

Assessment of Breast Module, B19 2015 – Individual results

Participant no.	639	
Laboratory	Institute for Oncology and Radiology of Serbia, Department for Pathology	
Epitope	HER2	ER
Assessment	Good	Good
Comments to the protocol	Poor signal-to-noise ratio.	-
Suggestions for improvement	-	-
Scoring consensus - Laboratory vs. NordiQC	Yes	

NordiQC has assessed your submitted slides. In general, the assessment is based on staining intensity and distribution in cells expected to be demonstrated, background staining, cross-reactivity, quality of counter-staining and preservation of tissue morphology. Specific criteria for each epitope are described on <http://www.nordiqc.org/Assessments.htm>.

Each slide was marked as *optimal*, *good*, *borderline* or *poor* based on the following criteria

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

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

Borderline: The staining reaction is considered insufficient because of a generally too weak staining reaction, false negative or false positive staining reaction of one of the included tissues. The protocol should be optimized.

Poor: The staining reaction is considered insufficient because of, e.g., false negative or false positive staining reactions of several of the included tissues. An optimization of the protocol is urgently needed.

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

For stains assessed as borderline or poor, comments and recommendations are given to the protocols. Good stains may also be accompanied by comments if specific problems are identified.

Recommended protocols from each staining platform are available at <http://www.nordiqc.org/Protocols.htm> for comparison. Implementation of NordiQC recommended protocols as well as changes suggested in this letter must be tested carefully in your own laboratory before implementation into diagnostic work. NordiQC do not take any responsibility for consequences of changes in protocols or methods in your laboratory.

In case of a borderline or poor staining result, laboratories may request reassessment of the original stain or a new stain not later than at the deadline for subsequent run open for reassessments.

To obtain new slides, a protocol must be submitted on the website: In the protocol form 4, <http://www.nordiqc.org/Participation.htm> slides for reassessment can be requested. The slides for restaining/reassessment will be circulated together with slides for the open run.

When assessed, your interpretation and scoring data will be compared to the NordiQC reference scoring data. If "Scoring consensus" in your Individual results is marked "Yes", it means that your interpretation was in line with the NordiQC reference data and HER-2 status (irrespective of your staining being marked as optimal, good, borderline or poor).

NordiQC keeps participant identity and assessment results strictly confidential

Best regards
NordiQC
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