



National Health Laboratory Service Chemical Pathology Proficiency Testing Schemes

**Master Copy
result sheet**

2021/22

This is the Master Copy list of participant result submission sheets for NHLS Chemical Pathology Proficiency Schemes participants. Copies must be made for result submission

**Chemical
Pathology
Schemes**



Chemical Pathology Due Dates 2021-2022

	April	May	June	July	August	September	October	November	December	January	February	March
Chemistry General	X	X	X	X	X	X	X	X	X	X	X	X
Blood gas	X		X		X		X		X		X	
TDM		X		X		X		X		X		X
Endocrine		X		X		X		X		X		X
BhCG Qualitative		X			X			X			X	
CRP			X			X			X			X
Cardiac		X		X		X		X		X		X
Actual date	30/04/21	28/05/21	25/06/21	30/07/21	27/08/21	23/09/21	29/10/21	26/11/21	15/12/21	28/01/22	25/02/22	25/03/22

Please note: All results are due by the last Friday of the month. The above dates are the final dates for acceptance of results.



Acknowledgement of receipt

QA NUMBER _____

RECEIVED BY: _____

DATE RECEIVED _____

SIGNATURE: _____

Fax completed form within 5 working days of samples receipt to email chempath@nhls.ac.za

	Participate	Not participate	Received Y/N
General Chemistry			
CRP			
Blood gas			
TDM			
Endocrinology			
Cardiac			
Proficiency testing Handbook/Information Pack			

Please note: Qualitative BhCG samples are sent in the month it is due with the Haematology shipment

Celeste Mc Pherson

PT Scheme Manager (Chemistry)

Academic Affairs, Research and Quality Assurance

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www.nhls.ac.za



Practice Number: 5200296



Chemical Pathology Proficiency Testing Schemes

REPLACEMENT SAMPLES

PT Scheme (e.g. Cardiac/Blood gas etc)			Trial number	
Laboratory name:			Code number:	
Date	Name (Please print)		Signature	
			Complete where relevant	
PTS received damaged				
PTS sample received incomplete, e.g., missing sample				
Other				

Please complete a copy of this master copy and return by fax or email to NHLS Chemical Pathology Proficiency Scheme Manager. A replacement sample/s will be sent to your laboratory, if this form is received by the PTS manager within 5 working days from date of receipt of shipment.

Celeste Mc Pherson
 PTS manager (Chemical Pathology)
 Telephone: +27-11-386 6143
 Email: chempath@nhls.ac.za

NHLS CHEMICAL PATHOLOGY METHODOLOGY QUESTIONNAIRE
2021/22

Lab

Name.....

LAB. QA Number.....

Contact Person..... Tel N°.....

Fax N°.....

Email address.....

PLEASE FAX/EMAIL THE COMPLETED FORM TO: chempath@nhls.ac.za WITHIN 5 DAYS OF RECEIPT.

INSTRUMENT/S.....

PLEASE TICK THE RELEVANT BOX FOR EACH ANALYTE

IT IS VERY IMPORTANT THAT YOU TICK THE "NOT DONE IN LAB" IF YOU DO NOT OFFER THAT TEST

	METHOD/INSTRUMENT	Test done in your laboratory Please tick	Test NOT done in Your laboratory Please tick
Sodium			
Potassium			
Chloride			
Magnesium			
Urea			
Creatinine			
Calcium			
I/Phosphate			
Cholesterol			
Glucose			
Urate			
Total Bilirubin			
Direct Bilirubin			
Triglycerides			
HDL			
Total Protein			
Albumin	Bromcresol green		
tick the correct box for your method	Bromcresol purple		
Alk Phos	AMP Buffer		
tick the correct box for your method	DEA Buffer		
AST	IFCC without P ₅ P		
tick the correct box for your method	IFCC with P ₅ P		
ALT	IFCC without P ₅ P		
tick the correct box for your method	IFCC with P ₅ P		
LDH	IFCC (L-P)		
tick the correct box for your method	SFBC		
	DGKC		
	Lactate to Pyruvate		
γGT			
Amylase	PNP-G7		
tick the correct box for your method	PNP-G3		
CK			
Lipase	Colorimetric method		
tick the correct box for your method	UV method		
Lactate	Instrument name:		
write your instrument name or tick the box	Accutrend POC		
Iron			
CO ₂			
Lithium			
Transferrin*	Write method		

