
Architect Chemistry Carry Over WorksheetRC.CH.CSL.ARC.WK.002.r02

Principle

Carryover is defined as the percent of a leading sample that is transferred into the sample following it. It is also referred to as % Interaction and can be quantified by testing a low concentration sample (1), followed by a high concentration sample, followed by the same low concentration sample (2). Using this approach, it is calculated according to the following formula.

$$\% \text{ Interaction} = \frac{[\text{Low Result (2)} - \text{Low Result (1)}]}{\text{High Result}} \times 100$$

Acceptable values may vary according to the imprecision of the method and range of possible values for the analyte and should be judged by a clinical chemist or pathologist. It may also be evaluated by testing a blank sample after a positive sample such as a standard. Using this approach, it is calculated as follows:

$$\% \text{ Interaction} = \frac{\text{Blank Result} \times 100}{\text{Standard Result}}$$

Analyzers which pipet or aspirate sample should be checked for carryover before being put into service, unless they use disposable tips. If the instrument has more than one sample probe, each should be checked. This check should be repeated annually and after repair or replacement of the primary sample probe or probe wash system."

Procedure

After Sample Probe Replacement, Probe Wash System Repair or Replacement

Date and Time:		Instrument:	
Use patient sample with CK <50 for low sample and frozen pooled serum for carryover studies for high sample. Use Glucose < 60 for analyzers without CK			
Low Result (1)	=		
High Result	=	using the formula above	
Low Result (2)	=		
% Interaction =			
Send to clinical chemist for review			

Carryover study performed by: _____ Date: _____

Carryover study approved by: _____ Date: _____

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References

Protocol for New Test Introduction policy (RC.CH.LOP.QCQA.PY.004)

Authorized Reviewers

Section Medical or Technical Director

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