



HAEMATOLOGY QAP Special Haemostasis Booklet

Participant Number

— — — —

CONTENTS:

- Result sheets for Special Haemostasis
 - Module A
 - Module B
 - Module C
 - Module D
 - Module E
- Program Schedule and Sign-off
- Method Classification Sheet

ADDITIONAL INFORMATION:

- Participant numbers have been pre-printed on all result sheets – if you have multiple instruments please record the instrument number in the box provided – labelled “Inst”.
- Please record instrument (Manufacturer/Model), serial number and reagent information where requested. This information can be recorded on the “master” sheets at the start of the year for photocopying for all surveys. This information is particularly important for verification purposes when participants have multiple instruments / methods enrolled.
- The units in which results are to be submitted are clearly labelled on all result sheets.
- To ensure your Interim and End of Cycle reports are relevant, it is crucial you notify the Haematology QAP of any instrument or reagent change at the time of changeover. Please use HQF 231 to record any changes.
- Please review the Contact and Delivery address information accompanying this document – Enrolment Confirmation letter. If any of this information is incorrect please use HQF 232 to notify the Haematology QAP of any changes.
- The “contact” person information should be kept up to date as this person will be used for verification purposes when any changes are requested.
- It is the participant’s responsibility to notify the Haematology QAP if any staff member, with an online data account, leaves your organisation. This allows us to delete their account and prevent any further access. Please use HQF 232 for this purpose.

2012 SPECIAL HAEMOSTASIS MODULE A (LUPUS)

Participant No.

— — — —

Inst.

Important: Perform all usual laboratory tests on BOTH survey samples whether results positive or negative for LA.

INSTRUMENT NAME / MODEL:

Serial Number:

___/___/___ Due Date	LUP12-□□a	LUP12-□□b	Units
APTT	□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	sec
APTT Normalised Ratio	□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	ratio
APTT mix	□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	sec
APTT mix Normalised Ratio	□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	ratio
KCT / SCT	□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	ratio
DRVVT screen	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	ratio
DRVVT confirm	□.□□	□.□□	ratio
FINAL RATIO	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Extended	ratio
APTT screen (Staclot CT1)	□□□	□□□	sec
APTT confirm (Staclot CT2)	□□□	□□□	sec
CT1-CT2 (Staclot LA)	□□□ <input type="checkbox"/> Negative <input type="checkbox"/> Positive	□□□ <input type="checkbox"/> Negative <input type="checkbox"/> Positive	sec
INTERPRETATION	NEGATIVE (not LA) <input type="checkbox"/> BORDERLINE <input type="checkbox"/> WEAK POSITIVE <input type="checkbox"/> MODERATE POSITIVE <input type="checkbox"/> STRONG POSITIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/>	NEGATIVE (not LA) <input type="checkbox"/> BORDERLINE <input type="checkbox"/> WEAK POSITIVE <input type="checkbox"/> MODERATE POSITIVE <input type="checkbox"/> STRONG POSITIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/>	

2012 SPECIAL HAEMOSTASIS MODULE A (LUPUS)

Refer to the Worksheet included with the sample dispatch for detailed instructions.

2012 SPECIAL HAEMOSTASIS MODULE B (PC, PS, AT & APCR)

Participant No.

— — — —

Inst.

Important: Please perform all usual laboratory tests on BOTH survey samples whether results are normal or abnormal.

INSTRUMENT NAME / MODEL:

Serial Number:

__/__/__ Due Date	THR12-□□a	THR12-□□b	Units
PROTEIN C (functional)	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	%
PROTEIN S (total antigen)	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	%
PROTEIN S (free antigen)	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	%
PROTEIN S (functional)	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	%
ANTITHROMBIN (functional)	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	%
	APC12-□□a	APC12-□□b	
APCR (APTT)	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	ratio
APCR (APTT-V) +Factor V def plasma	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	ratio
APCR (RVVT)	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	ratio
APCR (RVVT-V) +Factor V def plasma	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced	ratio
APCR (Staclot) +Factor V def plasma	□□□ <input type="checkbox"/> Positive <input type="checkbox"/> Negative	□□□ <input type="checkbox"/> Positive <input type="checkbox"/> Negative	sec

2012 SPECIAL HAEMOSTASIS MODULE B (PC, PS, AT & APCR)

Refer to the Worksheet included with the sample dispatch for detailed instructions.

