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| **F8C Factor VIII Chromogenic Assay** | | | | | | | | |
| **Purpose** | This procedure provides instructions for Factor VIII Chromogenic Assay in plasma. | | | | | | | |
| **Principle** | Factor VIII in the sample is activated by thrombin. Activated Factor VIII (F.VIIIa) then accelerates the conversion of Factor X (F.X) into Factor Xa (F.Xa) in the presence of of activated Factor IX (IXa), phopholipids (PL) and calcium ions. The F.Xa activity is assessed by hydrolysis of a p-nitroanilide substrate specific to F.Xa. The initial rate of release of p-nitroaniline (pNA) measured is proportional to the F.Xa activity, thus to the F.VIII activity of the sample.    F.VIII + Thrombin F.VIIIa  F.X F.VIIIa  F.Xa  F.IXa, PL, Ca²  F.Xa  CH3OCO-DCHG-Gly-Arg-pNA CH3OCO-D-CHG-Gly-Arg-OH+pNA (yellow)    The Behring Coagulation System (BCS-XP) is a fully automated photometric instrument used to perform a wide range of coagulation assays rapidly and efficiently. It can be used to determine clotting, chromogenic, immunologic and agglutination-based assays. | | | | | | | |
| **Policy Statements** | * This procedure applies to all laboratory technologists performing hematology testing, section supervisor, and pathologist. | | | | | | | |
| **Materials** | **Equipment** | | | **Reagents** | | | **Supplies** | |
|  | * **Behring Coagulation System (BCS-XP):** analyzer, personal computer, printer and associated non-disposable parts * **Disposable 4 mL sample cups**, available from Allegiance OVIS31 * **Plastic transfer pipets** * **BCS-XP disposable cuvettes**, available from Allegiance OVIP11 | | | Factor VIII Chromogenic Test Kit containing;  **Factor IX Reagent** - lyophilized preparation containing approximately 0.6nmol bovine F.IXa, approximately 0.6 nmol bovine thrombin, approximately 0.06 nmol of calcium chloride, approximately 0.12 umol of phopholipids. Tris buffer pH 8.0, and stabilizers.  **Factor X Reagent** - lyophilized preparation containing approximately 2 nmol of bovine F.X, Tris buffer pH 8.0, and stabilizers.  Dissolve contents of a vial of Factor IXa and Factor X with 3.0 ml of distilled or deionized water.  **Substrate Reagent** -  lyophilized preparation containing approximately 3.4 umol of CH3OCO-D-CHG-Gly-Arg-pNA. AcOH, a F.Xa substrate, Nα-(Naphthylsulfonylglycyl)-D-phenylalanine piperidide (αNAPAP), a thrombin inhibitor, and stabilizers.  Dissolve the contents of a vial of substrate with 1 ml of distilled of deionized water and equilibrate for 30 minutes at room temperature (15-25°C). Mix 1 ml of Substrate Reagent with 10 ml of Stopping Buffer yielding 11 ml of ready for use Substrate Reagent.  **Stopping Buffer** - solution containing Tris, ethylendiamintetraacetic acid, sodium chloride and 0.02% sodium azide.  **Storage and Stability after reconstitution of Factor IXa, and Factor X Reagent, Substrate/Stopping Buffer;**  37°C 2 hours  15 - 25°C 8 hours  2 - 8°C 3 days  Onboard 24 hours  **Standard Human Plasma (SHPL)** - lyophilized preparation of pooled human, normal citrated plasma and HEPES buffer solution (12 g/L)  Reconstitute lyophilized SHPL with 1.0 ml distilled or deionized water.  Mix carefully, let stand at 15-25°C for at least 15 minutes, mix again carefully before use.  Stability 4 hours at 15 - 25°C.  **Control Plasma N (BEN), Control Plasma P (BEP)** -  lyophilized preparation of pooled normal plasma stabilized with HEPES buffer solution (12 g/L). Used for Quality Control (Normal and Pathological).  Reconstitute lyophilized BEN and BEP with 1.0 ml distilled or deionized water.  Mix carefully, let stand at 15-25°C for at least 15 minutes, mix again carefully before use.  Stability 4 hours at 15 - 25°C. | | | * **Type I deionized water** * **Washing Solution for Behring Coagulation Analyzers:** Siemens OWZC35. Contains hydrochloric acid and detergent * **Barbicide**   **disinfectant solution**.  King Research chc# 31111. Prepare working solution by diluting one 125ml bottle of concentrate to 2.0 L with deionized water.  Working Barbicide solution is stable for 8 weeks.  **Do not use this product for cleaning surfaces, lanes or racks on the analyzer.** | |
