

Scheme 2024, Assessment Run 70

Aalborg, 15th January 2024

Dear participant

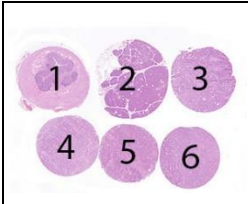
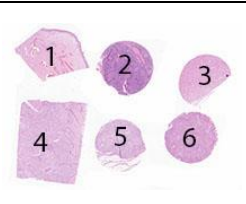
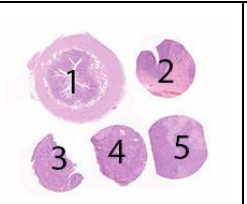
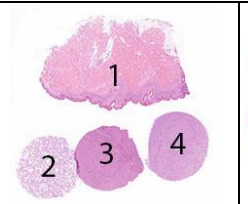
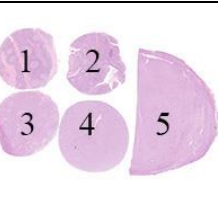
Pairs of unstained slides of NordiQC multi-tissue samples have been sent according to your submitted protocols for this run.

If you are in any doubt, please read the details on the website: www.nordiqc.org, or send us an e-mail: nordiqc@rn.dk. Also inform us if slides are missing.

Please note your participant number (NQC...) shown on the address label. This number **must** be indicated on all slides and used for any communication with NordiQC.

Contents of the NordiQC multi-tissue samples

Top row closest to the glass label.

				
CGA: 1: Appendix 2: Pancreas 3: Colon adenocarcinoma 4-5: SCLC 6: Neuroendocrine tumour	GATA3: 1: Uterine cervix 2: Tonsil 3: Kidney 4: Breast carcinoma – TNBC 5: Urothelial carcinoma 6: NSCLC	p53: 1: Appendix 2: Tonsil 3: Low grade endometrial carcinoma 4-5: Endometrial serous carcinoma	PRAME: 1: Nevus 2: Testis 3-4: Melanoma	BCL6: 1-2: Tonsil 3-4: Diffuse large B-cell lymphoma 5: Follicular lymphoma

IMPORTANT INFORMATION: Due to change of slide type, the writing on the slides can disappear during HIER. Use of a label can prevent this.

For each marker stain the sections according to the protocols you have uploaded on our website. **If any changes are made in the protocols, upload the used protocols as these are used for data analysis and individual feed-back in case needed.**

In-house controls shall, if possible, be placed on the NordiQC slide (see next page).

Mark all slides with your NordiQC participant number.

For each marker return only one stained slide. Keep the remaining NordiQC slides to serve as own control set.

Do not return separate in-house controls.

Deadline for slide return: **21st February**

Slides return address:
 NordiQC
 Institute of Pathology
 Aalborg University Hospital
 Ladegaardsgade 3
 9000 Aalborg
 Denmark

Overall and individual results are available on the website on 28th April.

Thank you for your assistance.

Best regards
 NordiQC

General information;

NordiQC tissue material and sections:

All included tissues in the NordiQC multi-tissue samples have been fixed in 10% neutral buffered formalin and embedded in paraffin.

The sections of the multi-tissue blocks are sectioned at 3-4 µm.

After sectioning, the slides are air dried at room temp. for 48 hours, after which they are stored at -80°C until distributed.

After receipt of slides, store them at -20°C until staining.

The slides are unbaked.

Before IHC staining in-house control material should be mounted on the NordiQC slide and dried at e.g. 37°C overnight or 55-60°C for one hour to secure section adhesion.

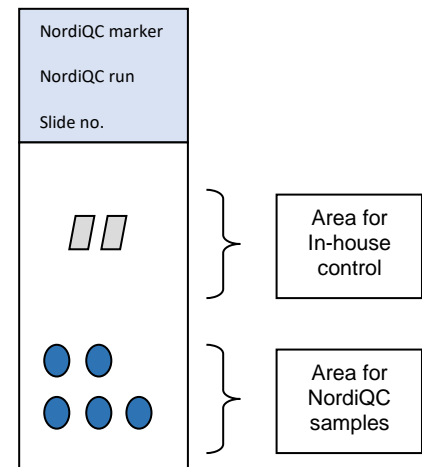


Fig. 1 Example of NordiQC slide

Slide return

Return slides to NordiQC after IHC staining has been completed and in due time for deadlines indicated in this accompany letter and at www.nordiqc.org/modules.

You can see if NordiQC has received your slides. Please log in at our website and choose "Protocol submission". When the slides are received at NordiQC and registered, this will be marked with the date received in the column "Slide received by NordiQC".

Submitted sections

Submitted sections are stored by NordiQC for future documentation and will not be returned to the laboratories. However, laboratories can request their stained sections for review e.g. in case their own control set is lost.

Results

The overall assessment results for all markers are published in reports available at www.nordiqc.org/epitope at the time indicated at <https://www.nordiqc.org/modules.php> - www.nordiqc.org/modules.

The assessment reports will provide an overview of assessment criteria, protocols, reagents and instruments used by the participants and results obtained. The report will provide guidelines for recommendable control materials and descriptions / illustrations of the expected staining patterns in these.

Protocols giving optimal results will be published on the NordiQC website. Best practice protocols will typically and if possible be listed for the main IHC systems used by the participants.

In case of an insufficient result assessed as borderline or poor, the participant will receive individual suggestions for protocol improvement.