

JBPML puts its commitment to the care of safety in the laboratory

Silvana Maria Eloi-Santos

Jornal Brasileiro de Patologia e Medicina Laboratorial (JBPML); Universidade Federal de Minas Gerais (UFMG).

In 2009, the US Food and Drug Administration (FDA) approved the Clinical and Laboratory Standards Institute ([CLSI] – formerly NCCLS) consensus standard for auto verification of clinical laboratory test results⁽¹⁾. That guideline provides a general framework that allows clinical laboratories to propose, implement, validate, and customize their own rules for auto verification. The endorsed verifications include limit check rules, critical values, comparison with former results, and consistency of related results⁽¹⁾. Thus, auto verification turns into a powerful tool to improve post-analytical laboratory process, increasing efficiency and reducing overall turnaround time.

Since then, several studies have been published reporting the efficiency of the implementation of the autoverification process. In this issue of the *Jornal Brasileiro de Patologia e Medicina Laboratorial (JBPML)*, we have an original report describing the implementation of auto verification of the automated blood cell counter (CBC) in a reference laboratory in Bogota, Colombia, where the authors state that the auto verification percentage has reached 60% of the automated blood cell counters in their laboratory. In addition, a significant reduction in non-conforming products, possibly attributable to errors in manual verification, was achieved⁽²⁾. This is another indication that the auto verification system provides many benefits for laboratories regarding error reduction, optimization in the process flow and reduction in turnaround times.

And this is not the only article of this issue related to quality assurance in the laboratory. We also have an article that is a milestone for the national flow cytometry. It is the first consensus of the Brazilian Group of Flow Cytometry (Grupo Brasileiro de Citometria de Fluxo [GBCFLUX]) with recommendations for quality assurance in multiparametric flow cytometry, which addresses the quality control (QC) in the three analytical phases⁽³⁾. The document was based on information from 73% of 35 Brazilian institutions registered in the GBCFLUX which were compiled and presented at the 15th GBCFLUX Meeting, in which participants and members defined what would be mandatory, recommended and optional for all QC topics discussed. The product of the study is a very useful document with feasible proposals for flow cytometry laboratory. As the authors also emphasized, improving processes, and learning in the area, must be continuous, and the reevaluation of processes is essential.

Studies like these are very welcome to the JBPML, which states their commitment to the care of safety in the laboratory because, after all, the laboratory medicine can be considered a pioneer sector in the medical area, promoting and introducing the concepts of quality.

REFERENCES

1. CLSI. Autoverification of Clinical Laboratory Test Results; Approved Guideline. AUTO10-A. Wayne, PA: CLSI; 2006.
2. Martinez-Nieto O, Lozano-Gaitán A, Beltran-Díaz P, et al. Autoverification of the automated blood cell counter (CBC) in a laboratory of reference in Bogota, Colombia. *J Bras Patol Med Lab.* 2015; 51(6): 369-75.
3. Correia RP, Bortolucci ACA, Lopes ACW, et al. Recommendations for quality assurance in multiparametric flow cytometry. First consensus of the Brazilian Group of Flow Cytometry GBCFLUX. *J Bras Patol Med Lab.* 2015; 51(6): 389-96.