

Chapter 1 : ISO Medical laboratories - Requirements for quality and competence - Westgard

The new Practical Guide to ISO is available to purchase from the ACB Online store. Written by Dr David Burnett OBE, former Consultant Clinical Biochemist at the St Albans & Hemel Hempstead NHS Trust, this book is primarily intended as a practical guide for laboratory professionals wishing to implement the International Standard, ISO Medical laboratories - Requirements for.

Pereira continues part 2 of a series on the ISO standards applicable to medical laboratories. The ISO is widely popular for laboratories, but many aspects are confusing, vague, and misunderstood. Unfortunately ISO implementation is frequently accompanied by misunderstandings. It will be divided into five parts: Part 1 - ISO Therefore, this essay is intended only to briefly discuss some specifications and to what is happening with ISO implementation in the world. Customers, in this concept, are not only patients but any medical laboratory customers such as blood donors and athletes. For this purpose, the standard is based not only on a management system but also a set of medical laboratory technical specifications. While the standard encourages the lab to implement sustainable practices, it is not mandatory. It quickly became a widely-accepted standard for accreditation of medical laboratories. When a medical laboratory chooses an accreditation plan, it should select an accrediting body which operates according to appropriate international standards and which takes into account the particular requirements of this field. The framework provides a quality management system close to the ISO The standard quality management model is based on the Deming TQM approach [5] [6] [7]. Figure 1 displays a quality cycle applicable to a medical laboratory under ISO accreditation. The leadership is critical to the success of all the cycle phases. This terminology is already revised in the current ISO edition 4. ISO technical requirements are applied for personnel, accommodation and environmental conditions, laboratory equipment, reagents, and consumables, pre-examination processes, examination processes, ensuring the quality of testing processes results, post-examination processes, reporting of results, the release of results, and laboratory information management. Table 1 summarizes these stipulations. Summary of ISO specifications 5. Quality control procedures design to verify the attainment of the intended quality of results, quality control materials, quality control data, interlaboratory comparisons, analysis of interlaboratory comparison samples, evaluation of laboratory performance, and comparability of examination results. Review of results, storage, retention, and disposal of clinical samples. Documented procedure, acceptance testing, instructions for use, calibration and metrological traceability, maintenance and repair, adverse indented reporting, and records. Documented procedure, reception and storage, acceptance testing, inventory management, instructions for use, adverse incident reporting, and records. Report of examination results, the report attributes, and content. Documented procedures, automatic selection and reporting of results, and revised reports. Authorities and responsibilities, and information system management. Measurement Precision random error analysis is also measured and verified. Preferably, traceable metrological materials should be used. When these materials are not available, or its use is not significant to the estimate of accuracy, alternative materials could be used. For a deeper discussion see []. New tests are selected per its clinical purpose intended use. For instance, a screening test selection in a blood bank should assure that a method with a high diagnostic sensitivity [13] is chosen to minimize the residual risk 2. ISO does not recommend any approach to select a new test. Usually, it is based on a literature review using validation cases of state-of-the-art methods. All tests used without modification are verified using performance information data available from the manufacturer. The verification shall provide evidence that the laboratory performance claims have been met. Therefore, the specifications, such as the allowable total error, diagnostic sensitivity, and diagnostic specificity are selected accordingly. The calculations are based on experimental data. ISO does not recommend a methodology to the measurement uncertainty evaluation, even though calculating measurement uncertainty is required. Empirical models should be used, preferably using data from the validation of the examination procedure phase. It does not comply with the standard since usually, this

determination is not according to the intended use clause 5. Despite the mandatory requirement to calculate it, and the elapsed time of more than 23 years since the GUM was published Measurement uncertainty implementation has never been successfully adopted or applied in medical laboratories. We can see evidence of this in the Westgard MU survey [17]. For further details about models to determine measurement uncertainty in medical laboratories see [18]. A design of internal quality control scheme is applied, but no approach is recommended any approach. An alternative to the Levey-Jennings charts could be used, such as the exponentially weighted moving average EWMA chart 9. Nevertheless, it is suggested a statistical design of the QC based on the Sigma-metrics [21] principally because it relates the determined total error with the allowable total error. The allowable total error is equivalent to the error that does not significantly contributes to wrong clinical decisions. For a depth discussion on this issue, please see [22]. For instance, when a result is outside of the acceptable group requirements. There are no recommended approaches. For example, it could be an unreliable source for an estimate of bias if the group discrepancy is too large. Figure 2 represents the steps from the test selection to the reported results. The accomplishment of the examination and post-examination phases are dependent on the pre-examination stage. A flowchart for activities of the examination an dpost-examination stages. Which references can support ISO specifications on examination and post-examination activities?

