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OWNER:	CHANGE NUMBER: RIV-CR-0486

Purpose

This procedure provides instructions for results review and release process for the SYSMEX XN and XN-L series hematology analyzers, which are connected to the Data Innovation Instrument Manager and its middleware rules.

Principle

Instrument Manager, the flagship product from Data Innovations (DI), provides seamless connectivity and enables seamless integration across lab environments, supporting various instruments, including the SYSMEX XN and XN-L analyzers. The system is a tailored productivity solution that helps streamline lab processes, allowing staff to focus on critical tasks and enhance operational simplicity, standardization, and overall efficiency in laboratory environments.

Data Innovations Instrument Manager Hematology Workspace allows the middleware to automatically release results to the LIS that meet the customer-defined rule criteria. The results can be auto validated without further operator intervention to improve laboratory productivity and reduce the amount of time spent reviewing normal data.

Data Innovation Instrument Manager Hematology Workspace provides a sophisticated rule engine that allows real-time data checking based on test results, analyzer flags, and/or user-selected rule definitions.

Scope

The autoverification criteria apply to the SYSMEX XN & XN-L series analyzers in utilizing Data Innovation (DI) Instrument Manager (IM).

This procedure should be performed by a trained Clinical Laboratory Scientist (CLS) or Medical Laboratory Technician (MLT).

Policy

The list below states the policies followed by the organization:

- A licensed person must be physically present on-site in the clinical laboratory whenever auto verification is performed. They are responsible for the accuracy and reliability of the results being reported. The operator is responsible for suspending auto-verification in case of a problem with the test method, analytical instrument, or auto-verification criteria.
- The operator must ensure that all quality controls are performed within the appropriate time intervals with acceptable results before performing patient testing.

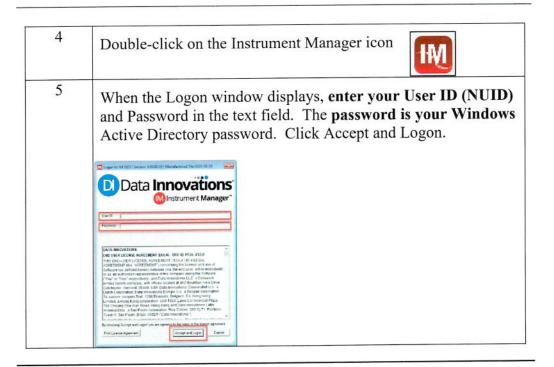
- If a problem is encountered with an instrument, the operator can turn off auto verification with menu options. When issues are resolved, auto verification may be turned back on.
- The Specimen Management Workspace in Instrument Manager is for results that meet the pre-established laboratory criteria of the middleware rules. The licensed laboratorian must investigate and make possible interventions before review/release.
- An audit trail will be used to identify all individuals who have entered or modified patient data or control files. If auto verification is used, the audit trail in the laboratory system should reflect that the result was verified automatically at a given date and time.
- Instruments that have autoverification enabled must be validated initially and at least annually or when there is a change to the system that could affect the autoverification logic and to confirm that algorithm decision rules are functioning correctly.

Safety

Refer to the safety manual for general safety requirements.

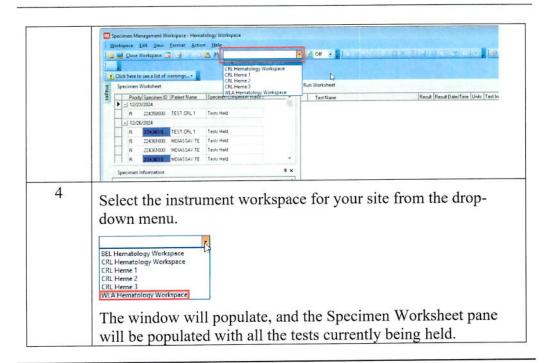
Logging In to Instrument Manager Procedure Follow the steps below to log in to Instrument Manager.

Follow th	e steps below to log in to instrument Manager.						
Step	Action						
1	Double-click on the Regional Application Portal icon on the						
	desktop						
2	Click on the National Application Portal link.						
	Over Applications Portal Test Applications Portal Training Applications Portal National Applications Portal						
	PRODUCTION						
	IZHC Deventine SCAL Simulation 6 Per Live						
	Content (2) NATIONAL APPLICATIONS PORTAL						
	KP KP ★						
	1 Hypenpace Hypenpace Medicopa SCAL - SCAL OC - Prod PROCOCM w/m Hypenpace Toolbar						
3	Double-click on the Instrument Manager						
	SCAL (2) icon.						
	Note: Use the folder listed above. Do not						
	use Instrument Manager (1) or Instrument Manager DR (1)						
	use histiathent Wanager (1) of histiathent Wanager Dit (1)						



