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9. Conclusions

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In all clinical quality work the first steps ought to be to define the *clinical goals* and the *quality specifications*. In order to be meaningful they ought to be expressed as *total allowable errors* (TE_A) in quantitative terms.

This project deals mainly with *analytical* goals and specifications. Three types of approaches have been used:

1) The state of the art approach
2) The biological approach
3) The clinical usefulness approach.

The state of the art approach aimes primarily at comparison with other laboratories.

The biological approach gives easily available and more general goals/specifications.

Clinical investigations are used in clinical work and it should thus be most meaningful to try to use the third alternative. Guidelines for this approach are, however, not generally available and we have in this report tried to indicate different ways to obtain goals/specifications following this approach.

Statistical, graphical and computer methodologies have been discussed and applied.

Terminology is important for understanding and for transfer of information. This NORDKEM project report provides suggestions for terms and abbreviations and stresses that a universally accepted terminology within this area is highly needed.

Twentytwo associated Nordic projects are accounted for in the project report. They have brought up important questions for discussion.

Two chapters deal with special topics. One, originating from the Nordic Protein project, describes the quality necessary for sharing common reference intervals for 9 specific proteins in the nordic countries. The other, originating from a "transferability project"

describes how 'long term bias' in the different laboratories can be assessed and serve as the prerequisite for making corrections.

Analytical quality specifications (AQSpecs) should be provided by the clinical laboratories and the Report gives many examples of how they can be estimated.

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