UK NEQAS
International Quality Expertise

Histocompatibility & Immunogenetics

UK NEQAS for H&I Newsletter February 2019

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1. News

This Newsletter contains important information about registration and changes to schemes for 2019. Please make sure you make all staff involved in testing EQA samples aware of the changes. Full details of all schemes are available in the 2019 Participant Manual which available to download from our website www.ukneqashandi.org.uk

Financial Year Operation in 2019

UK NEQAS for H&I has now moved scheme operations to a financial year (April-March). The move occurred gradually, so 2018 samples were distributed from late February 2018 until January 2019. Distributions will now restart in April 2019 and run until February 2020. This change has been made to align our services with participant finance departments and allow us to improve our invoicing service to participants.

2019 Registration

The registration process will now be completed online using the Participant's Portal rather than via registration forms. Please log on to the system and complete your registration for 2019 as soon as possible. For more on the system, see page 3 of the newsletter. The first distribution in 2019 will be Scheme 2B on the 1st April 2019.

UK NEQAS for H&I

Director: Dr Tracey Rees

Manager: Deborah Pritchard

Operations Manager: Amy De'Ath

Deputy Manager: Melanie Bartley

Healthcare Scientist Practitioner: Geraint Clarke

QA Officers: Luke Gardner & Lucy Palmer

Pictured above *(left to right)*: **Amy De'Ath, Melanie Bartley, Lucy Palmer, Geraint Clarke and Luke Gardner**

Email: ukneqashandi@wales.nhs.uk

Website: www.ukneqashandi.org.uk

Scheme Fees for 2019

There has been a slight increase in the fees for some of the Schemes we offer in line with an increase in running costs. We would like to reiterate to our customers that we operate on a not-for profit basis and as such will always provide our services at the lowest price we can offer to maintain operations.

Please remember that all invoices must be paid in **UK STERLING (GBP) AND FREE OF ALL BANK CHARGES.** We are experiencing more invoices being paid in a foreign currency resulting in outstanding balances being left on accounts.

Please also ensure that if your laboratory is not subject to UK VAT a valid VAT number is recorded during the registration process. Registrations without this information will be charged UK VAT as standard. An administration fee will be payable if invoices have to be re-issued or balances are outstanding on accounts due to non-payment in GBP.

Distribution Timetables 2019

Distribution and result deadline timetables are available in the Participant Manual and on the UK NEQAS for H&I Website.

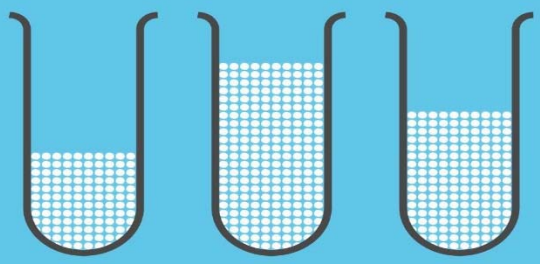
Serum Samples

From 2019 you will notice that serum samples for Schemes 2A, 2B, 3, 6 and 11 will now be distributed in Eppendorf tubes. This is in response to feedback from some of our participants who found the Beckman tubes cumbersome to use.

Personnel

The UK NEQAS for H&I Manager, Deborah Pritchard will be returning from a period of maternity leave at the end of May.

We would like to welcome Marian Hill and Tim Clench who will be joining the Steering Committee as Expert Advisors for Scheme 5B in 2019. They will replace Alan Balfe and Gavin Willis who have both been on the Committee for many years and UK NEQAS for H&I would like to thank them for their contribution



EFI Conference 2019

Amy De'Ath and Deborah Pritchard will be attending this year's EFI Conference in Lisbon, Portugal. Deborah will be attending the EFI EPT committee meeting and Amy will available at the 'meet the experts' session on Thursday 9th May at 16:30.

If you are attending the conference and would like to meet to discuss any aspects of EPT, Amy will be available at the room before and after this session, or feel free to approach her at any time during the conference.

to the successful running of the Scheme.

We would also like to say thank you to John Smith and Edwin Massey who both retired from the Steering Committee in 2018.

Rommel Ravanan, Consultant Nephrologist, will be joining us in 2019 as the Clinical Representative for the Committee.

2. Scheme Updates for 2019

Scheme 2B – Crossmatching by Flow Cytometry

The assessment of equivocal reports for Scheme 2B was introduced in 2018 and will continue into 2019. Equivocal reports count towards the consensus result, i.e. if 75% or more of participants report positive/negative, any laboratories reporting 'equivocal' will be assessed as 'unacceptable'. If a 75% consensus result is not reached when including the equivocal reports, the sample will not be assessed. Technical issues and invalid results (e.g. control failures, replicate issues, sample quality issues) should be reported as 'Not Tested' with the reason stated. 'Not tested' reports will not be assessed. The Steering Committee acknowledged that not all laboratories have an 'equivocal' region and only those that would report 'equivocal' clinically should report this way.