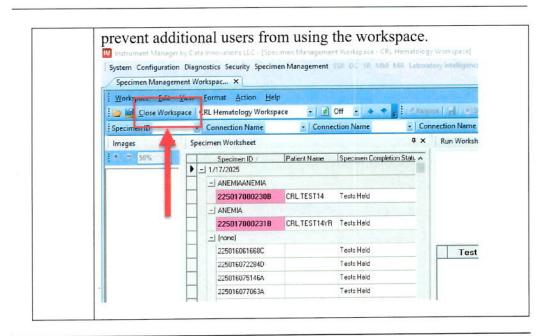
Logging In to Instrument Manager Procedure, Continued

Step	Action
1	The application will open after logging into the Instrument Manager.
	(i) instrument Manager
	Quantin.
2	From the Specimen Management menu, click the SM
-	Workspace. Instrument Manager by Data Innovations LLC
	System Configuration Diagnostics Security Specimen Management Reports SM Workspace
	Patient and Order Management Rapid Order Entry Manual Results Entry
2	Click on the drop-down menu once the workspace window
3	Click on the drop-down ment once the workspace window



Logging In to Instrument Manager Procedure, Continued

Closing
Step
1

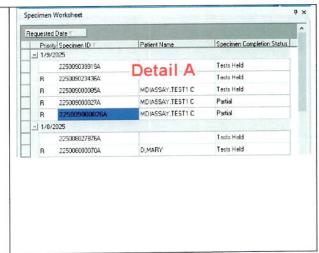


Result Review Below is an overview of result review. **Overview**

Specimen Worksheet

The Specimen Worksheet pane (Detail A) will display the following information:

- Order Priority
- Specimen ID (Accession Number)
- Patient Name
- Specimen Completion Status
 - Pending (The test has not been performed)
 - Test Held (The entire result is held)
 - -Partial (Part of the order is held)
- Date



Specimen Information

From the Specimen Worksheet pane, highlight the row with the accession number. The selected accession number will show the patient's demographics in the patient information pane (see Detail B).

The Specimen Information pane will display the following information:

- •Patient Name
- Sex
- •Patient ID (MRN)
- Date of Birth
- •Specimen ID
- •Patient Comment (s)
- Operator ID
- Ordering Physician

·Rack

- Position
- •Location Facility
- •Location Room
- Patient Status
- ·Location Bed
- •Specimen Comment(s)•Ordered Test



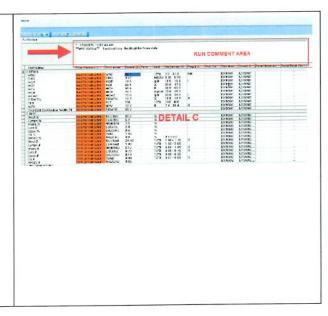
Result Review Overview,

Continued

Run Worksheet

The Run Worksheet pane (Detail C) will display the test results, the appropriate flags, operator instructions, and the relevant directive or information on troubleshooting the specimen.

The Run Comment area of the Run Worksheet will display flags and rule comments for the displayed specimen. Run Comments alerts the user that criteria have been met to hold a specimen in the workspace and that further work may be needed by the user before release depending on the flag or rule that triggered for the specimen.



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Pink	Anemia Panel							
Red	STAT Order							- 0
Green	Delta Checks							
Orange	Held For							
The Control of The Co	Verification							

Result Validation Considerations

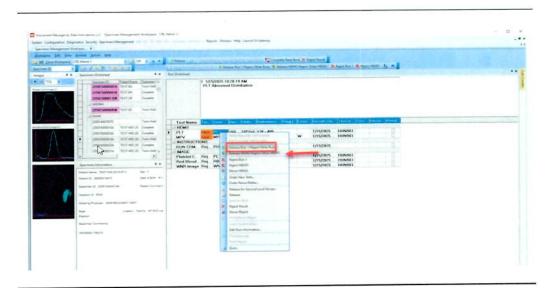
When validating results in the workspace, it is critical to decide what needs to be rejected versus released before results are released to Cerner. Once you have done so, it is preferred to reject results that you do not want prior to releasing any that you do. This is most important in the following scenarios.

- 1. Multiple runs from the instrument. Example: An individual CBC parameter reflexed a run based on individual rules. You would need first to reject the run that you do not want to be released before you release all other results.
- Any peripheral smear sent to Cellavision will show as a separate run. If a
 manual differential was performed in Cellavision, you would want to
 reject the auto diff from the CBC run that you want to release so that the
 manual differential is released to Cerner.
- 3. Using the IM Cell Counter to perform a manual differential. If a manual differential were performed in the IM Cell Counter, you would want to reject the auto diff from the CBC run that you want to release so that the manual differential is released to Cerner.

