|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Trust 1 | Trust 2 | Trust 3 | Trust 4 | Trust 5 |
| Do you have a SOP which complies with UKAS content requirements? | YES | YES | YES | YES | YES |
| Are reported results the mean of: | **Patient results are normally analysed in duplicate with the mean result reported to the nearest whole number.**Patient Duplicates:1. Serum results should be within 4 mOsm/kg
2. Urine results with mean >400 mOsmo/kg should be within 30 mOsm/kg
3. Urine results with mean <400 mOsmo/kg should be within 10 mOsm/kg.

If duplicate results are outside these limits (and IQC acceptable) samples should be rerun until a satisfactory duplicate is achieved. If required, instrument should be recalibrated/cleaned. If in doubt regarding results please contact Consultant Clinical Biochemist or Chemical Pathologist. | Patient Duplicates | Patient Duplicates | Patient Duplicates | Other |
| How many decimal places are results reported to?  | Whole number | Whole number | Whole number | Whole number | Whole number |
| What units do you report results in? | *Note: Units used are mOsm/kg these units are equivalent to the recommended pathology harmony units of mmol/kg**The commission on Clinical Chemistry of the International Union of Pure and Applied Chemistry (IUPAC) and the International Federation of Clinical Chemistry (IFCC) have recommended that the unit of osmolality be mmol/kg.* | *mOsm/kg* | *mOsm/kg* | *mOsm/kg* | *mOsm/kg* |
| Please state your laboratory’s reference interval? | 275 to 295 for serum none for urine | Serum: 275 – 295Urine: 250 - 1200  | Serum: 275 – 295Urine: 250 - 1250  | 275 to 295 for serum none for urine |  Serum 275-295 |
| If available please provide information on the total number of requests received per annum and the breakdown of clinical reason for the request. | Year 1/04/2019 to 31/03/2020 Serum UrineSite 1 1845 1455Site 2 674 388 | Serum-2232Urine-1363 | Serum-3208Urine-1590 | Serum-2218Urine-1709 | Serum-7187 in total. all analysis is performed in Site 1 |
| Does your Laboratory apply a MRI for osmolality requests? | No | NO | No | No | No |
| Do you measure serum indices? If yes please state the level at which potential interference is highlighted and results dashed out  | NO | No | Haemolysis Interference highlighted >90Lipaemic Interference highlighted >1500Icterus Interference highlighted >25 | No | No |
| Please list any recurring pre-analytical quality issues | none | Occasionally \_samples won’t freeze. |  Serum Stability <24hrsurine must be centrifuged | None | Bubbles |
| Please state your target TAT for the following | Wards-4h –GP-48hOther - urgent 90 minutes | Wards-4hours. GP-1 dayother -Urgent samples- 90 minutes | Wards-4hours. GP-1 dayother -Urgent samples- 60 minutes | Wards-4hours. GP-1 dayother -Urgent samples- 60 minutes | Wards-4hours. GP-1 day |
| Please state the make and model of osmometer(s) in use within your department | Advanced Instruments Osmo1TM Single-sample micro-osmometer 2 at Altnagelvin and 2 at SWAH | Osmo1™ Single- Sample Micro-Osmometer | Advanced Micro | Advanced Micro | Advanced Instruments, osmo pro |
| Please state the number of points in your calibration process and the conc of calibration solution used. | Two – 50 and 850 | 2 points- 50mOsm/Kg and 850mOsm/Kg. | 2 points- 50mOsm/Kg and 850mOsm/Kg | 2 points- 50mOsm/Kg and 850mOsm/Kg | 50, 850, 2000\_ mOsm/Kg |
| Please state the IQC material and concentration used for control of serum and urine osmolality? | Serum-290 ClinitrolUrine-Randox urine | Serum-BioRad\_Multiqual Control Level 1 – 305Randox Urine Level 1- 411 Aqeous Clinitrol 290 Control  | Serum-290 ClinitrolUrine-Randox urine L1 &2 | Serum-BioRad\_Multiqual Control Level 1 – 306Randox Urine Level 2- 847 | Randox immunoassay control level 3 which is proteinaceous 279-285Urine- Randox urine control level 1 402-416Randox urine control level 2 938-859\_\_ |
| How is your IQC tabulated /reported? | values manually entered into cITm | Paper Record and Electronic record on CITM | Paper Record and Electronic record on CITM | Paper Record and Electronic record on CITM | cITm |
| How are IQC Target ranges established? | Manufacturer for clinitrolMean ±2SD for urine is a warning Mean±3SD is a fail | **Mean ±2SD** | ManufacturerMean ±2SD Internal eval over 20day period | Mean ±2SD warning Mean±3SD is a fail | **Mean ±3SD** |
| Please state your measurement of uncertainty | Serum-±2.8 at 290Urine-±20 at 826 | Serum286 – 290301.4 – 304.6Urine407.3 – 413.5 | Serum 0.03Urine 0.03 | Serum 5.8Urine 13.4Expanded uncertainty |  |
| Please indicate which EQA scheme osmolality is enrolled in | NEQAS | **NEQAS** | Serum NEQASUrine WEQAS | NEQAS | NEQAS |
| Please state your current Bias score | Serum-SWAH B -0.3 and Alt B -0.2Urine-SWAH B -0.8 and Alt B-0.1 | Serum-\_-0.9Urine-+0.1 | Serum-CAU B -1.1 and ANT B +0.3Urine-CAU B +1.8 and Ant B +0.82- | Serum-CAH B -0.8 and DHH B -0.5Urine-CAH B -0.5 and DHH B -0.8 | Serum 0.4Urine-0.3 |
| If possible can you please provide patient mean for the last 12months, preferably for each analyser? | I don’t believe this question is relevant? | - | Serum281 Urine 398 | - | - |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |