long and intense discussion on the implementation of this global reference system. On 4 May 2007 consensus on this issue was signed at a meeting of the International Diabetes Federation (IDF), European Association for the Study of Diabetes (EASD), American Diabetes Association (ADA) and the International Federation for Clinical Chemistry (IFCC). The Statements approved by these organisations are:

1. A1c test results should be standardized worldwide, including the reference system and results reporting.
2. The new IFCC reference system for A1c represents the only valid anchor to implement standardization of the measurement.
3. A1c results are to be reported world-wide in IFCC units (mmol/mol) and derived NGSP units (%), using the IFCC-NGSP master equation.
4. If the ongoing “average plasma glucose study” fulfills its a priori specified criteria, an A1c derived average glucose (ADAG) value calculated from the A1c result will also be reported as an interpretation of the A1c results.
5. Glycemic goals appearing in clinical guidelines should be expressed in IFCC units, derived NGSP units and as ADAG.

All the organizations agreeing with this consensus statement propose that these recommendations be implemented globally as soon as possible. The organisations believe that this agreement will further contribute to the world-wide comparability of A1c results.

The consensus statement typically reflects a compromise. US chemists do not want to give up the NGSP numbers they are familiar with, while European biochemists have in general a more fundamental approach and prefer to express HbA1c in the IFCC units. The clinicians on the other hand are charmed by HbA1c expressed in Mean Blood Glucose units as this is directly comparable with glucose measurements (home monitoring and/or in the lab). The number is also easier to explain to their patients. (What is
not referred to explicitly in the consensus statement is that glucose can be expressed in mmol/liter or in mg/dL!). Expression in more than one unit might seem strange but it is not an uncommon practice to report test results in scientifically correct units along with a clinically relevant interpretation of those results (think of creatinine and eGFR).

It was assumed that during the EASD congress in Amsterdam (September 2007) the study referred to in point 4 of the consensus statement would be finished. But unfortunately only preliminary data (on basis of 90% of the results) were presented. Nevertheless, there was a strong feeling that the a priori specified criteria (90% of the results within +/- 15% of the mean) would be met and clinicians again showed their enthusiasm about expression of HbA1c in Mean Blood Glucose Units. Applying the preliminary equation we get the HbA1c dictionary in table 1.

Table 1. HbA1c Dictionary. HbA1c expressed in chemical units according to the reference systems in the world, expressed in mean blood glucose units (mmol/L and mg/dL) and in interpretation units (normal range and action limits).

<table>
<thead>
<tr>
<th>HbA1c in chemical units</th>
<th>HbA1c expressed in Mean Blood Glucose units</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HbA1c expressed in chemical units</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mono-S Sweden %</td>
<td>JDS/JSCC Japan %</td>
</tr>
<tr>
<td>7.2</td>
<td>7.6</td>
<td>8.0</td>
</tr>
<tr>
<td>6.1</td>
<td>6.6</td>
<td>7.0</td>
</tr>
<tr>
<td>5.0</td>
<td>5.6</td>
<td>6.0</td>
</tr>
<tr>
<td>2.9</td>
<td>3.6</td>
<td>4.0</td>
</tr>
</tbody>
</table>

It should be emphasized that this is based on preliminary data and the final data may be different. The study has yet to be published, and a peer review has not been undertaken. Some criticism is anticipated. For example, a number of individuals feel that the a priori specified criteria (90% of the results within a window of 15%) is quite wide. Another limitation of the study is that only a few Asians and black Africans were included (due to logistical problems with the African and Indian partners in the study). What if Asians do not accept the equation or if they come up with a new study with a different equation:

30
Should there be a race-dependent equation? A recent review of the DCCT study also indicated different equations for different groups.

Nevertheless, given the enthusiasm of clinicians it is expected that the Mean Blood Glucose as an interpretation of HbA1c will be introduced. This poses specific problems for manufacturers and EQA organisers. For manufacturers the there is a dilemma as to whether their software should produce four different numbers (HbA1c in IFCC and NGSP numbers and mean blood glucose in mmol/L and mg/-dL). Will customers all over the world be happy with that? EQA organisers have to face similar questions: should they ask their participants to submit: 1,2,3 or all 4 numbers? These questions will need answering in the coming months. Until we have all the answers, the advice is not to change anything!