Rejecting and Releasing Results

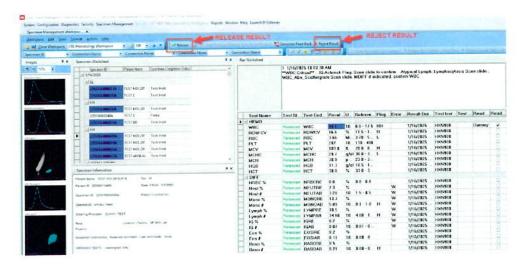
Different ways exist to reject or release results in the Specimen Workspace.

1. You can right-click on an individual result or test group and select reject or release from the menu.

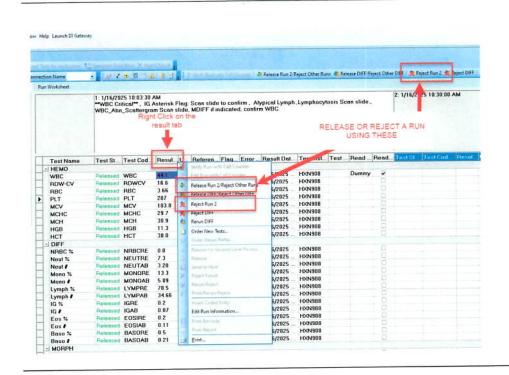


Rejecting and Releasing Results, Continued

2. You can select an individual result or test group and select the icons in the toolbar to reject or release.



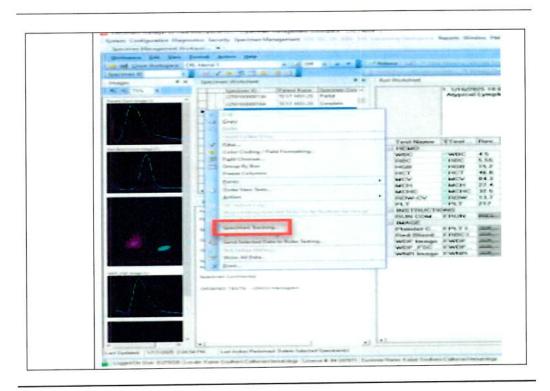
3. You can release or reject an entire run using the icons in the toolbar or by right-clicking on the run and selecting Release Run #/Reject Other Runs or Reject Run #



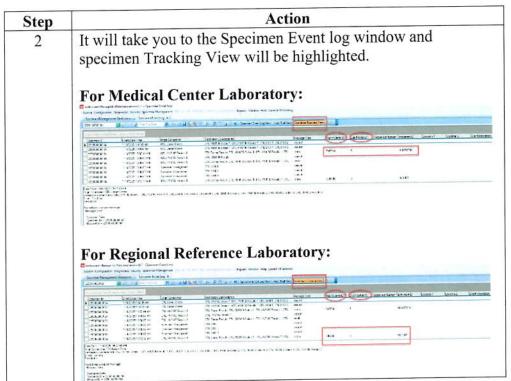
Repeating and Rerunning Tests

Follow the steps below to repeat and rerun results.

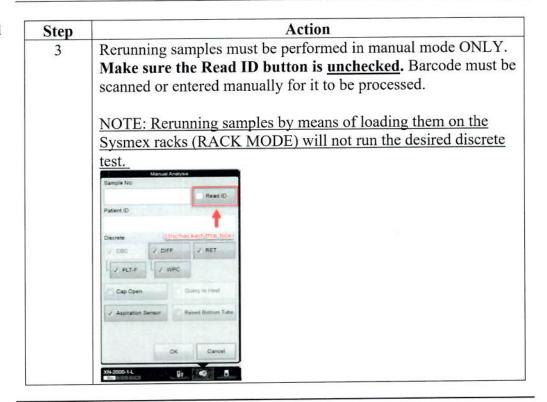
Step	Action
1	To identify the rack and location of the specimen to be repeated, in IM workspace right click on the acc# and click on specimen tracking.