| **Special Safety Precautions**  **Sample** | Sodium azide may react with lead and copper plumbing to form highly explosive metal azides. If discarded into a sink, flush with a large volume of water to prevent azide build up.  [MSDS Search | MSDSonline](https://msdsmanagement.msdsonline.com/a07dc954-23d8-42a9-b591-ef5763cdfd33/ebinder/?nas=True) Childrens Star Net   1. Collect blood from a clean venipuncture; avoid foaming. 2. Mix nine parts of freshly collected blood with one part 3.2% (0.105 M) sodium citrate: 3. Add 1.8 mL whole blood to 0.2 mL 3.2% sodium citrate (blue-top Vacutainer tube)   - or -   1. Add 2.7 mL whole blood to 0.3 mL 3.2% sodium citrate (blue-top Vacutainer tube)   - or -   1. Special tubes must be prepared for patients whose hematocrit is > 55%. See procedure entitled *Citrate Concentration Adjustments.* 2. Invert to mix well; transport to lab at room temperature. 3. Check sample for clots with applicator sticks. 4. Centrifuge in Stat Spin for five minutes or 10 minutes at 3000 rpm at room temperature.      1. Sample for testing: Remove plasma from RBCs and place in a 4 mL plastic   Cup, spin again and remove plasma leaving a small amount in the bottom of the first cup.  Allow for 100 l of dead space in the sample cup for testing.   1. Specimen Stability: 2. Plasma must be frozen if testing cannot be completed within four (4) hours. 3. Plasma two (2) weeks when stored -20°C. 4. Plasma six (6) months when stored -70°C (rapidly frozen). 5. Thaw frozen plasmas at 37°C for three (3) minutes, test immediately. 6. If there is a delay in sample transport: 7. Notify supervisor or pathologist. 8. If approval is given to run test, append one of the following to the result:  * “-DELA” (transport delayed)  1. Reject specimen if: 2. Clotted 3. Tubes insufficiently filled (tubes may vary by no more than +/-10%, see comparison tubes by centrifuge). 4. Incorrect ratio of anticoagulant to blood. 5. Grossly hemolyzed specimens should be rejected unless a new specimen cannot be drawn without causing the patient trauma or a non-hemolyzed sample is unobtainable (post-op heart, ECMO, etc.).   **If a hemolyzed sample is tested, add one of the following comments to the result depending on the amount of hemolysis:**   * + “-HP” (hemolysis present may affect results)   or –   * + “-GRH” (gross hemolysis may interfere with testing)  1. Notify unit or physician of unacceptable specimens; enter appropriate comment in the computer. | | | | | | | |
| **Calibration**  **Quality Control** | 1. Open Calibration dialog by clicking on it on the main screen.    2. Select “New” to request a new reference curve.  3. Place Standard Human Plasma (SHPL) in a 5 mL rack, any lane 5 through 14, with bar code facing left.  4. Click on the Calibration button.  5. Click on New.  6. Click the FVIII.ch assay from the selection box on the left side of the screen.  7. Select the correct lot number for all of the reagents.  Click on the inverted triangle of the lot number selection box (right side of screen).  Highlight the correct lot number from the pop-up menu.  8. Click on Measure Curve.  9. Click on Close.  10. View the curve when completed:  Click on the Calibration button.  Highlight the curve in the Curve Overview box.  Click on Show Curve.  Print the curve.  11. View individual points on the curve:  Highlight the curve in the Curve Overview box.  Click on the Info button  Highlight the point in the Individual Results box.  Each measurement can be viewed in the Individual Measurement box.  12. If any point is flagged, the curve will be labeled invalid and the point must be rerun.  Close the Info box being viewed.  Click on Show Curve  Point and click on the invalid point  Click on the Repeat button  NOTE: The request to repeat a point must be made within 30 minutes of obtaining  the initial curve. After the point has been repeated, the curve will be updated.  13. To activate a specific curve when several curves of the same assay are present  Click on the specific calibration curve  Click on the Reactivate button on the bottom left side of the screen.  **Auto Calibration**  1. Load the new/old reagents into the appropriate racks (cooler and 15 mL racks); place on the BCSXP.  2. Load appropriate calibrator ( SHPL as defined above) into a 5.0 mL rack; place on the BCS-XP.  3. Request control or patient samples tests first.  4. Once processing is complete, the BCS-XP will perform an AutoCalibration for a Factor VIII chromogenic assay.  5. When the calibration is complete, the patient and control results will be displayed.  6. Check curve and repeat appropriate points as discussed above (Manual Calibration).  