Acknowledgement of Jonathan Middle’s 10 year Term on the EQALM Board

Jonathan Middle, UK NEQAS, has had a pivotal role in promoting and helping European EQA schemes in Laboratory Medicine since the yearly 90s. Although not an exhaustive list, here are a few examples of his contribution.

Jonathan was involved in establishing and running the informal (and later more formal) collaboration among European Organizers of EQA schemes in Laboratory Medicine since its early inception.

He was chairman of Working Group C, Characterization of sera for EQA schemes* which took place at the EQA scheme organizers workshop in Cracow in September 1991. During 1995-1997 he was involved in establishing EQALM, becoming a Board member at the first General Assembly in November 1996. He maintained office for over 10 years attending his last Board meeting in Amsterdam in 2007.

Since early 1997 Jonathan has had the arduous task of language editor, revising all the manuscripts for EQA news and playing an important role in the management of the journal.

Over the years, he has published a number of papers in EQAnews and has frequently presented papers at the EQALM symposia. His participation in the discussions have always been probing, honest and enthusiastic.
EQALM is very much indebted to Jonathan for his enthusiastic, inspiring and untiring contributions to the activities of EQALM.


Abstract for IFCC/EQALM Joint Meeting - post Euromedlab, Amsterdam 2007

Use of PT/EQAS data in the Evaluation of Measurement Uncertainty

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Measurement results should be accompanied by a statement regarding their uncertainty, i.e. the “parameter that characterises the dispersion of the values that could reasonably be attributed to the measurand” (1), in order to provide sufficient information to be used in decision making. Accordingly, international standards for the competence of calibrating, testing or clinical laboratories (2-4) require the uncertainty of measurements to be evaluated. It is herewith recognised that it is not always possible to apply rigorous, metrologically and statistically valid calculation of the uncertainty of measurement. This statement holds particularly in fields where traceability to SI units is not (yet) achieved.

Notwithstanding, it is recommended that laboratories at least attempt to identify the main components of uncertainty and make a reasonable evaluation based on both previous experience and knowledge of the performance of the method and its scope. In this context, available data from collaborative or internal validation studies and quality assurance procedures are important sources of information (5). In particular, participation in interlaboratory comparisons (e.g. Proficiency Testing/External Quality Assessment Schemes - PT/EQAS) has the advantage to provide an independent assessment of the performance of the method used by the laboratory on samples as close as possible to test ones, processed in the same way and covering the entire range of concentrations and matrices within its scope. For routine methods, this approach may give more reliable information on the uncer-
tainty of the measurements performed on test samples. In order to make the most of data from interlaboratory comparisons as part of uncertainty evaluation, information about the protocol used to determine the assigned values and their uncertainty should be available. Ideally, the assigned values are traceable to SI units or other stated references and their uncertainty is small in comparison with the spread of the results. In practice, for both technical and economical reasons, the assignment of values to the control samples used in PT/EQAS by means of traceable, reference methods is not always possible, but even when reference values are derived as consensus from the participants' results, uncertainty estimates can be obtained according to (6). Provided that systematic deviations and any other sources of uncertainty are given due consideration, data from interlaboratory comparisons can play an important part in the evaluation and reassessment of both the uncertainty of measurement of single laboratories and the definition of fit for purpose uncertainty targets.

These data are especially valuable in developing or specialised fields (e.g. where demonstrating traceability to SI is more difficult or not yet possible and when in vitro diagnostic medical devices are not yet available).

References
During the meeting the following topics were discussed and agreed for further action:

**International INR project**
Unfortunately there was a delay in organising this international INR project. The samples have now been prepared and are undergoing final quality checks. It was agreed that the project would commence after the summer. The samples will be distributed to the participating EQA organisations in September, with results available by the end of 2007.

**Procedures for reconstitution of lyophilised plasma samples**
Marjan van Blerk presented her findings on the investigation of different reconstitution procedures and its effect on the measurement of the PT and aPTT (see attached presentation). The results were discussed and it was decided to conduct further experiments to look at the effects of swirling after reconstitution, mimicking transportation time of samples. These would be performed by Marjan v. Blerk and Iona Culea.

**Data-file trial**
The survey on data handling is now ready for distribution. A data file with results for PT/INR, including information on the reagents and equipment used, is available. The scope of the data survey is:
- to evaluate the statistical analysis used
- to evaluate outlier procedures
- to evaluate the criteria used to establish peer groups
- to evaluate performance criteria
An accompanying questionnaire was discussed at the working group meeting and adapted where necessary. This survey will also start after the summer period.

