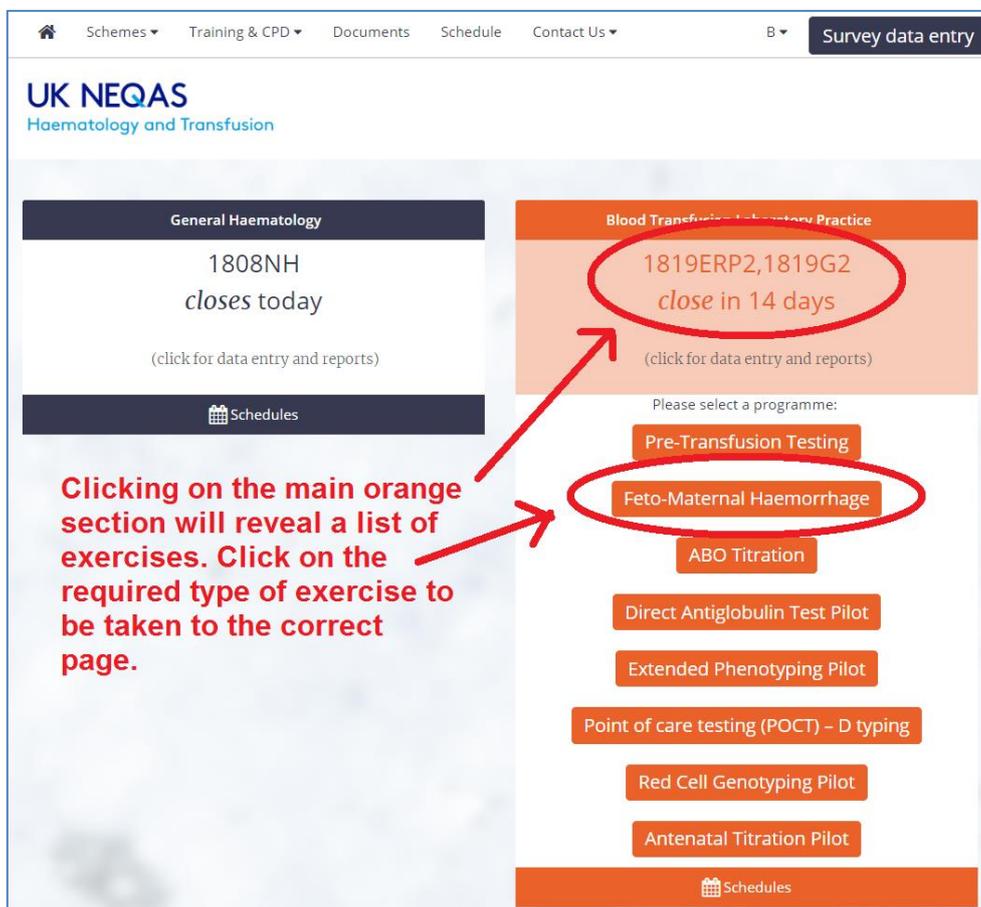


Feto-Maternal Haemorrhage - Web return of results

Logging on

Go to <http://www.ukneqasbtlp.org> and click on the main orange section of the page as shown in figure 1. A list of exercise types will be shown, click on the appropriate exercise to be taken to the correct login screen.

Figure 1 – Accessing the data entry login screen



Enter the PRN (Lab Code), Identity and Password and click on the 'Log in' button as shown in figure 2

Figure 2 – Logging in

The screenshot shows the UK NEQAS login screen. At the top, there is the UK NEQAS logo and the text 'Haematology and Transfusion'. Below this, there are three input fields: 'Lab Code', 'Identity', and 'Password'. Below the input fields, there is a message: 'Please be advised that the password field is now case sensitive.' Below this message, there is a link: 'If you are having trouble logging in, please enter your Lab Code and Identity, then click Forgotten Password'. At the bottom of the form, there are two buttons: 'Log in' and 'Forgotten Password'.

Please note that the Forgotten Password link will send an email to the registered contact. If that person is unavailable to reset the password, contact UK NEQAS for assistance.

