| **ALT (Alanine Aminotransferase)** | | | | |
| --- | --- | --- | --- | --- |
| **Purpose** | This procedure provides instructions for ALT (ALANINE AMINOTRANSFERASE) ON ABBOTT INSTRUMENTATION. The ALT method is an *in vitro* diagnostic test for the quantitative measurement of ALT in human serum and plasma on the Abbott Architect c4000 or Abbott Alinity c automated chemistry analyzers. | | | |
| **Policy Statements** | This procedure applies to all personnel responsible for operating the Abbott Architect c4000 or Abbott Alinity c at Children’s Minnesota Laboratory. | | | |
| **Principle** | ALT present in the sample catalyzes the transfer of the amino group from L-alanine to α-ketoglutarate, forming pyruvate and L-glutamate. Pyruvate in the presence of NADH and lactate dehydrogenase (LD) is reduced to L-lactate. In this reaction NADH is oxidized to NAD. The reaction is monitored by measuring the rate of decrease in absorbance at 340 nm due to the oxidation of NADH to NAD.  Methodology: Enzymatic: NADH (without P-5'-P) | | | |
| **Clinical Significance** | Alanine Aminotransferase (ALT), also referred to as glutamate pyruvate transaminase (GPT), is an enzyme involved in amino acid metabolism. It is found in many tissues, but the highest levels are found in liver and kidney tissues. Tissue destruction leads to the release of the intracellular enzyme into the circulating blood. Markedly elevated serum ALT levels may be found in a variety of diseases which involve the liver, such as hepatitis, mononucleosis, and cirrhosis. These very high levels of ALT are not usually observed in other disease processes, e.g., myocardial infarction; thus, ALT is regarded as a reasonably specific indicator of liver disease. | | | |
| **Analyzer** | **Minneapolis: Abbott Alinity c (Sunquest method code: MALIC), Abbott Alinity ci (Sunquest method code: MACC)**  **St. Paul: Abbott Architect c4000 (Sunquest method code: ARCH4), Abbott Alinity c (Sunquest method code: SALIC)** | | | |
| **Sunquest Test Codes** | ALT: ALT in serum and plasma. | | | |
| **Specimen** | Sample:  Plasma (lithium heparin with or without gel) preferred. Sodium heparin plasma, serum (with or without gel), and EDTA plasma are also acceptable. Refer to specimen collection procedures.  **Minimum sample volume:** 200 µL preferred, 150 µL minimum  **Stability when separated from cells/gel:** RT / 3 days, 2-8 °C / 7 Days , < -20°C / 2 months  **Rejection criteria:** Unlabeled tube, sample type other than serum, heparinized plasma, or EDTA plasma. See interferences for how to handle hemolyzed or lipemic samples.  **Preparation:**   1. Whole blood specimens should be centrifuged following complete clot formation, according to Specimen Processing procedures prior to analysis. 2. Serum or plasma should be physically separated from cells as soon as possible with a maximum limit of two hours from the time of collection. 3. Specimens should be free of particulate matter. 4. Transfer serum or plasma to a properly labeled sendout tube. Short samples should be pipetted into an Abbott sample cup and nested on a sendout tube; any amount remaining after sampling should be pipetted into the sendout tube and tightly capped. 5. Architect and Alinity systems utilize a specimen level detect mechanism, so special racks specific to tube-type are not required. 6. Minimum labeling includes sample accession ID, and/ or patient name, medical record number, collection date and time. | | | |
| **Reagents** | **Alinity c and Architect c4000:**  **Reagent Handling**  Upon receipt, place reagent cartridges in an upright position for 1 hour before use to allow bubbles that may have formed to dissipate.  If a reagent cartridge is dropped, place in an upright position for 1 hour before use to allow bubbles that may have formed to dissipate.  Reagents are susceptible to the formation of foam and bubbles. Bubbles may interfere with the detection of the reagent level in the cartridge and cause insufficient reagent aspiration that may adversely affect results. Use a pipette to remove all bubbles prior to loading on the Alinity or Architect system.   * Do not use reagents beyond the expiration date. * Do not pool reagents within a kit or between kits. * Do not use components from one lot with components from another lot.   **Alinity c:**  Reagents may be stored on or off the system. If removed from the system, store reagents with new replacement caps in an upright position at 2 to 8°C. For reagents stored off the system, it is recommended that they be stored in their original trays or boxes to ensure they remain upright.  **Alinity c:**   |  |  |  | | --- | --- | --- | | ***Product Description*** | ***Product Code*** | ***Stability*** | | Abbott Alinity c ALT Reagent  CHC# 32620 | 07P98-20 | **Store at:** 2 – 8 °C  **Unopened:** Manufacturer’s printed expiration date  **On-board: 27 days**  **Opened, off the analyzer (with clean caps):** Manufacturer’s printed expiration date. (Reagents may be stored on or off the system. The system tracks time onboard.) | | | | |
