



KAISER PERMANENTE®

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Manual Dilution Policy

Purpose This policy covers performance of any assay when the result is greater than the analytical measurement range (AMR) or greater than the instrument on-board dilution, e.g., ORDAC, as applicable, and the sample is manually diluted before repeating the assay to obtain a numeric value.

Scope This policy includes any assay for which the measured value may exceed the established analytical measurement range (AMR) or the instrument on-board dilution, as applicable, and requires manual dilution of the patient sample to report a clinically useful result.

Definition Analytical Measurement Range (AMR): the range of analyte values that a method can directly measure on the specimen without any dilution or concentration.

Over Range Detection and Correction (ORDAC): the instrument on board dilution established for an assay when initial testing measurement is greater than the AMR. ORDAC is primarily defined for Beckman instruments.

Background A measured value that is outside the AMR or the instrument on-board dilution may be unreliable and should not be reported in routine practice. Dilution or concentration of a sample may be required to achieve a measured analyte activity or concentration that falls within the AMR.

Policy The laboratory director is responsible for establishing the maximum result based on established dilution protocol for clinical use.

For analytes with laboratory results outside the limits of the AMR or on-board dilution's high range, the SCPMG Laboratory Systems has specified a 10 (ten) fold dilution as the maximum dilution for the assays listed (see List of Tests), except as noted.

If a manual dilution protocol is approved, a request should be made to extend the reportable range in the Laboratory Information System (LIS) to accommodate the result of such dilution.

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Manual Dilution Policy, Continued

Policy, continued

Occasionally, upon the request of a provider or on a case by case basis and with the approval of the laboratory director, the laboratory may manually dilute patient samples greater than x10 dilution or any test not included in the list below.

If a manual dilution is required, dilute the specimen as specified in the assay procedure, up to the maximum dilution allowed. The diluted or concentrated result must be within the AMR before it is mathematically corrected by the dilution factor to obtain a reportable numeric result.

- When the diluted result is within the AMR, multiply by the dilution factor and report the result.
- If the result obtained using the maximum dilution allowed is greater than the AMR, enter a Result Comment to report the result as greater than (>) the highest reportable value of the AMR multiplied by the maximum dilution factor and add text: *Verified by dilution*

Example: If the AMR is 1 to 10 mg/dL and maximum dilution is 10x, then the highest number that can be reported in the LIS is 100 mg/dL. If the result is greater than that, report in a Result Comment as: *>100 mg/dL, Verified by dilution*

Selection of the diluent is important because the matrix of the specimen should be maintained. The laboratory must follow the manufacturer's recommendation of which diluent to use with out-of-range specimens.

For general chemistry tests mentioned in this policy, *deionized water* or *isotonic saline* is an acceptable diluent.

Allowable dilutions and concentrations are established when a method is first placed into service, as applicable; or when requested by a clinician or medical group based on clinical necessity after the SCPMG Laboratory Systems have evaluated clinical appropriateness.

Established allowable dilution protocol is reviewed biennially thereafter.

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Manual Dilution Policy, Continued

List of Tests The tables which follow list the tests that are included in this policy.

Note: Body Fluids will not be diluted.

Test/Assay Name – Performed at Medical Center
<ul style="list-style-type: none">• BUN on DxC600• CBC Platforms (HGB, WBC, Platelet)<ul style="list-style-type: none">○ AcT5 (up to 1:10)○ HMX (up to 1:10)○ LH750 (up to 1:5)○ XE2100 (up to 1:5)○ XT1800i (up to 1:5)• Lactate on all platforms• Lipase on the Vitros instrument• LDH on all platforms• TDM:<ul style="list-style-type: none">○ Acetaminophen○ Digoxin○ Salicylate○ Theophylline

Test/Assay Name – Performed at Medical Center and RRL
<ul style="list-style-type: none">• Alcohol, Ethyl• ALT on all platforms• CK on all platforms (up to 1:100,000)• Dilantin (Phenytoin)• Gentamycin• Glucose on the Beckman instrument• HCG (quantitative) on all platforms• Lithium• Magnesium on all platforms• Phenobarbital (Luminal)• Tegretol (Carbamazepine)• Tobramycin• Urine Total Protein on all platforms• Valproic Acid (Depakene)• Vancomycin

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Manual Dilution Policy, Continued

Lists of Tests, continued

Test/Assay Name – Performed at RRL
<ul style="list-style-type: none"> • Alpha-1-Fetoprotein (up to 1:101) • Amikacin • Amitriptyline • CA 19-9 • CA 125 (up to 1:100) • Cyclosporine • Desipramine • Doxepin • Ethosuximide (Zarontin) • Imipramine • Methotrexate (up to 1:10,000) • MicroAlbumin • Nortriptyline • Phenytoin, Free (Dilantin, Free) • Primidone (Mysoline) • Sirolimus • Tacrolimus • Total T3 • Triglycerides • TSH • Volatiles

Non-Controlled Documents

The following non-controlled documents support this policy.

- CAP Laboratory Accreditation Standards Checklist
- CMS CLIA Regulations and Interpretive Guidelines for Laboratories

Controlled Documents

The following controlled document supports this policy.

Regional Parent Document Reference Number: SCPMG QMS – 0024 Rev. 5

Policy	
Document Number	Document Name
QM 5.5.2.100	Method Validation Policy