Feto-Maternal Haemorrhage - Web return of results

Select 'Feto-Maternal Haemorrhage' from the drop-down list of Schemes as shown in figure 3, and then click on the distribution required (e.g. 1887F) from the list displayed.

Figure 3 – Accessing the Exercise

The screenshot shows the UK NEQAS Blood Transfusion Laboratory Practice interface. At the top left is the UK NEQAS Haematology and Transfusion logo. The main header is 'UK NEQAS Blood Transfusion Laboratory Practice'. Below this, there is a 'Select Distributions for' dropdown menu with 'Feto-Maternal Haemorrhage' selected. To the right of the dropdown are links for 'Click here for HELP', 'Registration Details', and a 'Logout' button. Below the dropdown is a table with columns: 'Dist. No', 'Date', 'Completed', 'Dist. Closed', 'Report', and 'Questionnaire'. The table lists two distributions: 1883F and 1882F, both dated 15/03/2018, with checkmarks in the 'Completed' and 'Report' columns. The 'Feto-Maternal Haemorrhage' option in the dropdown menu is circled in red.

The buttons at the top of the page (see figure 4) can be used to access the exercise instructions on line (red circle), the blank data entry form (orange circle), this document (yellow circle), or to send us an email using Outlook (green circle). Paper copies of exercise instructions will be phased out in 2018.

Figure 4 – Accessing links

The screenshot shows the UK NEQAS Blood Transfusion Laboratory Practice interface for 'Sample Entry Details'. At the top left is the UK NEQAS Haematology and Transfusion logo. The main header is 'UK NEQAS Blood Transfusion Laboratory Practice' with 'version: 2.02' on the right. Below the header are buttons for 'Back to List', 'Save', 'Submit', and 'Print'. Below these buttons are four links: 'Exercise Instructions' (circled in red), 'Blank data entry form' (circled in orange), 'Data Entry Instructions' (circled in yellow), and 'Email scheme' (circled in green). Below the links is the title 'Feto-Maternal Haemorrhage'. Below the title is a table with columns: 'Distribution Number: 1887F', 'Participant: 26000', 'Issued: 01/05/2018', 'Closing: 04/05/2018', and '30/04/2018'. Below the table are two input fields: 'Date Received: 12/02/2018' and 'Date Analysed: 12/12/2018'.

The date received and date processed should be completed using the following format: dd/mm/yyyy.

Calculations

- Reporting EQA results using [BSH Guideline](#) formulae will ensure comparability.
- Record the FMH as mL **packed cells**, not whole blood.
- If prophylactic anti-D Ig is normally prescribed in μg , convert to IU ($100\mu\text{g} = 500\text{iu}$).

Feto-Maternal Haemorrhage - Web return of results

Data Entry

Date of receipt and analysis

The date on which samples were received and analysed is mandatory and must be entered in the format dd/mm/yyyy. This data is used to review the sample stability throughout the course of the exercise.

Sample Quality

The default response for sample quality is 'Satisfactory'. If the samples are not satisfactory, select 'Unsatisfactory' in the top line for the appropriate sample and select a reason from the drop down list. If the reason is not listed, select Other and then type the reason in the box as shown in figure 5.

Please note that if results are submitted, they will be assessed even if 'Unsatisfactory' has been selected. Please make decisions on whether to submit results as per the local testing protocol.

Figure 5 – Sample Quality

The screenshot shows a 'Sample Quality' form with two columns for Patient 1 and Patient 2. For Patient 1, the 'Satisfactory' radio button is selected. For Patient 2, the 'Unsatisfactory' radio button is selected and circled in red. Below the radio buttons, there are dropdown menus for 'Reason' and 'Other Reason'. The 'Other Reason' dropdown for Patient 2 is open, showing a list of reasons: Haemolysed, Cells aggregated, Cells crenated, High background, Postal delay, and Other. The 'Other Reason' text input field for Patient 1 contains the text 'Type 'Other' reason here' and is also circled in red.

