
TEG® 6s Procedure
Citrated Multichannel Assay Cartridge: K, KH, RT, FF
Royal Oak STAT Lab

RC.CH.CSL.TEG.PR.001r00

Principle

The TEG® 6s System and the Citrated Multichannel Assay Cartridge are used to test the hemostasis properties of citrated blood samples using four different assays/reagents simultaneously, one in each of the four cartridge channels.

CK (Citrated Kaolin) Principle

Kaolin is a standardized reagent consisting of dry Kaolin and 0.85% Saline solution. Use of these particles of hydrated aluminum silicate shortens coagulation time because Kaolin acts as a contact surface activator (intrinsic pathway), which activates Factor XII and platelets and stimulates the reserve clotting ability of a blood sample. Kaolin is combined with CaCl₂ to neutralize any sodium citrate in the blood. Clotting characteristics are described by the functional parameters Clotting Time (R), Speed of Clot Formation (K and Alpha angle) and Maximum Clot Strength (MA).

CRT (Citrated RapidTEG®) Principle

RapidTEG® maximally accelerates the clotting process by simultaneously activating the intrinsic and extrinsic coagulation pathways using a high concentration of Kaolin and Tissue Factor (TF). This closely reflects the physiological clotting process and yields results significantly faster than a native, Kaolin, and/or TF activated test. CaCl₂ is included to neutralize any sodium citrate in the blood. Clotting characteristics are described by the functional parameter Maximum Clot Strength (MA). The CRT MA parameter is equivalent to the CK MA parameter but the final MA value is reached more quickly using the CRT assay.

CKH Principle

Heparin is commonly used as an anticoagulant in surgical procedures and can mask developing coagulopathies. The Kaolin with Heparinase assay will rapidly and specifically neutralize the anticoagulant property of Heparin. CaCl₂ is included to neutralize any sodium citrate in the blood. CKH is used in conjunction with CK, and heparin influence is determined by comparing Clotting Times (R) between the two tests.

CFF Principle

The Functional Fibrinogen reagent activates the extrinsic pathway using tissue factor and inhibits platelet aggregation using a platelet inhibitor (ReoPro®) that binds to GPIIb/IIIa receptors. The Functional Fibrinogen reagent fully inhibits all the platelets, thereby excluding their contribution to clot strength (MA), and therefore measures only the functional fibrinogen contribution to clot strength. Functional Fibrinogen is combined with CaCl₂ to neutralize any

TEG® 6s Procedure

sodium citrate in the blood. Clotting characteristics are described by the functional parameters Maximum Clot Strength (MA) and the Estimated Functional Fibrinogen Level (FLEV).

Clinical Significance

The TEG® 6s Hemostasis System is intended for in vitro diagnostic use to provide semiquantitative indications of the hemostasis state of a venous blood sample (3.2% citrated whole blood) using the Citrated Multichannel Cartridge with four independent assays (CK, CRT, CKH and CFF) described above.

Results from the TEG® 6s analysis should not be the sole basis for a patient diagnosis, but should be evaluated together with the patient's medical history, the clinical picture and, if necessary, further hemostasis tests. The indication for TEG® 6s System use is with adult patients where an evaluation of their blood hemostasis properties is desired. Hemostasis evaluations are commonly used to assess clinical conditions in cardiovascular surgery and cardiology procedures to assess hemorrhage or thrombosis conditions before, during, and following the procedure.

Specimen Collection and Handling

For blood draws, use only 3.2% sodium citrate tubes, completely filled. No other tube type is acceptable. After collection, gently invert the tube 5 times. Minimum 15 minutes of incubation at room temperature is required prior to testing. Samples must be tested within 2 hours of draw.

Caution: Never check for clots using wooden applicator sticks.

Testing is performed on well-mixed whole blood. Before adding sample to the cartridge, gently mix the citrate tube 5-7 times.

Equipment and Reagents

TEG® 6s analyzer

Transfer pipettes

Citrated Multichannel Assay Cartridges sealed with dessicant in foil pouch. Cartridges must be refrigerated (2°C to 8°C) in sealed foil pouches when not in use. Each cartridge contains the following reagents for the indicated channel:

CK (Citrated Kaolin) (Kaolin + CaCl₂, for citrated blood) reagent: Dried Kaolin and Calcium Chloride (adequate to reverse citration of the sample).