The incidence of equivocal reporting in 2018 has been low at only 2.2% for T cells (67 equivocal results out of a possible 3022). Similarly for B cells only 1.5% results were reported equivocally (42 equivocal results out of a possible 2089).

We would like to invite your comments. Please email all comments to ukneqashandi@wales.nhs.uk

Scheme 4A2 – HLA Typing to 2nd or 3rd field resolution

Participants of Scheme 4A2 can register for assessment of their results at the 2nd or 3rd field resolution in Scheme 4A2. This will continue in 2019 with some revisions to the level of resolution expected at 3rd field. No ambiguities should be reported at the 3rd field. Please see the 2019 Participant Manual for full details. Participants may continue to report results above the 3rd field, but these will not be assessed in 2019.

Scheme 8 – HLA Genotyping for Coeliac and other HLA associated diseases

Scheme 8 sample material will continue be whole blood, however, new for 2019 this blood may previously have been stored frozen. This will allow us to select more informative HLA types for distribution. We will continue to collect interpretative comments but these will not be assessed in 2019.

Invitation to Participate in an International Collaborative Study to Evaluate a Candidate WHO Anti-Human Platelet Antigen-15b (anti-HPA-15b) Reference Reagent.

NIBSC
Confidence in Biological Medicines

The National Institute for Biological Standards and Control (NIBSC) have recently prepared a candidate preparation and would like to invite your laboratory to participate in an international collaborative study to evaluate this material which will begin in the second quarter of 2019. There will be no charge for participation in the study, see attached letter for more information.

3. The Participant's Portal

The UK NEQAS for H&I Participant System allows users to manage their EQA Scheme participation. This includes:

- Result entry
- Access to Reports
- Manage registration details
- Annual re-registration
- Complete CAPA forms
- View fees and invoices

The system gives participant's full control for managing their laboratory details, scheme registration, data entry, reports and payments.

A link to the system can be found on the UK NEQAS for H&I webpage https://neqas.welsh-blood.org.uk/ or by typing https://ukneqashandi.naqoda.cloud into an internet browser.

User guides are available for laboratory users and agents to guide you through the new system and the functionality it offers. These guides appear on our website and as links in the footer at the bottom of the Participant's Portal site.

We would like to invite your comments. Please email all comments to ukneqashandi@wales.nhs.uk

Annual Participants Meeting

Please make a note in your diaries that the UK NEQAS for H&I Annual Participant Meeting, reviewing 2018 scheme results, will be held on **Tuesday 30th April 2019**. The meeting will once again be held at the Conference Aston Centre in Birmingham. This is within easy walking distance of Birmingham New Street station.

Participants who register for 4 or more UK NEQAS for H&I Schemes will receive 1 free delegate place for the meeting (covering registration fees, but not including travel). Further details regarding the meeting will be circulated later in the year.

Conference Aston

4. Questions and Answers

The responses from the 48 participants from a 2018 survey on Sample Distribution have been reviewed in a Steering Committee meeting. A summary of the feedback given and responses to some of the queries it raised are included below.

When users were asked if they were satisfied with the current frequency of sample distributions 94% of users stated they were happy and 6% stated they were not satisfied.

For those not content with the current frequency of sample distribution, some of the queries raised included:

Q: Can the EDXM scheme replace Schemes 2A and 2B? The EDXM is a better assessment of the potential risk of transplantation.

A: The EDXM scheme combines HLA typing, antibody and crossmatching data. It is more representative of a clinical situation whereas Schemes 2 A and B are a technical assessment of a technique. With some modification it may be possible for EDXM to replace Schemes 2A and 2B in the future to form a technical, analytical and interpretative assessment . However, at present the crossmatch schemes remain a valuable part of our quality assessment portfolio especially when taken in conjunction with EDXM. The EDXM scheme is available free of charge to laboratories that participate in Scheme 2A, 2B or 3.

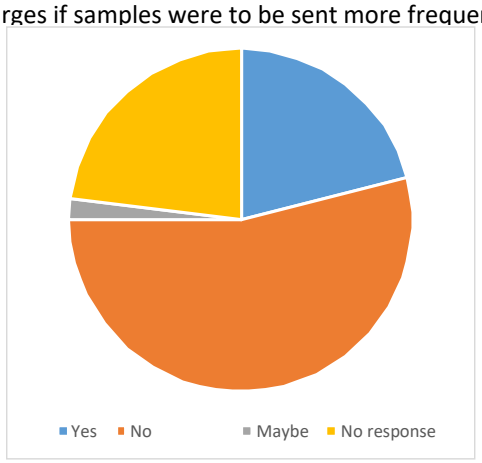
Q: We would prefer to receive all the samples for Scheme 4A2 together to be able to run the samples in one batch and reduce the cost of NGS typing.