**Frequency of surveys**
The last issue discussed was the frequency of surveys and the number of different samples distributed. A variety of different approaches was observed.

- **Belgium**: 3 surveys, 3 samples per survey.
- **France**: 4 surveys, 2 samples per survey.
- **Switzerland**: 4 surveys, 1 sample per survey (6 or 12 surveys is also possible).
- **Denmark**: 4 - 6 surveys, 2 samples per survey.
- **Romania**: 4 surveys, 2 samples per survey (6 surveys is also possible).
- **Germany**: 4 surveys, 2 samples per survey (6 surveys is also possible).
No final conclusions were made on this issue.

List of actions
- Start international INR project (September 2007). Results available by the end of 2007. Results will be presented at the next EQALM meeting.
- Start data-file trial in September. Presentation of results at next EQALM meeting
- Additional experiments for the procedure of reconstitution of lyophilised samples. Data available at next EQALM meeting.

Report of the Meeting of the WG Microbiology, Amsterdam 07-06-07

Kris Vernelen, convener WG microbiology


Agenda
1. Discussion of the results of the Questionnaire on post error contact 2006-07.
2. Other points.

Report of the meeting

Organisation of the schemes within the different organisations
- The meeting started with an overview of the answers regarding the 2007 questionnaire on post-error contact that were send to the conveyor of the Working group.
- The number of answers being rather limited, the participants who were present at the meeting discussed not only post error contact but also the schemes within their different organisations.

Instand (Germany)
- Different schemes exist: a scheme for urologists (2/yr) and a scheme for the more sophisticated laboratories (3/yr).
- Participation is not mandatory; there is no interference by NAB/-NLB/MoH.
- Equipment and IVD are regulated by the ministry.

Centre for External Control (Russia)
- Schemes exists from 1996.
- Participation is not mandatory. Participants send their results to the EQA-organizer. Samples are lyophilized and send out by regular mail.

Eqal asocicion de Guatemala
- There about 200 laboratories of which about 65% send in their answers.
- Participation is not mandatory; for public institutions, participation is recommended.
- Reports from the organizer include commentaries.

**AFSSAPS (France)**
- Participation is mandatory (number of laboratories: 4000). There is no direct post-error contact with laboratories.
- However in certain domains of microbiology, errors are transferred to a commission of the Ministry of health. For some specific parameters (e.g. toxoplasma-serology, P. falciparum, HIV, HCV) false results are transferred anonymously to this commission, which decides on the "severity of falseness"; if a false result is considered to be very severe, the name of the laboratory in question is passed on to the Ministry of Health, which then will inspect the laboratory (as a whole); after this evaluation, laboratories have to correct; in very severe cases a laboratory can be closed for a certain time and needs to prove they have solved the problems before re-opening.

**UK Neqas (United Kingdom)**
- Participation is mandatory in an EQA scheme for laboratory accreditation (this needn’t necessarily be UK Neqas, as any accredited Scheme is acceptable).
- Underperforming laboratories are contacted; there results are discussed anonymously in a panel; in a further phase, the name of the laboratory can be transferred and eventually a mixed meeting can be organized.

**Qualicont (Hungary)**
- Participation is not mandatory but recommended. Evaluation of the results includes commentaries from experts. Laboratories that continuously perform badly can be contacted by the expert, but only in order to help the laboratory.

**IPH (Belgium)**
- Schemes in microbiology include surveys in bacteriology, parasitology and infectious serology. Serology samples are lyophilized (except for HIV) and of single donor origin; parasitology samples can be faeces or bloodsmears; bacteriological samples are either lyophilized or simulated clinical samples. There are 3 surveys per year (bacteriology: 4-5 samples for identification, with 1-3 for antibiogram; parasitology: 2 samples; serology: number of samples depends on parameter and availability of samples).
- Participation is mandatory to be licensed (licensing is mandatory in Belgium; accreditation is not mandatory; the number of accredited laboratories is however increasing).
- Incorrect results that could have a major clinical impact if they occurred with routine samples are transferred to the NLB; the NLB contacts the laboratories and ask for analysis of the problem, cor-
rective and preventive measures. Laboratories are however not penalized as such for incorrect results (they are not closed); this allows for good compliance by the laboratories.

