

- 4) Torlakovic EE, Nielsen S, Francis G, et al. Standardization of positive controls in diagnostic immunohistochemistry: recommendations from the International Ad Hoc Expert Committee. *Appl Immunohistochem Mol Morphol.* 2015;23(1):1-18.
- 5) Clinical and Laboratory Standards Institute (CLSI). *Quality Assurance for Design Control and Implementation of Immunohistochemistry Assays.* 2nd ed. CLSI document I/LA28. Clinical and Laboratory Standards Institute, Wayne, PA; 2011.
- 6) ISO 20166-4:2020 Molecular in vitro diagnostic examinations. Specifications for pre-examination processes for formalin-fixed and paraffin-embedded (FFPE) tissue. Part 4: In situ detection techniques. International Organization for Standardization. 2020.

**\*\*NEW\*\* 12/26/2024**

## ANP.22560 Synthetic and Commercial Control Range Establishment or Verification

**Phase II**



**If synthetic or commercial controls are used for quantitative testing, the laboratory establishes or verifies an acceptable control range for each lot of synthetic or commercial control material.**

*NOTE: The laboratory must verify control ranges supplied by the manufacturer if provided and establish an acceptable range by repetitive analysis if control ranges are not provided by the manufacturer.*

*Control values supplied by the manufacturer may be used without verification for qualitative (eg, positive or negative) testing.*

**Evidence of Compliance:**

- ✓ Records for control range establishment or verification of each lot, as applicable

**REFERENCES**

- 1) Clinical and Laboratory Standards Institute (CLSI). *Evaluation of Precision of Quantitative Measurement Procedures. Approved Guideline.* 3rd ed. CLSI document EP05-A3. Clinical and Laboratory Standards Institute, Wayne, PA; 2014.
- 2) Clinical and Laboratory Standards Institute (CLSI). *Statistical Quality Control for Quantitative Measurement Procedures, Principles and Definitions.* 4th ed. CLSI guideline C24. Clinical and Laboratory Standards Institute, Wayne, PA; 2016.

## ANP.22570 QC - Antibodies

**Phase II**



**Appropriate negative controls are used.**

*NOTE: Negative controls must assess the presence of nonspecific staining in patient tissue as well as the specificity of each antibody with the exception listed below. Results of controls must be recorded, either in internal laboratory records, or in the patient report. A statement in the report such as, "All controls show appropriate reactivity" is sufficient.*

*For laboratories using older biotin-based detection systems, it is important to use a negative reagent control to assess nonspecific or aberrant staining in patient tissue related to the antigen retrieval conditions and/or detection system used. A separate section of patient tissue is processed using the same reagent and epitope retrieval protocol as the patient test slide, except that the primary antibody is omitted, and replaced by any one of the following:*

- An unrelated antibody of the same isotype as the primary antibody (for monoclonal primary antibodies)
- An unrelated antibody from the same animal species as the primary antibody (for polyclonal primary antibodies)
- The negative control reagent included in the staining kit
- The diluent/buffer solution in which the primary antibody is diluted

*In general, a separate negative reagent control should be run for each block of patient tissue being immunostained; however, for cases in which there is simultaneous staining of multiple blocks from the same specimen with the same antibody (eg, cytokeratin staining of multiple axillary sentinel lymph nodes), performing a single negative control on one of the blocks may be sufficient provided that all such blocks are fixed and processed identically. This exception does not apply to stains on different types of tissues or those using different antigen retrieval protocols or antibody detection systems. The laboratory director must determine which cases will have only one negative reagent control, and this must be specified in the department's procedure manual.*

*The negative reagent control would ideally control for each reagent protocol and antibody retrieval condition; however, large antibody panels often employ multiple antigen retrieval*