QA Processes That Work: Minimizing Errors During On-site Rapid HIV Testing

> Rashika Maharaj **MRC HPRU Laboratory Manager MTN Regional Meeting** 09 September 2008



Y South African Medical Research Council BUILDING A HEALTHY NATION THROUGH RESEARCH





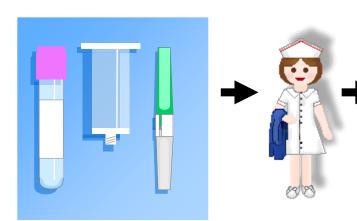
- In most cases, clinical trial data is largely laboratory in nature to include study endpoints e.g. HIV and participant safety data. Hence, if this laboratory data is called into question due to inconsistent practices, an entire trial effort could be deemed as a failure.
- In order for GCLP to be effective in the laboratory, the lab management or site lab co-ordinator must set the example-this has to be norm and culture for lab staff.
- QA checks and control measures at every point of the HIV pre-analytical to the post-analytical phase must be incorporated BUT follow-up of all aspects must be done to ensure compliance or the practice will fail.
- It is vital that lab staff are aware and have signed that they have read and understood what is required in the form of sops, cheat sheets and policies.



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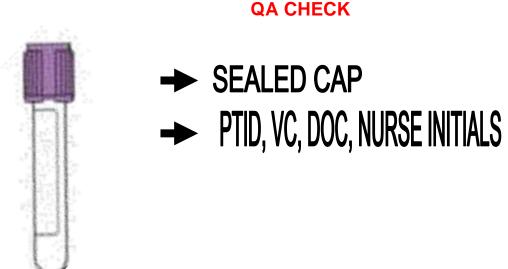








• On arrival at the lab the Med. Tech. checks that the samples are correctly labeled and that the requisition form contains the identical information as written out on the EDTA tube for HIV testing.



QA CHECK



- On the sample tracking log and indicates what samples were collected and who received them at the lab.
- If any discrepancies are noted it is immediately queried and resolved.



QA CHECK A new HIV testing log is used each day to ensure HIV rapid tests lot control #, expiry date is captured on daily basis so no expired kits can be used.

- The participants PTID and visit code are captured onto the HIV testing log.
- Once the test is set up, the timer is started and the start time is recorded immediately onto this testing log.
 - On completion of the test the end time is recorded on this testing log.
 - The Med. Tech. performing the test is required to initial the log.

QA CHECK E.g. If FDA-Approved Unigold rapid test is used, the test must be read at ten minutes and checker two and three must confirm the result within twelve minutes. This is time validity-any time out of this is INVALID

QA CHECK The checkers are trained lab/clinical staff , project leader and/or the project manager.

• If there is any new clinic personal, training is to occur prior to this staff signing as checker 2/3- this must be documented and placed onto file-any tests signed by this staff member who wasn't trained is INVALID





• The HIV Results transcription from the HIV testing log to the lab result forms and lab CRFs are QC'ed by the on-site Lab QA/QC Research Assistant to ensure the correct HIV results were transcribed and initials the QC column the result form before it is placed into the px files and revealed.

QA CHECK

At the end of each day-the HIV testing log is QC for an on-site QC to ensure all participants who came in for a visit that required HIV, was done, verifies the kit lot no, expiry date, the participants details and timing of the test.

QA CHECK

The QA/QC Lab RA will sign on the On-site QC row daily, whilst monthly off-site QC is performed by the Unit or Asst Unit lab coordinator or lab manager.



• Should a new HIV kit lot # be used, the QA/QC Lab RA will verify that lot control QC was performed before usage-CHECKING THE HIV QC LOG.

- The QA/QC Lab RA will also ensure that the lot # was indicated on the
- **QA CHECK** HIV testing log, at the PTID where this new lot # was being used.
 - If this is not picked-up by the on-site QC, the OFF-SITE QC WILL ALWAYS PICK-UP SUCH A EVENT!!
- **QA CHECK** In the event, a test time was noted as being out of the valid time, in most cases the med tech have read the test correctly but recorded the incorrect time, P.S. THE TIME OR RESULT CANNOT BE CORRECTED ON THE LOG!!!
 - The ffg procedure is used: A QA event form is used to correct any errors
 CHECK that are identified on the testing log i.e. Incorrect result or timing of test.
 - The med tech states refer to QA event form on the HIV testing log at the row of the affected PTID and initials and dates the entry.





On-site HIV Rapid Testing and Confirmatory HIV testing

- All discordant or positive HIV results are confirmed using the Biorad Genetics HIV-1 Western Blot technique.
- The western blots are run at HPRU laboratory at Overport. Samples are QC against request forms, then processed. Raw data is then QC via a triple check- performer, approver and authorizer who reads protein bands and verifies correct final HIV result, lot # and expiry date of the testing kit.
 - The results are transcribed from the raw data worksheet to the results
- **QA CHECK** report, The report is QC by second lab person ti verify transcription and request form details captured.
 - HIV Rapid tests-Discordant rates-a log has been generated centrally by the 035 laboratory co-ordinator-to ensure lab QA/QC RA notifies her of any discordant tests AS THIS OCCURS and she will troubleshoot and
- **QA CHECK** any discordant tests AS THIS OCCORS and she will troubleshoot and assess what can be done at site level. Any troubleshooting has to be documented on a QA event form.
 - When in doubt-ALWAYS CONTACT HPTN NL OR MTN PNL.



