

Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme: Striving for Excellence in the Past 25 Years (1989 – 2013)





香港醫務化驗學會有限公司 Hong Kong Institute of
Medical Laboratory Sciences Ltd.
Formerly Hong Kong Medical Technology Association (Founded 1966)

本 會 箴 言

惇德明毅

語云：「平安是福」，又言「健康即財富」，此固千古不磨之論也。

人類健康之保障，疾苦之消除，雖云責在醫師，然醫事技術人員之悉力以赴，黽勉從公，促使醫學技術之進步，俾病者能獲正確之診斷，早占勿藥；其責至艱巨也。

凡我同寅，宜正視此神聖使命，抱刻苦之精神，懷堅強之毅力，以及秉承仁心仁術，篤信篤行，惇德懷義，以發揚醫事技術為己任焉。此蓋本會成立之要旨，亦作為同寅勵己之箴規，服務之南針也。

編者識

MAXIM

Donor Virtus et Perseverantia

The Latin words means *Grant us virtue and perseverance.*

Health Care System in Hong Kong

- The health service in Hong Kong has long leaned upon overseas systems and has none of its own.
- It has been criticized in the Editorial of the prominent Medical Journal "The Lancet" volume 322, the February issue of 1990.

The Delivery of Medical Services in Hospitals: a report for the Hong Kong Government

- Split the Medical and Health Department into a new Department of Health and a Hospital Services Department
- Restructure fees and charges to recover up to 15-20% of costs in public hospitals
- Revamp (corporatize) the management of public hospitals

Establishment of Hospital Authority in Dec 1990

HKMTA Working Task Group on ***External Quality Assurance Programme*** ***in 1987 - 1988***

Mr Tat-Cheong Chow

Mr Shin-Wing Chiu

Mr See-Yan Foo

Mr Tsui-Hoi Lo

Mr Wing-Cheung Pang

Mr Kam-Sze Tsang

Mr Yiu-Lam Tsim

Mr Chun-Keung Wong

Mr Wan-Lung Yau

Quality Control vs Quality Assurance

- QC emphasizes testing of products to uncover defects, and reporting to management who make the decision to allow or deny the release
- QA attempts to improve/stabilize production and associated processes, to avoid, or at least minimize, issues that led to the defects
- QA does not eliminate the need for QC



Hong Kong Medical Technology Association Quality Assurance Programme

HKMTAQAP Subcommittee (1989-1990)

Chairman	Mr Yiu-Lam Tsim
Vice Chairman	Mr See-Yan Foo
Secretary	Mr Kam-Sze Tsang
Vice Secretaries	Mr Shin-Wing Chiu Mr Lai-Man Mok
Treasurer	Mr Wan-Lung Yau
Specialty Panel Heads	Mr Wing-Cheung Pang Mr Tsui-Hoi Lo Mr Yiu-Lam Tsim Mr Kin-Shun Li
Deputy Panel Heads	Mrs Marianne Leung Mr Tat-Cheong Chow Mr Kam-Sze Tsang Mr Kin-Sing Tang

Clinical Chemistry Panel

Head	Mr Wing-Cheung Pang
Deputy Head	Mrs Marianne Leung
Members	Mr Kam-Ming Au Mr Bo-Yum Chan Mr Ping-Siu Leung Mr Man-Fai Mak Mr Tak-Shing Siu

Histopathology and Cytology Panel

Head	Mr Tsui-Hoi Lo
Deputy Head	Mr Tat-Cheong Chow
Members	Mr Shin-Wing Chiu (<i>till July 1990</i>) Mr Kwan-Yi Chiu (<i>from July 1990</i>) Mr Chai-Pok Khoo Mr Wan-Lung Yau

Haematology and Serology Panel

Head	Mr Yiu-Lam Tsim
Deputy Head	Mr Kam-Sze Tsang
Member	Ms Kam-Fong Li

Medical Microbiology Panel

Head	Mr Wing-Cheung Yam (<i>till Sept 1990</i>) Mr Kin-Shun Li (<i>from Oct 1990</i>)
Deputy Head	Mr Kin-Sing Tang
Member	Mr Wai-Ting Hui

Medical Laboratory Services

- Public Sector
 - Hospital Authority
 - Department of Health, HKSAR
 - University health clinics
- Private Sector
 - Hospitals
 - Medical centres/laboratories
- Regions in Vicinity/Overseas
 - Macau, Mainland China, Philippines



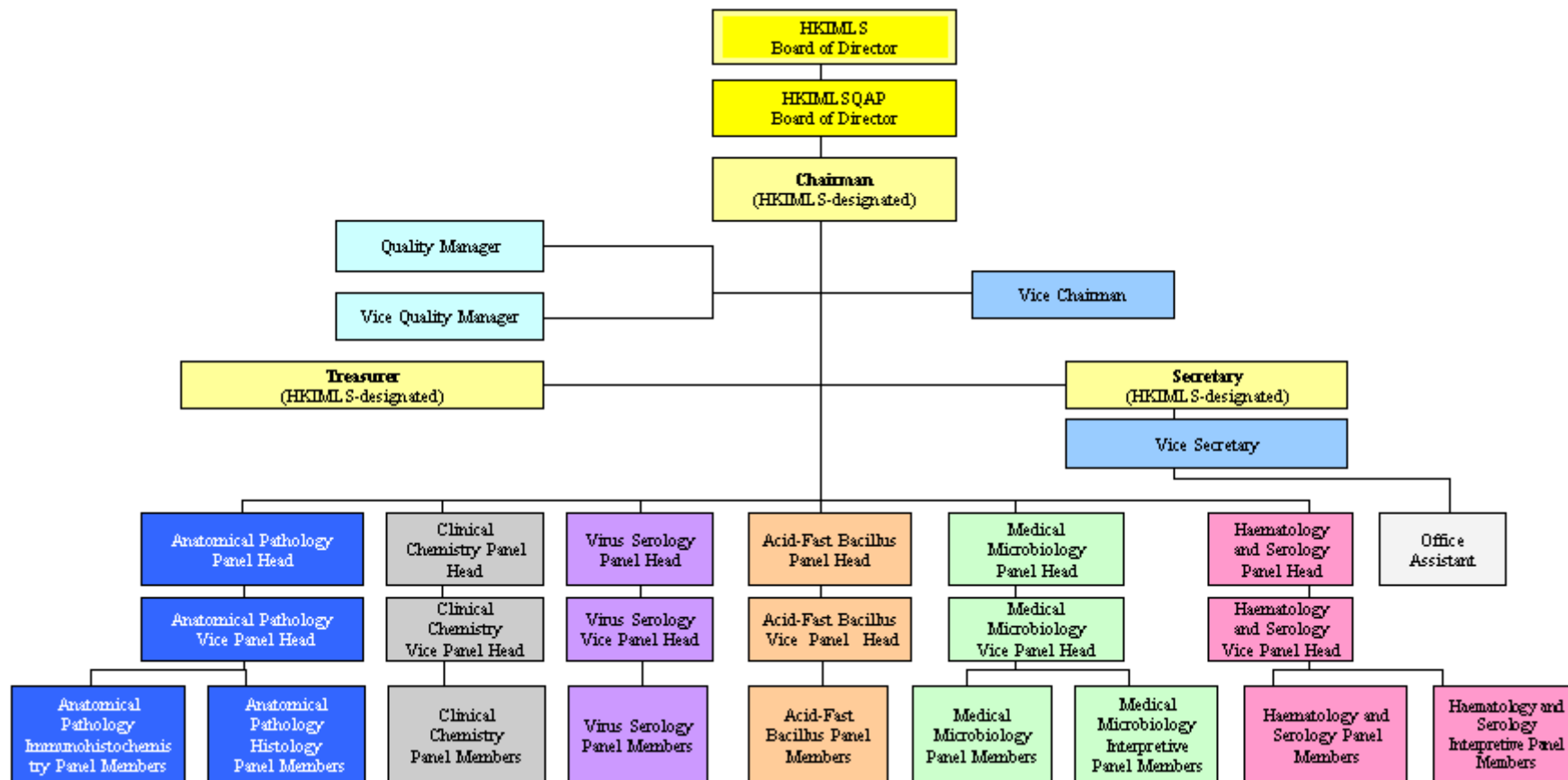
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- non-profit making body
- monetarily supported by HKIMLS
- all office bearers except the office assistant are non-remunerated
- basically self-financed by
 - annual subscriptions at nominal amount levied from participating labs
 - sponsorships from service providers/manufacturers in the industry

Organization Chart of HKIMLSQAP



Specialties currently available

- Acid-Fast Bacillus Examination
- Anatomical Pathology
- Clinical Chemistry
- Haematology and Serology
- Medical Microbiology
- *Neisseria gonorrhoeae* Susceptibility Testing
- Viral Nucleic Acid Testing
- Virus Serology



Hong Kong Institute of Medical Laboratory Sciences
Quality Assurance Programme Ltd.
香港醫務化驗學會品質保證計劃有限公司

The HKIMLSQAP Council

AFB Smear Panel

Anatomical Pathology Panel

Clinical Chemistry Panel

Haematology & Serology Panel

Medical Microbiology Panel

Neisseria gonorrhoeae Susceptibility Testing Panel

Viral Nucleic Acid Testing Panel

Virus Serology Panel

Webmasters

Webmasters

Mr. Lai Siu Kin, Nick, 黎兆堅, BSc, MSc, FIBMS
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Mr. Wong Wing Ming, 黃永明, BSc, PgD, MSc, AHKIMLS
Department Manager, Tseung Kwan O Hospital
Mr. Yau Wan Lung, Bosco, 游雲龍, BSc, AHKIMLS
Medical Technologist, Queen Mary Hospital

