# Method/Instrument Comparison for Testing the Same Analyte

PURPOSE/PRINCIPLE

The purpose is to evaluate the relationship between test results when two different methods/instruments are used for testing the same analyte. To meet acceptable performance, both methods must detect the analyte.

#### POLICY STATEMENT

Nonwaived instruments used for testing the same analyte are checked against each other at least twice a year (CAP COM.04250)1. The GenMark eSensor XT-8 and DiaSorin Liaison will be evaluated for the detection of influenza A, B and RSV four times a year on a monthly rotation.

## DOCUMENTATION/RECORDS

* Instrument specific result reports
* MB 5.07.F1 Instrument Comparison log for eSensor XT-8 and DiaSorin Liaison

## MATERIALS REQUIRED

* Refer to assay specific procedures for required equipment and reagents

## SAFETY CONSIDERATIONS

* Standard precautions
* Use of engineering controls: Refer to MB 3.01 Engineering Controls to Prevent Nucleic Acid Contamination

**PROCEDURE:** Follow the activity below

Method/Instrument Comparison

| **Activity** | Step | **Action** | **Related Doc** |
| --- | --- | --- | --- |
| **Select Sample** | 1 | Select the analyte to be compared by both methods/instruments according to the monthly rotation: Flu A, Flu B or RSV | MB 5.07.F1 Instrument Comparison Log |
|  | 2 | Select a patient sample containing the analyte to be detected | MB 9.05 RIP Assay |
| **Test** | 3 | Run the patient sample on both instruments on the same day following assay procedures | MB 11.05 RVP Assay |
| **Record Results** | 4 | Record the results, positive or negative, on the Instrument Comparison Log |  |
| 5 | Acceptable performance criteria: selected analyte is detected by both methods/ instruments |  |
|  | 6 | If results are unacceptable, identify the problem and document action on reverse side of the Instrument Comparison Log |  |
|  | 7 | Notify technical director and/or designee if resolution cannot be determined |  |
|  | 8 | Results and actions are reviewed by technical director or designee, as appropriate |  |

**REFERENCES**

1. Microbiology Checklist requirement : CAP COM.04250, College of American Pathologists Accreditation Program [www.cap.org](http://www.cap.org)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Historical Record | | | |  |
|  | **Version** | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
|  | 1 | P. Ackerman | 05/13/2017 | Initial Version |