

Assessment of BRISH, H9 2016 – Individual results

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|-----------------------------|-----------------------------------------------------------|---------------------------|-------------------------------------------|---------------------|
| Participant no. | 145 | | | |
| Laboratory | Pathologie Belder, | | | |
| Epitope | HER-2 BRISH | | | |
| Assessment | Optimal | | | |
| Comments to the protocol | - | | | |
| Suggestions for improvement | - | | | |
| Reported scores | NordiQC FISH reference laboratories (HER2 / Chr 17 ratio) | NordiQC interpretation | Your score sheet (HER-2 / Chr 17 / ratio) | Your interpretation |
| Core 1 | 0.9 – 1.0 | Non-amplified | 86 / 95 / 1,1 | Non-amplified |
| Core 2 | 1.0 – 1.3 | Non-amplified / Equivocal | 111 / 119 / 1,0 | Non-amplified |
| Core 3 | 1.3 – 1.9 | Non-amplified / Equivocal | 90 / 61 / 1,5 | Non-amplified |
| Core 4 | 2.2 – 2.9 | Amplified | 208 / 75 / 2,9 | Amplified |
| Core 5 | 4.2 – 6.4 | Amplified | 383 / 44 / 8,6 | Amplified |
| Overall consensus | Yes | | | |

NordiQC has assessed your submitted HER-2 BRISH stain. 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 may be described on <http://www.nordiqc.org/Assessments.htm>.

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

Optimal staining: The demonstration of HER-2/chr17 is considered perfect or close to perfect in all of the included tissues.

Good staining: The HER-2/chr17 ratios could be evaluated in the included tissues, but the interpretation was slightly compromised e.g., due to a weak or excessive counterstaining, excessive retrieval or similar.

Borderline staining: A generally too weak demonstration of the HER-2 or Chromosome 17 signals, a generally low signal-to-noise ratio or a false negative staining result in one of the included tissues. The protocol should be optimized.

Poor staining: A false negative staining result of several of the included tissues or a generally very low signal-to-noise ratio and/or a severely impaired morphology. An optimization of the protocol is urgently needed.

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.

When assessed, your interpretation and scoring data were 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).

Please compare the optimal stains and assessment details published on www.nordiqc.org with your own stains and protocols. 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.

NordiQC keeps participant identity and assessment results strictly confidential.

Best regards
NordiQC
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