NHLS CHEMICAL PATHOLOGY PT SCHEME 2021/22 RESULTS

LAB QC ID N°: _____

SAMPLE N°: _____

DATE: _____

NAME: _____

INSTRUMENT: _____

Please do not enter two numbers in a block, the correct number of blocks and decimal places are provided for each assay's result. ** Please transcribe results from the laboratory report and not the instrument report.

TEST	RESULT				UNITS
Sodium					mmol/l
Potassium				,	mmol/l
Chloride					mmol/l
Magnesium				,	mmol/l
Urea				,	mmol/l
Creatinine					μmol/l
Calcium				,	mmol/l
I/Phosphate				,	mmol/l
Cholesterol				,	mmol/l
Glucose				,	mmol/l
Urate				,	mmol/l
T/Bilirubin					μmol/l
D/Bilirubin					μmol/l
Triglycerides				,	mmol/l
Total Protein					g/l
Albumin					g/l
Alk Phos 37°C					U/l
AST 37°C					U/l
ALT 37°C					U/l
LDH 37°C					U/l
γGT 37°C					U/l
Amylase 37°C					U/l
CK 37°C					U/l
Lipase 37°C					U/l
Lactate				,	mmol/l
Iron				,	μmol/l
CO2					mmol/l
Lithium Pilot				,	mmol/l
HDL				,	mmol/l
Transferrin* (Pilot)		,			g/l

NHLS THERAPEUTIC DRUG PT SCHEME 2021/22
RESULTS

LAB QA No: _____

SAMPLE NO: _____

DATE: _____

TECHNOLOGIST'S NAME: _____

INSTRUMENT/S: _____

IF MORE THAN ONE INSTRUMENT IS USED PLEASE USE THE SPACE MARKED INSTRUMENT TO INDICATE WHICH ANALYTE WAS RUN ON WHICH INSTRUMENT

Results must be reported in the units stated and the blocks provided on this result sheet. No other units are accepted.

Please do not enter two numbers in a block, the correct number of blocks and decimal places are provided for each assay's result.

**** Please transcribe results from the laboratory report and not the instrument report.**

TEST	RESULT						UNITS	INSTRUMENT
ACETAMINOPHEN							µmol/L	
AMIKACIN							mg/L	
CARBAMAZEPINE							µmol/L	
DIGOXIN				,			nmol/L	
GENTAMYCIN				,			µmol/L	
PHENOBARBITONE							µmol/L	
PHENYTOIN							µmol/L	
SALICYLATE				,			mmol/L	
THEOPHYLLINE							µmol/L	
TOBRAMYCIN				,			µmol/L	
VALPROATE							µmol/L	
VANCOYMYCIN				,			µmol/L	



NHLS THERAPEUTIC DRUGS ANALYTE SELECTION 2021/22

LAB. QA Number: _____

Contact Person: _____ **Email address:** _____

Tel N°: _____ **Fax N°:** _____

INSTRUMENT/S: _____

TEST	Method	Kit	Select if test performed (√)
ACETAMINOPHEN			
AMIKACIN			
CARBAMAZEPINE			
DIGOXIN			
GENTAMYCIN			
PHENOBARBITONE			
PHENYTOIN			
SALICYLATE			
THEOPHYLLINE			
TOBRAMYCIN			
VALPROATE			
VANCOYMYCIN			

PLEASE FAX/EMAIL THE COMPLETED FORM TO: chempath@nhls.ac.za WITHIN 5 DAYS OF RECEIPT.



