Nordic immunohistochemical Quality Control
Institute of Pathology, Aalborg Hospital, Ladegaardsgade 3, P.O.Box 561, DK-9100 Aalborg, Denmark

Assessment of Run B11 2011: Individual results

Aalborg, July 2011

NordiQC has assessed your submitted stains as shown in the table below.

The assessment is generally based on the staining intensity and distribution in cells expected to stain, background staining, cross-reactivity, counter-staining and preservation of tissue structures. More specific criteria for each marker are described on www.nordiqc.org → Assessments.

Each stained slide is marked as *optimal*, *good*, *borderline* or *poor*.

Optimal staining: The stain is considered perfect or close to perfect in all of the included tissues.

Good staining: The stain is considered fully acceptable in all of the included tissues. However, the protocol may be optimized to ensure the best sensitivity or signal-to-noise ratio.

Borderline staining: The stain is considered insufficient because of, e.g., 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 stain is considered very insufficient because of, e.g., false negative staining of several of the included tissues, or a marked false positive staining reaction. An optimization of the protocol is urgently needed.

Moderate or strong cross reaction (due to, e.g., the character of the primary antibody) or other false positive staining reaction (due to, e.g., endogenous biotin) is not compatible with an optimal result and will usually cause down marking.

For stains assessed as borderline or poor, comments and recommendations are given to the protocols. Also a good stain may be given a comment if a specific problem is identified.

Please compare the optimal stains and recommended protocols published on www.nordiqc.org with your own stains and protocols. A protocol recommended by NordiQC as well as changes suggested in this letter must be tested carefully in your own laboratory before implementation into the diagnostic work. NordiQC cannot take any responsibility for the consequences of changes of protocols or methods in a laboratory.

In case of a borderline or poor staining result, the laboratory may - not later than the deadline for the immediate subsequent run - request a reassessment of the original stain or based on a new stain (apart from HER-2 IHC & HER-2 BRISH which are also included in the next run). To obtain a new slide, a protocol must be submitted on the website: In the protocol form select “Other epitope …”, write the marker name in the next field, and write “reassessment” in the Comments field. New slides for reassessment will be circulated together with slides for the subsequent run.

Please note that borderline and poor marks do not necessarily indicate a poor performance in the laboratory. Some of the tissues/tumours included in the multi tissue blocks are really challenging. However, all marks less than optimal should encourage the laboratories to analyze and adjust their protocols for improvement to be able to cope with difficult cases, e.g., tumours that express few epitopes or much biotin.

Participant no.:	NQC750		
Laboratory:	Institut für Pathologie		
Hospital:	Ev. Krankenhaus BETHESDA zu Duisburg GmbH		
Contact person(s):	Johanna Wezgowiec, Christine Haferkamp, Prof. Dr. med. C. D. Gerharz		
Marker	**HER-2 IHC**	**HER-2 BRISH**	**ER**
Assessment:	Optimal	Optimal	Optimal
Comments to the protocol:	-	-	-
Suggestions for improvement:	-	-	-
Scoring consensus - Laboratory & NordiQC	YES	NO	

NordiQC keeps participant identity and assessment results strictly confidential

Best regards NordiQC	Email: nordiqc@rn.dk Issued: 06.07.2011