TRAINING UPDATE

Lab Location:	SGMC & WAH	**Date Distributed:**	8/11/2016
Department:	Core	**Due Date:**	8/29/2016
		Implementation:	**8/30/2016**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Magnesium by Dimension Vista® System SGAH.C81 v2

Note: this has been converted to a system SOP

Description of change(s):

The major change is to the AMR range, which affects the CRR and repeat criteria (section 10)

Section	Reason
Header	Add WAH
3.2	Specify anticoagulant
4,5,6	Remove labeling instructions and add general one
5.3, 14.1	Change assay range to match pkg insert
6.1, 6.2	Update QC product
6.4, 6.5	Replace LIS with Unity Real Time
7.2	Change freezer range to -50C
10.4	Edit CRR
10.5	Move patient review from section 6
10.6	Edit values of repeat criteria
14.2	Edit precision to match package insert
14.3	Delete EDTA interference
15	Update to new standard wording
17	Update PI revision dates

This revised SOP will be implemented on August 30, 2016

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

Technical SOP

Title	**Magnesium by Dimension Vista® System**
Prepared by	Ashkan Chini Date: 6/22/2012
Owner	Robert SanLuis Date: 6/12/2014

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

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

Form revised 2/02/2007

TABLE OF CONTENTS

1. TEST INFORMATION

Assay	Method/Instrument	Local Code
Magnesium	Dimension Vista® System	MG

Synonyms/Abbreviations
MG

Department
Chemistry

2. ANALYTICAL PRINCIPLE

The magnesium method is a modification of the methylthymol blue (MTB) complexometric procedure described by Connerty, Lau, and Briggs. The barium salt of ethylenebis (oxyethylenenitrilo) tetraacetic acid (Ba-EGTA) is used to reduce interference due to calcium which also reacts with MTB.
MTB forms a blue complex with magnesium. Calcium interference is minimized by forming a complex between calcium and Ba-EGTA (chelating agent). The amount of MG-MTB complex formed is proportional to the magnesium concentration and is measured using a bichromatic (600 and 510 nm) endpoint technique.

Mg^{++} + MTB ----------> Mg-MTB complex (absorbs at 600 nm)

Ca^{++} + Ba-EGTA ----------> Complex (nonabsorbing at 600 nm)

3. SPECIMEN REQUIREMENTS

3.1 Patient Preparation

Component	Special Notations
Fasting/Special Diets	N/A
Specimen Collection and/or Timing	Normal procedures for collecting and storing serum and plasma may be used for samples to be analyzed by this method.
Special Collection Procedures	N/A
Other	N/A

3.2 Specimen Type & Handling

Criteria		
Type -Preferred **-Other Acceptable**	Plasma (Lithium Heparin) Serum	
Collection Container	Plasma: Mint green top tube (PST) Serum: Red top tube, Serum separator tube (SST)	
Volume - Optimum **- Minimum**	1.0 mL 0.5 mL	
Transport Container and Temperature	Collection container or Plastic vial at room temperature	
Stability & Storage Requirements	Room Temperature:	7 days
	Refrigerated:	7 days
	Frozen:	12 months
	Instrument on board aliquot stability	2 hours

Form revised 2/02/2007

Criteria	
Timing Considerations	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.
Unacceptable Specimens & Actions to Take	Specimens that are unlabeled, improperly labeled, or those that do not meet the stated criteria are unacceptable. Request a recollection and credit the test with the appropriate LIS English text code for "test not performed" message. Examples: Quantity not sufficient-QNS; Wrong collection-UNAC. Document the request for recollection in the LIS.
Compromising Physical Characteristics	Gross hemolysis. Reject sample and request a recollection. Credit the test with the appropriate LIS English text code explanation of HMT (Specimen markedly hemolyzed)
Other Considerations	Allow Red Top or SST to clot completely prior to centrifugation.