Submethod(s)

Submethods are not carried over and therefore must be recorded for each exercise. If your kit/reagent/analyser is not present in the drop down list provided, select "other" and contact the scheme so that addition of the option to the list may be considered.

Laboratories which are registered for acid elution screening and flow cytometry quantification will need to enter both sets of details, the options will appear on the web page before the relevant result section, see figure 6

Figure 6 – Submethods / Screening / Quantification

The screenshot shows a form with two main sections: 'Your Screening Submethods' and 'Your Quantification Submethods'.
 Under 'Your Screening Submethods', there is a dropdown for 'AE Kit/Reagent'. Below this, a blue bar indicates 'Screening - Your registered method is: Acid Elution'. This is followed by a table with columns for Patient 1 and Patient 2, and rows for: 'Were any fetal cells seen?', 'Were sufficient fetal cells detected to trigger quantification?', and 'Do you use a semi-quantitative screen based on BSH guidelines?'.
 Under 'Your Quantification Submethods', there are dropdowns for 'Flow Instrument' (FACS Canto) and 'Reagent' (BRAD 3 FITC Anti-D). Below this, a blue bar indicates 'Quantification - Your registered method is: Flow Cytometry'. This is followed by a table with columns for Patient 1 and Patient 2, and rows for: 'Actual bleed volume result', 'Reported FMH result', and 'Percentage fetal cells'.

Feto-Maternal Haemorrhage - Web return of results

Screening

Laboratories which are not registered for screening by any technique will not be shown this section.

Select 'Yes' or 'No' for each question for each sample, if registered for screening and quantification, answering 'Yes' to 'Were sufficient cells seen to trigger quantification?', the fields for entering quantification results will appear, see figure 6.

Acid elution screening laboratories will be asked if the BSH semi-quantitative screen is used. This is located underneath Patient 1, but applies to all testing.

Quantification

Laboratories which are not registered for screening by any technique will not be shown this section.

Laboratories registered for screening and quantification should only submit quantification results if this would be triggered by the same screening result for a routine clinical sample.

The 'Actual Bleed Volume' is used for assessing performance and should be reported in mL packed cells to 1 decimal place. The 'Reported FMH result' field is used to indicate what would be shown in reports to clinicians (e.g. <4mL). See figure 6.

The percentage fetal cells field will only be available for laboratories using flow cytometry for quantification.

Anti-D Ig Prophylaxis

All anti-D Ig doses should be recorded in IU (100µg = 500IU).

Flow cytometry laboratories are asked if the laboratory makes recommendations for anti-D Ig dosing, if the laboratory does not include dosing advice in reports, 'No' should be selected, so that further fields are not mandatory.

The 'Calculated dose' field is visible to laboratories registered for quantification.

The 'Prescribed dose' should be recorded as it would be administered to the patient based on available dose sizes. This is mandatory for laboratories registered for all screening and for quantification by acid elution.

Figure 7 – Anti-D Ig Prophylaxis

| Anti-D Prophylaxis (IU) (including 'standard' post natal dose) | | |
|---|---|---|
| | Patient 1 | Patient 2 |
| Does your laboratory make recommendations for Anti-D Ig dosing? | Yes : <input type="radio"/> No : <input checked="" type="radio"/> | Yes : <input type="radio"/> No : <input checked="" type="radio"/> |
| Calculated dose e.g. 1125 IU (based on reported FMH) | <input type="text"/> | <input type="text"/> |
| Prescribed dose e.g. 1500 IU (pending any follow-up, and including 'standard' post-natal dose) | <input type="text"/> | <input type="text"/> |

Follow-up procedures

Acid elution quantification laboratories and flow cytometry laboratories responsible for Anti-D Ig dosing should answer the 'Follow up' question(s). Flow cytometry laboratories not responsible for anti-D Ig dosing may also answer these questions but this is not mandatory. See figure 8.

If registered for quantification by acid elution, state whether the sample would be referred for flow cytometry. State whether a repeat sample would be requested, and if so would this be routine, or dependent on the flow cytometry result (flow cytometry laboratories are not offered this response).