Repeating and Rerunning Tests, Continued

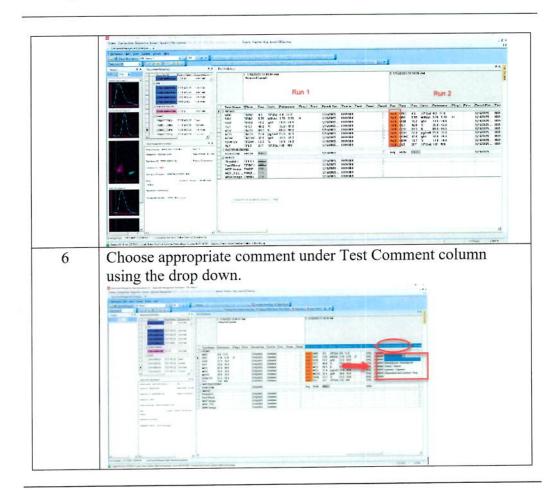


Repeating and Rerunning Tests, Continued



Repeating and Rerunning Tests, Continued

Along with the default test set on the XN, check the desired discrete test that is needed to be rerun. 5 Reruns will show in IM Workspace as a separate run and will held. 1 In the second of the se	Step	Action					
Held. Constitution of the control	4			heck the desired			
Compared C	5	held.	une care de concluses	u .			
			Company Comp	10 10 10 10 10 10 10 10			

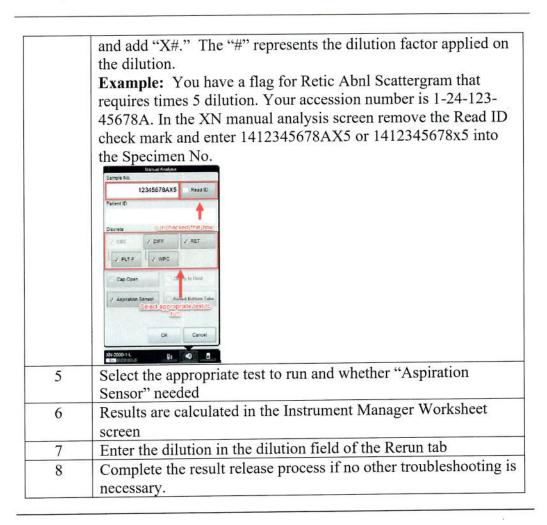


Specimen Dilution

Specimen dilutions are performed to verify and troubleshoot results that are above analytical reported ranges, linearity ranges or troubleshooting suspect flags. Refer to the Run Comment section for instructions for necessary dilutions.

Note: Perform Dilution using Manual Mode ONLY. Do not use the 1:7 Dilution on the XN analyzer.

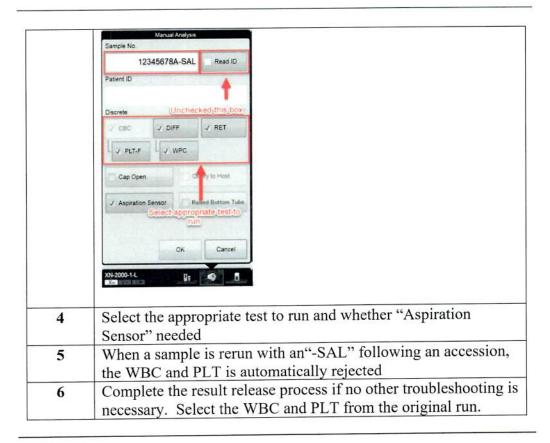
Step	Action						
1	On a separate tube, dilute the sample according to the Run						
	Comment instruction with CellPack DCL						
2	Reprint the accession label and place it on the diluted sample.						
3	Run the sample manually on the XN analyzer. Mix the sample well by gentle inversion before running.						
4	Using the accession number including the container letter, manually program the accession number on the sample no. Field						



CellPack Replacement

Cell Pack replacement is performed to troubleshoot results affected by cold agglutinin, lipemia or icteric which can cause erroneous results. Refer to the Run Comment section for instructions for necessary troubleshooting guides.

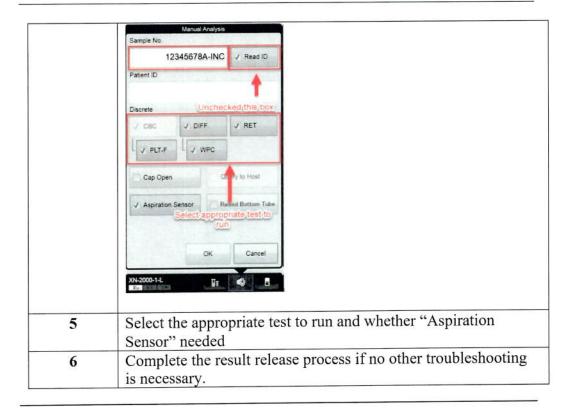
Step	Action
1	Reprint the accession label and place it on the DCL Replacement sample
2	Mix well and rerun the specimen immediately after prewarming.
3	Using the accession number including the container letter, manually program the accession number on the sample no. Field and add "-SAL."