The HKIMLSQAP Council Office-bearers

Chairman	Mr. Li Siu Ming, Albert, 李少明, BSc, MSc, MMedSc, MSB, CBiol, CMIAC, CSci, FIBMS, AHKIMLS Senior Medical Technologist, Pamela Youde Nethersole Eastern Hospital
Vice Chairman	Ms. Yip Shuk Fun, Alice, 葉淑芬, BSc, MSc, MBA, AIBMS, AHKIMLS Department Manager, United Christian Hospital
Hon. Secretary	Mrs. Long Leung Siu Mui, Christina, 龍梁少梅, MSc, CSci, FIBMS, AHKIMLS Chief Medical Technologist, Public Health Laboratory Services Branch
Vice Hon. Secretary	Mr Lee Wing Keung, 李永強, BSc, MSc Medical Technologist, United Christian Hospital
Hon. Treasurer	Ms. Yau Chong Yee, Miranda, 邱莊儀, BSc, BA, MMedSc, FIBMS, AHKIMLS Medical Technologist, Queen Mary Hospital
Quality Manager	Mrs. Long Leung Siu Mui, Christina, 龍梁少梅, MSc, CSci, FIBMS, AHKIMLS Chief Medical Technologist, Public Health Laboratory Services Branch
Vice Quality Manager	Ms. Chow Oi Yin, 周靄賢, BSc, CTIAC, AIBMS Medical Technologist, Public Health Laboratory Services Branch

Specialty Panel Heads

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Mr. Hui Wai Ting, 許偉廷, BSc, MMedSc, CSci, FIBMS, AHKIMLS
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Anatomical Pathology Panel

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Scientific Officer, Pamela Youde Nethersole Eastern Hospital

Deputy Head

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Department Manager, Queen Mary Hospital

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Virus Serology Panel

Head

Mr. Tong Kwok Leung, Louis, 唐國良, BSc, MSc, MBA, MPhil, AIBMS
Scientific Officer, Public Health Laboratory Services Branch

Deputy Head

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Ms. Lee Wai Ching, Connie, 李偉清, BSc, MSc, AIBMS
Medical Technologist, Public Health Laboratory Services Branch



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Neisseria gonorrhoeae Susceptibility Testing Panel

Head

Dr. Lo Chun Tim, Angus, 羅春添, BSc, MPhil, PhD
Scientific Officer, Public Health Laboratory Services Branch

Deputy Head

Ms. Leung Fung Sim, 梁鳳嫻, MSc, AIMLS
Senior Medical Technologist, Public Health Laboratory Services Branch

Members

Mr. Kwok Siu Wai, 郭少偉, BSc
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Ms. Lai Yee Sui, Olivia, 賴綺瑞, BSc
Medical Technologist, Public Health Laboratory Services Branch



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Viral Nucleic Acid Testing Panel

Head

Dr. Leung Wing Cheung, Tommy, 梁永章, BSc, PhD, CSci, FIBMS
Scientific Officer, Public Health Laboratory Services Branch

Deputy Head

Ms. To Pui Chi, Amanda, 杜佩芝, BSc, MPhil
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Mr. Tong Kwok Leung, Louis, 唐國良, BSc, MSc, MBA, MPhil, AIBMS
Scientific Officer, Public Health Laboratory Services Branch



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Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd.

**In collaboration with Tuberculosis Laboratory,
Public Health Laboratory Centre**

Quality Assurance Programme in AFB Smear

Survey materials: Four glass slides of fixed sputum smear prepared from 4 patients suspected of pulmonary tuberculosis.

Test requested: Stain and examine the slides for Acid-alcohol Fast Bacilli (AFOB).

Objective Criteria for Performance Evaluation of Acid Fast Bacillus Examination

Sixteen microscopic slides are dispatched to participating laboratory in four quarterly survey exercises per year. Participants are required to stain, microscopically examine, and report the presence/absence of AFB and the staining method(s) before the due dates.

Scores of "two" and "zero" will be assigned to correct and incorrect result, respectively. "Zero" will also be given to nil return. Falsely positive and negative results are considered as major errors.

Quarterly survey report will tabulate results generated by the participating laboratory and the intended results together with the scoring. "NIL RETURN" will be indicated for no return of test results. A year-end report will display the total scores and the successful rate of the participating laboratory in correct microscopic identification of AFB.



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Quality Assurance Programme in Anatomical Pathology

Part A - Technical Performance

Cellular Pathology Option

Section I Histopathology

Survey materials:	Two paraffin sections which had been fixed in 10% buffered formalin.
Tests requested:	Perform Hematoxylin & Eosin and special staining, and return the STAINED SECTIONS & CONTROL SLIDE for assessment.

Section II Cytopathology

Survey materials:	A smear which had been wet fixed and stained with Hematoxylin & Eosin or Papanicolaou stain. Case history is provided.
Test requested:	Make diagnosis and dot the suspicious cells (if any) on the slide.

Immunopathology Option

Evaluation of Demonstration with Provided and In-house Antibodies

Survey materials:	Two paraffin sections and one monoclonal/polyclonal antibody.
Tests requested:	Stain the slides and controls with optimal diluted sera of the provided and in-house antibodies by using the participant's routine immunohistochemistry detection system.

**Hong Kong Institute of Medical Laboratory Sciences
Quality Assurance Programme Ltd.**

**in collaboration with
RIQAS Randox Laboratories**

**for Hong Kong
Clinical Chemistry Program**

Survey material: 12 vials freeze-dry lyophilized serum

Analyte:	Albumin	Bicarbonate
	Bilirubin, Total	Calcium, Total
	Bilirubin, Direct	Calcium, Ionized
	Chloride	Cholesterol, Total
	HDL Cholesterol	Creatinine
	Glucose	Iron
	Magnesium	Iron Binding Capacity, Total
	Osmolality	Phosphate
	Potassium	Protein, Total
	Sodium	Triglycerides
	Urea	Uric Acid
	Lithium	
	Enzymes:	
	Alanine Aminotransferase	Alkaline Phosphatase
	Amylase, Total	Aspartate Aminotransferase
	Amylase, Pancreatic	
	Creatine Kinase	Gamma Glutamyl Transferase
	Lactate Dehydrogenase	Lipase
	Thyroid Functions:	
	Thyroid Stimulating Hormone	
	Thyroxine	Triiodothyronine

Survey Report: 12 monthly performance reports and an end of cycle performance analysis



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Quality Assurance Programme in Haematology and Serology

Complete Blood Count

Survey materials: Two whole blood samples.
Tests requested: WBC, RBC, Hb, Hct, MCV and Platelet.

Coagulation

Survey materials: Two lyophilized plasma samples.
Tests requested: APTT, PT and INR.

Blood Film

Survey materials: Two slides of peripheral blood film with brief history and CBP results.
Tests requested: Differential Count, RBC Morphology, WBC Morphology and Platelet Morphology.

ABO and Rh(D) Grouping

Survey materials: Two sets of blood cells suspension and Serum.
Tests requested: ABO Grouping and Rh(D) Grouping.



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Quality Assurance Programme in Medical Microbiology

Organism Identification

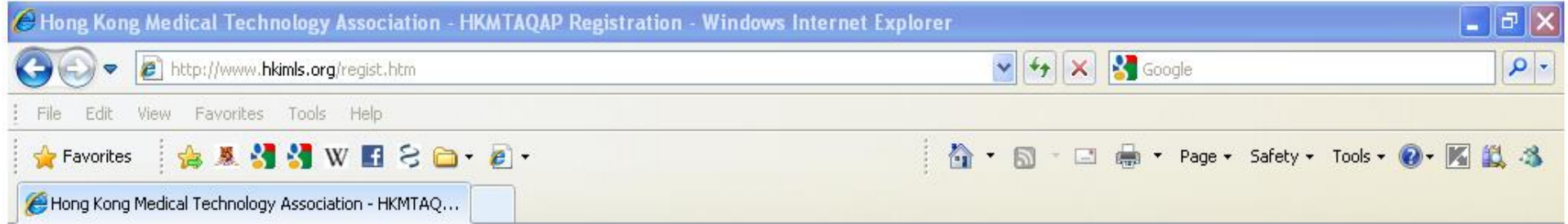
Survey materials:	Three lyophilized pure or mixed cultures. Types of specimens and clinical diagnoses provided.
Tests requested:	Identification of the organisms present in the pure cultures. Look for the potential pathogen(s) from the mixed cultures.

Antimicrobial Susceptibility Testing

Survey materials:	One lyophilized culture. Name of the organism and site of the specimen provided.
Tests requested:	Incubate and grow the organism, and investigate the sensitivity to the listed antimicrobial agents.

Criteria of Performance Appraisal on Medical Microbiology

In each quarterly survey exercise, four lyophilized tubes of microorganism will be sent to each participating laboratory. Three questions will be related to microorganism identification and one will be related to antimicrobial sensitivity testing. Survey data must be returned for statistical analysis before the due dates; otherwise, "Late Return" will be stated in the survey report.



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Quality Assurance Programme in Virus Serology

HIV Serology

Survey materials: Five serum samples are provided.
Test requested: Anti-HIV investigation.

Hepatitis Serology

Survey materials: Five serum samples are provided.
Tests requested: HBsAg and/or anti-HBs assessment.