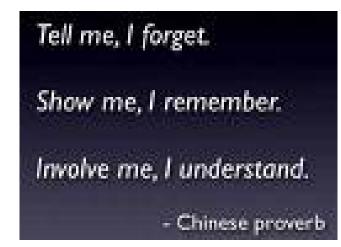


Lessons Learnt with HIV testing

- Errors will occur-but QA check must be in place at each stage.
- QA processes have to be verified by an external QC-such as Off-site QC to prevent a bias QC. All logs should have offsite QC-so 100% of logs are reviewed.
- Correction of time or result should not occur-QA process must be in place.

THANK YOU FROM SA TEAM!!















HPTN 035 LOG FOR COLLECTION OF BLOOD SPECIMENS

Date: _____

TIENT ID	VISIT CODE	TIME	BLOOD TUBES	COMMENTS	SIGNATURE OF NURSE







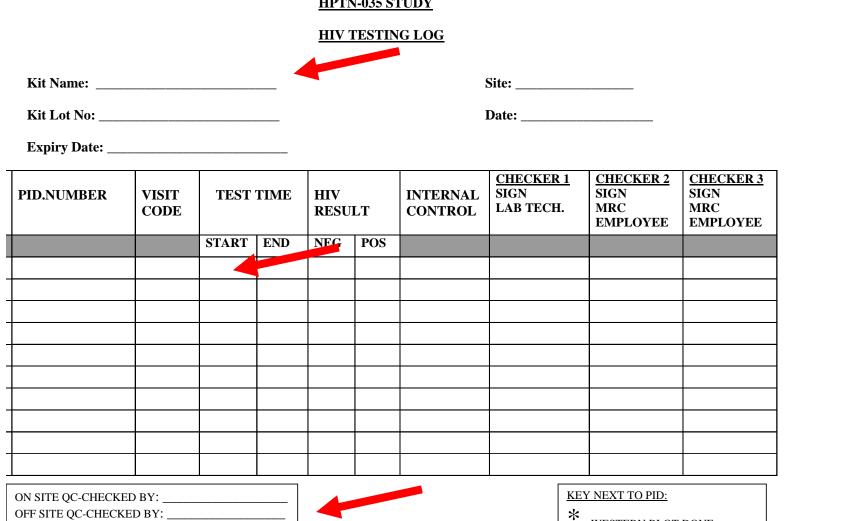
DATE: _____

SITE:

PID No.	Visit Code	Ser	um	Plasma			EDTA Tube		Swab Dacron	Slides			Comments	Sign Lab Tech	
		SST Tube Lancet	1ml serum aliquot LDMS Westville	Coag aliquot Lancet	1ml Coag aliquot LDMS Westville	4X1ml+1 X 0.5ml plasma aliquots LDMS Westville	4 X 0.5ml plasma aliquots LDMS Westville	FBC Tube Lancet	Probe Tec Lancet	GUD PCR LDMS Westville	Pap X1 slide Lancet	Gram X 2 slides LDMS Westville	W B		

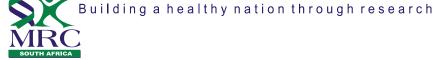
ON SITE QC-CHECKED BY:	
OFF SITE QC-CHECKED BY:	

KEY: WB- Refers to Western Blot and is applicable to EDTA tube sent for Western Blot to Lancet in the ffg e.g. after the site has aliquoted the 4X0.5ml plasma aliquots for sample 1 and sample 2, or at screening when a discordant HIV result is obtained!!!



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HPTN-035 STUDY

WESTERN BLOT DONE







PID No.:	Date of Visit:								
Visit Code:						$\overline{}$			
TEST	VA	LUES	POS	NEG	QC signature				
Pregnancy test									
Urine dipstick	Leucocytes Esterase	Nitrites							
HIV Rapid test 1									
HIV Rapid test 2									
Western Blot									
Vaginal pH level									
Whiff test									
Trichomonas vaginalis									
Candida yeast	Symptomatic	Asymptomatic							
Clue cells >20%									
						•			

Lab Tech:	Date:
MRC Employee:	Date:
* Clinician: *Clinician to sign only if participant is HIV positive	Date:
ELIGIBLE:	
YES \square NO \square N/A \square	





<u>QC LOG FOR HIV TESTING</u>

HIV KIT NAME: _____

SITE: _____

Date	Test Kit			QC Kit			QC R	esults	Comments	Sign. Lab Tech	Sign. MRC Employee
	Lot #	Exp.	Open	Lot #	Exp.	Open	Neg	Pos			
		Date	Date		Date	Date	Control	Control			
Correct	ive Action	Taken:	•							•	•
	E QC-CHECI E QC-CHEC										







1.02

Date of Event:	
Project Name:	
Site:	
Specimen ID (if Applicable):	
Specimen Type(if Applicable):	
Visit Code((if Applicable) :	
Quality Control/Equipment involved (if Applicable):	
Date and Time:	
Reported by:	
Nature of Problem:	
_	
_	
Person Notified:	
At (Place):	
Date/Time:	
Resolution:	





HPTN-035 STUDY

HIV TESTING LOG

Kit Name: Recombigen Unigold

Site: RKK Site

Kit Lot No: R143008

Date: 09 Sep 2008

Expiry Date: 30 Oct 2008

PID.NUMBER	VISIT CODE	TEST TIME		HIV RESULT		INTERNAL CONTROL	<u>CHECKER 1</u> SIGN LAB TECH.	CHECKER 2 SIGN MRC EMPLOYEE	<u>CHECKER 3</u> SIGN MRC EMPLOYEE
		START	END	NEG	POS				
XXXX	YY	10:20	10:35	X	-	X	10:30	10:32	REFER TO QA EVENT FORM-RM 09 SEP 08
1	1								

VALID TIME 10-12 MIN