Hong Kong Institute of Medical Laboratory Sciences

Quality Assurance Programme

May Survey (2026)

Anatomical Pathology

HONG KONG INSTITUTE OF MEDICAL LABORATORY SCIENCES

QUALITY ASSURANCE PROGRAMME

Anatomical Pathology

INSTRUCTIONS

1. All tests should be performed as soon as possible after the receipt of the specimens.
2. Unless otherwise specified, all survey material had been fixed in 10% buffered formalin and paraffin embedded.
3. The survey material should be treated, as far as possible, like a patient specimen.
4. The survey material should be treated as potentially hazardous and standard laboratory safety precautions should be taken as usual in your laboratory.
5. To complete the survey, you should send back the stained slides together with appropriate controls, and the questionnaire for statistical analysis and compilation of results.
6. Do NOT forward any particulars of your laboratory except your assigned confidential Laboratory Code. **Late return will be counted as not done and the results will NOT be accepted for assessment and statistical analysis.**
7. All stained slides should be properly labelled with the assigned 4-digit laboratory code but not the identity of your laboratory.
8. Place the labelled slides inside the slide mailers. Please ensure the mountant is completely dried before placing the slides inside the slide mailer.
9. Return the slide mailers and completed questionnaire in the enclosed foam-padded envelope.
10. Arrange return of survey material with the courier service provider according to the instruction as per attached before on **5 June 2026**

For further enquiry, please contact HKIMLSQAP Ltd.
Phone: (852) 2499 0015 Fax: (852) 2124 2798 E-mail: info@hkimlsqap.org

CONFIDENTIALITY

HKIMLSQAP is committed to keep all details of participants confidential. Please refer to http://www.hkimlsqap.org

HONG KONG INSTITUTE OF MEDICAL LABORATORY SCIENCES
QUALITY ASSURANCE PROGRAMME
ANATOMICAL PATHOLOGY

MAY SURVEY (2026)

HISTOLOGICAL STAINING MODULE

You are provided with two paraffin sections, which had been fixed in 10% buffered formalin. Perform the following staining methods and return the **STAINED SECTIONS** for assessment.

HC2606 Stain with your routine H&E method

HC2607 Stain with Shikata's Orcein Method to demonstrate hepatitis B surface antigen

POSITIVE CONTROLS ARE REQUIRED BUT NOT FOR ASSESSMENT.

Please label the slides with the corresponding **Test code** and your confidential **Laboratory Code** for identification purposes. **No mark will be given for the unlabelled slide.** Please ensure the mountant is completely dried. Put not more than two slides in one mailer in each return.

HONG KONG INSTITUTE OF MEDICAL LABORATORY SCIENCES
QUALITY ASSURANCE PROGRAMME

HISTOLOGICAL STAINING MODULE
RETURN FORM

Laboratory Code: | | | | | Date of Return: on or before **5 June 2026**

QUESTIONNAIRE

SECTION I: HISTOPATHOLOGY

Please answer the following questions:

1. What is your routine fixative for demonstrating of hepatitis B surface antigen?

   10% buffered formalin _____
   10% formal saline _____
   10% alcoholic formalin _____
   Others (please state)

   _____

2. What is the section thickness of your routine stain for the demonstration of hepatitis B surface antigen?

   3µm _____
   4µm _____
   5µm _____
   Others (please state)

   _____

3. What is your routine staining method for demonstration of hepatitis B surface antigen?

   Shikata's Orcein Method _____
   Immunohistochemistry method _____
   Others (please state)

   _____

4. Do you use commercial Orcein solution for demonstrating of hepatitis B surface antigen?

   Yes _____
   No _____
   If Yes, please specify the manufacturer:

   _____

Laboratory Code: | | | | | Date of Return: on or before **5 June 2026**

5. Do you have oxidation step in the Orcein staining? Please state the reagents you used. How long stained in it?

   Yes _____ _____ min

   No _____ _____

6. What is the counterstain used in your laboratory?

   _____

7. Your routine histochemical procedure:

Shikata's Orcein Method

Reagent	***% / Composition***	***Time***	***Temp (°C)***
Oxidizing reagent	__%_____ ____ml Distilled water ____ml ___% _____ ____ml	min	
Orcein Solution	Orcein ____gm ___% ethanol ____ml _____ HCl ____ml	min	
Differentiation	____% _____	min.	
Counterstain (if any)	____% _____ in ____ % _____	min.	

END

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MAY SURVEY (2026)

IMMUNOHISTOCHEMICAL STAINING MODULE

Evaluation of Chromogranin CG Antibody

HC2608 You are provided with a paraffin section, stain the slide with your **in-house Anti-Human CG** antibody and your routine immunohistochemistry detection system.

Evaluation of CD3 Demonstration

HC2609 You are provided with a paraffin section, stain the slide with your **in-house Anti-Human CD3** antibody and your routine immunohistochemistry detection system.

Evaluation of CD20 Demonstration

HC2610 You are provided with a paraffin section, stain the slide with your **in-house Anti-Human CD20** antibody and your routine immunohistochemistry detection system.

POSITIVE CONTROLS ARE REQUIRED BUT NOT FOR ASSESSMENT.

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QUALITY ASSURANCE PROGRAMME

IMMUNOHISTOCHEMICAL STAINING MODULE
RETURN FORM

Laboratory Code: | | | | | Date of Return: on or before **5 June 2026**

QUESTIONNAIRE

Your immunohistochemistry conditions:

STEP	***HC2608 (CG in-house)***	***HC2609 (CD3 in-house)***	***HC2610 (CD20 in-house)***
Supplier			
Dilution	1:	1:	1:
Peroxidase Blocking	min.	min.	min.
Antigen retrieval: □ Trypsinization □ Microwave □ Pressure cooking □ PT module □ Others	YES / NO min.	YES / NO min.	YES / NO min.
Detection System			
Duration of Colour Development	DAB min.	DAB min.	DAB min.
End product Colour Enhancement (if any)	min.	min.	min.

END