Hematology

Hematology	
Standard	**Guidance**
Cellular Hematology	
Hematology Standard of Practice 1 (HM S1): Quality Control Requirements Unless an individualized quality control plan (IQCP) is implemented according to Quality Control Standards of Practice 2, 3 and 4, for manual cellular hematology procedures, the laboratory must: a) test one (1) level of quality control material during each eight (8) hours of operation; b) test specimens and quality controls in duplicate (e.g., counting two (2) hemocytometer chambers from one (1) dilution); and c) ensure that precision for duplicate specimens meet laboratory defined performance specifications.	For manual white, red (including reticulocytes) and platelet cell counts, one level of assayed material, or one procedural control, during each eight hours of operation is required. Procedural control is defined as duplicate dilutions of either an assayed control or previously assayed patient specimen. These may be assayed by the same individual or by different people and the results compared to laboratory defined performance specifications for acceptable differences between duplicates. White blood cell and platelet counts may be compared with a value estimated from a blood smear.
Hematology Standard of Practice 2 (HM S2): Automated Coagulation Quality Control Unless an individualized quality control plan (IQCP) is implemented according to Quality Control Standards of Practice 2, 3 and 4, for automated coagulation procedures, the laboratory must test two (2) levels of quality control materials: a) each eight (8) hours of operation; and b) each time a change in reagent occurs.	The quality control material should include a normal and at least one abnormal level in the expected reference range of patient population.

Hematology	
Standard	***Guidance***

Hematology Standard of Practice 3 (HM S3): Manual Coagulation Quality Control
 	
Unless an individualized quality control plan (IQCP) is implemented according to Quality Control Standards of Practice 2, 3 and 4, for manual coagulation tests:
 	
    a) each individual performing tests must test a minimum of two (2) levels of quality control materials:
 	
        i.   prior to testing patient specimens;
 	
        ii.   each time a change in reagents occurs; and
 	
    b) patient and control samples must be tested in duplicate.	