Objective Criteria for Performance Evaluation of Virology Serology

In each quarterly survey exercise three sets of five serum/plasma samples will be sent to participating laboratories for testing of HIV antibody, HBsAg/anti-HBs and anti-HCV. Survey data must be returned for statistical analysis before the due dates; otherwise, "Late Return" will be stated in the survey report.

Initial reactive results with a confirmation/referral test will score two; whereas correct initial reactive result without further confirmation/referral test will score one. Retest the initial reactive sample using the same method without neutralisation

Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd.

In collaboration with

**Public Health Laboratory Services Branch,
Centre for Health Protection**

Quality Assurance Programme in *Neisseria gonorrhoeae* Susceptibility Testing

Survey materials: Two lyophilized cultures of *Neisseria gonorrhoeae*

Tests requested: Antimicrobial susceptibility testing of the organisms to a panel of antimicrobial agents

Objective Criteria for Performance Evaluation of *Neisseria gonorrhoeae* Susceptibility Testing

In each half-yearly survey exercise, two lyophilized tubes of *Neisseria gonorrhoeae* will be sent to each participating laboratory. Survey data must be returned for analysis before the due dates.

Scoring is expressed as the number of correct results against the number of scored results. In general, participants' results will be scored according to the susceptibility categories submitted as follows:

- > One score will be allocated to each submitted result when it matches with the intended result.
- > Score will be deducted for discrepant result(s).
- > For results received after the deadline or if the result form was not returned, scoring will not be provided.
- > Where laboratories do not test the whole panel of antimicrobials indicated on the result form, only the tested antimicrobials with results returned will be scored.
- > Susceptibility results on comparable antimicrobials which are predictive of each other (e.g. ceftriaxone and cefotaxime etc.) will be scored once only.



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Public Health Laboratory Services Branch, Centre for Health Protection

Quality Assurance Programme in Viral Nucleic Acid Testing

Survey materials: Four plasma samples in two pairs are provided.

Test requested: HBV DNA quantification

Objective Criteria for Performance Evaluation of HBV DNA Quantification

There is one survey exercise per annum. Four plasma samples in two pairs are sent to participating laboratories for quantification of HBV DNA. Survey results, in unit IU/mL, must be returned for statistical analysis before the due dates; otherwise, "Late Return" will be stated in the survey report.

The proficiency of the participant is assessed by comparing the reported difference in concentration between paired survey samples. The acceptable range is $\pm 0.3 \log_{10}$ of the median difference in concentration between each pair of survey samples returned by participants. The result within the acceptable range is scored two points, otherwise zero point is conferred. The result derived from late return is not scored.

Preliminary results are accessible online at the homepage of Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme as scheduled about one month after the due date of data submission. Individual participant report and an overall report with comments and highlights on the performance of participants are released to each participant as scheduled. A certificate of participation is also issued indicating the timely return of survey results for statistical analysis.



Interpretative Quality Assurance Programmes in

- Clinical Microbiology
- Haematology



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Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd.

2014 Time Schedule

Task	Survey			
	First	Second	Third	Fourth
Date of Assembly	15.02.14	10.05.14	09.08.14	08.11.14
Survey Material Dispatch	17.02.14	12.05.14	11.08.14	10.11.14
Return of Results for AFB, HS, MM and VS	03.03.14	26.05.14	25.08.14	24.11.14
Return of Results for NGST	03.03.14	-	25.08.14	-
Return of Results for VNAT	-	28.05.14	-	-
Return of Results for AP	05.03.14	28.05.14	27.08.14	26.11.14
On-line Posting of Preliminary Reports	10.03.14	02.06.14	01.09.14	01.12.14
Report Dispatch	10.05.14	09.08.14	08.11.14	07.02.15



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Quality Assurance Programme Ltd.

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HKIMLSQAP Participants' Login

Preliminary Result

Lab No.:

Password:

Log In

If you do not remember the password, you may contact us at info@hkimlsqap.org.

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Quality Assurance Programme

Preliminary Result: Three (2010)

AFB SMEAR

Survey 3-2010

Sample code: TB 10 281 - 420

Smear No	Intended result AFB (smear ID)	Smear No	Intended result AFB (smear ID)	Smear No	Intended result AFB (smear ID)	Smear No	Intended result AFB (smear ID)
281	Absent (X30)	321	Absent (X30)	361	Absent (X30)	401	Absent (X30)
282	Present (X29)	322	Present (X29)	362	Present (X29)	402	Present (X29)
283	Present (X31)	323	Present (X31)	363	Present (X31)	403	Present (X31)
284	Present (X32)	324	Present (X32)	364	Present (X32)	404	Present (X32)
285	Present (X31)	325	Present (X31)	365	Present (X31)	405	Present (X31)
286	Present (X32)	326	Present (X32)	366	Present (X32)	406	Present (X32)



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Preliminary Result: Three (2010)

Haematology & Serology

Complete Blood Count

	Unit	<u>HS1031</u>	<u>HS1032</u>
WBC	$\times 10^9/L$	7.30 - 8.90	18.8 - 23.2
RBC	$\times 10^{12}/L$	4.50 - 4.90	4.99 - 5.55
Hgb	g/dL	12.9 - 13.9	15.3 - 16.7
Hct	L/L	0.37 - 0.41	0.44 - 0.50
MCV	fL	79.0 - 89.0	84.0 - 94.0
PLT	$\times 10^9/L$	186 - 265	360 - 500

Lot: K070
Expiry: 2010-09-02

Coagulation

		<u>HS1033</u>	<u>HS1034</u>
INR		0.85 - 1.19	1.51 - 2.39
APTT	sec	25.2 - 33.5	38.5 - 53.7

Lot: N0499004
Expiry: 2012-04

Lot: N0498996
Expiry: 2012-04

Blood Grouping

	<u>HS1037</u>	<u>HS1038</u>
ABO	B	AB
Rh(D)	D-	D+



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Preliminary Result: Three (2010)

Medical Microbiology

Sample Code: **MM 1009**

Type of specimen : Blood Culture

Diagnosis:

A 56 years old man presents with sudden onset of fever, chills and rigor. His blood culture was positive for the present isolate. He was treated with 14 days of antibiotics. Three weeks later, he presented again with fever and bacteraemia due to the same organism. Physical examination showed a pulsatile abdominal mass.

Request: Identification of the organism

Expected Report:

Salmonella cholera-suis

Sample Code: **MM 1010**

Type of specimen : Broncho-alveolar lavage (BAL)



HKIMLSQAP Preliminary Result

Exclusive for HKIMLSQAP Participants

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Preliminary Result: Three (2010)

Virology Serology

Intended Results

Specimen Number	Anti- HIV-1	HBsAg	Anti-HBs	Anti-HCV
VS 1031	Positive			
VS 1032	Negative			
VS 1033	Positive			
VS 1034	Positive			
VS 1035	Positive			
VS 1036		Positive	Negative	
VS 1037		Negative	Positive	
VS 1038		Positive	Negative	
VS 1039		Positive	Negative	
VS 1040		Negative	Positive	
VS 1041				Positive
VS 1042				Positive
VS 1043				Negative
VS 1044				Positive
VS 1045				Positive

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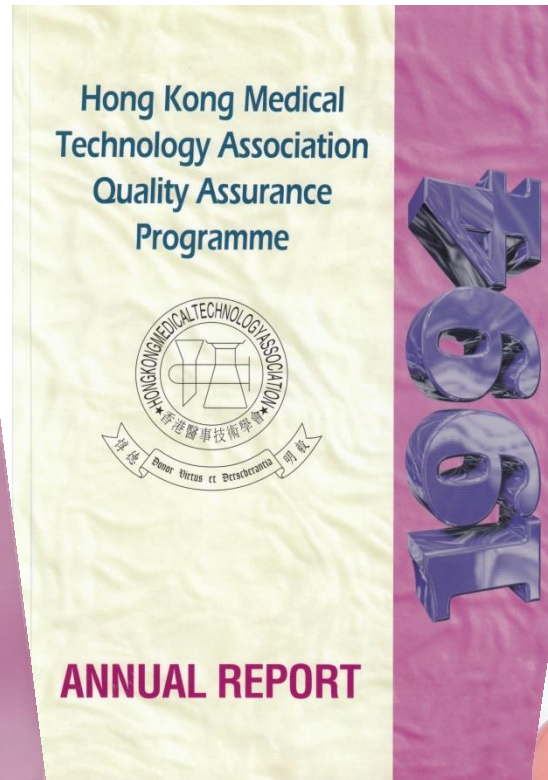
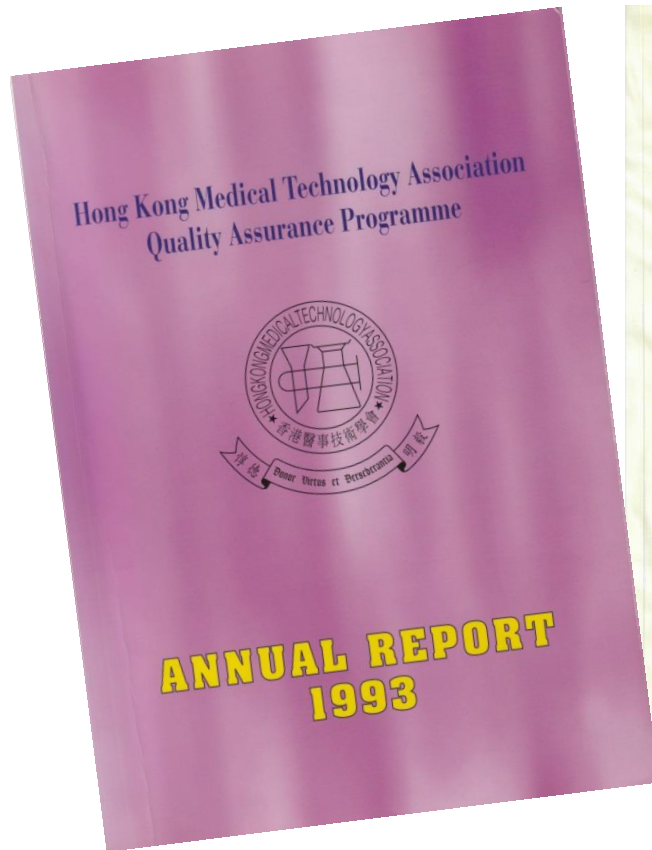
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Quarterly Survey Reports to Individual Participants