A: UK NEQAS for H&I aims to deliver samples at intervals throughout the year to provide a frequent assessment of results. EQA samples should be incorporated into testing alongside a laboratories routine clinical samples. EQA is a vital part of laboratory testing for accreditation and also to identify issues. The educational and technical merit of participating in regular and comprehensive EQA schemes must be acknowledged when planning laboratory budgets.

Q: It would be beneficial to have more circulations per year of fewer samples, e.g. 3 samples 4 times per year. This would pick up inconsistencies more rapidly.

A: We recognise that there is a difference in the frequency of distributions between some of the schemes. There is a cost implication which would have to be borne by participants should samples be sent more frequently.

Participants were also asked if they would be willing to pay extra delivery charges if samples were to be sent more frequently:



Users were asked to supply the approximate annual figures their laboratory processes:

Lab	HLA Pheno	1st field	2nd field	3rd/4th field	CDC XM	FCXM	HLA Ab det.	HLA Ab Spec.	HLA-B27	HLA-B-57:01	HFE Geno	Coeliac	Other dis.	KIR	HPA	HPA Ab Det/Spec
5	-	-	-	-	-	-	-	-	-	-	2868	-	-	-	-	-
25	-	~1000	-	-	44	132	2494	2700	860	84	-	158	122	-	-	-
34	-	2100	600	-	460	340	2600	5800	1250	20	12	170	60	-	-	-
38	-	-	462	-	462	-	462	462	-	-	-	-	-	-	-	-
48	-	2200	70	-	-	3100	3800	6400	1700	410	500	200	300	-	-	-
66	-	-	-	-	-	-	-	-	670	-	-	-	-	-	-	-
72	-	-	-	-	-	-	-	-	370	-	-	-	-	-	-	-
74	-	-	-	-	-	-	-	-	-	-	378	-	-	-	-	-
77	-	-	-	-	-	-	-	-	500	-	-	-	-	-	-	-
81	-	-	-	-	-	-	-	-	-	-	80	-	-	-	-	-
Total UK&I		4300	1132		966	3572	9356	15362	5350	514	3838	528	482			
113	-	525	78	340	-	-	-	-	380	554	-	20	254	-	-	-
117	-	-	-	-	120	150	300	200	-	-	-	-	-	-	-	-
142	-	-	104	-	450	85	-	-	256	210	-	48	92	-	-	-
158	-	139	359	-	37	-	168	53	1649	22	-	7	8	-	2	42
194	185	-	-	-	216	209	2886	2184	-	-	-	-	-	-	-	-
211	1000	1000	-	-	-	-	-	-	-	-	-	200	-	-	-	-
219	-	-	-	-	-	-	-	-	-	1000	-	3500	-	-	-	-
223	-	277	-	-	16	-	-	-	318	16	-	188	72	-	-	-
225	123	321	123	-	-	-	-	-	427	36	-	267	134	-	-	-
245	235	460	1238	-	314	26	6000	600	1382	234	-	80	-	-	-	-
255	-	-	-	-	-	-	-	-	727	-	-	163	-	-	-	-
257	-	-	-	-	-	-	-	-	545	259	-	-	-	-	-	-
274	-	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-
300	-	120-150	-	-	60-90	-	-	-	700-800	-	-	-	-	-	-	-
303	-	-	-	-	-	-	363	312	-	-	-	-	-	-	-	-
304	-	650	190	-	-	-	-	-	210	660	-	150	340	-	-	-
308	-	-	-	-	-	-	-	-	-	1000	-	-	-	-	-	-
312	-	-	1000	-	-	-	-	-	-	-	-	-	-	-	-	-
374	-	100	500	-	-	50	200	-	-	-	-	-	-	-	-	-
375	-	-	100000	-	-	-	-	-	-	-	-	-	-	-	-	-
380	480	-	-	-	-	60	-	-	-	-	-	-	-	-	480	120
384	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17	297
390	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50	148
394	-	-	-	-	-	-	-	-	-	-	-	-	-	-	600	0
Total RoW	2023	3472	103592	340	1153	580	9917	3349	5894	3991		4723	900		1149	607
Total	2023	7772	104724	340	2119	4152	19273	18711	11244	4505	3838	5251	1382		1149	607

There are notable differences in the throughput of the laboratories that responded to this question. It is an ongoing challenge for EPT providers to offer schemes which replicate clinical practice at a frequency which is reflective of workload. We continuously monitor and discuss this issue with our Director and Steering Committee to ensure we are providing the best service we can to our customers.