Sample Incubation

Perform the CellPack replacement as described on the Analytical Interference on CBC Samples Procedure

on CBC Sar	npies Procedure
1	Incubate the CBC sample in a 37°C dry bath for at least 15 minutes
2	Reprint the accession label and place it on the diluted sample.
3	Mix well and rerun the specimen immediately after prewarming.
4	Using the accession number including the container letter, manually program the accession number on the sample no. Field and add "-INC."



Specimen Comments

Specimen comments can be added in the Test Comments of the Run Worksheet, the rest need to be entered in the Cell Counter. Comments that will replace a numeric result need to be completed in the Cell Counter (ex. platelet clumps or a dimorphic RBC population).

Comments that can be selected from the drop-down in the Test Comment field in the run worksheet include:

Comment		Test Comment					
PWAR	Cold agg	glutini	n preser	nt. Cl	BC was o	done on a pre	warmed
	Text Name - MCHC - Platelet	30.8	9/4L 31 -37 9/6L 31 -37 9/0" 150 -450 3	es FAIR L	12/16/2024 9 36:57 AM 12/16/2024 9 36:57 AM	Held for Verification Held for Verification	Cold aggistrat penert. CBC Platelet cking present which
PLCLUMP	Platelet anticoag Citrate t	ulant.	Please	redra	w in both	be due to the h EDTA and EDTA.	EDTA Sodium
	Test Name : MCHC	30.9	g/dL 21 - 37 410° 150-450	ry RUGO L	12/16/2024 9 3657 AM 12/16/2024	Held to Verification	Cold application postery CEC

PLTCLUMP	Unable to perform platelet count due to clumping in EDTA.						
	Test Name						
Comments that	at need to be performed in the Cell Counter include:						
PCA	Platelets are clumped, but appear adequate in number — COMMENTS DIFCOM PLT RDWCV HPCA T						
PCD	Platelets are clumped, but appear decreased in number						
PCI	Platelets are clumped, but appear increased in number.						
DM	Dimorphic population of cells - COMMENTS - DIFCOM - PLT - PDWCV #DM - PDWCV #DW - PDWCV - PDWCV						

Specimen Comments, Continued

Note: If you have replaced a numeric result with a comment you will need to also go to the Cerner and verify the results. When the Cerner is expecting a numeric result and receives a free text comment the results stay at a performed status

• Example: PLT comments in the PLT test field of the Cell Counter or a dimorphic red blood cell population comment in the RDWCV test field of the Cell Counter.

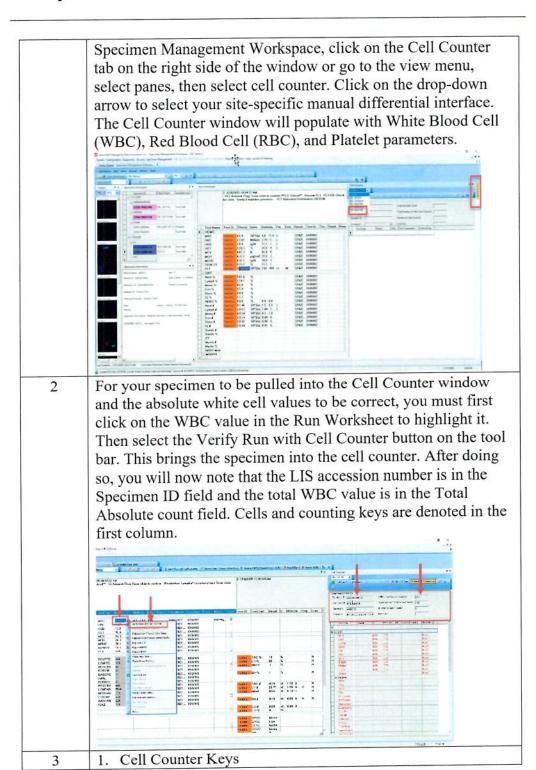
Comments generated by IM as prompts for techs are shown in the Test Reviewer comments field.

• Example: Pathology Review criteria met, dilution needed, and specimen exceeds stability.

Manual Differential Count Procedure

White Blood Cell (WBC), Red Blood Cell (RBC), and Platelet (PLT)
Differential analysis can be conducted using the SYSMEX Cellavision DI-60
Digital Imaging Analyzer. For comprehensive instructions, please refer to
Sysmex DI-60 Automated Digital Morphology Analyzer Policy and
Procedure.