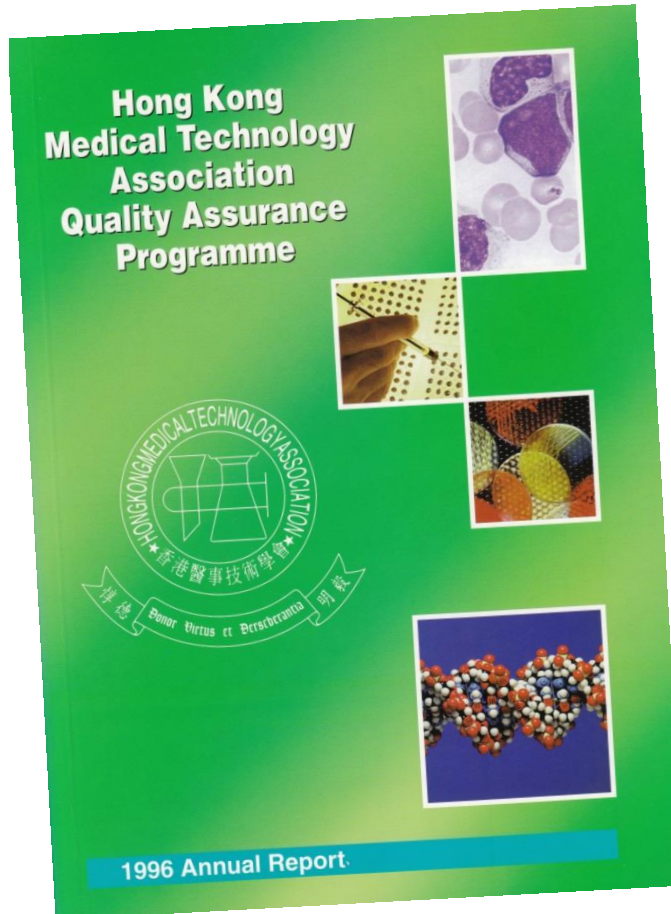
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ACID FAST BACILLUS

W.S. Wong, C.Y. Mok, W.F. Cheung, H.S. Tang

A total of 16 microscopy slides are dispatched to participating laboratory in four quarterly survey exercises (four slides per quarter). Participants are required to stain, microscopically examine and report the presence/absence of acid fast bacilli (AFB) as well as the staining method(s) before the due dates.

Scores of "two" and "zero" is assigned to correct and incorrect/nil result, respectively. Falsely positive and negative results are considered as major errors.

Quarterly survey report encloses results submitted by the participating laboratories and the intended results together with their respective score. "NIL RETURN" indicates no return of test results. A year-end report displays the total scores and the successful rate of participating laboratory in the correct identification of AFB.

Table 1 shows the summary of control smears.

Summary of Control Smears - 2009				
Control Smears	Total Numbers	Number of Correct Returns	Number of Incorrect Returns	Accuracy (%)



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ANATOMICAL PATHOLOGY

F.C. Long, K.N. Cheung, A. Li, W. Lee, V. Tang, K.Y. Chiu,
Y.H. Wong, W.S. Cheng, C. Long, W.H. Shek, W.M. Wong

In 2009, nineteen laboratories participated in the histological staining program and fourteen laboratories joined the immunohistochemical staining program. The laboratories belong to various institutes, including Hospital Authority, government institutes/clinics, university laboratories as well as private hospitals.

I. Survey Format

Tables 1-2 summarise the various staining methods, cytopathology and antibodies assessed in this year QAP. A questionnaire was included in each survey asking details of the staining procedures done. These details allow the assessors to identify any erroneous step that caused the unsatisfactory staining results. The staining procedure of the top scored laboratory was compiled with the survey report for reference.

Table 1a. Histological Staining Program

Survey	Code Number	Staining Methods
One	HC0902	Massion Trichrome



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CLINICAL CHEMISTRY

D. Fok and J. Yuen

I. Participants

HKIMLSQAP has operated steadily in 2009-2010. There were 46 participants joined the program. One new participant joined the program. The increase of numbers of laboratories joining the program implies the acceptance of the program in the community. Certificates of attendance have been sent to all participants. The annual cycle of survey of 12 monthly exercises starts at July and ends by June of the following year. Table 1 shows the statistics of participants in the past two cycles.

Table 1. Types of laboratories participated in the Clinical Chemistry of HKIMLSQAP in years 2008 and 2009.

Laboratories	Participants in	
	2008-2009	2009-2010
Public hospitals & Institute of Hospital Authority	6	7



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HAEMATOLOGY & SEROLOGY

S L Wong, Y Leung, W C Lee, L P Siu, K T Li,
KS Tsang, YL Tsim, KK Leung

The Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme (HKIMLSQAP), formerly named Medical Technology Association Quality Assurance Programme (HKMTAQAP), of Haematology & Serology was introduced in 1990.

Four batches of survey materials were distributed to participants each year at quarterly intervals. Each batch included 2 commercially acquired Complete Blood Count (CBC) control samples for measurement of haemoglobin (Hb), red blood cells (RBC), mean cell volume (MCV), white blood cells (WBC) and platelets; 2 lyophilised plasma samples for prothrombin time/International Normalized ratio (PT/INR), and activated partial thromboplastin time (APTT); 2 Romanowsky stained peripheral blood films for differential leukocyte count % and blood cell morphology; 2 sets of red cell suspensions and serum samples for ABO and Rh(D) groupings.

Specific codes were assigned to reagents, methods and instruments used. Participants were requested to enter these codes in the Return Form together with the results. The results were then compiled and mean, standard deviation (SD), standard deviation index (SDI) and coefficient of variation (CV) were analysed statistically.

In order to eliminate the significant weight of the "much-away" outliers on the statistical data, results beyond 3 SD were excluded from statistical analysis. Only those within 3 SD were



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MEDICAL MICROBIOLOGY

HK Leung, WT Hui, HW Lo and MY Fung

The Hong Kong Institute of Medical Laboratory Sciences Association Quality Assurance Programme Limited (HKIMLSQAP) (Formerly Medical Technology Association Quality Assurance Programme (HKMTAQAP)) in Medical Microbiology was first introduced in 1990 and consists of 2 sections: bacterial identification and antimicrobial susceptibility testing. In order to assist participants in analysing their performance, a score was given for each result. In bacterial identification, scores of 2 were given for fully correct results, 1 for partially correct results, 0 for negative results and -1 for wrong results. For antimicrobial susceptibility testing, scores of 1 were given for correct results, 0 for incorrect results and NS for Not-scored results.

I. Participants

The total number of Hong Kong, Macau and overseas participants for our 2009 survey was 33.

Table 1. Numbers and types of laboratories registered in the programme for 2009.

	Hong Kong	Macau	Overseas
Government Laboratory	1	1	1
Public Hospital Laboratory	9	1	0



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VIRUS SEROLOGY

K.L. Tong, K.C. Cheng, Y.K. Ho, M.C. Wong

The external quality assessment programme of Virus Serology of the Hong Kong Institute of Medical Laboratory Science Quality Assurance Programme Limited was launched in 1991. The testing involved anti-HIV, HBsAg/Ab, and anti-HCV. Totally there were four surveys in 2009. With each survey, five anti-HIV, five HBsAg/Ab and five anti-HCV specimens were distributed. Participants were invited to record anti-HBs results for those specimens negative for HBsAg. The performance of anti-HBs was optional and not scored.

I. Participants

The overall number of participants and types of laboratories participating in the programme in 2009 are shown in Table 1. Distribution of laboratories returning anti-HIV, HBsAg/Ab and anti-HCV is shown in Table 2.

Table 1: Types of laboratories

Types	No.	Percent
Hospitals under Hospital Authority	7	14.0



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Haematology - Cases

[IQ 0941 \(Haemoglobin
Study with Interpretation\)](#)**NEW!**[IQ 0934 \(Haemoglobin
Study with Interpretation\)](#)[Malarial Infection and
Pelger-Huet Anomaly
\[HS0816\]](#)[Paroxysmal Cold
Haemoglobinuria
\[HS0815\]](#)[Acute Monoblastic
Leukaemia \(AML\) \[HS945\]](#)[Acute Promyelocytic
Leukaemia \(APL\)
\[HS0125\]](#)

Malarial Infection and Pelger-Huet Anomaly [HS0816]

The smear was prepared from a 59-year old male who presented fever, chills, headache, sweats, fatigue, nausea and vomiting in a cyclic manner having returned from abroad for a week or so. His blood profile was: WBC $7.0 \times 10^9/L$, RBC $4.57 \times 10^{12}/L$, Hb 13.9 g/dL, Hct 0.409 L/L, MCV 89.6 fL and Plt $12 \times 10^9/L$. The most remarkable feature of the smear is the presence of intra-cellular red cell inclusions, malaria parasites, in the red cell population. The malaria parasites are almost purely ring forms (trophozoites), possessing a delicate bluish cytoplasm with one to two small reddish chromatin dots (Figure 1). Some red cells are multiply infected with 2-3 ring forms (Figure 2). A few schizonts are also found. There is no red cell enlargement. The white cell differential is predominated by hypo-segmented neutrophils. Some display Pelger-Huët anomaly (Figures 3 - 4). Marked thrombocytopenia is also evident.