|  | **Architect c4000:**   |  |  |  | | --- | --- | --- | | ***Product Description*** | ***Product Code*** | ***Stability*** | | Abbott Architect ALT Reagent  CHC# 32539 | 07D56-21 | **Store at:** 2 – 8 °C  **Unopened:** Manufacturer’s printed expiration date.  **On-board: 27 Days** | | | | |
| **Risk and Safety** | |  | | --- | | **CAUTION:** For in vitro diagnostic use. This product requires the handling of human specimens. It is recommended that all human sourced materials be considered potentially infectious and be handled in accordance with the OSHA Standard on Bloodborne Pathogens. Appropriate Personal Protective Equipment (PPE) must be worn according to Children’s Minnesota Laboratory policies. Current SDSs are kept on the [Children’s StarNet](https://msdsmanagement.msdsonline.com/a07dc954-23d8-42a9-b591-ef5763cdfd33/ebinder/?nas=True) page  The following warnings and precautions apply to R2 reagent:  Contains tris hydroxymethyl aminomethane. May cause minor skin irritation.  Dispose of used reagent in normal trash. Unused (expired) reagents should be disposed of in Regulated Medical Waste (red trash). | | | | |
| **Calibration** | **Alinity c and Architect c4000:**   |  |  | | --- | --- | | Assay Range: | **Alinity c and Architect c4000** : 5 – 3500 U/L | | Reference Material: | Onboard water | | Suggested Calibration Levels: | Assay configuration calibration factor: 8141 | | Calibration Scheme: | Factor data reduction method | | Calibration Frequency: | 27 Days | | AMR | AMR is verified twice annually using the Maine Standards CHEM Product # 104ab by running all applicable levels in triplicate. Assay results are submitted to Maine Standards for compilation and comparison to peers. Results are reviewed and approved by the Technical Specialist. Any questionable results are investigated and corrective actions documented. | | | | |
| **Quality Control** | **Alinity c and Architect c4000:**  Bio-Rad Liquichek™ Unassayed Multiqual Chemistry Control (Human) Levels 1 & 3  **Frequency:** Two levels each day of use  **Stability:** Once thawed, opened, and stored tightly capped at 2 to 8°C, this product will be labeled with an expiration date equal to the shortest stability of the included analytes, which is **7 days.**  **Preparation**:  This product should be treated the same as patient specimens and run in accordance with the instructions accompanying the instrument, kit, or reagent being used.   * To thaw the product, allow it to stand at room temperature (18° to 25°C) until completely thawed but no longer than one (1) hour. * After thawing, the product **MUST** be gently swirled and inverted several times to ensure homogeneity. * For optimal analyte stability in the thawed state, promptly return to 2 to 8°C storage after each use and minimize the time at room temperature to no more than 20 minutes daily. * **Before each use**, gently swirl the contents until homogeneous with no visible signs of precipitate.   **Acceptable ranges:**   * Non-Bio-Rad controls will utilize manufacturer ranges and 2 SD Westgard rules. * New lots of Bio-Rad controls should be run for 20 days in parallel with the current lot whenever possible prior to switching to the new lot. * Refer to the Westgard Rules in Chemistry procedure (insert hyperlink) for current Westgard rules in place for each analyte. * **Acceptable ranges are current in Unity Real Time only.** Quality Control results must be rejected in Sunquest when the results cross the interface. * In the event of a QC failure, refer to the [Unity Real Time QC Review, General User](https://starnet.childrenshc.org/References/labsop/chem/quality/ch-2.17-unity-real-time-qc-review-general-user.pdf) and navigate to the QC Troubleshooting section. * Do not load or release patients until QC is acceptable in Unity Real Time. | | | |
