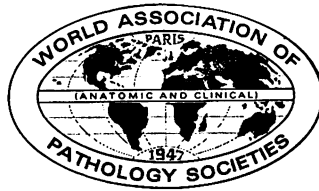


VIII WORLD CONGRESS OF ANATOMIC AND CLINICAL PATHOLOGY

12-16 September 1972, Munich



**ABSTRACTS OF
INVITED LECTURES
AND
FREE COMMUNICATIONS**

Editors

J. CARR, Sheffield
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123.(09.5.1) Quality control of radioimmunologic methods: TSH and LH

F. ERHARDT, A. SOUVATZOGLOU and P.C. SCRIBA, *Munich, Federal Republic of Germany*

Quality control of radioimmunological assays presents unusual problems to the clinical chemist, because of several sources of errors, which are found in this type of analysis. Predominantly, radio-iodination of TSH may result in specific activities of considerable variation, despite standardization of the procedure. Thus, with TSH the amount of ^{125}I incorporated, varied between 8 and 50% of the radioactivity used in the Hunter-Greenwood procedure. The variations of specific activity ($\text{TSH-}^{125}\text{I}$) not only give rise to inconstant sensitivity of the assay (standard curves), but the accuracy of the method varies with changes in the specific activity. This can be shown using control serum with low endogenous TSH for TSH-recovery experiments. These standard curves in serum should be identical with standard curves in buffer and permit efficient quality control of the whole procedure. In addition to these data conventional statistics are discussed for quality control of radioimmunological assays for LH and TSH.

124.(09.5.2) Experiences with long-term statistical quality control in the clinical-chemical laboratory

A. ENGLHARDT, K. IRMSCHER and H.K. DÜRR, *West Berlin and Dusseldorf, Federal Republic of Germany*

Statistical quality control in the laboratory envisages two possibilities: (1) rapid control for assessing the series of analyses, and (2) long-term control for assessing the precision of a series over long periods.

Experiences with long-term control of clinical chemical analyses in two large clinical-chemistry laboratories are reported. A system of recording has been developed, embracing immediate and long-term control and making possible clear documentation over long periods. The problems of applying set or determined guide values was examined; the choice of these guide values has an indirect influence on the quality of the analysis.

The influence of other factors was studied: position of the control serum in the series, manning and equipping of the workplace, number and frequency of the controls, time of the overall evaluation. The results were confirmed by statistical methods.

A procedure has been devised, ensuring and maintaining maximum precision over long periods, to fit out the laboratory.

125.(09.5.3) Control of the quality and standardization of dissection material in epidemiological pathology

W. JACOB, *Heidelberg, Federal Republic of Germany*

Pathological anatomy, one of the most important fundamentals of epidemiology, has been little considered up to now, within the scope of general epidemiological research. Only modern methods of electronic data processing and of mathematical statistical analysis permit an epidemiological treatment of morbid anatomical results to an extent necessary to epidemiological research. For pathology itself, a new dimension of scientific evidence presents itself which for the first time permits us to make use of the immense amount of pathological material preserved all over the world. This is only possible with the aid of specific methodical steps of coordination of medical evidence, and the comparison of material from several pathological institutes. Each of these steps is to be examined carefully and critically. This combined system of morbid anatomical statistics can only be utilized to provide epidemiological surveys on a national and international basis if such basic methods are employed. In conjunction with clinical epidemiological research, it is expected that additional useful fundamental information for the statistics of morbidity and mortality of territories and nations will be obtained. The concrete requirements as well as the particular basic methods for this development are discussed in this report.