1. Assayed Control Plasmas (Control Plasma N, Control Plasma P) should have their ranges verified when there is a change in lot number of reagent or control material.  2. Assayed Control Plasmas (Control Plasma N, Control Plasma P) are run:  At the beginning of each shift or once every eight (8) hours  Each time a reagent is changed  Codes for controls (BEN BEP) are listed on the appropriate worklist  Place controls on the BCS in their original vial using a 5.0 mL (small) bottle rack  Order controls by:   * Click CONTROL JOURNAL button * Highlight FVIII.ch on both controls * Click New * Analysis will begin   3. Patient results cannot be reported unless control values are within expected tolerance limits.   1. If values do not fall within the expected range, test new controls then new reagents. 2. If QC is still out of range, notify the supervisor.   4. Control values are recorded daily.  5. All control values must be entered into Sunquest whether in or out of control range. Out of control  values must have an appropriate modifier appended.  6. When QC data is entered, it is reviewed using Westgard rules.   * If a Westgard rule fails in Sunquest, the computer displays the result’s standard deviation from the mean.   7. To enter corrective action in Sunquest; after the standard deviation is displayed, the prompt  ENTER QC MODIFIER is displayed, use the QC modifier that best describes the action taken from  [Table A - Exclusion Comment Codes](http://khan.childrensmn.org/Manuals/Lab/SOP/Heme/Res/200705.pdf) | | | | | | | |
| **Procedure** | Follow the activities in the table below for FVIII.ch (Factor VIII, CHROMOGENIC) IN PLASMA. | | | | | | | |
|  | **Step** | **Action** | | | | | | **Related Document** |
|  | 1 | Load Factor X, Factor IX and Substrate in either cooler rack  (lane 1 - 4) with bar codes facing left. | | | | | |  |
|  | 2 | Load Saline onto BCS-XP in any available lane (3 through 14). | | | | | |  |
|  | 3 | Place controls in a 5.0mL rack, load onto BCS-XP in any available lane (5-14). | | | | | |  |
|  | 4 | To load patients:  a. Insert rack loaded with barcoded samples in any available lane (6 through 14).  b. The barcodes are read and the sample numbers are entered on the Job List.  c. Click on the Job List button; all patient sample numbers will appear on the job list with an analyzer symbol preceding the sample number and a red X in the appropriate test cell.  d. The run will begin. | | | | | |  |
|  | 5 | Results appear on the job list when completed. Copy the results on the FAC worklist.   1. *If the instrument is online*, the results are transmitted to Sunquest and appear dark green on the Joblist. 2. *If the instrument is offline*, enter result in computer following   directions listed for manual entry mode under Result Reporting  section of this procedure. | | | | | |  |
| **Procedure Notes** |  | Additional Notes:  1. Linearity:  Approximately 5.0 – 150.0 (lowest and highest points on the  calibration curve).  2. Heparin concentrations of up to 10 U/ml do not interfere with the  Factor VIII Chromogenic assay.  3. Elevated Factor VIII values should be diluted with saline, tested and  the result multiplied by the appropriate dilution factor.  4. The Chromogenic Factor VIII assay is less likely to show interference from direct thrombin inhibitors than the one-stage clotting assay.  5. Direct Factor Xa inhibitors may result in falsely decreased Chromogenic Factor VIII values. | | | | | |  |
| **Interpretation/**  **Results/Alert Values** | 1. In mild hemophilia A patient populations approximately 20-30% of patients show discrepancies between the one stage and chromogenic assays. Greater than 20 Factor VIII mutations to date have been described with discrepantly lower chromogenic activity results. The bleeding phenotype correlates with the lower chromogenic results and is similar to other patients with hemophilia A. Thus, the concern with using the one stage assay alone is that a subset of mild hemophilia A patients will be missed.  2. There have been a few reports describing discrepancies leading to higher chromogenic than one stage assay results. Bleeding in these patients is not generally significant.  3. Lupus anticoagulants (LA) do not interfere with the chromogenic assay. In the presence of a LA, markedly falsely decreased FVIII activity may be evident with a one stage clotting assay, but the FVIII activity appears normal with the chromogenic assay.  