Guidelines for post error contact
- The replies to the questionnaire will be annexed to this report. The major conclusion from these replies is that since the legislation in each country is very different, it is not possible to draw up European or international “guidelines” for post error contact. Newly starting organizations will need to examine first their national legislation (they can of course contact other organizations to obtain ideas).

Attitude towards replying of important antibiotics
- The question was raised whether it could be considered mandatory for laboratories to reply “important” antibiotics for a given micro-organisms in EQA surveys. The major problem is however that each hospital/laboratory may use and test its own set of antibiotics. They can’t be obliged to test and report certain antibiotics only for EQA.
- Use of reference material
- The issue of reference material was raised. It seems no organization uses reference material as such. Most organizations have however a control of their samples by a (group of) expert(s).

Courses on EQA
- In most countries there are no courses in EQA.
- UK Neqas organizes user’s days to which anyone is allowed to participate. The persons in charge of these meeting will inform all members of the Working group of the next 2007 User’s day.

EUCAST
- Eucastr developed clinical breakpoints, which are based on existing national breakpoint committees in Europe (France, Germany, Netherlands, Norway, Sweden and the UK).

N.B. Abbreviations:
NAB: National Accreditation Body.
NLB: National Licensing Body.
MoH: Ministry of Health.
Minutes of the EQALM General Assembly 08/06/07

Annette Thomas, UK NEQAS, weqasannette@btconnect.com

The meeting was opened by Gunnar Nordin, chair of the EQALM executive board, who presented the Agenda for discussion. - This was accepted.

The minutes from General Assembly meeting September 13th 2006 were presented and accepted.

**EQALM account for 2005**
The EQALM accounts for 2005 were presented. A deficit of € 7.600 was noted. The accounts auditors, Silke Heller, Germany and Jane Gun Munro, Canada, have agreed that the accounts were correct.

The chair requested that the accounts for 2005 be approved at the general assembly - this was accepted.

**EQALM account for 2006**
The EQALM accounts for 2006 were presented. A surplus of € -3.000 was noted. The accounts were reviewed by Xavier Albe and and Silke Heller. The accounts auditor, Silke Heller was present at the meeting and agreed that the accounts were correct.

It was noted that for clarity the balance sheet for next year should also include the reserve.

The chair requested that the accounts for 2006 be approved at the general assembly - this was accepted.

**EQALM Board 2007**
The constitution of the existing board was discussed. The board members were identified as:
- Gunnar Nordin, chairman.
- Gitte M. Henriksen, treasurer and editor of EQA news.
- Piet Meijer, member.
- Minna Loikkanen, member.
- Annette Thomas, member.

Following a postal ballot in March, Annette Thomas was elected as a new board member. The re-election of Gitte Henriksen for a second term as treasurer was accepted. The constitution of the existing board was accepted. It was noted that members should have had a 3 month notification period to allow for other nominations.
A discussion followed on constitution. It was noted that currently board members can only be nominated within Europe, it would require a change in constitution to include board nominations outside Europe. A revision of the constitution would require a 3 month notification period prior to the next General Assembly. The chair added that reballoting of Board for a second term is not required if agreed at the General Assembly.

Auditors for 2007
The chair asked for nominations from members to act as Auditors. David Bullock (UKNEQAS, Birmingham, UK) and Xavier Albe (CSCQ, Geneva, Switzerland) were nominated and accepted.

Activity plan for 2008
The chair listed the proposed plan for the forthcoming year. This included:
- Organization of the EQALM symposium in 2008.
- Conversion of EQA news to electronic format in 2008. The journal would be available to download by all members Subscription to the journal would remain as part of the membership fee.
- EQALM was now affiliated to the EEE PT Working Group and board members would be attending the EEE meetings. Jean-Claude Libeer had been asked to form a mirror group for the review of ISO guide 43.
- EQALM website - it was anticipated that the website would be improved to facilitate interaction between the members and include a members area, and updates of Working group activities.
- EQALM Working groups - the board planned to revitalise the Working.
- Group activities for 2008.

Membership fee for 2008
The board proposed an increase in the fee for 2008. A number of members voiced their unhappiness over the increase and members were asked to take a vote. 9 members voted to keep membership the same and 9 voted for the increase in fees. A alternative proposal was suggested by Dr A Deom of maintaining the existing fee at € 125 for members that paid fees on time and levying a sur-charge of € 25 as a late reminder fee. This would encourage all members to pay their fees on time. This was unanimously accepted.

