



## Proficiency Testing Kit Instructions and Result Form Resource

On the proficiency testing (PT) program(s) shipment date, your laboratory's kit will be mailed or made available online. If mailed, your kit will include kit instructions and necessary testing materials for a specific mailing (eg, A, B, C). Most PT result forms are only available online via e-LAB Solutions Suite, with a few exceptions. This resource provides an overview of what is provided with your kit.

### Kit Instructions

Sample of Page 1

**Note:** Information listed on page 1 is critical and should be read every mailing prior to testing.

#### 1 FOR LABORATORY USE ONLY:

The **FOR LABORATORY USE ONLY** box can be used to indicate the results due date (see the top of the result form for this information).

#### 2 Title:

The title indicates the program code, mailing letter, program year, and name of the program.

#### 3 Materials for this Mailing:

The Materials for this Mailing section indicates specimens and/or materials that are included in the PT kit for the respective programs that are listed and if the materials are online-only.


**Note:** This section lists all possible orderable programs and kit materials for a given mailing. Your laboratory will only receive the program(s) it ordered.

#### 4 Storage and Stability

**Instructions:** The Storage and Stability Instructions section includes how to store specimens once your laboratory's PT kit is received in the laboratory. Additional information may be provided regarding stability after opening. This section may not be included for all programs.

#### 5 New for this Mailing:

The New for this Mailing section includes critical program changes for a specific mailing.



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FOR LABORATORY USE ONLY  
Results due date:  
  
Refer to the online result form on cap.org for the most current due date. For replacement materials, contact the CAP immediately.

FH9-A 2022Hematology Automated Differential Survey  
Kit Instructions ©CAP 2022

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MATERIALS FOR THIS MAILING

FH9	FH9-01 — FH9-05
FH9P	FH9-01 — FH9-05
	BCP-01 — BCP-10

IMPORTANT

This section lists all possible orderable programs for this mailing. Your laboratory will only receive the programs it ordered.

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STORAGE AND STABILITY INSTRUCTIONS

1. Store whole blood specimens at 2 - 8°C until testing can be performed.
2. Testing must be performed within 48 hours after opening.
3. For best results, follow mixing instructions precisely.
4. Material should be tested as soon as possible after removal from refrigerator.
5. The supernatant in these specimens is expected to be a dark color. This does not indicate damage during shipment.

5

NEW FOR THIS MAILING

Beginning with this mailing:

- you **must** access your result form and submit results online.
  1. Go to [cap.org](https://cap.org). Click **View, enter, or submit PT results** and log in.
  2. On the Result Form Data Entry page, choose your kit. Click **Enter Data** in the Data column.You may download and print the result form, if needed.
- you can find your kit number in the CAPTRAKER email, on your kit label, or on the online result form.
- a copy of the attestation page has been added to the end of these instructions for your convenience to sign and retain for inspection purposes.
- a **Tests in this Program** section has been added to these instructions.


If you need help, refer to the For Assistance section of these instructions.

REPORTING CODE CHANGES

The following manufacturers have deleted or updated codes for this mailing:

None

Important: See the Biohazard Warning at the end of these instructions.  
Customer Contact Center 800-323-4040 or 847-832-7000 (Country code: 001) option 1



ANAB  
ACCREDITED  
PROFICIENCY TESTING  
PROVIDER



### 6 Critical Reporting Information:

The Critical Reporting Information section contains essential information to accurately report your Proficiency Testing/External Quality Assessment (PT/EQA) results.

### 7 Tests in this Program:

The Tests in this Program section provides a list of all analytes/tests that can be reported for a given mailing.

### 6 CRITICAL REPORTING INFORMATION

For any testing that you do not routinely perform in your laboratory, leave all reporting areas for that test blank unless otherwise noted.

#### PROGRAM NOTE

To ensure you enrolled in the correct program based on your instrument, refer to the 2022 Surveys catalog. Contact the CAP Customer Contact Center to change your program enrollment prior to the next mailing cutoff date.

### 7 TESTS IN THIS PROGRAM

Hematology Automated Differential Series		
Analyte/Procedure	Program Code	
	FH9	FH9P
Blood cell identification		■
Hematocrit	■	■
Hemoglobin	■	■
Immature granulocyte (IG)	■	■
Immature platelet fraction (IPF)/reticulated platelet (RP)	■	■
MCV, MCH, and MCHC	■	■
MPV	■	■
Nucleated red blood cell count (nRBC)	■	■
Platelet count	■	■
RDW	■	■
Red blood cell count	■	■
White blood cell count	■	■
WBC differential	■	■

#### DETAILED TESTING INSTRUCTIONS

- Flags are likely to accompany the program specimens. While the flags are designed to trigger manual platelet and/or differential review on patient specimens, the laboratory can ignore the flags on the program specimens and report all automated results. **Prior to selecting code 11, contact the Customer Contact Center for verification.**
- Elevated and/or flagged mean corpuscular hemoglobin concentration (MCHC) results do not indicate the presence of cold agglutinins. Do not incubate specimens.
- These specimens are not suitable for methods for which platelet-rich plasma is used.