4. Certain modified recombinant FVIII replacement products demonstrate variable and clinically significant differences in post infusion recovery (that is, the amount of factor measured vs. the actual concentration present), based on the activated partial thromboplastin time (APTT) reagent used in the one stage clotting assay. Overestimation of post infusion plasma factor activity can lead to underdosing of the replacement factor and an increased risk of bleeding. Conversely, underestimation of factor activity in a post infusion sample may lead to overdosing of the replacement factor, which not only has cost implications but may also place the patient at risk for thrombosis. Most recombinant FVIII products may be accurately measured using a chromogenic assay, even when this is performed with a plasma calibrator rather than a product specific calibrator.  5. Hemlibra (Emicizumab) is a humanized mococlonal modified immunoglobulin G4 (IgG4) antibody  with a bispecific antibody structure produced by recombinant DNA technology in Chinese hamster ovary cells. Hemlibra bridges activated factor IX and factor X to restore function of missing factor VIII that is needed for hemostasis.  Prophylactic therapy with Hemlibra shortens the APTT and increases the reported factor VIII activity using one stage clotting assays or chromogenic assays that use human coagulation factors. Chromogenic factor assays containing bovine coagulation factors are insensitive to Hemlibra and can be used to monitor endogenous or infused factor VIII activity as well as factor VIII inhibitors. | | | | | | | |
| **Reference Intervals**  **Result Reporting** | 1. [Table - QQ Factor Assays Reference Intervals](https://starnet.childrenshc.org/References/labsop/coag/res/table-qq-factor-assays-reference-intervals.pdf)  Sunquest:   1. On-line mode (OEM): MPLS- See procedure “Autoverification of Coagulation”   Function: OEM <CR>  Device: XP1 or XP3<CR>  Workload data for - <CR>  Last Cup Received = xxxx Last Cup Processed = xxxxx  Start at Cup Enter cup # if appropriate (same as sequence #)  WAITING (ENTER \* TO EXIT ‘OE’)  Accession numbers appear as results are transmitted. Check flagged results on the BCS-XP, if all results are acceptable:  Accept (A), Modify (M), or Reject (R): A <CR>  If results are unacceptable:  Accept (A), Modify (M), or Reject (R): R <CR>   1. Manual entry mode (MEM):   Function: MEM <CR>  Worksheet: FAC <CR>  Test-1: <CR>  Test-2: <CR>  CAP Method: M <CR>  Lots of tests appear one at a time Enter XP1 or XP3  (A)ccept, (M)odify or (R)eject: A <CR>  Workload data for - <CR>  Acc. No.: Enter ##### <CR>  F8C Enter results (xxx.x) <CR>  Accept (A), Modify (M), or Reject (R): A <CR> | | | | | | | |
| **Maintenance** | 1. Night Shift performs daily maintenance: 2. See procedure on the back side of the BCS-XP Maintenance form 3. Document on the BCS-XP Maintenance form 4. Day Shift performs weekly, monthly, and “as needed” maintenance: 5. See procedures in the front of the BCS-XP Logbook 6. Document on the BCS-XP Maintenance form | | | | | | | |
| **Troubleshooting** | 1. Reoccurring problems are documented in the BCS-XP Action Log. 2. Call Siemens Technical Services (TAC) 1-877-457-4BCS, be prepared to give the following:  * Serial number * What was going on at time of instrument malfunction | | | | | | | |
| **References** | 1. BCS®XP System Instruction Manual 1 000 767.0506 Manual Version 1.0, Siemens Diagnostics Inc., Marburg Germany, Copyright 2006. 2. Factor VIII Chromogenic Assay package insert, Siemens Healthcare Diagnostics Inc., Newark, DE, September 2009. 3. Control Plasma N package inserts, Siemens Healthcare Diagnostics, Newark, DE, December 2007. 4. Control Plasma P package inserts, Siemens Healthcare Diagnostics, Newark, DE, November   2007.   1. Standard Human Plasma package insert, August 2008. 2. Application Sheets for Factor VIII Chromogenic on the BCS XP.   7. American Journal of Hematology, Karen A. Moser and Dorothy M. (Adcock) Funk  Am. J. Hematol, 89;781-784, 2014 @ 2014 Wiley Periodicals, Inc.    8. Hemlibra (Emicizumab) Laboratory Professional Guide  IE Version 1.0.1 Date of HPRA Approval May 2018  Copyright 2018 by Roche Products (Ireland) Limited. All rights reserved. | | | | | | | |
| **Historical Record** | **Version** | | **Written/Revised by:** | | **Effective Date:** | **Summary of Revisions** | | |
| 1 | | Al Quigley | |  | Initial Version | | |