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Chapter 2 : Dr David Burnett's new book on ISO - Westgard

The main sub clauses of ISO are then graphically summarised in a process-based model of a Quality Management System (QMS) which helps clarify the inter-relationships with the medical laboratory.

Molecular Diagnostics, Third Edition, focuses on the technologies and applications that professionals need to work in, develop, and manage a clinical diagnostic laboratory. Each chapter contains an expert introduction to each subject that is next to technical details and many applications for molecular genetic testing that can be found in comprehensive reference lists at the end of each chapter. Contents are divided into three parts, technologies, application of those technologies, and related issues. The first part is dedicated to the battery of the most widely used molecular pathology techniques. New chapters have been added, including the various new technologies involved in next-generation sequencing mutation detection, gene expression, etc. All revised chapters have been completely updated, to include not only technology innovations, but also novel diagnostic applications. As with previous editions, each of the chapters in this section includes a brief description of the technique followed by examples from the area of expertise from the selected contributor. The second part of the book attempts to integrate previously analyzed technologies into the different aspects of molecular diagnostics, such as identification of genetically modified organisms, stem cells, pharmacogenomics, modern forensic science, molecular microbiology, and genetic diagnosis. Part three focuses on various everyday issues in a diagnostic laboratory, from genetic counseling and related ethical and psychological issues, to safety and quality management. Presents a comprehensive account of all new technologies and applications used in clinical diagnostic laboratories Explores a wide range of molecular-based tests that are available to assess DNA variation and changes in gene expression Offers clear translational presentations by the top molecular pathologists, clinical chemists, and molecular geneticists in the field Author by: Point-of-care testing POCT refers to pathology testing performed in a clinical setting at the time of patient consultation, generating a rapid test result that enables informed and timely clinical action to be taken on patient care. It offers patients greater convenience and access to health services and helps to improve clinical outcomes. POCT also provides innovative solutions for the detection and management of chronic, acute and infectious diseases, in settings including family practices, Indigenous medical services, community health facilities, rural and remote areas and in developing countries, where health-care services are often geographically isolated from the nearest pathology laboratory. A Practical Guide to Global Point-of-Care Testing shows health professionals how to set up and manage POCT services under a quality-assured, sustainable, clinically and culturally effective framework, as well as understand the wide global scope and clinical applications of POCT. The book is divided into three major themes: Chapters within each theme are written by experts and explore wide-ranging topics such as selecting and evaluating devices, POCT for diabetes, coagulation disorders, HIV, malaria and Ebola, and the use of POCT for disaster management and in extreme environments. Figures are included throughout to illustrate the concepts, principles and practice of POCT. Written for a broad range of practicing health professionals from the fields of medical science, health science, nursing, medicine, paramedic science, Indigenous health, public health, pharmacy, aged care and sports medicine, A Practical Guide to Global Point-of-Care Testing will also benefit university students studying these health-related disciplines. Alex C Varghese Language: This book is a complete guide to setting up an IVF laboratory. Beginning with an introduction to the history and the basics, the following chapters take clinicians through the full set up and management process, from air quality control and cryopreservation facilities, to morphological embryo assessment, sperm processing and selection techniques, to document management systems. A separate chapter provides an update on semen analysis based on World Health Organisation WHO standards and interpretation of results. Canadian Standards Association Language:

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creditation in Laboratory Medicine" in and, "A Practical Guide to Accreditation in Laboratory Medicine" in The author has indicated that this will be his "third and final book". It is primarily intended as a guide for laboratory professionals seeking to implement or renew accreditation that uses the ISO standard.

Chapter 4 : A practical guide to ISO in laboratory medicine : LaboratoriumsMedizin

A practical guide to ISO in laboratory medicine Prof. Dr. med. Eberhard Wieland Klinikum Stuttgart, Zentrum für Diagnostik, Zentralinstitut für Klinische Chemie und Laboratoriumsmedizin, Laborpraxis im Olgahospital, Kriegsbergstraße 62, Stuttgart, Tel.: , Fax: , racedaydvl.com

Chapter 5 : UK laboratories to migrate to new standard by | BSI Group

With every new version of ISO , there's a need to update the laboratory approach to obtaining accreditation. Just in time, Dr. David Burnett has updated his textbook: A Practical Guide to ISO in Laboratory Medicine.

Chapter 6 : - Laboratory medicine in general

This book is primarily intended as a practical guide for laboratory professionals wishing to implement the International Standard, ISO Medical laboratories - Requirements for quality and competence in their laboratories.

Chapter 7 : 'A Practical Guide to ISO in Laboratory Medicine' AVAILABLE NOW

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