A warm thank you was extended to Jonathan Middle who stepped down this year as Board member. His contribution was acknowledged by all.

Budget proposal for 2008
The proposal was based on the increased fee proposed for 2008. The number of unpaid members was a major contributory factor to the deficit. It was suggested by Dr.
A Deom that the board should be more proactive in recruiting new members especially from other disciplines and organisations. e.g.

Genetics The Proposed budget was accepted.

AOB General Assembly closed.

The Revision of ISO Guide 43
Gunnar Nordin, EQUALIS. gunnar.nordin@equalis.se

The expected outcome of the ongoing work in ISO/CASCO is a general standard with the tentative title “Conformity assessment - General requirements for proficiency testing” (ISO/IEC 17043). The revision group from ISO met in Geneva in May 2007. Recently a third draft of a working document has been circulated.

Some issues still remain for further discussion. What is actually assessed by an ‘External Quality Assessment’ or a ‘Proficiency Test’? Is it either the ‘test result’, the ‘laboratory’, the ‘measurement procedure’, the ‘IVD-product’ or something else? And what are the differences - if any - between a Proficiency Testing Scheme and an External Quality Assessment Scheme?

Another question for further discussion is how to assign values to test materials. To which degree should the test materials be assigned with values that are metrological traceable to reference measurement procedures? When test material is derived from human beings, what is the usual situation for medical EQA Schemes, the ethical aspects also need consideration.

So far the work has concentrated on quantitative measurement results. Test results on the nominal scale, e.g. cell classifications, and on the ordinal scale (e.g. results below or over a specified cut of limit), which are very common in the medical laboratory, need to be further addressed.

Jean Claude Libeer is the lead of the EQALM mirror group for the revision of ISO Guide 43. We would acknowledge any comments and suggestion made to the group. The next meeting with the revision group from ISO will be in January 2008.
Announcement Working Group on Hemostasis
Piet Meijer, ECAT Foundation. p.meijer@ecat.nl

During the last meeting of the working group on hemostasis in Amsterdam it was decided to organise a data evaluation survey based on a data set of Prothrombin Time results.

The aim of this survey is to compare the results using the different data evaluation protocols used by each EQA organisations. The data set should be evaluated using the standard evaluation protocol for the EQA organisation. The data set is provided in excel format and includes: the test results for P and INR and also information on the method and equipment used. A total of 227 different participants data sets are included in the file. A questionnaire requesting details of the data evaluation procedure is also provided.

EQA organisations providing surveys in the field of hemostasis are kindly invited to participate in this trial. If you would like to participate, please send an e-mail to Piet Meijer (P.Meijer@ecat.nl) before December 1st, 2007.

The History of EQAnews
Adam Uldall, Retired head of DEKS, Herlev University Hospital, Denmark. adam.uldall@kabelmail.dk

The background for establishing EQAnews
In 1989, the EU BCR (Bureau Communautaire de Référence) organised two meetings between EQA schemes Organisers involved in biochemistry and endocrinology, where the topics consisted of metrological issues. At the second meeting on the 19th of December, the EQA scheme Organisers conducted a more organisationally-oriented meeting involving 23 European colleagues. This revealed a need for closer cooperation between EQA scheme Organisers in Europe. The possibility of creating a European association of EQA scheme Organisers was discussed; however it was not supported because it was felt that it would require too much work to establish and run a formal organisation. Therefore an informal newsletter was preferred for the time being.

In January 1990 the first issue of the quarterly publication, EQAnews, was circulated by the present author as Editor.
The purpose of EQAnews and typical topics
EQAnews was used to facilitate world-wide communication of scientific, organisational and practical information of interest for EQA scheme Organisers, including matters where world-wide understanding and support is essential for further development of EQA. Examples of topics were: ways to establish target values in EQA schemes, available reference laboratories, design of schemes, schemes for new components, planning and promotion of forthcoming meetings among EQA scheme Organisers, and reports from such meetings. Lists of addresses of EQA scheme Organisers were established, both for Europe and for colleagues all over the world. These lists were published and regularly updated in order to facilitate direct communication between colleagues. Further examples of topics dealt with in EQAnews may be found in a list of contents for issues published in 1997 to 1999, see page 144–147 in (1).