- 8 Master Lists:** The Master List(s) section contains a list of allowable reporting codes, which may include methods, manufacturers, instruments, reagents, kits, and/or discipline-specific lists used for PT/EQA reporting purposes.

- Hands should be washed after removing gloves and before leaving the testing area.
- Program specimens and reagents should be kept in separate refrigerators from those containing blood or blood components for transfusion.
- Program specimens, reagents, and disposable equipment used in testing should be autoclaved or incinerated and disposed of as hazardous waste. Disposal must follow local regulations, if more stringent than regulations enforced by the CDC or the FDA.

**Warning:** This program may contain a chemical known to the State of California to cause cancer.

**If there has been an accident in which you have been exposed to the testing materials, call the CAP Hot Line at 800-443-3244 or 847-470-2812 (Country code: 001) at any time.** You can access Safety Data Sheets (SDS) by logging on to cap.org. Under the Laboratory Improvement tab, click on Catalog and Ordering Information.

### FOR ASSISTANCE

**Provide your CAP number and contact information with all correspondence.** Participants in countries serviced by a designated CAP distributor should contact their distributor's customer service department.

Telephone: 800-323-4040 or 847-832-7000 (Country code: 001) option 1  
(Monday - Friday, 7:00 AM - 5:30 PM US Central Time)

Email: [contactcenter@cap.org](mailto:contactcenter@cap.org)

Website: [cap.org](http://cap.org)

Address: CAP Surveys Program  
325 Waukegan Road  
Northfield, IL 60093-2750  
USA

## 8 MASTER LISTS

### Instrument Master List

#### Deleted codes

None

#### New/Updated codes

None

1290	Abbott Alinity hq	1205	Sysmex XN-L series (XN-330/350/430/450/530/550)
1410	Microhematocrit (all PCV) Waived	1922	Sysmex XS-500i, XS-800i, XS-1000i, XS-1000i-AL
1986	Sysmex XE-2100, XE-2100D, XE-2100L*		[EXCEPT XS-1000iC (RL App)]
1828	Sysmex XE-2100C, XE-2100DC	1829	Sysmex XS-1000iC (RL App)†
1357	Sysmex XE-2100D/L (Blood Center)**	1441	Sysmex XT-1800i, XT-2000i
2015	Sysmex XE-5000	1443	Sysmex XT-4000i
1418	Sysmex XN-series [EXCEPT XN-series (RL App)]	0010	Other, specify on result form
1198	Sysmex XN-series (RL App)***		

\* Sysmex XE-2100D/L - Regular Calibration: Use instrument code 1986

\*\* Sysmex XE-2100D/L - Blood Center Calibration: Use instrument code 1357

\*\*\* Sysmex XN-series - For reference laboratories using CELLSHEATH C: Use instrument code 1198

† Sysmex XS-1000iC - For reference laboratories using CELLSHEATH C: Use instrument code 1829.



- 9 **Attestation Page:** The laboratory director or designee and the testing personnel **must sign** the attestation page included with the kit or print the online result form with attestation page for physical signature. It is also acceptable for the laboratory director to log in to cap.org with their personal credentials, access the result form using e-LAB Solutions Suite, type their name on the attestation page, save, and approve using the existing online result form functionality. Do not return this page to the CAP. Refer to the Result Form, Attestation Page section, for additional information.



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### Hematology Automated Differential Survey

#### ATTESTATION

- As stated in the February 28, 1992 United States *Federal Register* under Subpart H 493-801 (b) (1), "the individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient work load using the laboratory's routine methods." The laboratory director or designee and the testing personnel must **sign** this form.
- Please sign and retain this attestation page for your records and inspection purposes. Alternatively, you may print, sign, and retain a copy of the attestation page included with the online result form.
- If your laboratory requires additional space for signatures, copy this form as needed.

We, the undersigned, recognizing that some special handling may be required due to the nature of proficiency testing (PT) materials, have as closely as is practical, performed the analyses on these specimens in the same manner as regular patient specimens. We confirm that results were not shared or PT specimens referred or tested outside our CLIA identification number.

