

Molekylærbiologiske QC schemes

Afdeling for Patologi, Herlev og Gentofte Hospital

NGS og PCR

Analyse	Seneste	Scheme udbyder	Resultat	Deltagelseshistorik
Colon Sheme	2018	EQA European Society of Pathology	Valideret	2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, 2010
Euroclonality	2019	EQA European Society of Pathology	Valideret	2019, 2018, 2014
Lung Sheme	2019	UK NEQAS Molecular Genetics	Valideret	2019, 2018, 2017
BRCA somatic	2019	UK NEQAS Molecular Genetics	Valideret	2019, 2018, 2017
BRCA germline	2018	UK NEQAS Molecular Genetics	Valideret	2019, 2018, 2017
GIST (geno)	2018	UK NEQAS Molecular Genetics	Valideret	2018, 2017, 2016, 2015, 2014
Melanoma	2018	UK NEQAS Molecular Genetics	Valideret	2018, 2017, 2016, 2015, 2014
MSI (geno)	2018	UK NEQAS Molecular Genetics	Valideret	2018, 2017, 2016
NGS Pilot Somatic	2017	UK NEQAS Molecular Genetics	Uden bedømmelse	2017, 2016
Molecular Pathology reference sample	2017	UK NEQAS Molecular Genetics	Uden bedømmelse	2017, 2016
Molecular Genetics Participants Meeting	2014	UK NEQAS Molecular Genetics	Uden bedømmelse	2014
IG (IGHV, IGHD, IGHJ)	2017	European research initiative on CLL	Valideret	2017
MMR	2019	UK NEQAS Molecular Genetics	Valideret	2019, 2018
BRCA Hereditary Breast and Ovarian Cancer	2019	UK NEQAS Molecular Genetics	Valideret	2019

Acute Myeloid Leukaemia and Myelodysplastic Syndrome Gene Panels	2020	UK NEQAS Molecular Genetics	Valideret	2020
Hereditary Cancer	2020	UK NEQAS Molecular Genetics	Valideret	2020

IHC og FISH

Analyse	Hyppigthed	Scheme udbyder	Resultat	
General Module (5-6 antistoffer pr. gang)	3 x årligt	NordiQC*	Valideret**	
Breast Cancer Module	2 x årligt	NordiQC*	Valideret**	
HER2-ISH Module	2 x årligt	NordiQC*	Valideret**	
Companion Diagnostics Module (PD-L1)	2 x årligt	NordiQC*	Valideret**	

*NordiQC: Nordic Immunohistochemical Quality Control, www.nordiqc.org

**Assessment marks

Provided the use of an appropriate antibody, each stain is marked as optimal, good, borderline or poor

- **Optimal staining:** The staining is considered perfect or close to perfect in all of the included tissues
- **Good staining:** The staining is considered fully acceptable in all of the included tissues. However, the protocol may be optimized to ensure the best staining intensity and signal-to-noise ratio.
- **Borderline staining:** The staining is considered insufficient, e.g., because of a generally too weak staining or a false negative staining of one of the included tissues, or a false positive staining reaction. The protocol should be optimized.
- **Poor staining:** The staining is considered very insufficient e.g., because of false negative staining of several of the included tissues, or a marked false positive staining reaction. An optimization of the protocol is urgently needed.