## **UK NEQAS**

## Immunology, Immunochemistry & Allergy

## **Specific Microbial Antibodies**

Accreditation Status: UKAS Schedule of Accreditation

Date Scheme started: 1998

Clinical Applicability: Diagnosis and management of antibody deficiency syndromes

Analytes: Haemophilus Influenzae (HiB), Pneumococcus, Tetanus, Salmonella ser.

Typhi (S. Typhi) and Pneumococcal Serotype Specific antibodies. Each

analyte is available separately

Units for Reporting: Tetanus IU/mL

 $\begin{array}{ll} \mbox{HiB} & \mbox{mg/L} \\ \mbox{Pneumococcal} & \mbox{mg/L} \\ \mbox{Serotypes} & \mbox{\mug/mL} \end{array}$ 

Samples Distributed: Liquid format. Normal and pathological human serum

Number of Distributions per year: 6

**Number of Samples per Distribution:** 6 (2 x Tetanus, 2 x HiB, 2 x Pneumococcal)

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 28 days after sample dispatch. Late returns are accepted and will contribute to the laboratory's cumulative performance statistics

**Data Analysis:** All Laboratory Trimmed Mean (ALTM) for Tetanus, Pneumococcal, *H.* 

*influenza* and S. Typhi antibodies with truncation at 2SD, SD and CV%. Reports show method specific statistics. Individual laboratory performance is expressed in terms of MRBIS, SDBIS and MRVIS

Chosen Coefficient of Variation is specific for each analyte:

Tetanus antibody 20%

H. influenzae type B antibody 20%

Pneumococcal antibody 20%

Performance Scoring: MRVIS

Criteria of Performance: Laboratory performance is assessed in relation to each antibody over

a running analytical window of 6 Distributions (12 months)

 Ideal
 MRVIS
 <50</th>

 Good
 50 - 100

 Adequate
 101 - 200

Poor >200 or SDBIS >200

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

successive Distributions