2012 SPECIAL HAEMOSTASIS MODULE C (VWF)

Participant No.
_ _ _ _

Inst.

Important: Please perform all usual laboratory tests on BOTH survey samples whether results are normal or abnormal.

INSTRUMENT NAME / MODEL: _____ Serial Number: _____

___ / ___ Due Date	VW12-□□a	VW12-□□b	Units
VWF:Ag	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:RCo	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:Activity	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:CB	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:RCo / VWF:Ag	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	ratio
VWF:Activity / VWF:Ag	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	ratio
VWF:CB / VWF:Ag	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□.□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	ratio
FVIII:C	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□ <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:Multimer	Comments		
INTERPRETATION	NORMAL <input type="checkbox"/>	NORMAL <input type="checkbox"/>	
	EQUIVOCAL <input type="checkbox"/>	EQUIVOCAL <input type="checkbox"/>	
	MILD TYPE 1 <input type="checkbox"/>	MILD TYPE 1 <input type="checkbox"/>	
	MODERATE TYPE 1 <input type="checkbox"/>	MODERATE TYPE 1 <input type="checkbox"/>	
	SEVERE TYPE 1 <input type="checkbox"/>	SEVERE TYPE 1 <input type="checkbox"/>	
	TYPE 2 (A, B) <input type="checkbox"/>	TYPE 2 (A, B) <input type="checkbox"/>	
	TYPE 2 M <input type="checkbox"/>	TYPE 2 M <input type="checkbox"/>	
	TYPE 2 N <input type="checkbox"/>	TYPE 2 N <input type="checkbox"/>	
	TYPE 3 <input type="checkbox"/>	TYPE 3 <input type="checkbox"/>	
	HAEMOPHILIA A <input type="checkbox"/>	HAEMOPHILIA A <input type="checkbox"/>	
	HAEMOPHILIA A carrier <input type="checkbox"/>	HAEMOPHILIA A carrier <input type="checkbox"/>	
	OTHER SPECIFY	OTHER SPECIFY	

2012 SPECIAL HAEMOSTASIS MODULE C (VWF)

Refer to the Worksheet included with the sample dispatch for detailed instructions.

2012 SPECIAL HAEMOSTASIS

Module D (FVIII Inhibitor)

Participant No. _ _ _ _

Inst.

INSTRUMENT NAME / MODEL:	Serial Number:
--------------------------	----------------

__ / __ Due Date	INH12-□□ a	INH12-□□ b	Units
Inhibitor level	□□.□ <input type="checkbox"/> Detected <input type="checkbox"/> Not Detected	□□.□ <input type="checkbox"/> Detected <input type="checkbox"/> Not Detected	Bethesda Units/ml

Lower limit of detection (eg <0.5 BU/mL)BU/mL

2012 SPECIAL HAEMOSTASIS

Module D (FVIII Inhibitor)

Refer to the Worksheet included with the sample dispatch for detailed instructions.

2012 SPECIAL HAEMOSTASIS

Module E (PFA-100)

Participant No. _ _ _ _

Inst.

IMPORTANT: Perform both Col/Epi and Col/ADP on BOTH survey samples whether results are normal or abnormal. Perform a full blood count on the donor blood and ensure normal platelet count and haematocrit. At completion of testing, please centrifuge remaining donor blood, and separate and freeze the plasma for potential testing of von Willebrand factor parameters in case required.