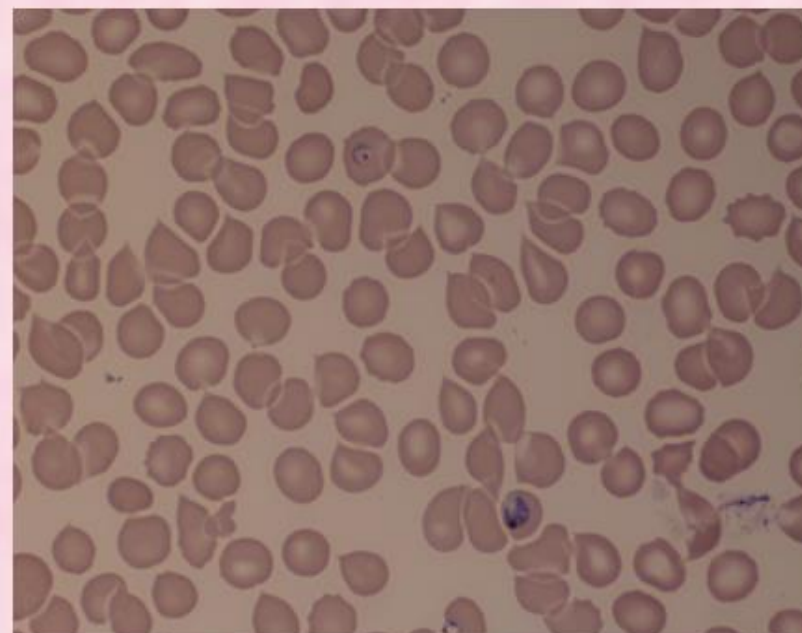


Figure 1. Ring-formed *Plasmodium falciparum* parasites possess a delicate bluish cytoplasm with one to two small reddish chromatin dots (1,000x magnification).



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Serology - tests

Weak D testing

Last updated on 6
July, 2001.

Prepared by
HKIMLSQAP
Haematology &
Serology Panel.

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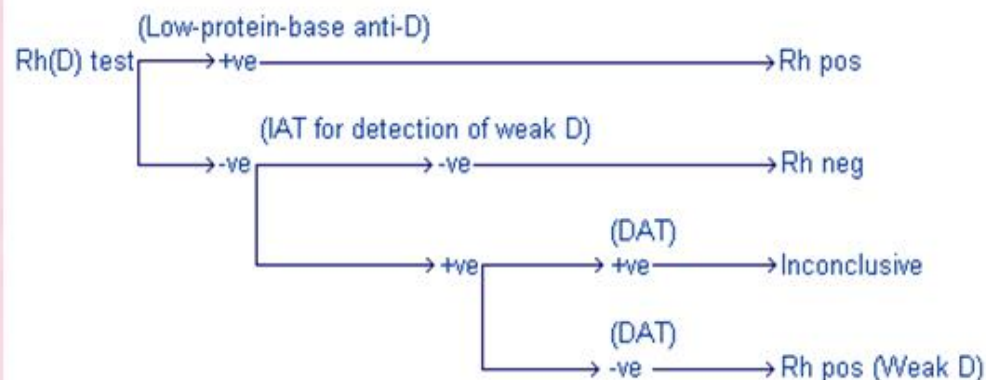
Weak D testing in donors and recipients:

In blood collection centres, weak D is labelled as Rh (D) positive. Confirmatory testing of donor blood unit for weak D is not required for the hospital blood bank. Testing of recipient (patient) blood for weak D is not necessary. However, weak D detection should be included in antenatal cases to exclude candidates for Rh Immune Globulin injection.

In this exercise, it is therefore important to clarify:

1. how the sample is treated - as a recipient or as a donor;
2. yourself as a hospital blood bank or as a blood collection centre; and
3. thus the way you perform and interpret the test accordingly.

Flowchart for Rh(D) test





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Histopathology - surveys

Survey Three 2002

Stomach
Warthin-Starry

Survey Two 2002

Kidney
PASM

Survey Four 2001

Liver
Gordon &
Sweets

Survey Three 2001

Lung
Ziehl-Neelsen

Survey Two 2001

Pituitary
PAS-OG

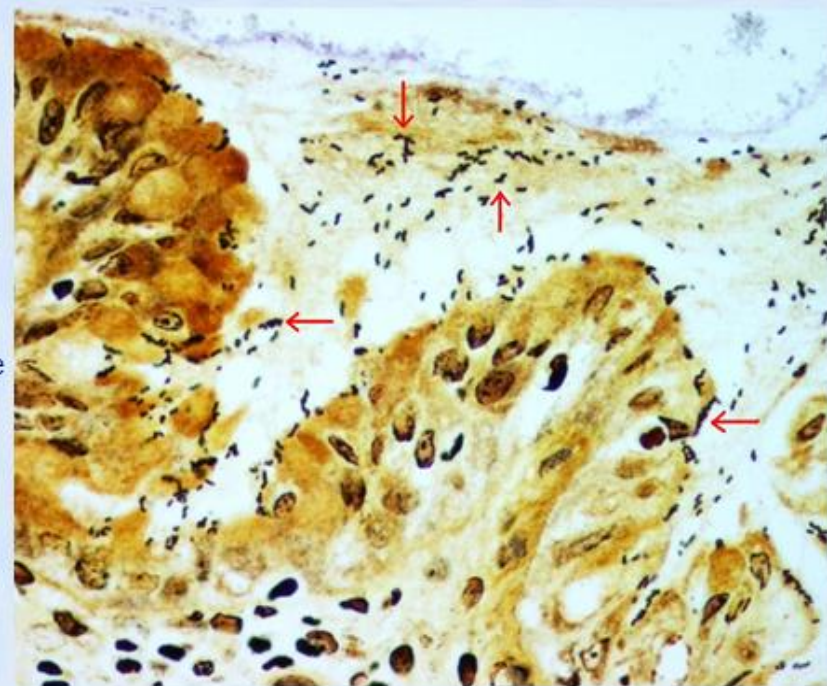
Last updated on 9

Stomach

Warthin-Starry's Silver Method

The section shows a stomach with *Helicobacter pylori* infection, which is believed to be the main cause of gastric ulcer. The bacteria (arrows) were here stained black against a dark yellow-brown background. Development in hydroquinone is the critical part of this technique. Overdevelopment will give the aforesaid results.

One-third of the participants prepared the 1% silver nitrate in pH4 buffer and the remaining two-third prepared it in pH3.6. Half of the participants also toned the sections with sodium thiosulphate. However there was no relationship between the performance of the participants with the choice of the above-mentioned. The best result is obtained by silver impregnation for 30 min. at 43 °C. The developer solution was made up with 12 ml of 2% silver nitrate, 30 ml of 5% gelatin, and 16 ml of 0.15% hydroquinone. The section was then developed in it for 45 sec. at 54 °C.





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Histopathology - surveys

Survey Three 2002

Stomach
Warthin-Starry

Survey Two 2002

Kidney
PASM

Survey Four 2001

Liver
Gordon &
Sweets

Survey Three 2001

Lung
Ziehl-Neelsen

Survey Two 2001

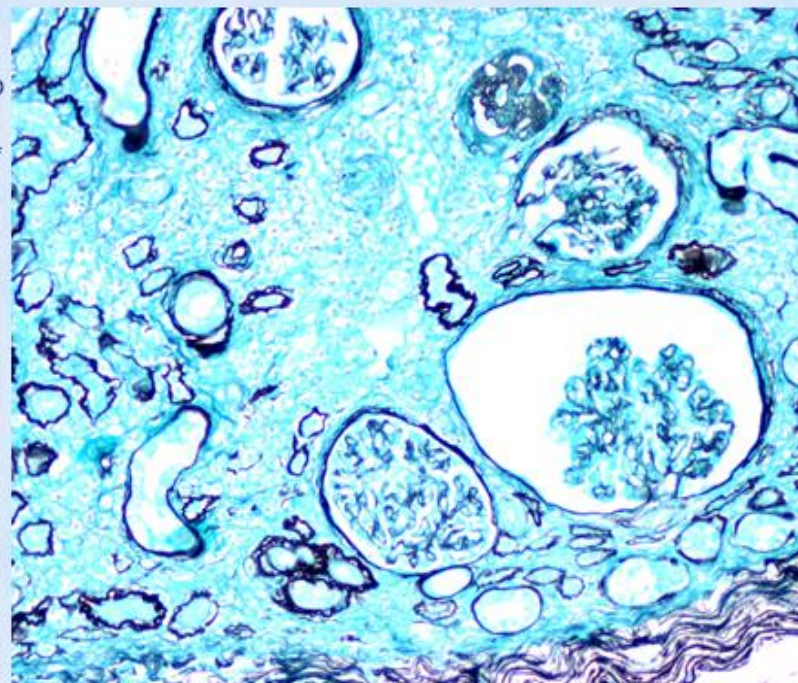
Pituitary
PAS-OG

Last updated on 9

Kidney

Periodic Acid - Methenamine Silver Method

The section shows the normal architecture of a kidney. Nearly 80% of modern laboratories uses 10% buffered formalin instead of Bouin's fluid to fix renal tissue. They also cut the sections at 2 μ m thick in order to get clearer image of the glomerular basement membrane. Nearly half and half of the laboratories used periodic acid or double oxidation method for the oxidation step. Most of them pre-heated the working solution and incubated in a water bath at 56-60 °C. About two-third counterstained with Light Green while the others counterstained with H&E. The best result was obtained from doubly oxidizing the section with 1% periodic acid for 10 min. and 5% chromic acid for 15 min., staining with silver solution for 20 min., toning with 0.2% gold chloride for 2 min., and counterstaining with 0.2% Light Green for 30 sec.





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PASM

[Survey Four 2001](#)

Liver
Gordon &
Sweets

[Survey Three 2001](#)

Lung
Ziehl-Neelsen

[Survey Two 2001](#)

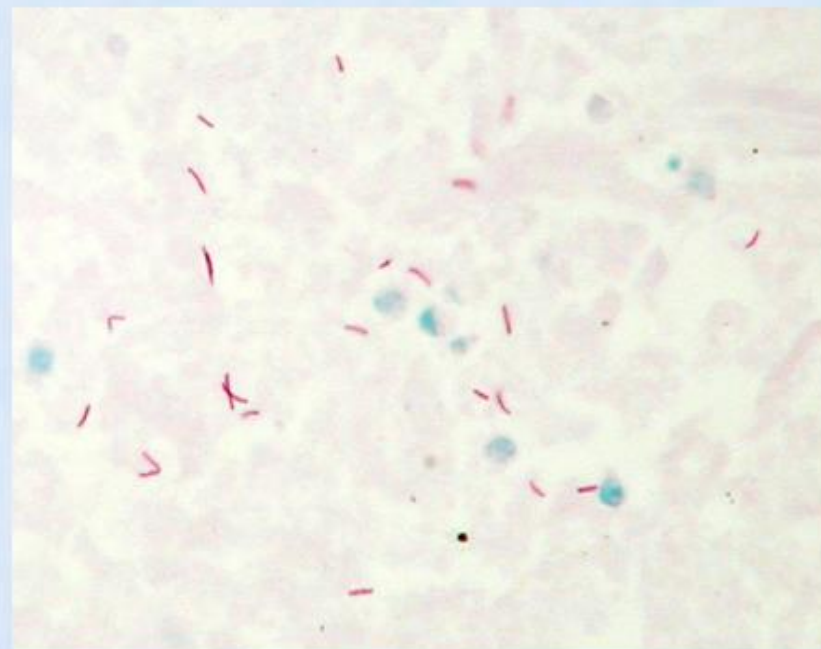
Pituitary
PAS-OG

Last updated on 9
November, 2002.

Prepared by
HKIMLSQAP
Anatomical
Pathology Panel.

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Higher magnification shows some stained tubercle bacilli (TB). Their lipid capsules cause problem for the stain to penetrate into the organisms. However once the bacteria are stained, it is resistant to removal by acid and alcohol. Therefore the Ziehl-Neelsen technique uses heat to force carbol fuchsin into the bacteria and then removes the stain from other structures, except red cells and TB, with acid alcohol.



Attention should be paid to avoid fire hazard when using naked flame for steaming the staining solution. Prolong staining at room temperature can also give good results. The best performer of this survey used 20 minutes. Other points are: (1) positive control sections should ALWAYS be used, (2) the acidified methylene blue counterstain should be pale to facilitate detection of the red-staining organisms.



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Microbiology Education Sheets

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For MM2201 -
Bordetella
bronchiseptica

2001-B

For MM2116 -
Haemophilus
influenzae (β-
lactamase-
negative
ampicillin-
resistant) in
antimicrobial
susceptibility
testing

2001-A

For MM2113 -
Enterococcus
casseliflavus

Last updated on 6
June 2002

Education Sheets 2002-A

For MM2201 - *Bordetella bronchiseptica*

Bordetella bronchiseptica is Gram-negative rod, motile (**peritrichous flagella**); does not use carbohydrate. It grows well on MacConkey agar. It shows rapid urease production (4 hours) on Christensen's urea slant. Rarely found in humans, however can cause pertussis-like symptoms in immunocompetent hosts; in immunocompromised hosts, illness can range in severity from mild respiratory symptoms to pneumonia; carrier state may exist. The disease is transferred from person to person through coughing and the generation of infectious droplets. It can also be transmitted from infected animals to humans by infected aerosols, probably droplets.

Bordetella bronchiseptica is usually a cause of pneumonia, otitis media, and other respiratory infections in animals (e.g. dogs, cats, swine, etc.).

Table 1. The phenotypic differentiation of *Bordetella* species.

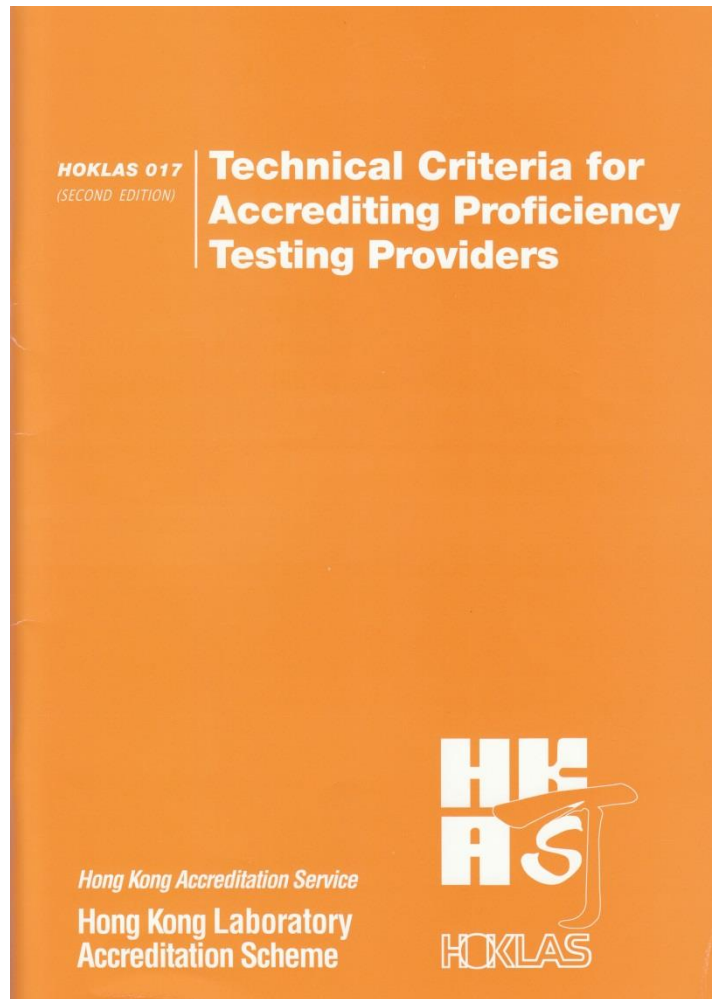
	<i>B. pertusis</i>	<i>B. parapertusis</i>	<i>B. bronchiseptica</i>	Other motile <i>Bordetella</i> sp.
Growth on :				
Blood agar	-	+	+	+
MacConkey agar	-	±	+	+
Oxidase	+	-	+	+
Nitrate reduction	-	-	+	-
Urease production	-	+(24h)	+(4h)	-
Motility	-	-	+	+

References:

J.E. Hoppe. 1999. *Bordetella*, P.614-624. In P.R. Murray, Manual of Clinical Microbiology, 7th edition. American Society for

International External Quality Assurance Scheme of World Health Organization

- Honour and privilege to represent Hong Kong on the national basis
 - Clinical chemistry
 - Coagulation
 - Haematology
 - Malarial parasite examination
 - Medical Microbiology (aborted)



In 1998 HKIMLSQAP has been taking proactive roles to pursue recognitions of accredited bodies based upon the requirements of international standards for proficiency testing providers .