NOTE: Labeling requirements for all reagents, calibrators and controls include: (1) Open date, (2) Substance name, (3) Lot number, (4) Date of preparation, (5) Expiration date, (6) Initials of tech, and (7) Any special storage instructions. Check all for visible signs of degradation. When placed onboard the analyzer, the instrument captures the date / time loaded and calculates and tracks the opened expiration.

4. REAGENTS

The package insert for a new lot of kits must be reviewed for any changes before the kit is used. A current Package Insert is included as a Related Document.

4.1 Reagent Summary

Reagents	Supplier & Catalog Number
Magnesium	Siemens, Flex® reagent cartridge, Cat. No. K3057

4.2 Reagent Preparation and Storage

Reagent	Magnesium
Container	Reagent cartridge
Storage	Store at 2-8° C
Stability	• Reagent is stable until expiration date stamped on the reagent cartridges. • Sealed wells on the instrument are stable for 30 days. • Once wells 1 - 12 have been entered by the instrument, they are stable for 7 days.
Preparation	All reagents are liquid and ready to use.

5. CALIBRATORS/STANDARDS

5.1 Calibrators/Standards Used

Calibrator	Supplier and Catalog Number
CHEM 1 CAL	Siemens Dimension Vista®, Cat. No. KC110B

5.2 Calibrator Preparation and Storage

Calibrator	CHEM 1 CAL
Preparation	Allow CHEM 1 Calibrator to thaw and equilibrate to room temperature (22 – 28° C) for 1 hour. Before use, **gently** invert the calibrator vials at least 10 times to ensure that the contents are thoroughly mixed. **Do not vortex.**
Storage/Stability	• Store at -25 to -15° C • **Unopened calibrator** is stable until expiration date stamped on the box. • **Opened Calibrator:** once the stopper of the vial is punctured, assigned values are stable for 7 days when stored on board the Dimension Vista System.

5.3 Calibration Parameter

Criteria	Special Notations
Reference Material	CHEM 1 CAL
Assay Range	0.3 – 10.0 mg/dL
Suggested Calibration Level	See Reagent Package Insert for lot specific assigned values in mg/dL
Frequency	• Every new reagent cartridge lot. • Every 90 days for any one lot • When major maintenance is performed on the analyzer. • When control data indicates a significant shift in assay.
Calibration Scheme	2 levels, n = 5

5.4 Calibration Procedure

Auto Calibration:

1. Place the required calibrator vials in a carrier. Make sure the barcode labels are entirely visible through the slots.
2. Place the carrier in the loading area.
3. Position the carrier with the labels facing away from the user.
4. Press the **Load** button.

5. Automatic calibration requires that calibrators be on the instrument. As the time for processing approaches, the instrument reviews onboard inventory for the appropriate calibrators.

Manual Calibration:

1. Verify that calibrators and reagents are in inventory on the instrument.
2. Press **System > Method Summary > Calibration**.
3. Select a method from the sidebar menu. Press the **Order Calibration** button on the screen.
4. Verify that the information on the screen is correct. Verify that the calibrator lot is correct using the drop-down menu.
   a. When calibrating using Vials press **OK**.
   b. When calibrating using Cups, check the Use Cups box. This displays the rack and cup position fields. For additional cups use the positions in ascending order. Be sure to use the number of calibration levels and cups as specified in the method IFU. Scan the rack barcode and place calibrator cups in an adapter in position 1 on a rack. Press **OK** and load the rack on the instrument.
5. The status field in the calibration screen changes sequentially to Awaiting Scheduling, Preparing Calibrators and Processing.

