



**PROFICIENCY TESTING SERVICE
AMERICAN ASSOCIATION OF BIOANALYSTS**
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PARTICIPANT STATISTICS

SECOND QUADRIMESTER 2018

IMMUNOHEMATOLOGY

ABO Group

Method	Specimen 1				Specimen 2				Specimen 3				Specimen 4				Specimen 5				
	O	A	A2	F/B Dis	A	O	AB	A2B	O	A	F/B Dis	O	A	A1	A2	F/B Dis	O	A	A1	F/B Dis	
Immucor Tube		40	1				42	1	44					42					43	1	
Ortho Gel	1	43	1	11	1		54	1	57					57					54	1	
Ortho Tube		12	1				10	1	13					12					12	1	
Total Population	1	117	3	11	1	0	127	4	137	0	0	0	0	134	0	0	0	0	131	4	
Flagging	***				***	***				***	***			***	***	***	***	***			

D (Rho) Typing

Method	Specimen 1				Specimen 2				Specimen 3				Specimen 4				Specimen 5			
	NEG	POS	Neg. weak D (Du) not performed	Weak D (Du)-Positive	NEG	POS	Neg. weak D (Du) not performed	Weak D (Du)-Positive	NEG	POS	Neg. weak D (Du) not performed	Weak D (Du)-Positive	NEG	POS	Neg. weak D (Du) not performed	Weak D (Du)-Positive	NEG	POS	Neg. weak D (Du) not performed	Weak D (Du)-Positive
Immucor Tube	37		6			45			39		7			44				46		
Ortho Gel	21	1	32			54			21		34			55				54		
Ortho Tube	11		5			15			12		5			16				17		
Other Tube	7		3			10			8		3			10				11		
Total Population	90	1	59	0	0	151	0	0	94	0	63	0	0	153	0	0	0	156	0	0
Flagging		***		***	***	***			***	***		***	***	***	***	***	***	***	***	***

Unexpected Antibody Detection

Method	Specimen 1			Specimen 2			Specimen 3			Specimen 4			Specimen 5					
	Would Refer	Not Detected	Detected	Would Refer	Not Detected	Detected	Would Refer	Not Detected	Detected	Would Refer	Not Detected	Detected	Would Refer	Not Detected	Detected			
Immucor Tube		36			36			36		2			33	2		34		
Ortho Gel	9	54	5		69		1	68		2			67	2		66		
Total Population	9	110	5	0	125	0	1	124	0	4	0	0	120	4	0	120	0	0
Flagging			***	***		***			***		***		***	***	***			***

Antibody Identification, First

Method	Specimen 1		Specimen 2		Specimen 3		Specimen 4		Specimen 5		
	Neg not indicated	Would refer	D	Neg not indicated	Would refer	Neg not indicated	Would refer	E	Would refer	K	Would refer
Total Population	6	1	0	6	0	6	0	10	5	10	5
Flagging			***								

*Per CMS and CAP requirements, starting in 2018 laboratories not marking a response for negative screened samples will be flagged.

Compatibility Testing

Name	Specimen 1						Specimen 2						Specimen 3					
	Would refer	Compatible	Not Compatible	Immediate spin only, incompatible	Immediate spin only, compatible	Unexp Ab would refer	Would refer	Compatible	Not Compatible	Immediate spin only, incompatible	Immediate spin only, compatible	Unexp Ab would refer	Would refer	Compatible	Not Compatible	Immediate spin only, incompatible	Immediate spin only, compatible	Unexp Ab would refer
Immucor Tube	1	14			7			14			8		1	14			7	
Ortho Gel	9	35	3		6	1	1	47			7		3	43	2		7	
Total Population	10	60	4	1	17	1	1	73	0	1	19	0	4	68	3	1	18	0
Flagging			***	***		***			***	***		***	***	***	***	***	***	***

Name	Specimen 4						Specimen 5					
	Would refer	Compatible	Not Compatible	Immediate spin only, incompatible	Immediate spin only, compatible	Unexp Ab would refer	Would refer	Compatible	Not Compatible	Immediate spin only, incompatible	Immediate spin only, compatible	Unexp Ab would refer
Immucor Tube	4	14			2	1	4	1	14		2	1
Ortho Gel	9	38	4		6	4	7	2	43		2	2
Total Population	16	61	5	1	5	5	13	3	68	1	5	3
Flagging			***	***				***		***		

Correct responses are defined as those reflecting agreement among 95% or more of all participants or referees. Unacceptable responses are indicated by "*****" on the Flagging line of each specimen.

Q2 2018 – Immunohematology