Figure 8 – Follow up procedures

| Follow-up Procedures (if this were a clinical situation) | | |
|--|---|--|
| | Patient 1 | Patient 2 |
| Would you refer for quantification by flow cytometry? | Yes : <input type="radio"/> No : <input type="radio"/> | Yes : <input type="radio"/> No : <input type="radio"/> |
| Would you request a repeat sample? | Yes : <input type="radio"/> Depends on Flow Results: <input type="radio"/> No : <input type="radio"/> | Yes : <input type="radio"/> Depends on Flow Results: <input checked="" type="radio"/> No : <input type="radio"/> |

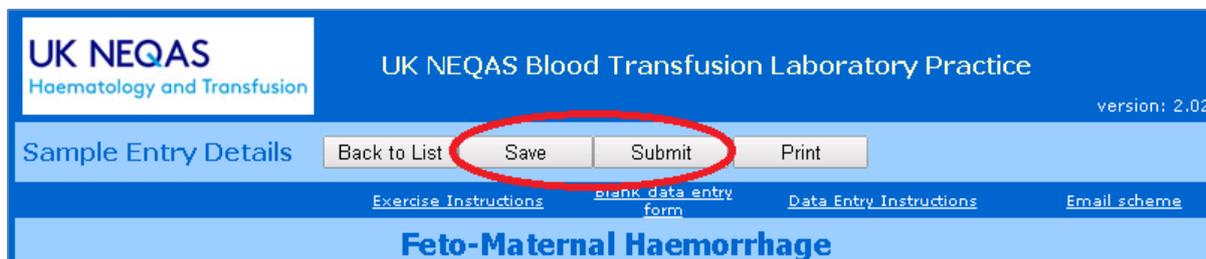
Feto-Maternal Haemorrhage - Web return of results

Saving and Submitting

Saving

At any point, the data entered can be saved by clicking on the Save button, see figure 9.

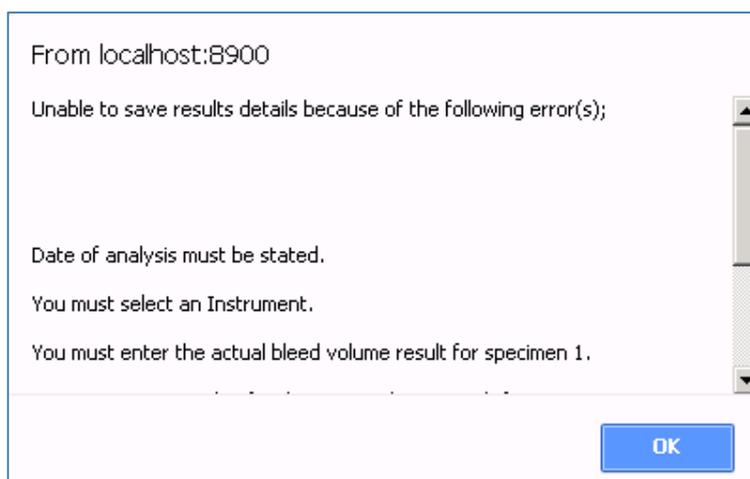
Figure 9 – Save and Submit buttons



Submitting

If mandatory fields have not been completed when Submit is clicked, a message will appear with a list of fields which require completion, see figure 10. It is not possible to submit until these fields have been completed.

Figure 10 – Error message when submitting without completing all mandatory fields



Submission will lock the data and it cannot be edited, however it is possible for UK NEQAS to unlock the website to allow amendments to be made. If this is required, call the phone number on page 1 of this document, and ask for a “web reset”. It is not possible to edit the website after the exercise has closed.

After the exercise is closed, data which has been saved but not submitted on the website is collected and processed as per submitted data.