__/__/__ Due Date	Baseline		Error code (please choose from list overleaf)
Col / Epi	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	
Col / ADP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	
PF12-<input type="checkbox"/><input type="checkbox"/> a			
Col / Epi	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	
Col / ADP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	
PF12-<input type="checkbox"/><input type="checkbox"/> b			
Col / Epi	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	
Col / ADP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	

	PF12- <input type="checkbox"/> <input type="checkbox"/> a	PF12- <input type="checkbox"/> <input type="checkbox"/> b
INTERPRETATION	Normal <input type="checkbox"/>	Normal <input type="checkbox"/>
	Aspirin-like defect <input type="checkbox"/>	Aspirin-like defect <input type="checkbox"/>
	Mild VWD/platelet function defect <input type="checkbox"/>	Mild VWD/platelet function defect <input type="checkbox"/>
	Severe VWD/platelet function defect <input type="checkbox"/>	Severe VWD/platelet function defect <input type="checkbox"/>
	Low haematocrit or platelet count <input type="checkbox"/>	Low haematocrit or platelet count <input type="checkbox"/>
	Unable to interpret <input type="checkbox"/>	Unable to interpret <input type="checkbox"/>
	Other (Specify) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

2012 SPECIAL HAEMOSTASIS

Module E (PFA-100)

PFA-100® Test Code Table

<i>PFA TEST COMMENTS</i>	<i>INTERPRETATION</i>	<i>TEST CODES</i>
<i>Max Test Time Exceeded</i>	<i>Maximum CT obtainable with sample (not a TF)</i>	<i>A</i>
<i>Air Leak</i>	<i>Test Failure</i>	<i>B</i>
<i>Flow Obstruction</i>	<i>TF if CT <250s; Maximum CT obtainable with sample if CT ≥250s</i>	<i>C</i>
<i>Sample Depletion / Insufficient Sample</i>	<i>Maximum CT obtainable with sample (not a TF) if ≥0.8ml blood has been used for test.</i>	<i>D</i>
<i>Maximum Syringe Travel Reached</i>	<i>Maximum CT obtainable with sample (not a TF)</i>	<i>E</i>
<i>Default test code</i>	<i>Automatically applied</i>	<i>F</i>

Note: TF = Test Failure; CT = Closure Time.

IMPORTANT NOTE:

- Please enter the test codes on your results sheet in the space provided.
- If no test code or comments appear in the test result then leave this space blank.
- The reported test codes will help in the final analysis of the performance of the samples and PFA-100® instruments.
- “F” is the default test code.



SPECIAL HAEMOSTASIS			
Results Due	Sample number	Results Sent	Report Review
26.03.12	SH.12-03		
03.09.12	SH.12-08		

Haematology QAP

Phone: (+61 2) 9045 6040

Fax: (+61 2) 9933 0199

Email: haematology@rcpaqap.com.au

Please use this form as a record of result return and report review. It serves also as a declaration to certify that as far as possible this material was treated in a manner similar to a patient specimen. These are for your records – they do not need to be returned to the Haematology QAP

2012 METHOD CLASSIFICATION SHEET

Participant No.

— — — —

SPECIAL HAEMOSTASIS

ANALYTE / TEST	CATEGORY – Please record codes from method classification booklet			
	1. PRINCIPLE	2. INSTRUMENT	3. REAGENT	4. CALIBRATOR
MODULE A				
LUP - APTT				
LUP - APTT mix				
LUP – KCT / SCT				
LUP-DRVVT screen				
LUP-DRVVT confirm				
LUP (Staclot LA)				
MODULE B				
Prot. C functional				
Prot. S total Ag				
Prot. S free Ag				
Prot. S functional				
APCR (APTT)				
APCR (APTT-V)				
APCR (RVVT)				
APCR (RVVT-V)				
APCR (Staclot)				
AT functional				
MODULE C				
VWF:Ag				
VWF:RCo				
VWF:Activity				
VWF:CB				
FVIII:C				
VWF: Multimer				
MODULE D	1. PRINCIPLE	2. INSTRUMENT	3. REAGENT FVIII Def plasma	4. Source of PNP
FVIII Inhibitor Level				

No Method Classification required for Module E (PFA-100)