Practical aspects of the production, mailing and archiving of EQAnews
The office of EQAnews has been located in Herlev University Hospital throughout all this time. EQAnews is indebted to the three secretaries from the Dept. of Clinical Biochemistry and DEKS (also located there) for their work with EQAnews. The secretaries were chief secretary Erna Quist alias Erna Borck (1990-1997), Marianne Jensen (1992-1996 ) and Susanne Biron (1992Æ). In general the work consisted of typing/correcting of manuscripts to prepare them for publication, making the lay-out of each issue of EQAnews, and transferring the issue to the printing workshop; as well as updating of the mailing list and mailing of the printed issues (up to 450 copies at each occasion).

The initial production of EQAnews was done on the routine photocopy machine at Herlev University Hospital in A4 size. From 1995 the size was changed to A5, which was seen as more convenient, and production from that time was done in a professional printing workshop. From 1998 EQAnews was printed on glossy paper. From 2001 the cover was printed in colour. In this way the front page of EQAnews looked more attractive, and space for advertisements in colour on the back of EQAnews was offered.

Since 1991 EQAnews has possessed the following international code for periodicals: ISSN 0906-0588. This code identifies EQAnews world-wide.

Geographic distribution of EQAnews, regional editors
Originally EQAnews was intended for European colleagues, however, very soon others from more distant countries showed interest. EQAnews was distributed to all collea-
gues who requested it, and in the early days, this service was free of charge. However to support its funding, a voluntary subscription fee was suggested to colleagues in industrialised countries. Furthermore, sponsorship from IFCC (see below) was given on the condition that EQAnews was sent to colleagues in the developing countries free of charge. This service is still in force.

EQAnews was used by the IFCC Committee of Analytical Quality, CAQ, as a medium for communication worldwide. Therefore EQAnews became more and more internationally orientated. This was apparently in contrast to EQALM, where members, at least in early days, were reluctant to spread the efforts of EQALM outside Europe.

To involve colleagues in providing more manuscripts to EQAnews it was attempted in 1991-1995 to appoint regional co-editors, however it appeared that this had little impact on the number of manuscripts received.

Funding of EQAnews, the expenses and the accounts
The funding of EQAnews has been based on sponsorship from Boehringer Mannheim/Denmark (1990-1995), IFCC (1997-2003), and INSTAND (1996), subscription fees (voluntary in early days), and advertisements as appropriate. Since EQALM took over the ownership of EQAnews in 2001, members of EQALM received EQAnews without additional costs to their membership fee.

EQAnews paid some money for provision of technical assistance. All other work done for EQAnews has been carried out without financial compensation. Printing costs and postage are the major expenses of EQAnews. Travel expenses were covered in a few cases.

To do the accounts for EQAnews was rather easy in the early days. This work was undertaken by the above mentioned three secretaries, supplemented with a further staff member of the Department of Clinical Biochemistry, Herlev University Hospital: the medical laboratory technologist Alice Andersen. However from the middle of 1990’s Susanne Biron made the invoicing and the accounts using an advanced account system, which was supervised by the same accountants as those who looked after all other accounts in Herlev University Hospital.

Target sub-specialities of laboratory medicine shown on the front page of EQAnews
In the beginning of the life of EQAnews the target field of the EQA service was named “clinical laboratories” on the front page of EQAnews, thus in principle EQA scheme Organisers serving at least one medical laboratory sub-speciality were the target for this publication. Later on the term “medical
laboratory” was used, but with the same result:
It appeared that colleagues in e.g. clinical microbiology, clinical immuno-
ology, haematology, coagulation and haemostasis did not feel their spe-
ciality was included when these terms were used (some colleagues even indicated that “clinical” and “medical” were just new designa-
tions for clinical chemistry - which represented the most dominant sub-discipline of laboratory medicine). Therefore all intended target sub-disciplines of laboratory medicine for EQAnews have been list-
ed as far as possible on the front page of all issues of EQAnews since 1998.

Selecting a suitable organisation as home for EQAnews and the ownership of EQAnews
The above problems were even more important to cope with, when selecting a single suitable interna-
tional or European medical laboratory association as mother organisa-
tion as home for EQAnews. No suitable international or regional organization accepted by all rele-
vant sub-disciplines of laboratory medicine was available as a mother organization for the EQAnews in 1990 - 1995. Neither IFCC, FES-
CC, nor ECLM seemed suitable. WHO, IMLIS, and WASP were also not possible for other reasons.