NHLS ENDOCRINE ANALYTE SELECTION 2021/22

LAB. QA Number: _____

Contact Person: _____

Email address: _____

Tel N°: _____

Fax N°: _____

TEST	Method	Kit	Select if test performed (✓)
α-Foetoprotein			
CEA			
Cortisol			
HCG			
Free T3			
Free T4			
FSH			
LH			
Oestradiol			
Progesterone			
Prolactin			
PSA			
Testosterone			
TSH			
Insulin			
Ferritin* (Pilot)			

INSTRUMENT/S: _____

NHLS ENDOCRINE PT SCHEME 2021/22

RESULTS

LAB QA No: _____

SAMPLE NO: _____

DATE: _____

NAME: _____

INSTRUMENT: _____

PLEASE FILL IN THE INSTRUMENT NEXT TO EACH RESULT IF MORE THAN ONE INSTRUMENT IS USED
Results must be reported in the units stated on this result sheet. No other units are accepted
Please do not enter two numbers in a block, the correct number of blocks and decimal places
are provided for each assay's result. ** Please transcribe results from the laboratory report and
not the instrument report.

TEST	RESULT						UNITS	INSTRUMENT
α-Foetoprotein				,			µg/L	
CEA				,			µg/l	
Cortisol							nmol/L	
HCG							IU/L	
Free T3				,			pmol/L	
Free T4				,			pmol/L	
FSH				,			IU/L	
LH				,			IU/L	
Oestradiol							pmol/L	
Progesterone				,			nmol/L	
Prolactin				,			µg/L	
PSA				,			µg/L	
Testosterone				,			nmol/L	
TSH				,			mIU/L	
Insulin				,			mIU/L	
Ferritin* (Pilot)							µg/L	

NHLS CARDIAC PT SCHEME 2021/22 RESULTS

LAB QA No: _____

SAMPLE NO: _____

DATE: _____

TECHNOLOGIST'S NAME: _____

INSTRUMENT: _____

Please do not enter two numbers in a block, the correct number of blocks and decimal places are provided for each assay's result.

TEST	RESULT							UNITS
CK-MB Mass				,				µg/L
Troponin I								ng/L
Troponin T (Quantitative)								ng/L

Troponin T semi-quantitative

Troponin T h232	Select correct result
<50 ng/L	
50-100 ng/L	
100-2000ng/l(Actual result)	
>2000ng/L	

Please send results to: chempath@nhls.ac.za

NHLS BLOOD GAS PT SCHEME 2021/22 RESULTS

LAB QA No: _____

SAMPLE NO: _____

DATE: _____

NAME: _____

INSTRUMENT: _____

Please do not enter two numbers in a block, the correct number of blocks and decimal places are provided for each assay's result.

TEST	RESULT				UNITS	INSTRUMENT CHANGES
pH(A)			.		pH	
pH(B)			.		pH	
pCO ₂ (A)			.		kPa	
pCO ₂ (B)			.		kPa	
pO ₂ (A)			.		kPa	
pO ₂ (B)			.		kPa	

NHLS CHEMICAL PATHOLOGY PT SCHEME 2021/22
Qualitative BhCG
RESULTS

LAB QC ID Number: _____

Survey number:

DATE: _____

NAME: _____

NAME OF KIT USED: _____

Please fill in the sample number in the space provided.

SAMPLE _____	RESULT Please tick the correct box	
	BhCG	POS
	NEG	

SAMPLE _____	RESULT Please tick the correct box	
	BhCG	POS
	NEG	

Result submission: Email chempath@nhls.ac.za

NHLS CHEMICAL PATHOLOGY PT SCHEME 2021/22 C-Reactive Protein RESULTS

LAB QC ID Number: _____

SAMPLE Number: _____

DATE: _____ Analyst Name: _____

INSTRUMENT: _____

Please do not enter two numbers in a block, the correct numbers of blocks are provided for result.
NB no decimal points.

**** Please transcribe results from the laboratory report and not the instrument report.**

SAMPLE	RESULT			UNITS
CRP				mg/L

Please send results to: chempath@nhlsac.za