5.5 Tolerance Limits

IF……	THEN……
If result fall within assay-specific specification, and QC values are within acceptable limits,	proceed with analysis
If result falls outside assay-specific specification, or QC values are out of Acceptable limits,	troubleshoot the assay and/or instrument and repeat calibration

6. QUALITY CONTROL

6.1 Controls Used

Controls	Supplier and Catalog Number
Liquid Assayed Multiqual Levels 1 & 3	Bio-Rad Laboratories Cat. No. 337 & 339

6.2 Control Preparation and Storage

Control	Liquid Assayed Multiqual, Levels 1 and 3
Preparation	Allow the frozen control to stand at room temperature (18-25°C) for 30 minutes or until completely thawed. A precipitate may be present that dissolves upon mixing. Before loading vials, gently swirl the contents to ensure homogeneous with no visible sign of precipitate. (Do not use a mechanical mixer)

Storage/Stability	Unthawed controls are stable until the expiration date at -20 to -50°C. Once the product stopper is punctured, all analytes will be stable for 5 days when stored at 2 - 8° C.

6.3 Frequency

Analyze all levels of QC material after every calibration and each day of testing (notated on the QC frequency sheets posted on the instruments).

Refer to the Dimension Vista® QC Schedule in the Laboratory policy Quality Control Program and in the Dimension Vista® Quick Reference Guide.

6.4 Tolerance Limits and Criteria for Acceptable QC

Step	Action
1	Acceptable ranges for QC are programmed into the instrument's Quality Control software system and Unity Real Time, and may be posted near the instrument for use during computer downtime.
2	**Run Rejection Criteria** • Anytime the established parameters are exceeded (if one QC result exceeds 2 SD), the run is considered out of control (failed) and patient results must not be reported. • The technologist must follow the procedure in the Laboratory QC Program to resolve the problem.
3	**Corrective Action**: • All rejected runs must be effectively addressed through corrective action. Steps taken in response to QC failures must be documented. Patient samples in failed analytical runs must be reanalyzed according to the Laboratory QC Program. Supervisors may override rejection of partial or complete runs only with detailed documentation and criteria for overrides that are approved by the Medical Director. Consult corrective action guidelines in Laboratory QC Program. Follow corrective action guidelines in the Laboratory QC Program. • Corrective action documentation must follow the Laboratory Quality Control Program.

Step	Action
4	**Review of QC** • QC must be reviewed weekly by the Group Lead or designee and monthly by the Supervisor/Manager or designee. • If the SD and/or CV are greater than established ranges, investigate the cause for the imprecision and document implementation of corrective actions.

6.5 Documentation

- QC tolerance limits are programmed into the instrument and Unity Real Time; it calculates cumulative mean, SD and CV and stores all information for easy retrieval.
- Quality control records are reviewed daily at the bench, weekly by the Group Lead or designee, and monthly by the Supervisor/Manager or designee.
- Refer to complete policies and procedures for QC documentation and for record retention requirements in the Laboratory QC Program.

6.6 Quality Assurance Program

- Each new lot number of reagent or new shipment of the same lot of reagent must be tested with external control materials and previously analyzed samples. Performance of the new lot must be equivalent to the previous lot; utilize published TEA for acceptability criteria.
- Training must be successfully completed and documented prior to performing this test. This procedure must be incorporated into the departmental competency assessment program.
- The laboratory participates in CAP proficiency testing. All proficiency testing materials must be treated in the same manner as patient samples.
- Monthly QC must be presented to the Medical Director or designee for review and signature.
- Monthly QC mean and SD are sent to Bio-Rad Laboratories for peer group comparison.
- Consult the Laboratory QC Program for complete details.

7. EQUIPMENT and SUPPLIES

7.1 Assay Platform

Dimension Vista® System

7.2 Equipment

- Refrigerator capable of sustaining 2–8°C.
- Freezer capable of sustaining range not to exceed -20 to -50°C.
- Centrifuge

7.3 Supplies

- Aliquot Plates
- System Fluids
- Assorted calibrated pipettes (MLA or equivalent) and disposable tips

8. PROCEDURE

MG Flex® reagent cartridge Cat. No. K3057 is required to perform this test.

Magnesium is performed on the Dimension Vista® System after the method is calibrated (see Reference Material in Calibration section) and Quality Controls are acceptable.