CRT (Citrated RapidTEG®) (RapidTEG® + CaCl₂, for citrated blood) reagent: Dried Kaolin, Tissue Factor and Calcium Chloride (adequate to reverse citration of the sample).

CKH (Citrated Kaolin with Heparinase) (Kaolin + CaCl₂ + Heparinase, for citrated blood) reagent: Dried Kaolin, Calcium Chloride (adequate to reverse citration of the sample) and Heparinase (adequate to reverse 5 IU heparin/mL of blood).

CFF (Citrated Functional Fibrinogen) (Tissue Factor (TF) + CaCl₂ + ReoPro®, for citrated blood) reagent: Dried Tissue Factor, Calcium Chloride (adequate to reverse citration of the sample) and ReoPro®.

Calibration

Routine calibration not required.

Printed copies of this document are not considered up-to-date. Please verify current version date with online document.

Clinical Pathology: Chemistry

BEAUMONT LABORATORY, Royal Oak

DATE: 06/20/2019 RC.CH.CSL.TEG.PR.001r00

Quality Control (see also, Individualized Quality Control Plan for TEG®6s)

Internal Controls

The Power-On Self-Test performs internal QC checks on all analyzer functions prior to cartridge insertion. The analyzer also performs internal QC checks during a pretest when the cartridge is inserted. This verifies that all electromechanical and pneumatic functions of the analyzer-cartridge combination are operating satisfactorily. When in use, the analyzer monitors critical operational parameters throughout the test. Failure of any internal QC will invalidate the test and an error message will display.

External Controls

External liquid QC must be performed with each new shipment and new lot of multichannel cartridges, and at least monthly. Two levels of external liquid QC must be tested, consisting of fresh healthy adult donor citrated whole blood (taking no medications known to affect coagulation) and the Haemonetics Abnormal QC (REF 07-662-US).

Abnormal QC Preparation:

1. Allow one control vial and one diluent water vial to warm to room temperature for 10 min.
2. Making sure the lyophilized material is on the bottom of the control vial; remove the seal and the stopper.
3. Slowly pour contents of the diluent water into the control vial. If any water drips out, start over.
4. Re-insert the stopper and shake vigorously until fully reconstituted. Let stand for 5 minutes.
5. Shake again vigorously and let stand 5 more minutes.

Procedure

1. Remove a foil-sealed cartridge from refrigerated storage and allow it to come to room temperature for 5-10 min. Unopened cartridges must be returned to refrigerated storage promptly.
2. Touch the screen on the front of the instrument to illuminate the panel.
3. Enter **Username** (Beaumont User ID / bh number) and **Password** (specific for the TEG®).
4. Select "new test" on the screen. (QC is tested by selecting "new qc".)
5. Add a patient by selecting "+" for a new patient. Scan the sample barcode to enter the sample identification number for the patient. Press enter or select "ok".
6. Select the correct sample identification number from the list. Select "next".
7. The message "No patient data available" appears. Select "continue".
8. When prompted, insert the cartridge in the slot on the front of the instrument with the barcode facing to the left.
9. Verify the cartridge with the sample type. (Citrated: K, KH, RT, FF requires Blue top NaCitate.) Select "next".
10. Type patient **Last Name** and **First Name** into the Test Information field and select "next".
11. Ensure that at least 15 minutes has elapsed since collection of the sample.
12. Gently invert the sample 5-7 times to mix. Pipette the sample into the sample well making sure the sample is above the sample indicator arrow and there are no bubbles introduced. Touch "next".

Printed copies of this document are not considered up-to-date. Please verify current version date with online document.