The formal ownership of EQAnews was unclear during the first years; but from 1995 EQAnews was owned by a local association for pro-
jects of quality assurance in laboratory medicine chaired by the present author in the Department of Clinical Biochemistry in Herlev Uni-
versity Hospital.

Finally in 2001 the ownership of EQAnews was transferred to EQALM. At that time this multi-disci-
plinary organisation EQALM was sufficiently well established and stable.

Improving EQAnews
From the very beginning, EQAnews was guided by the wishes and sug-
gestions from EQA scheme Organisers meetings and from the later EQALM meetings. The chairs of the IFCC Committee on Analytical Qual-
ity (CAQ) and of EQALM have supervised the quality of EQAnews.

Language revision of all manu-
scripts was established since 1997, where Jonathan Middle/UK NEQAS has been very helpful and done this task up to now.

Since year 2000 several field spe-
cific co-editors were appointed, thus all manuscripts would in prin-
ciple be commented and afterwards be revised as appropriate by the author before publication. The pur-
pose of this service was partly to help the editor with difficult work and partly to stimulate publishing of good manuscripts without a strict referee system. The co-editors were: Michael Noble Vancouver (clinical microbiology), Joergen
Kurtzhals Copenhagen (clinical parasitology), Igor Bondarenko St. Petersburg (clinical virology), Nils Joergensen Soenderborg & Jan Moeller Aarhus (clinical biochemistry), Vives Corrons Barcelona (haematology), and Timothy AL Woods /UK NEQAS (coagulation). Frits Haerkate Leiden (coagulation and haemostasis) was earlier co-editor.

The co-editors were also supposed to submit manuscripts within his field from time to time.

Editors of EQAnews
The present author retired from his job as Editor of EQAnews after ten years of service at the end of 1999 (3); however he still kept for a while a few minor duties for EQAnews, e.g. editing of the Compendium (1), establishing the new coloured front page of EQAnews, supporting the secretary with solving daily problems with EQAnews e.g. the accounts, and presenting the accounts for the board of EQALM.

Peter K. Mogensen, Statens Serum Institute/Novozymes, undertook the task as Editor from 2000 to 2003 (4). Among many other things he developed a quality manual for EQAnews, and manuscripts were according to this evaluated and commented by a field specific co-editor, see above. All manuscripts were received in electronic form and Peter edited each issue of EQAnews ready for print and submitted it directly to the printing office.

Since 2004 Gitte M. Henriksen, DEKS, has taken over the responsibility as Editor of EQAnews. In 2008 she is expected to have the responsibility for issuing EQAnews in electronic form because the present paper version is too costly to produce and mail.

The Impact of EQAnews
EQAnews supported EQA colleagues with educational matters.

EQAnews played an important role in the planning and executing the many meetings which took place among EQA Organisers. One should realise that the internet was not much used in the early days of the life time of EQAnews; therefore this communication on paper was really needed.

That applied for example in the first major workshop for EQA scheme Organisers in Cracow, 12th Sep.-1991. The topics included were: how to establish quality goals and target values in EQA, see the symposia book (2). Here the ground was prepared for the establishment of the European Working Groups on EQA. The final reports of WG A, B, and C and other related papers prepared by essentially the same group of authors are found in a Compendium (1).
I is assumed that those meetings between EQA scheme Organisers created the feeling of belonging to the “same team”, which also was a part of the background for the formation of EQALM in 1996.

EQAnews published several draft documents concerning the constitution of EQALM, and created in this way an understanding of the planned role of EQALM.

The IFCC´s Committee of Analytical Quality (CAQ) utilised EQA-news for promotion of their publications intended for colleagues in developing countries. CAQ used it also for call for IFCC sponsored international meetings of EQA scheme Organisers.

References

Call for Publications in EQAnews

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From spring 2008 EQAnews will no longer be published as a paper version but will be published on the website of EQALM (www.eqalm.org). EQAnews will remain a very important paper and EQALM still needs contributions from you.

If you have observed a particular phenomenon in your surveys, - you found a good solution,
- you still have a problem!
- you have interesting results to show
- you are a master in sample preparation
- Please share the information with your colleagues and publish your findings in EQAnews.

EQAnews is also your journal.
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Manuscripts
Manuscripts should be received no later than the first working day of the month prior to the month of issuing EQAnews, preferably in an electronic medium.

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