| **Interferences** | **All analyzers:**  **Hemolysis, Icterus & Lipemia (HIL) Index Values:**   |  |  |  | | --- | --- | --- | | **H** | **I** | **L** | | **3** | **-** | **4** |   At HIL levels at or above the specified cutoff value, append the appropriate comment AFTER visually confirming presence of interferent:  -HP for “Hemolysis present, may affect results.”  -BIN for “Bilirubin Interference”  -LINT for “Lipid Interference”  **CAUTION**: Erythrocytes contain approximately 3 to 5 times more ALT than serum. Hemolysis in serum or plasma can increase test results. Samples that contain visible hemolysis should not be used, whenever possible. When redraw is not possible, append the -HP comment.  Interference studies were conducted using NCCLS EP7-P.25  Interference effects were assessed by Dose Response and Paired Difference methods, at the medical decision level of the analyte. Interference is less than 10% at an ALT concentration level of 50 U/L for:   * Hemoglobin: up to 750 mg/dL * Bilirubin: up to 60 mg/dL * Lipemia (Intralipid®): up to 625 mg/dL.   Interferences from medication or endogenous substances may affect results.  For accurate results, serum and plasma specimens should be free of fibrin, red blood cells, and other particulate matter. Serum specimens from patients receiving anticoagulant or thrombolytic therapy may contain fibrin due to incomplete clot formation. | | | |
|  | **Alinity c and Architect c4000:** | | | |
| **Reference Intervals** | |  |  | | --- | --- | | Age | ALT | | 0 – 364 Days | 5 – 33 U/L | | 1 year - 12 years | 9 – 25 U/L | | 13 - 18 years female | 8 – 22 U/L | | 13 - 18 years male | 9 - 24 U/L | | Adult | <5 – 55 U/L | |  | | | | | | |
| **Critical Values** | None specified. | | | |
| **Limitations** | The instrument reporting system contains flags and comments to provide the user with information regarding instrument processing errors, instrument status information and potential errors in ALT results. Refer to the [Abbott Architect](https://starnet.childrenshc.org/References/labsop/chem/operator/abbott-architect-operations-manual.pdf) or [Alinity](https://starnet.childrenshc.org/References/labsop/chem/operator/alinity-ci-series-operations-manual.pdf) Operator’s Guides for the meaning of report flags and comments, and instructions for addressing them. Do not report results until a report containing flags and/or comments is resolved.  For accurate results, serum and plasma specimens should be free of fibrin, red blood cells, and other particulate matter. Serum specimens from patients receiving anticoagulant or thrombolytic therapy may contain fibrin due to incomplete clot formation. | | | |
| **Dilutions** | |  |  | | --- | --- | | **Alinity c and Architect c4000:** | | | Automated Dilution: | 1:5 | | Maximum Manual Dilution: | Do not manually dilute. | | Diluent: | Onboard saline | | Manual Dilution: | Follow Abbott [Architect Operator’s Manual](https://starnet.childrenshc.org/References/labsop/chem/operator/abbott-architect-operations-manual.pdf) or [Alinity Operator’s Manual](https://starnet.childrenshc.org/References/labsop/chem/operator/alinity-ci-series-operations-manual.pdf) instructions for programming automated dilutions. The system will automatically calculate the concentration of the sample and report the result.  If a diluted sample result is less than the lower value of the measuring interval, do not report the result. Rerun and/or investigate for other possible causes of error. | | | | |
| **Result Reporting** | **All analyzers:**   * Results between 8 – 3500 U/L without error messages are released * Results below 8 U/L g/dL: report as <8 U/L instead of the numerical value. * Results >3500 g/dL without error messages should have automated 1:5 instrument dilution performed. Results >19495 U/L after automated dilution are reported as >17500 U/L. Do not manually dilute.   **Alinity c and Architect c4000:** Hemolysis in serum or plasma can increase test results. Samples that contain visible hemolysis should not be used, whenever possible.  Use appropriate appended comments for lipemic samples. See Interferences section. | | | |
| **Specimen Storage** | Promptly stopper tested specimen and store upright in a specimen rack. Every 8 hours remove specimens to refrigerator/freezer storage. Samples are retained 7 days in specimen storage freezer  . | | | |
| **References** | 1. Jacobs & DeMott Laboratory Test Handbook, Lexi-Comp, Inc., Hudson, OH, 5th Edition, 2001 2. Architect ALT Package Insert, Abbott Laboratories Diagnostics Division, Abbott Park, IL 60064, February 2017. 3. Alinity ALT Package Insert, Abbott Laboratories Diagnostics Division, Abbott Park, IL 60064, February 2018. 4. CALIPER pediatric reference range database. (2019). Retrieved October 3, 2019, from https://caliper.research.sickkids.ca/#/ 5. Bio-Rad Liquichek Unassayed Chemistry Control Product Insert, Bio-Rad Laboratories, Irvine, CA 92618 | | | |
| **Historical Record** | **Version** | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
| 1 | Erin Bartos | 10/15/2019 | New Procedure for Abbott analyzers |
| 2 | Erin Bartos, Elauteria Earnhardt | October 28, 2020 | Added Alinity c STP and Mpls, , HIL, new QC, changed AMR |