Cerebrospinal Fluid Haem Pigments

Accreditation Status: UKAS Schedule of Accreditation

Date Scheme started: 2000

Clinical Applicability: Diagnosis of subarachnoid haemorrhage

Analytes: The programme surveys performance in assays for the identification of haem pigments and the quantitation of bilirubin and oxyhaemoglobin **(SER/042)**

Units for Reporting: Presence or absence of haem pigments and their identification. Quantitation of CSF bilirubin and oxyhaemoglobin absorbance. Interpretation of results using coded comments

Samples Distributed: Liquid format. Normal or pathological CSF will be distributed whenever sufficient volumes can be obtained. The majority of samples will, however, be of an artificial matrix developed for use in the programme

Number of Distributions per year: 6

Number of Samples per Distribution: 2

Frequency of Distributions: Every two months as outlined in the **Distribution Schedule**

Schedule of Analysis: **Data entry** is via the web for the submission of results. Data analysis is commenced 14 days after sample dispatch. Late returns are accepted and will contribute to the laboratory's cumulative performance statistics

Data Analysis: Qualitative responses are assessed by MI scoring in relation to the designated response. The Designated Value (DV) for NOA and NBA for calculation of VI is the All Laboratory Trimmed Mean (ALTM)

Performance Scoring: MI scoring

Criteria of Performance: Laboratory performance is assessed over a running analytical window of 6 Distributions (12 months)

	OMIS Net Oxyhaemoglobin Absorbance	OMIS Net Bilirubin Absorbance	Interpretation
Good	Zero	Zero	Zero
Adequate	1-2	1-2	1-4
Poor	> 2	> 2	> 4

Persistent Poor Performance: Defined as being in the Poor Performance category for two or more successive Distributions

Samples should be tested as soon as possible upon receipt

National Guidelines for CSF analysis in suspected subarachnoid haemorrhage are available in the hyperlinks below:

National Guidelines for CSF analysis in suspected SAH

Revision of National Guidelines for CSF analysis in suspected SAH