# **CLINICAL CHEMISTRY**

#### D. Fok and J. Yuen

The Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Program (HKIMLSQAP) has been operated since 1990. A monthly basis external quality assurance program (EQAP) in clinical chemistry was first introduced in 2003 having joint venture with the external quality assurance scheme of Bio-Rad Pacific Ltd. In 2008 – 2009, there are 44 medical laboratories with 45 participants Table 1 shows the composition, among which private sectors made up the majority.

Table 1. Participants

| Laboratoria  | Participants in 2008 - 2009 |      |
|--|-----------------------------|------|
| Laboratories                                       | Number                      | %    |
| Public hospitals & Institute of Hospital Authority | 6                           | 13.3 |
| Private Hospitals                                  | 10                          | 22.2 |
| University Laboratories                            | 2                           | 4.5  |
| Private Laboratories                               | 27                          | 60.0 |
| Total  | 45                          | 100  |

The program provides a very comprehensive choice of 35 routine analytes. The combination is especially suitable for small to medium sized laboratories. The most popular choices were renal function tests, liver function tests, lipid profile and thyroid profile. The distribution of analytes of participants was listed in Table 2.

Participating laboratories were required to provide information regarding the respective method, instrument, reagent, and, calibrator used, the application temperature and unit of measurement for the analytical results. These parameters are very important to clinical laboratories and medical partners as universal means for comparison. We received quite a number of feedbacks and complaints from participants regarding the transcription error made by the collaborator, Bio-Rad Laboratory. Amendments were made accordingly. In the meantime, preventive measures are being explored to minimize and evade transcription errors. Electronic submission may be a feasible way.

Table 2. Analytes of participants

| Analytes           | No. | Analytes                         | No. |
|--------------------|-----|----------------------------------|-----|
| Albumin            | 42  | Alanine Aminotransferase (ALT)   | 42  |
| Bicarbonate (CO2)  | 27  | Alkaline Phosphatase (ALP)       | 42  |
| Bilirubin, Total   | 42  | Amylase, Total                   | 29  |
| Calcium, Total     | 39  | Asparate Aminotransferase (AST)  | 42  |
| Chloride           | 35  | Creatine Kinase (CK)             | 33  |
| Cholesterol, Total | 41  | Gamma-Glutamyl Transferase (GGT) | 39  |
| HDL_Cholesterol    | 38  | Lactate Dehydrogenase (LDH)      | 33  |
| Creatinine         | 42  | Thyroid Stimulating Hormone      | 34  |
| Glucose            | 44  | Thyroxine, (T4) Total            | 33  |
| Iron               | 32  | Triiodothyronine (T3), Total     | 28  |
| Magnesium          | 21  | Bilirubin, Direct                | 24  |
| Phosphate          | 37  | Calcium, Ionized                 | 5   |
| Potassium          | 41  | Lipase                           | 6   |
| Protein, Total     | 42  | Lithium                          | 7   |
| Sodium             | 41  | Osmolality                       | 8   |
| Triglycerides      | 41  | Amylase, Pancreatic              | 1   |
| Urea               | 42  | Iron Binding Capacity, Total     | 19  |
| Uric Acid          | 39  |                                  |     |

### Conclusion

Quality assurance program is crucial to monitor the quality and improve performance in medical laboratories. HKIMLSQAP provides a good means to local laboratories to pursue the goal. Most medical laboratories operate in a relative isolation and have little mechanism to realize their performances among the peers in the local community. HKIMLS may serve as a useful aid to their operations and enable them to monitor their performance and make necessary corrective action.

# Acknowledgments

The success of the programme was attributed to the hard work and devotions of all council and panel members. We would like to express my sincere thanks to all exand in-service members of the panel of clinical chemistry and the council members of HKIMLSQAP. We would like to convey our gratitude to Dr Richard Pang, the advisor of the panel of clinical chemistry for providing invaluable comments and suggestions whenever problems arise.

# **References:**

- 1. Burtis CA, Ashwood ER. In Tietz Textbook of Clinical Chemistry, Second Edition, Saunders, 1994.
- Fung E, Chan BY, Lam CH, Li KF, Lo KH, Yuen J, Cheung W. In Hong Kong Medical Technology Association Quality Assurance Programme: Biennial Report 1998;6-14.
- 3. Pang WC, Leung M, Siu TS. In Hong Kong Medical Technology Association Quality Assurance Programme: Annual Report 1991;5-23.
- 4. Pang WC, Leung M, Siu TS, Leung PS, Lam CH, Yuen YC. In Hong Kong Medical Technology Association Quality Assurance Programme: Annual Report 1993;7-27.