NOTE: For all procedures involving specimens, buttoned lab coats, gloves, and face protection are required minimum personal protective equipment. Report all accidents to your supervisor.

8.1	Sample Processing
1.	A sample rack holding tubes or cups is placed on the rack input lane.
2.	The sample shuttle moves the rack to the barcode reader which identifies the rack and samples to the system.
3.	The rack moves into the sample server and to the rack positioner.
4.	At the same time, aliquot plates move from the aliquot loader into position.
5.	The aliquot probe aspirates the sample from the tubes or cups and dispenses it into the wells of the aliquot plates.
6.	After each aspirate-dispense action, the probe is thoroughly rinsed inside and out to prevent sample carryover.
7.	When sample aspiration is completed, the sample server moves the rack back to the sample shuttle, where it is placed on the output lane and can be removed by the operator.

8.2	Specimen Testing
1.	For QC placement and frequency, refer to the Dimension Vista® QC Schedule in the Laboratory QC Program.
2.	Follow the instructions, outlined in the Dimension Vista® Operator's Manual

8.2	Specimen Testing
3.	The instrument reporting system contains error messages to warn the user of specific malfunctions. Results followed by such error messages should be held for follow-up. Refer to the Dimension Vista® system manual "Error messages" section for troubleshooting.
4.	Follow protocol in Section 10.5 "Repeat criteria and resulting" for samples with results above or below the Analytical Measurement Range (AMR). Investigate any failed delta result and repeat, if necessary.
5.	Append the appropriate English text code qualifier messages to any samples requiring a comment regarding sample quality and/or any other pertinent factors.

Test Conditions	
Sample Volume:	1.5 µL
Reagent 1 Volume:	60.0 µL
Reagent 2 Volume:	60.0 µL
Reaction Time:	1.9 minutes
Test Temperature:	37° C
Wavelength:	600 & 510 nm
Type of measurement:	Bichromatic endpoint

NOTE: In the event that the test system becomes inoperable, notify supervision or designee for further direction. Patient specimens must be stored in a manner that maintains the integrity of the specimen.

9. CALCULATIONS

The instrument automatically calculates the concentration of Magnesium in mg/dL.

10. REPORTING RESULTS AND REPEAT CRITERIA

10.1 Interpretation of Data

None required

10.2 Rounding

No rounding is necessary. Instrument reports results up to one decimal point.

10.3 Units of Measure

mg/dL

10.4 Clinically Reportable Range (CRR)

0.3 – 30.0 mg/dL

10.5 Review Patient Data

Each result is reviewed for error messages. Refer to the Dimension Vista system manual "Error messages" section for troubleshooting. Resolve any problems noted before issuing patient reports.

10.6 Repeat Criteria and Resulting

All repeats must replicate the original result within the total allowable error (TEa) of the assay. Refer to TEa listing for specific information.

Values that fall within the AMR or CRR may be reported without repeat. Values that fall outside these ranges must be repeated.

IF the result is …	THEN…
< 0.3 mg/dL	Assure there is sufficient sample devoid of bubbles, cellular debris, and/or fibrin clots. Report as: < 0.3 mg/dL
≥ 10.0 mg/dL	**On Board Automated Dilution:** Results ≥ 10.0 mg/dL will automatically have repeat testing performed into the instrument using dilution factor of 2. No multiplication is necessary.
> 20.0 mg/dL	**Manual Dilution:** Using the primary tube, make the smallest dilution possible to bring the raw data within the AMR. Maximum allowable dilution: x 3 **DILUENT**: Reagent Grade Water Enter dilution factor as a whole number. Re-assay. Readout is corrected for dilution.
> 30.0 mg/dL	If the recommended dilution does not give results within the clinically reportable range, report as: "> 30.0 mg/dL-REP" Bring to the attention of your supervisor prior to releasing result.

Message	Code
Verified by repeat analysis	Append –REP to the result.