HKIMLS QAP Document List

[Home](#)

[HKIM-Quality Manual Version Two 2010 0628](#)

[HKIM-GMP-01 Organisation Version Two 2010 0610](#)

[HKIM-GMP-02 Quality policy Version Two 2010 0610](#)

[HKIM-GMP-03 Confidentiality Version TWO 2010 0610](#)

[HKIM-GMP-03 F1 Confidentiality record of undertaking 2010 0610](#)

[HKIM-GMP-03 F2 Confidentiality record of disclosure 2010 0610](#)



[HKIM-GMP-04 Job](#)

Hong Kong Institute of Medical Laboratory Sciences

Quality Assurance Programme Limited

Quality Manual

Copy No.: E

Date:	28 June 2010	Prepared by:	Ms. S.M. LEUNG 
Version No.:	02	Approved by:	Dr. K.S. TSANG 
Amendment Record			

HKIMLS QAP Document List



- [HKIM-SOP-06 Enhance Communication Version Two 2010 0626](#)
- [HKIM-SOP-07 Processing of result return 2010 0828](#)
- [HKIM-SOP-07 F1 CC record 2010 0828](#)
- [HKIM-SOP-07 F2 CC Amendment 2010 0828](#)
- [HKIM-SOP-08 VS Version Two 2010 0626 R1](#)
- [HKIM-SOP-08 F1 Validation of Survey Materials Record 2010 0626](#)
- [HKIM-SOP-08 F2 Testing sample preparation 2010](#)

Hong Kong Institute of Medical Laboratory Sciences

Quality Assurance Programme Limited

**SOP-08
Virus Serology Panel**

Copy No.: E

Date:	26 June 2010	Prepared by:	Mr. Louis K.L. TONG	
Version No.:	03	Approved by:	Dr. K.S. TSANG	
Amendment Record				
Version No.	Date	Brief Notes on Amendment	Prepared by:	Approved by:

HOKLAS Assessment of HKIMLSQAP on Sept 1-2, 2010



HOKLAS Assessment of HKIMLSQAP on Sept 1-2, 2010





香港認可處
Hong Kong Accreditation Service

創新科技署 Innovation and Technology Commission

Ref.: RQA 5/13/023
Case ID.: PTP003.001
Tel.: 2829 4819

26 October 2010

Ms. Lo Man Har, Vanessa,
Quality Manager,
Hong Kong Institute of Medical Laboratory Sciences
Quality Assurance Programme Ltd.,
Flat 1711, Floor 17, Block C, Bell House,
525-543, Nathan Road,
Yaumatei,
Kowloon,
Hong Kong.

Dear Ms. Lo

HOKLAS Accreditation – Notification Letter No. PTP003-01

I refer to your Dr. Kent Tsang's last email dated 15 October 2010.

It is my pleasure to inform you that your application for accreditation of Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd. as a proficiency testing provider has, on the advice of the Accreditation Advisory Board, been approved by the HKAS Executive. As a proficiency testing provider, your organisation has been assigned registration number 003.

Annex I

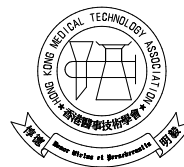
Your scope of accreditation, covering a proficiency testing scheme in medical testing, is shown in Annex I.

Annex II

Proficiency testing scheme reports issued by your organisation under the terms of accreditation may now be endorsed in accordance with the HKAS regulations, but you are required to submit a specimen of the format of each report to the HKAS Executive for approval, prior to use. Each endorsed report must be signed by one of the approved signatories listed in Annex II.

HKAS SC 1

If you intend to include the HKAS proficiency testing provider accreditation symbol in your letterhead paper, you are required to provide a specimen of it to HKAS Executive for approval before use. When referring to your HOKLAS accreditation in advertising or promotional material, you are required to conform to the attached HKAS Supplementary Criteria No. 1 "Use of HKAS accreditation symbols and claims of accreditation status".

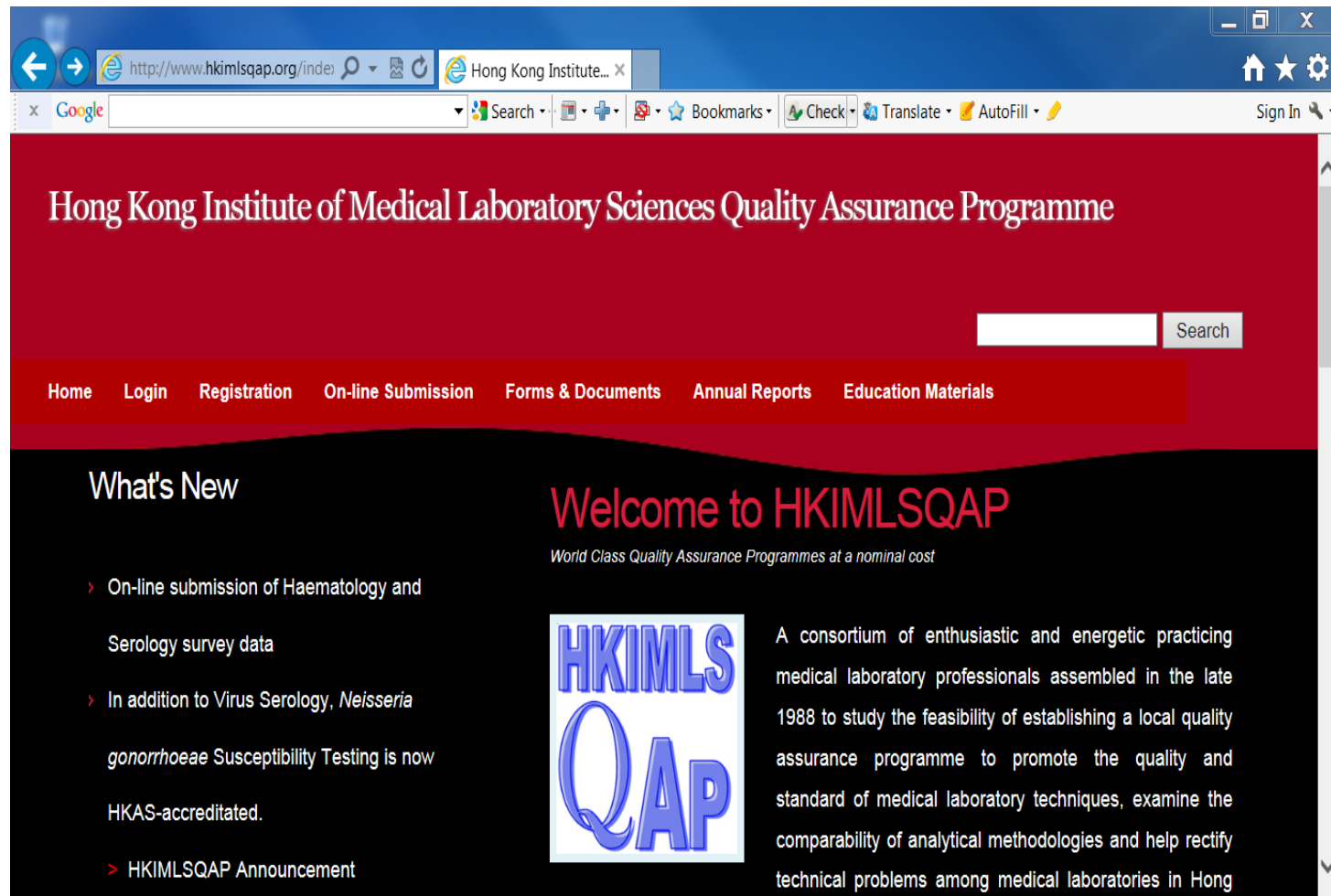


HKIMLS
QAP

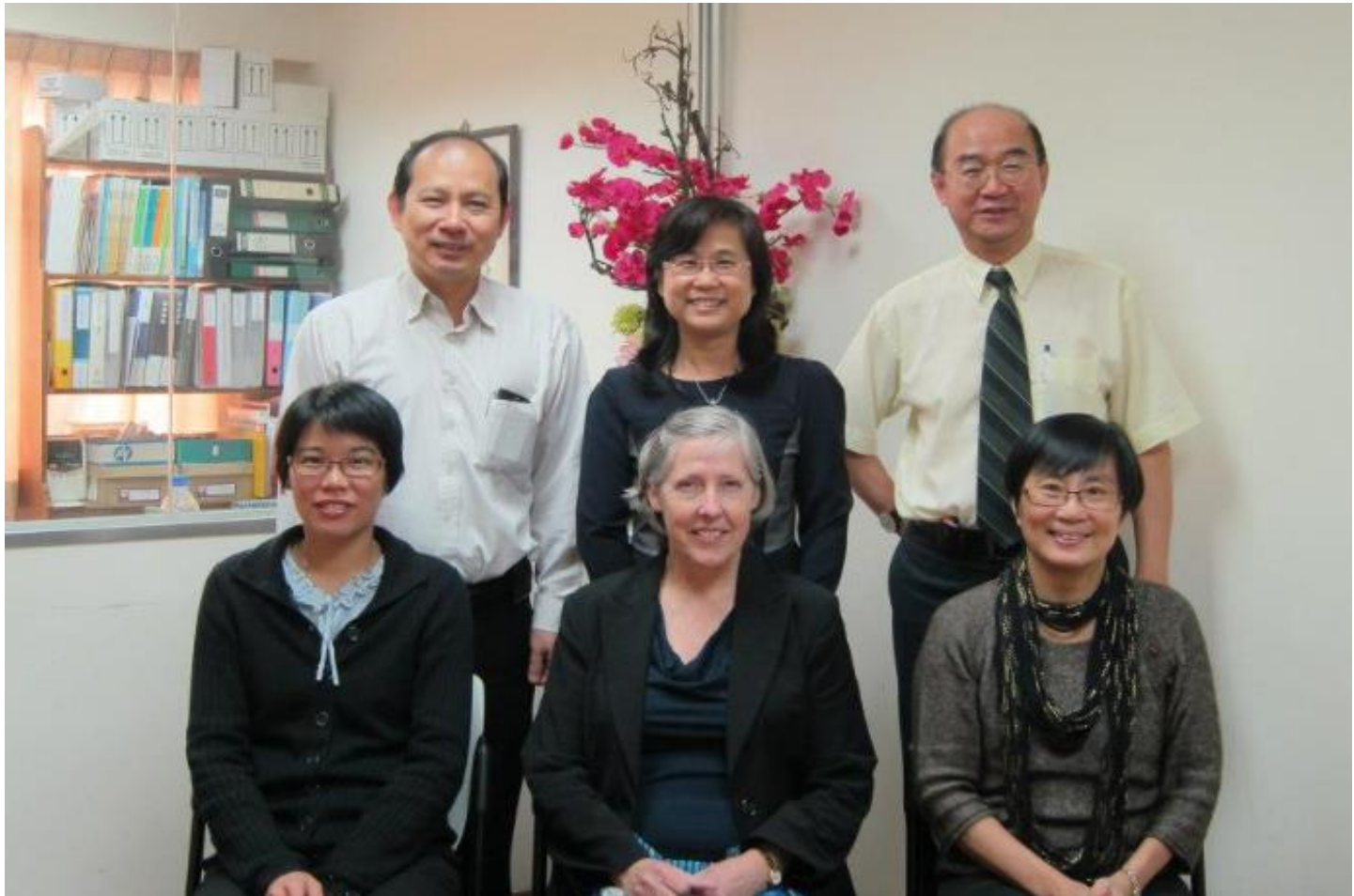


The specialty of viral serology of HKIMLSQAP meets the technical and managerial requirements based upon the international standard ISO/IEC 17043:2010 and complies with the Regulation for HKAS Accreditation as documented in HKAS 002 and HOKLAS Supplementary Criteria No. 34.

Revamping of HKIMLSQAP Homepage in 2012



HOKLAS Reassessment of HKIMLSQAP on 30th - 31st October, 2012



HOKLAS Reassessment of HKIMLSQAP on 30th - 31st October, 2012





Registration Number PTP003

Page 1 of 2

8 November 2012

Ref: PTP003-4

No. PTP003

Hong Kong Institute of Medical Laboratory Sciences - Quality Assurance Programme Limited

香港醫務化驗學會品質保證計劃有限公司

ADDRESS : Flat 1711, Floor 17, Block C, Bell House, 525-543 Nathan Road,
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九龍彌敦道 525 – 543 號，寶寧大廈C座，17樓，1711室

AUTHORISED REPRESENTATIVE : Ms. LONG LEUNG Siu-mui, Christina
委任代表 龍梁少梅

ENQUIRY : Ms. LONG LEUNG Siu-mui, Christina
查詢 龍梁少梅

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E-mail	電郵	: qap_info@hkimls.org
Website Address	網址	: http://www.hkimls.org

CLIENTELE : Local and overseas laboratories
服務對象

SCOPE OF ACCREDITATION : As shown on the following pages 詳見後頁
認可範圍

Hong Kong Institute of Medical Laboratory Sciences - Quality Assurance Programme Limited

香港醫務化驗學會品質保證計劃有限公司

Flat 1711, Floor 17, Block C, Bell House, 525-543 Nathan Road, Kowloon

九龍彌敦道 525 – 543 號，寶寧大廈 C 座，17 樓，1711 室

SCHEME NAME / TESTING FIELD / TEST AREA / TEST PARAMETERS 計劃名稱 / 測試領域 / 測試範圍 / 測試參數	PROFICIENCY TESTING ITEMS/MATERIALS/ PRODUCTS/MATRIX 驗證試驗項目、材料、產品或基體	SCHEME PROCEDURES 計劃程序
HKIMLS QAP - Virus Serology Programme	Plasma or sera for HIV antibody / HBsAg / Anti- HBs / Anti-HCV	SOP-08 Virus Serology Panel
HKIMLS QAP - <i>Neisseria gonorrhoeae</i> Susceptibility Testing Programme	Lyophilized culture for <i>Neisseria gonorrhoeae</i> Susceptibility Testing	SOP-13 <i>Neisseria gonorrhoeae</i> Susceptibility Testing Panel

HOKLAS Assessment of HKIMLSQAP on 28th – 29th October, 2013

- Re-assessment
 - Viral Serology
 - *Neisseria gonorrhoeae* Susceptibility Testing
- Extension of Scope
 - Acid-Fast Bacillus Examination
 - Viral Nucleic Acid Testing



Hong Kong Institute of Medical Laboratory Sciences
 Quality Assurance Programme Ltd.
 香港醫務化驗學會品質保證計劃有限公司

HKIMLSQAP Registration

[Registration form](#)

[Home](#)

[Time Schedule for The Year \(2014\) **NEW!**](#)

[Time Schedule for The Year \(2013\)](#)

[AFB Smear](#)

[Anatomical Pathology](#)

[Clinical Chemistry](#)

[Haematology & Serology](#)

[Interpretative Quality Assurance Programme in Haematology](#)

[Medical Microbiology](#)

[Neisseria gonorrhoeae Susceptibility Testing](#)

[Joint Quality Assurance Programme in Clinical Microbiology](#)

[Virus Serology](#)

[Viral Nucleic Acid Testing](#)

1. Subscription : Subscription is non-refundable.

Change of subscription rate will be notified in advance.

2. Payment : The subscription must be made payable to "Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd." in Hong Kong Dollars by a bank draft or crossed cheque.

Payment should be accompanied with the ORIGINAL registration form.

Registration will not be confirmed until the subscription is received in FULL.

3. Early Registration : To avoid delays in postal delivery and records handling, registration at least one month before the commencement date of the REGISTRATION PERIOD is recommended.

Complete and return the original copy to 'Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd.', Flat 1711, 17/F, Block C, Bell House, 525 - 543 Nathan Road, Yaumatei, Kowloon, Hong Kong.

[Download the HKIMLSQAP Registration Form](#)

[Download the HKIMLSQAP Registration Form \(Clinical Chemistry\)](#)



香港醫務化驗學會品質保證計劃
Hong Kong Institute of Medical Laboratory Sciences
Quality Assurance Programme (Founded 1989)

Flat 1711, 17/F, Block C, Bell House, 525 - 543 Nathan Road, Yaumatei, Kowloon, Hong Kong
 PO Box 70094, Kowloon Central Post Office, Hong Kong. URL: <http://hkimls.org>
 Phone: (852) 2499 0015 Fax: (852) 2124 2798 e-mail: qap_info@hkimls.org

REGISTRATION FORM





Name of Institution : _____

Address: _____

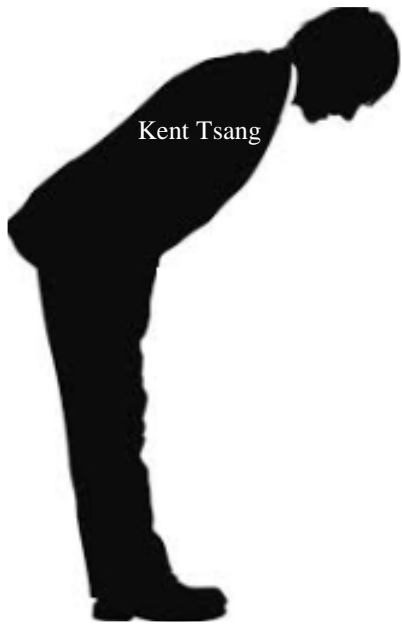
Responsible Person: (Dr. / Mr. / Mrs. / Miss) _____

Telephone Number: _____ Facsimile Number: _____

Email Address: _____

Specialty	Registration Period	Option (Please tick)	Subscription Fee (HK\$)	Amounts (HK\$)
Acid Fast Bacillus Smear	Yearly	<input type="checkbox"/>	\$600	
	Quarterly	<input type="checkbox"/>	\$200 x 1 / 2 / 3	
Anatomical Pathology	Yearly	<input type="checkbox"/>	\$1,400	
	Quarterly	<input type="checkbox"/>	\$400 x 1 / 2 / 3	
Haematology and Serology	Yearly	<input type="checkbox"/>	\$1,400	
	Quarterly	<input type="checkbox"/>	\$400 x 1 / 2 / 3	
Medical Microbiology	Yearly	<input type="checkbox"/>	\$1,400	
	Quarterly	<input type="checkbox"/>	\$400 x 1 / 2 / 3	
<i>N. gonorrhoeae</i> Susceptibility Testing 	Yearly	<input type="checkbox"/>	\$1,400	
	Half-yearly	<input type="checkbox"/>	\$800	
Viral Nucleic Acid Testing	Yearly	<input type="checkbox"/>	\$1,000	
Virus Serology 	Yearly	<input type="checkbox"/>	\$1,400	
	Quarterly	<input type="checkbox"/>	\$400 x 1 / 2 / 3	
<div>  <div> Hong Kong Institute of Medical Laboratory Sciences </div>  <div> The Hong Kong College of Pathologists </div> </div>				
Interpretative QAP in Clinical Microbiology	Yearly	<input type="checkbox"/>	\$1,000	
	Quarterly	<input type="checkbox"/>	\$400 x 1 / 2 / 3	
Interpretative QAP in Haematology	Yearly	<input type="checkbox"/>	\$2,500	
	Quarterly	<input type="checkbox"/>	\$800 x 1 / 2 / 3	

Acknowledgments and Appreciations



- HKIMLS formerly HKMTA
- HKIMLSQAP formerly HKMTAQAP

祝福

徘徊叢林迎著雨 染濕風中的髮端
低訴細雨路遙若睏倦 靜靠灣灣小草倚清泉
悠悠流泉隨路轉 偶於山中轉數圈
一片軟軟漸黃落葉 蕩向清溪之中早飄遠
啊過去過去多少次心亂 今天今天隨著雲煙漸遠
聽聽鳥語靜望雨絲飄斷 悄悄的風贈我衷心
祝福一串
啊送你送你祝福永不斷
輕輕地飄尋覓無邊路遠 借那鳥語路上細添溫暖
拜託清風奉上衷心 祝福千串
叮囑清風奉上衷心 祝福千串