TEG® 6s Procedure

13. IMPORTANT: Physicians will review and interpret the TEG® 6s results in real time over the course of the assay; therefore it is necessary to log in to TEG® Manager immediately to **enter the MRN as a second identifier**.
 - a. Click on the TEG icon at a STAT lab desktop workstation and enter the same username and password used for the TEG® 6s analyzer.
 - b. On the Search screen, select “today”, then “search”. Select the appropriate sample identification number.
 - c. Select Patient Name in the lower left corner of the tracing. Enter the patient’s MRN into the Accession ID field in duplicate, and select “Done”.
14. Results in progress may be viewed on the TEG® 6s and in TEG® Manager.
 - a. At the TEG® 6s the numeric results appear on the screen as they are completed. The results can be reviewed graphically by touching “tracings” in the bottom right corner.
 - b. In TEG® Manager, select “search” then select “today” and “search”. Most recent results are displayed first.
15. Depending on clotting time, the assay is completed in 25-40 minutes. The cartridge slot LED will flash, and user is prompted to remove the cartridge when testing is completed.
16. Verify the results in the LIS.
17. The STAT Lab MTII or designee will print reports daily (Monday-Friday dayshift) and scan to the LIS for reporting in the EMR.

Analytical Measuring Ranges (AMR)

CK-R (min)	CK-K (min)	CK-A (degrees)	CK-MA (mm)	CRT-MA (mm)	CKH-R (min)	CFF-MA (mm)	CFF-Fib (mg/dL)
0.4-17	0.5-5	39-83	40-75	40-75	0.3-17	4-52	130-950

No sample dilutions approved, so these are the reportable ranges.

Reference Ranges

CK-R (min)	CK-K (min)	CK-A (degrees)	CK-MA (mm)	CRT-MA (mm)	CKH-R (min)	CFF-MA (mm)	CFF-Fib (mg/dL)
4.6-9.1	0.8-2.1	63-78	52-69	52-70	4.3-8.3	15-32	238-422

Interpretation

Epic limits the number of physicians who can order this test. This is a patient safety issue as many physicians do not have the necessary training and experience with TEG 6s to interpret the results. Orders for this test by means other than Epic (e.g. phone call, request in person) are not acceptable. Requests for interpretation of TEG 6s results previously reported should be referred back to the ordering physician who, by virtue of the fact that he/she was able order the test, should be qualified for TEG 6s interpretation. In situations where the ordering physician needs assistance, Haemonetics provides professional support 24X7X365 (1-800-483-2834) with a general turnaround time under 5 minutes.

Printed copies of this document are not considered up-to-date. Please verify current version date with online document.

TEG® 6s Procedure

Maintenance

See maintenance procedure RC.CH.CSL.TEG.PR.002r00.

Daily: Power the TEG® 6s off and on.

Weekly: Wipe and disinfect all external surfaces with alcohol or disinfectant wipes. **Do NOT use Bleach.**

Monthly: Remove the fan filter at the rear of each analyzer and clean with water.

Warnings

Samples should NOT be checked for clots using wooden applicator sticks before testing.

Troubleshooting

Power the TEG® 6s off and on to troubleshoot analyzer.

References

Haemonetics® TEG® 6s Operators Aide.

TEG® 6s User manual

TEG® 6s Citrated Multichannel Assay Cartridge: K, KH, RT, FF instructions for use

Authorized Reviewers

Section Medical or Technical Director

Printed copies of this document are not considered up-to-date. Please verify current version date with online document.

Clinical Pathology: Chemistry

BEAUMONT LABORATORY, Royal Oak

DATE: 06/20/2019 RC.CH.CSL.TEG.PR.001r00

TEG® 6s Procedure

Document Control

Location of Master: Master electronic file stored on the Beaumont Laboratory server under
S:/ClinPathChem/AutomatedChemistry/DocumentControl/NewIndexAndTemplate/
CSLChemistry_StatLab/TEG

Master printed document stored in the section.

Number of Controlled Copies posted for educational purposes: 0

Number of circulating Controlled Copies: 0

Location of circulating Controlled Copies: n/a

Document History

Signature	Date	Revision #		Related Documents Reviewed/ Updated
Prepared by: Robin Carey-Ballough, MT(ASCP) Kelly Walewski, C(ASCP) Steven M. Truscott, PhD, DABCC	06/20/2019	r00		
Approved by:		r00		
Technical Director, STAT Lab				
Medical Director, STAT Lab				
Medical Director, Coagulation				
Medical Director, Beaumont Laboratory				
Reviewed by: (Signature)	Date	Revision #	Modification	Related Documents Reviewed/ Updated

Printed copies of this document are not considered up-to-date. Please verify current version date with online document.