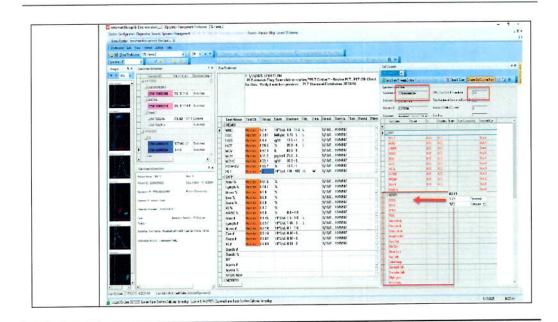
Step	Action	
1	The Cell Counter window is where the manual differential is	
	counted on the 10-key numeric keypad. To activate it from the	



	If not enabled, click the Cell Counter Keys from the menu to utilize the Cell Counter keys. Using the number keys associated with each cell type, perform the manual differential until the number of cells counted equals the number of cells to be counted. 2. Manual Entry For the manual of the differential count, click on the cell type and manually type in the value for each cell type. Note: The Total Number of Cell to be Counted can be changed for differential with very low White Blood Cell Count (WBC).
4	Once the cell counter has reached the total number of cells to be counted, a window will pop up alerting the user that the cell counting is finished. Cell Counting Finished Cell Counting Finished

Manual
Differential
Count
Procedure,
Continued

Step	Action		
5	 Morphology: This is where morphology and any appropriate comments are entered. Select the associated coded comment in the result field. RBCM is a required test field: Select (Reviewed) if RBC morphology is reported. Select (Normal) if the RBC morphology is normal. PLTE is a required test field. Select the appropriate result from the coded results dropdown (Adequate, Decreased, Increased, Significantly Increased). Note: Failure to result either RBCM and/or PLTE will cause the sample to remain pending in the LIS. 		



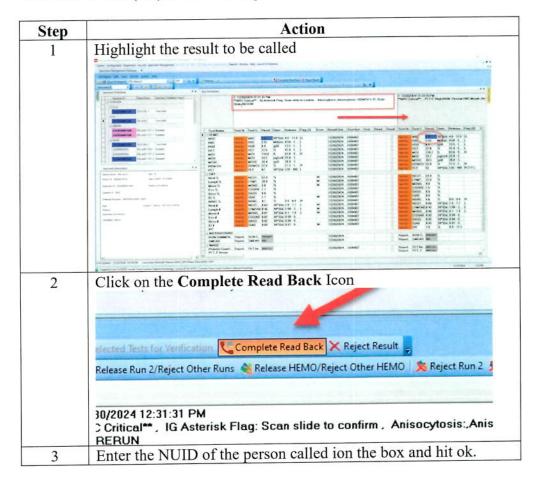
Manual
Differential
Count
Procedure,
Continued

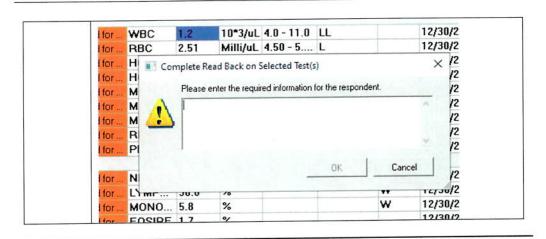
Step	Action				
6	Once counted, and morphology and platelet estimate has been completed, click on send data through button on the tool bar.				
	The contract the first term of the contract of				
	T. Samuella T. Sam				
	Transfer				
7	Once all the tabs in the Run Worksheet, Cellavision or the Cell				
,	Counter have been reviewed, and manual results and comments entered the sample is ready for release to Cerner.				
	Note: It is important to reject all other results/runs before releasing the results so that a single XN run, differential, either auto or manual, and morphology are released to Cerner simultaneously.				

Error! No text of specified style in document., Continued

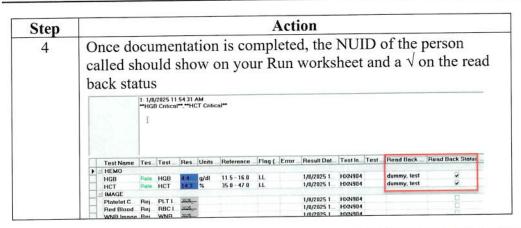
Critical Call Documentation

All critical results will be highlighted in Purple and will be grouped whether it is Critical Low (LL) or Critical High.