Logging Off

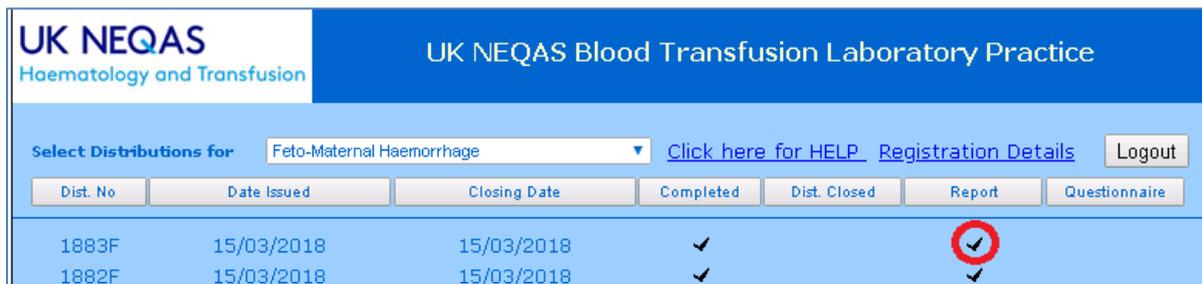
To Log off, click on the 'Back to List' button (see figure 4) and then click on the 'Logout' button (see figure 3) or exit the browser.

Feto-Maternal Haemorrhage - Web return of results

Accessing Reports

Log onto the system as shown on Page 1. Exercises for which the report is ready have a tick in the 'Report' column, see figure 11. The Save and Submit buttons are not available after submission of results, the Reports button is only available after reports have been made available.

Figure 11 – Report available



| Dist. No | Date Issued | Closing Date | Completed | Dist. Closed | Report | Questionnaire |
|----------|-------------|--------------|-----------|--------------|--------|---------------|
| 1883F | 15/03/2018 | 15/03/2018 | ✓ | | ✓ | |
| 1882F | 15/03/2018 | 15/03/2018 | ✓ | | ✓ | |

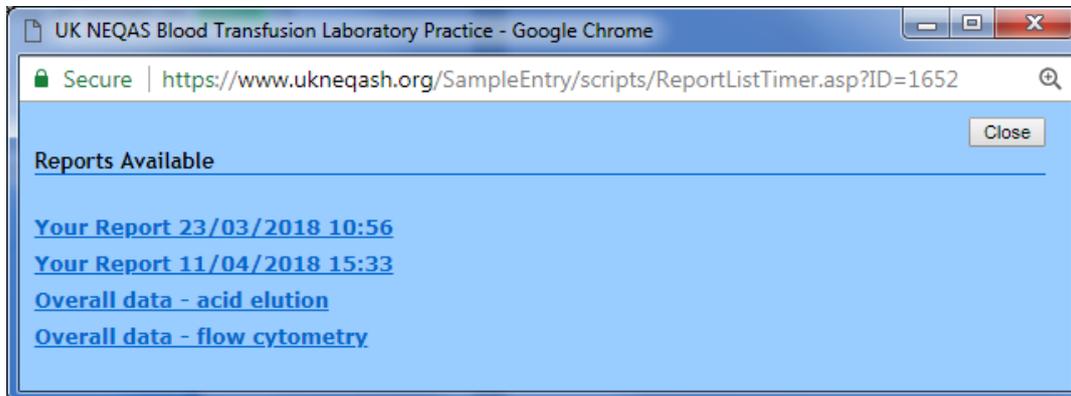
Click on the reports button as shown in figure 12.

Figure 12 – Accessing reports



A pop up window will open showing all available reports and other documents as shown on figure 13. Click on the links to open the required document.

Figure 13 – Variety of reports available



Where an amended report has been issued, there will be two links starting with "Your report...". The link with the latest date and time will be the latest version of the report.

Anonymised overall reports for screening and quantification by acid elution and by flow cytometry are also available, This allows all users to review the statistics and comments for each method.

Documents can be printed or saved as required.

PDF copies of reports will remain on the website for at least six months, after which time they may be archived to off-line storage

Logging Off

To Log off, click on the 'Back to List' button (see figure 4) and then click on the 'Logout' button (see figure 3) or exit the browser.

Feto-Maternal Haemorrhage - Web return of results