



CAPT_PRG_0400 Pregnancy POCT Proficiency Testing			
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Folder:	POCT PREG TEST	Type:	Procedure (2yr)
Subfolder:		Effective on:	2025-02-24

Pregnancy POCT Proficiency Testing

CAPT\_PRG\_0400

Purpose:

The purpose of this document is how to perform proficiency testing on pregnancy test kits.

POCT PT assessment is examined by personnel who routinely examine patient samples.

Proficiency control material for quality assurance purposes.

The alternative assessment is established by the laboratory medical director or designate.

Procedure:

1. Ordering Proficiency Material:

Obtain proficiency material from reputable source. Obtained from Bio-Rad; EQAS Urinalysis Program. Consists of 12 samples, one per month. Stored in fridge between 2-8°C and bring to room temperature before use.

PT Frequency

DAP Provisionally Accredited Facility

DAP reportable measurands	All services	Minimum two samples and one test event prior to full DAP assessment
Non-reportable measurands		

DAP Accredited Facility

DAP reportable measurands	All services	Minimum four samples per year
Non-reportable measurands		Minimum two testing events per year

2. Prepare Proficiency Material:

- a. Supplies:
- i. Proficiency Material:


1. 1 vial per month.

2. Store at refrigerator (2 – 8°C) until ready to use. Do not freeze. Test at room temperature.
- ii. Reporting Document. Refer to:
1. CAPT\_PRG\_0400F1 Proficiency Testing One Step hCG Pregnancy Test
- b. In Biological Safety Cabinet (BSC):
- i. Wearing gloves and gown. Transfer

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Reviewed on:		Approved on:	2025-01-28
Renewed by:	Ronny Garbuio	Revision Date:	2027-02-24
Renewed on:	2025-02-24		

1. Using a 15mL test tube, found in Cancer Genetics, transfer 1/3 the solution to a labelled tube. This is to be used by lab to run test concurrently with test site. This will be used to do test the urine dipsticks and pregnancy tests.
  2. 2/3 still in original tube, will be used at location doing the proficiency testing. Note: 1ml will be transferred to micro-cuvette for pregnancy PT.
- c. Delivery proficiency testing to the ward/location – 2<sup>nd</sup> floor surgical suite.

**URINE DIPSTICK PT SCHEDULE 2024/2025 & Pregnancy PT (starting April 2025)**

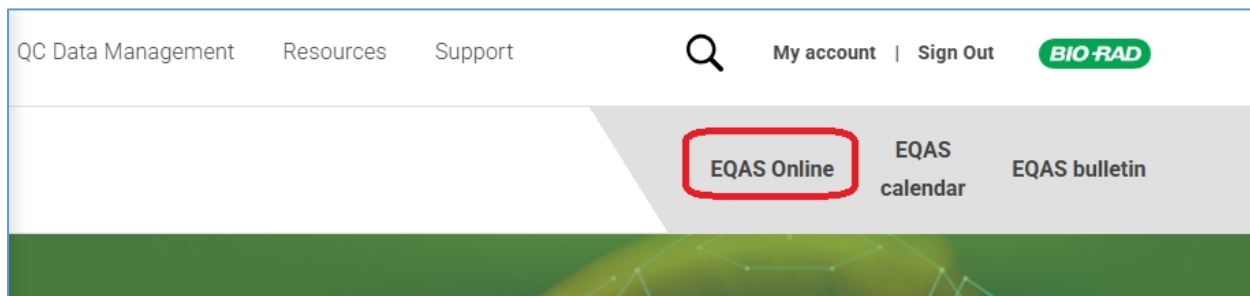
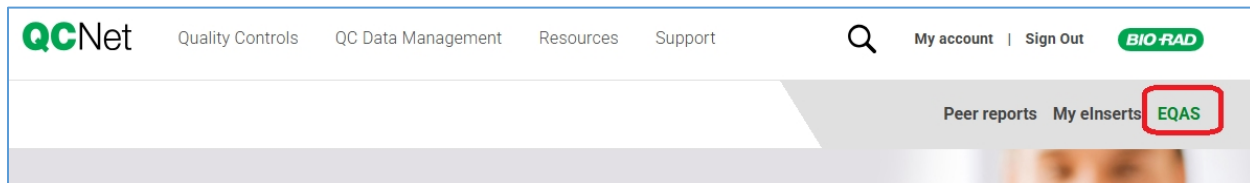
SAMPLE	LOCATION	LOT	DELIVER TO LOCATION	
1	<b>2nd Floor Surgical Suite</b>	360801	2024-04-11	2024-04-17
2		360802	2024-04-17	2024-04-24
3		360803	2024-05-02	2024-05-08
4		360804	2024-06-06	2024-06-12
5		360805	2024-07-04	2024-07-10
6		360806	2024-08-08	2024-08-14
7		360807	2024-09-05	2024-09-11
8		360808	2024-10-02	2024-10-09
9		360809	2024-11-06	2024-11-13
10		360810	2024-12-05	2024-12-11
11		360811	2025-01-02	2025-01-08
12		360812	2025-02-06	2025-02-12