Critical Call Documentation , Continued



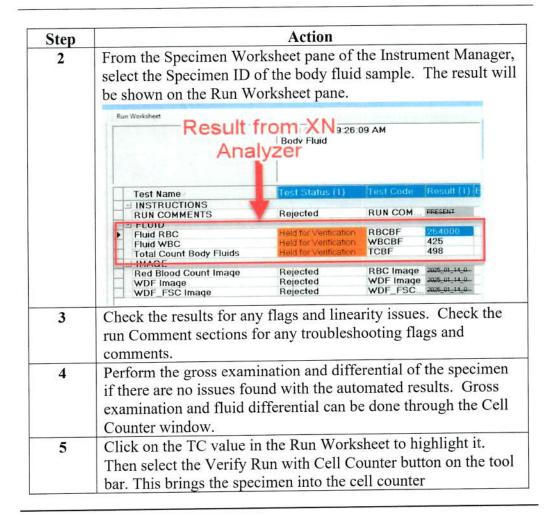
Body Fluid Analysis

This procedure describes how to result a body fluid cell count performed on the SYSMEX XN series analyzer or manual hemacytometer and cell differential using the Data Innovation Instrument Manager middleware.

NOTE: For comprehensive instructions on performing Body Fluid Cell Count on the XN Series Analyzer or Manual Cell Count using a Hemocytometer, please refer to local Policy and Procedure.

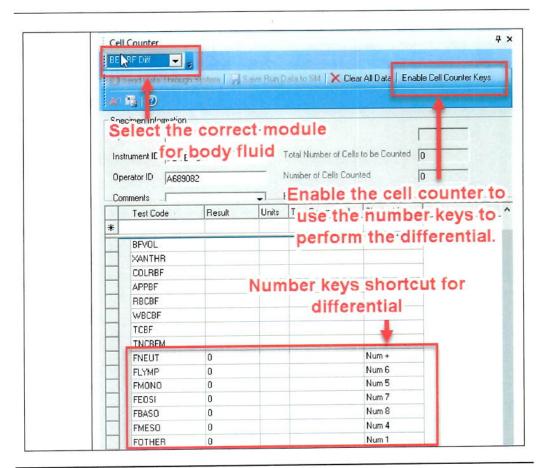
Step	Action
1	Perform the automated body fluid cell count by running the approved body fluid source(s) on the Sysmex XN series analyzer.

Body Fluid Analysis, Continued



Body Fluid Analysis, Continued

Step	Action
6	Ensure that the appropriate site and module from the dropdown
	menu is selected.



Body Fluid Analysis, Continued

Step	Action			
6	Using the Counting	counter key, perf will automatically	orm the Body Fluid Differ stop at 100 cell count.	rential
	25.504	TEST	COUNTER KEY	
		FNEUT	+	
		FLYMPH	6	
		FMONO	5	
		FMESO	4	
		FEOSI	7	
		FBASO	8	
		FOTHER	1	

7	Click the "Enable Cell Counter Keys" to use the number keys
	to perform the Cell differential or input the value for each cell
	type directly on the result field that corresponds to each cell.
_	1 4) 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Body Fluid Analysis, Continued

Step	Action			
8	Perform the gross examination by completing the following			
	applicable:			
	Test Code	Interpretation		
	BF Volume	Body Fluid Volume (If Applicable)		
		Manually enter BF total volume (if applicable)		
	XANTHR	Xanthochromia (If Applicable)		
		From the dropdown, enter Xanthochromia		
		response		
	H	• YES		
		• NO		
	COLRBF	Body Fluid Color		
		From the dropdown, enter body fluid color		
	il	response		
	li .	• COLORLESS		
		• YELLOW		
	11	• PINK		
		• RED		
	APPBF	Body Fluid Appearance		
	11	From the dropdown, enter body fluid appearance		
		response		
		• BLOODY		
		• CLEAR		
		• CLOUDY		
		• CLOTTED		
		• HAZY		
	il	• SLIGHTLY HAZY		
	RBCBF	Red Blood Cell Body Fluid		
	11	Total RBC Count result from the automated BF		
		analysis Coll Rody Fluid		
	WBCBF	Total White Blood Cell Body Fluid Total WBC Count result from the automated BF		
	II	analysis		
	TCBF	Total Nucleated Cell Body Fluid		
	ICBF	Total TNC Count result from the automated BF		
		analysis		

TCBFM	Total Nucleated Cell Body Fluid Total TNC Count result from the manual BF analysis	
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Body Fluid Manual Cell Count (Hemacytometer) If a Manual Cell Count using a hemacytometer is warranted, the user can place the raw data into the cell counter and instrument manager will perform the calculation.

