TRAINING UPDATE

Lab Location:	GEC, SGMC & WAH	Date Distributed:	11/20/2015
Department:	Core	Due Date:	12/14/2015
		Implementation:	12/15/2015

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Platelet Poor Plasma Verification GEC / SGAH / WAH.G01 v1 **Verification of Platelet Poor Plasma worksheet   AG.F45.1**

Description of change(s):
SOP and form (worksheet) revised to remove averaging platelet counts and add acceptability determination for each sample The revised SOP and Form will be implemented on December 15 , 2015

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training (version 1)

Non-Technical SOP

Title	**Platelet Poor Plasma Verification**
Prepared by	Leslie Barrett Date: 4/19/2010
Owner	~~Cynthia Reidenauer~~ Robert SanLuis Date: 11/5/2015

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

Form revised 3/31/00

SOP ID: GEC.G01
SOP version #   1

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1.   PURPOSE

Platelet poor plasma (PPP) is required for most coagulation testing. This procedure describes how to verify that centrifuges produce plasma with a platelet count of less than 10,000/μL after centrifugation.

2.   SCOPE

This procedure applies to all personnel performing Coagulation testing.

3.   RESPONSIBILITY

All technical staff who perform Coagulation testing are responsible for complying with this procedure.

The Technical Supervisor is responsible for the maintenance and review of this SOP.

4.   DEFINITIONS

Platelet Poor Plasma – Plasma with a platelet count of less than 10,000/μL (<10 x 10^3/μL)

5.   PROCEDURE

A. Testing process

1. Perform this procedure every six months.

2. For each centrifuge used to prepare samples for coagulation testing, centrifuge 10 different light blue top tube (3.2% sodium citrate) whole blood samples. Utilize the speed and time posted on the centrifuge being tested.

3. Immediately remove the upper three-fourths of the plasma layer with a plastic or silicone-coated pipette, and store it in a plastic or silicone-coated stoppered tube.

4. Perform a platelet count on each plasma sample.

5. Complete the Verification of Platelet Poor Plasma worksheet for each centrifuge tested. Include the following information:
   a. Centrifuge ID and serial number
   b. Centrifuge speed / setting
   c. Time of centrifugation
   d. Platelet count for all 10 samples ~~and an average of the values~~
   e. Indicate acceptability for each sample based on tolerance limits

B. Tolerance Limits

1. Platelet count less than 10,000 (<10 x 10^3/µL)

2. If the platelet value is greater than 10,000 verify the result by repeating the sample count. If the count still remains above 10,000 contact the biomedical department and use an alternative centrifuge that meets the requirement for obtaining platelet-poor plasma.

3. Document any corrective action on the worksheet.

4. Retain the worksheet with the instrument correlation studies.

6.   RELATED DOCUMENTS
Verification of Platelet Poor Plasma worksheet (AG.F45)

7.   REFERENCES
Stein-Martin, Lotspeich-Steininger, and Koepke, Clinical Hematology, Principles, Procedures, Correlations, Philadelphia: Lippincott., 1998:16–17.

8.   REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes G010.002		
000	11/5/15	Update owner Section 3: remove annual SOP review Section 5: remove averaging plt counts, add acceptability determination for each sample Section 6: move form from section 9	L Barrett	R SanLuis

9.   ADDENDA AND APPENDICES
None

SOP ID: GEC.G01
SOP version #   1

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VERIFICATION OF PLATELET POOR PLASMA

Date: _____

Performed By: _____

Centrifuge ID and Serial Number: _____

Centrifuge Speed/Setting: _____

Time of Centrifugation: _____

Sample	Platelets (10^3/µL)	Limit	Accept / Fail
1		<10	
2		<10	
3		<10	
4		<10	
5		<10	
6		<10	
7		<10	
8		<10	
9		<10	
10		<10	

Tolerance Limits: Platelet count less than 10 X 10^3/µL

Comments:

_____
Reviewed By: _____   Date: