



PROFICIENCY TESTING SERVICE
AMERICAN ASSOCIATION OF BIOANALYSTS
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PARTICIPANT STATISTICS

SECOND QUADRIMESTER 2019

IMMUNOHEMATOLOGY

ABO Group

Method	Specimen 6				Specimen 7				Specimen 8				Specimen 9				Specimen 10				
	O	A	B	F/B Dis	O	A	A1	F/B Dis	O	A	F/B Dis	O	A	A1	F/B Dis	O	A	AB	A2B	F/B Dis	
Immucor Tube			40			37	2		40				38	2		40					
Ortho Gel			37	8		40	1	4	45				43	1	1	45					
Ortho Tube			14			13	1		14				13	1		14					
Total Population	0	0	115	8	0	114	4	4	123	0	0	0	118	4	1	123	0	0	0	0	
Flagging	***	***			***					***	***	***					***	***	***	***	

D (Rho) Typing

Method	Specimen 6				Specimen 7				Specimen 8				Specimen 9				Specimen 10			
	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	33		9		32		9		42				42				42			
Ortho Gel	16		27		16		27		43				43				43			
Ortho Tube	13		5		13		5		18				18				18			
Other Tube	7		3		7		3		10				10				10			
Total Population	86	0	56	0	85	0	56	0	142	0	0	0	141	1	0	0	142	0	142	0
Flagging		***		***		***		***		***	***	***		***	***	***		***	***	***

Unexpected Antibody Detection

Method	Specimen 6			Specimen 7			Specimen 8			Specimen 9			Specimen 10		
	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		35		1		34		35			35		1	1	33
Ortho Gel	10	46		2		54		56			56		2	1	53
Total Population	10	102	0	3	0	109	0	112	0	0	112	0	3	2	107
Flagging			***		***			***	***		***	***		***	***

Antibody Identification, First

Method	Specimen 6			Specimen 7			Specimen 8			Specimen 9			Specimen 10	
	Neg not indicated	Would refer	D	Would refer	Neg not indicated	Would refer	Neg not indicated	Would refer	Neg not indicated	Would refer	Neg not indicated	Would refer	K	Would refer
Total Population	10	1	10	2	10	1	10	1	10	1	10	10	2	
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 6						Specimen 7						Specimen 8					
	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		13			8	2	1	15		1	2		13			8		
Ortho Gel	10	30			5	5	5	38		2	7		37	1		7		
Total Population	11	57	0	0	17	10	2	64	0	4	5	1	63	1	0	20	0	
Flagging			***	***		***			***	***	***			***	***		***	

*15 of 16 referee laboratories called Compatible

Name	Specimen 9						Specimen 10					
	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		13			8	2	16			1		
Ortho Gel	1	37			7	9	33	1				
Total Population	2	64	0	1	18	0	14	61	1	0	4	
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 2019 – Immunohematology

Pending