Manually enter the hemocytometer results in the following field

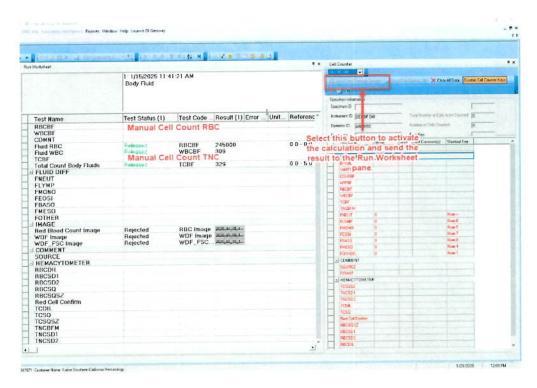
HEMOCYTOMETER GROUP.

HEMOCY TOMETER GROUP.			
Test Code	Interpretation		
TCSQSZ/	TOTAL NUCLEATED / RED BLOOD		
RBCSQS	HEMACYTOMETER CHAMBER SQUARE TYPES		
	COUNTED		
	Select which square counted on the hemacytometer		
	Large		
	• Small		
TNCSD1/	RAW COUNT ON ONE CHAMBER OF THE		
RBCSD1	HEMOCYTOMER		
	Manually enter the TNC or RBC raw count of one		
	chamber of the hemacytometer		
mvicopo/	RAW COUNT ON THE OTHER CHAMBER OF		
TNCSD2/	THE HEMOCYTOMER		
RBCSD2			
	Manually enter the TNC or RBC raw count of the other		
	chamber of the hemacytometer		
	NOTE: The counts from each chamber must agree within		
	an established bias or the count must be repeated.		
TCDIL/	DILUTION FACTOR		
RBCDIL	Manually enter the dilution factor. If no dilution		
	performed enter 1		
TCSQ/	NUMBER OF SQUARES COUNTER IN EACH		
RBCSQ	CHAMBER OF THE HEMACYTOMETER		
	Manually enter the number of squares counted		

Body Fluid Manual Cell Count (Hemacytometer), Continued After completing the body fluid differential, gross examination, or the manual cell count, select the "Send Data Through System" to activate the calculation in and send the results in the "Run Worksheet."

Test Code	Interpretation	
TCSQSZ/	TOTAL NUCLEATED / RED BLOOD	
RBCSQS	HEMACYTOMETER CHAMBER SQUARE TYPES	
	COUNTED	
	Select which square counted on the hemacytometer	
	Large	
	• Small	
TNCSD1/	RAW COUNT ON ONE CHAMBER OF THE	
RBCSD1	HEMOCYTOMER	
	Manually enter the TNC or RBC raw count of one	
	chamber of the hemacytometer	
TNCSD2/	RAW COUNT ON THE OTHER CHAMBER OF	
RBCSD2	THE HEMOCYTOMER	
	Manually enter the TNC or RBC raw count of the other	
	chamber of the hemacytometer	
	NOTE: The counts from each chamber must agree within an established bias or the count must be repeated.	
TCDIL/	DILUTION FACTOR	
RBCDIL	Manually enter the dilution factor. If no dilution	
	performed enter 1	
TCSQ/	NUMBER OF SQUARES COUNTER IN EACH	
RBCSQ	CHAMBER OF THE HEMACYTOMETER	
	Manually enter the number of squares counted	

Body Fluid Manual Cell Count (Hemacytometer), Continued



Calculations

The following Calculations are performed by the Data Innovation Instrument Manager

Manual Differential Absolute Calculations

- WBC x (NEUT% + BAND%) /100 = ANC
- WBC x (LYMPH% + ATYLY%) /100 = ALC
- $(MONO\% \times WBC)/100 = MONOAB$
- (EOS% x WBC)/100 = EOSAB
- $(BASO\% \times WBC)/100 = BASOAB$

Body Fluid Calculation

• TNCBFM - (TNCBFM x (FMESO + FOTHER)/100)

Interpretation / Results / Alert Values	N/A
Limitations	N/A
Controlled Documents	The following controlled documents support this policy. None
Non-Controlled Documents	The following non-controlled documents support this policy. Data Innovations Specimen Management Instrument Manager TM User guide Version v8.16 MR1 Date of Issue: 2018.06.29
Author(s)	Hematology Working Group

Regional Parent Document Reference Number: SCPMG-PPP-0616 Rev: 01

Signature Manifest

Revision: 01

Document Number: RIV-PPP-1201

Title: DI Middleware for Sysmex XN and XN-L Series Analyzer

Effective Date: 10 Mar 2025

All dates and times are in Pacific Standard Time.

Hematology Regional Documents

Operations Director Approval

Name/Signature	Title	Date	Meaning/Reason	į
		06 Feb 2025, 04:50:30 PM	Approved	_
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Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason	1
Mark Taira (P161328)	CLIA Director	09 Mar 2025, 07:05:24 PM	Approved	•