**Example of Pregnancy PT schedule**

3. Analyze the test sample as you would a patient's urine sample.
  - a. Refer to: [CAPT\\_PRG\\_0100 Pregnancy Test Procedure](#)
  - b. Apply 3 full drops to well.
  - c. Wait 5 minutes to maximum of 10 minutes. Do not read results after 10 minutes.
4. Record the results on document:
  - a. [CAPT\\_PRG\\_0400F1 Proficiency Testing One Step hCG Pregnancy Test](#)
5. Dispose of sample in accordance to department biohazard container.
6. Send results to Labs Site Supervisor (room 3028A) fax (604 877-6178) or scan and email ([rgarbuio@bccancer.bc.ca](mailto:rgarbuio@bccancer.bc.ca)) with attention to Ron Garbuio, POCT PT Results.
7. The lab will run concurrent results should as a backup for troubleshooting purposes should test location result not conform to result.
8. Submitting Results\* – Done by POCT coordinator

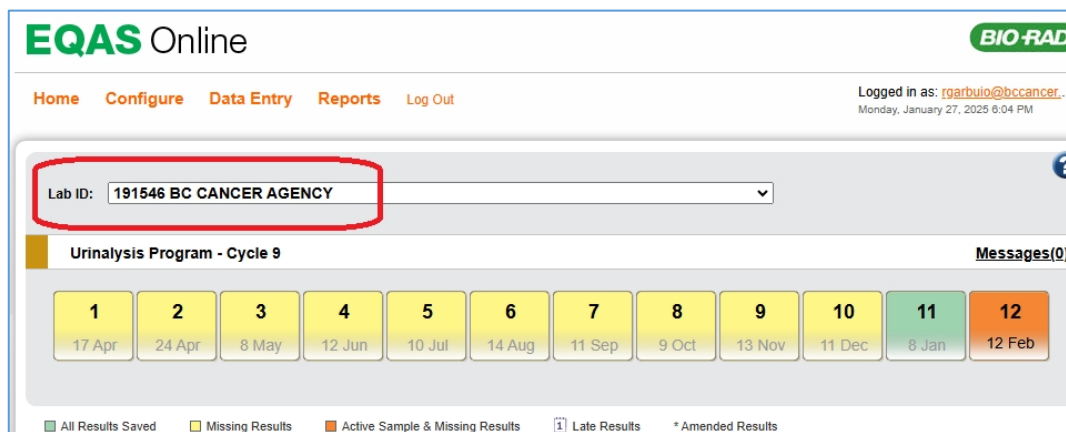
\*submit few days before due date do to time zone differences.

- a. Log into Bio-Rad: qcnet <https://www.qcnet.com/>
- b. Select EQAS – EQAS Online & Reports



- c. Select Lab ID:

Select Lab ID: 191546 (Note 190405 is for urine dipsticks)



- d. Select the cycle that is due (in orange)
- e. Enter the results provided by the nursing staff into the appropriate fields.
  - i. Negative
  - ii. Positive
  - iii. Invalid

- f. Select Save
9. Review reports. \* will be notified via email when complete.
  - a. On EQAS online select EQAS Online & Reports
  - b. Select Reports – My EQAS Reports

- c. Select the Lab, Program Name, Cycle and Report type (Sample Report)

- d. Save reports in folder: [H:\Lab\\_Medicine\POCT - Point of Care\!! Pregnancy Test \(Technologist Choice\)\Proficiency Testing\Results](#)
- e. Review the results
10. POCT PT Assessments

- a. Results are monitored by the laboratory medical director/POCT Quality Coordinator reviewed within 4 weeks of receiving and discussed with relevant

personnel; Point of Care Committee Meetings and Quality Improvement Monthly Meeting.

Proficiency testing or alternate assessment results are monitored by the laboratory medical director or designate at a defined interval and discussed with relevant personnel.

- i. If all acceptable with no impact to patient care, Site Supervisor/POCT Quality Coordinator can sign the final report
  - ii. If non-conforming results, investigated and have signed by Medical Director
- b. Unacceptable POCT PT assessment results are investigated and corrective action is implemented where indicated. This investigation and any corrective action is documented and retained.
  - Implement corrective actions
  - Check for trends that indicate potential nonconformities
  - Analyse the root cause – check the PT assessment review/recommendation and consult medical director
  - Take further action as required to prevent occurrence
  - File the record of all corrective action
  - **YOU DO NOT NEED TO SUBMIT TO DAP**
    - While all PT exceptions need to be investigated, not all need to be reported to the DAP. Urinalysis is one that does not need to be reported to the DAP.
    - For more information about [Reportable Measurands](#) refer to the DAP website.
- c. The authority to withdraw/discontinue a POCT examination in the event of serious POCT PT assessment problems is defined.
  - i. a clinically significant impact to patient results has been confirmed
  - ii. the accuracy and reliability of test results cannot be verified, or
  - iii. the cause of significant or ongoing PT exceptions cannot be determined
- d. When predetermined performance criteria are not fulfilled (i.e. nonconformities are present), staff participate in the implementation and recording of corrective actions. The effectiveness of corrective action is monitored.