**DIRECTOR (OR DESIGNEE)**  
(signature required)

\_\_\_\_\_  
\_\_\_\_\_

**TESTING PERSONNEL**  
(signature required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TESTING PERSONNEL**  
(signature required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TESTING PERSONNEL**  
(signature required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do not return to the CAP.**




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## Result Form

- 1 Last Updated:** When viewing a result form online, this is the date that the result form was last updated by a user in e-LAB Solutions Suite.
- 2 Kit Number:** The unique number assigned to each program kit.
- 3 Program Codes:** The code(s) associated with the program.  
*Note:* This code is identical to what is listed in the Surveys and Anatomic Pathology Education Programs Catalog.
- 4 Due Date:** The date that results are due to the CAP. Results must be **approved and submitted** by this date, midnight, Central Time, in order to be accepted.
- 5 Important Box:** Critical information for a given mailing. Review this box every mailing.
- 6 Unit of Measure (UOM):** Provides the UOM for this analyte reporting area. In some cases, you must select your UOM by clicking a reporting bubble. The UOM must match the results you are reporting.
- 7 Instrument Code Box:** Enter your testing method, instrument, reagent, etc., code in the reporting box provided. Codes can be found on the master list in the kit instructions or in the online drop-down menu (which can be accessed by clicking anywhere in the reporting box). In most cases, the code reported by your laboratory for the last mailing will be prepopulated. This can be changed at any time by selecting a new code from the drop-down menu.
- 8 Exception Code Bubbles:** Select one of these bubbles to indicate the reason why an analyte was not reported. An explanation of these codes is provided in the kit instructions. Selecting an exception code will result in that code being assigned to any result area **left blank**.
- 9 Specimen Number:** The number assigned to the testing material (eg, vial, online challenge) provided. Verify that specimen numbers on the testing materials match the reporting area in the result form.
- 10 Reporting Box:** This area is where your laboratory records its results. Results must be reported to the decimal place provided in the reporting area.



FH9-A  
2022

1 Last Updated

2 KIT

3 (FH9,FH9P)

Page 1  
Results are due no later than midnight, Central Time:

CAP # 1  
Products:FH9

4 February 15, 2022

TEL#

### Hematology Automated Differential Survey Result Form

5 Important  
You must submit results online. Emailed, faxed, or mailed results are no longer accepted.  
**Alert! Missing or incorrect codes may result in a failure. For those laboratories subject to CLIA regulations, repeated failures may result in a directive from your accrediting agency and/or CMS to cease patient testing for an extended period of time.**  
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Results				
6 WBC, x 10E9/ L or x 10E3/μL				
Instrument Code 010 1418 7		8 020 <input type="radio"/> 11 022 <input type="radio"/> 22 033 <input type="radio"/> 33		
9 FH9-01	FH9-02	FH9-03	FH9-04	FH9-05
10 030 <input type="text"/>	040 <input type="text"/>	050 <input type="text"/>	060 <input type="text"/>	070 <input type="text"/>
RBC, x 10E12/ L or x 10E6/μL				
Instrument Code 080 1418		090 <input type="radio"/> 11 022 <input type="radio"/> 22 033 <input type="radio"/> 33		
FH9-01	FH9-02	FH9-03	FH9-04	FH9-05
100 <input type="text"/>	110 <input type="text"/>	120 <input type="text"/>	130 <input type="text"/>	140 <input type="text"/>



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## Attestation Page

This document should be signed by testing personnel and retained by the laboratory as documentation. Do not return this page to the CAP. Your laboratory may use this page **or** the version provided on the kit instructions.

**11 Signature Boxes:** Use this section to physically sign your name. The laboratory director (or designee) and the testing personnel involved with this mailing must sign. Online signature functionality is not available at this time.

**12 Survey Mailing Information:** The program code, mailing, and year for a given mailing (eg, CA2022).

**13 Use of Other Box:** If an "other" method code was entered for any analyte, use this section to indicate the testing method used. This section is not intended for comments.



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February 15, 2022

Last Updated:

**KIT**

CAP #

Products: FH9

TEL#

### Attestation/Use of Other Form

#### Attestation Statement

As stated in the February 28, 1992 United States *Federal Register* under Subpart H 493-801 (b) (1), "the individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient work load using the laboratory's routine methods." The laboratory director or designee and the testing personnel must sign on the result form. You may use the attestation page provided in the kit instructions or, alternatively, print, sign, and retain a copy of this page for your records and inspection purposes.  
If your laboratory requires additional space for signatures, copy this form as needed.

We, the undersigned, recognizing that some special handling may be required due to the nature of proficiency testing (PT) materials, have as closely as is practical, performed the analyses on these specimens in the same manner as regular patient specimens. We confirm that results were not shared or PT specimens referred or tested outside our CLIA identification number.

**11** Director (or Designee) (signature required)

010

Testing Personnel (signature required)

040

**12** Survey Mailing Information

030

Testing Personnel (signature required)

070

Testing Personnel (signature required)

100

**13** Use of Other

If applicable, use this section to list methodology information not found on the master lists or result form. For online entry, you can enter only 255 characters. CAP Accreditation Program Participants: Do not use this section to make changes to your test/activity menu. Update your test/activity menu using Organization Profile on cap.org via e-LAB Solutions Suite.

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Signatures will not display when viewed online.

Customer Contact Center 800-323-4040 or 847-832-7000  
(Country code: 001) option 1

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