11. EXPECTED VALUES

11.1 Reference Ranges

Age	Female	Male
Adult (>18 years):	1.8 – 2.4 mg/dL	1.8 – 2.4 mg/dL
Pediatric:		
18 years	1.5 - 1.9	1.6 - 2.1
11 – 17 years	1.6 - 2.1	1.4 - 2.1
4 – 10 years	1.6 - 2.5	1.5 - 2.2
13 months – 3 years	1.5 - 2.2	1.6 - 2.2
3 – 12 months	1.6 - 2.2	1.6 - 2.5
0– 90 days	1.5 - 2.1	1.5 - 2.2

11.2 Critical Values

All ages, male and female:

Low: $\leq$ 1.0 mg/dL
High: $\geq$ 7.0 mg/dL

11.3 Standard Required Messages

None established

12. CLINICAL SIGNIFICANCE

Magnesium is involved in many enzymatic reactions of metabolism as an activating ion. Decreased levels of magnesium lead to muscle irritability, and possibly tetany, if not corrected. Elevated levels reduce muscle and nerve irritability, and at extremely high levels result in an anesthetic effect that could ultimately cause cardiac arrest. Magnesium may be increased in patients with kidney failure. Some conditions in which magnesium may be decreased include: 1) prolonged intravenous feeding, 2) chronic alcohol intoxication and alcoholic cirrhosis, 3) primary hyperaldosteronism 4) malabsorption syndromes 5) diabetic coma, and 6) hyperparathyroidism.

13. PROCEDURE NOTES

- **FDA Status:** FDA Approved/cleared
- **Validated Test Modifications:** None

The instrument reporting system contains error messages to warn the operator of specific malfunctions. Any report slip containing such error messages should be held for follow-up. Refer to your Dimension Vista Operator's Guide.

The expected maximum observed standard deviations for repeatability using n = 5 replicates at the following MG concentrations are:

MG Concentration	Acceptable S.D. Maximum
2.1 mg/dL	0.2 mg/dL
10.5 mg/dL	1.3 mg/dL

14. LIMITATIONS OF METHOD

14.1 Analytical Measurement Range (AMR)

0.3 – 10.0 mg/dL

14.2 Precision

Material	Mean mg/dL	Standard Deviation (%CV)	
		Repeatability	Within-Lab
Multiqual Control			
Level 1	1.1	0.1	0.1
Level 2	2.5	0.1	0.1
Level 3	4	0.1	0.1

14.3 Interfering Substances

Because magnesium is three times more concentrated in erythrocytes than in serum, hemolyzed samples will give spuriously elevated results.

HIL Interference:
The MG method was evaluated for interference according to CLSI/NCCLS EP7-A2. Bias, defined as the difference between the control sample (does not contain interferent) and the test sample (contains interferent), is shown in the table below. Bias exceeding 10% is considered "interference".

Substance tested	Substance Concentration	MG mg/dL	Bias %
Hemoglobin (hemolysate)	1000 mg/dL	1.9	<10
Bilirubin (unconjugated)	60 mg/dL	2	<10
Bilirubin (conjugated)	60 mg/dL	2	<10
Lipemia Intralipid®	3000 mg/dL	1.7	<10

14.4 Clinical Sensitivity/Specificity/Predictive Values

Not available

15. SAFETY

Refer to your local and corporate safety manuals and Safety Data Sheet (SDS) for detailed information on safety practices and procedures and a complete description of hazards.

16. RELATED DOCUMENTS

1. Dimension Vista® Clinical Chemistry System Operator's Manual
2. Dimension Vista® Calibration/Verification Procedure
3. Dimension Vista® Cal Accept Guidelines
4. Dimension Vista® Calibration summary
5. Dimension Vista® Sample Processing, Startup and Maintenance procedure
6. Laboratory Quality Control Program
7. QC Schedule for Siemens Dimension Vista®
8. Laboratory Safety Manual
9. Safety Data Sheets (SDS)
10. Dimension Vista® Limits Chart (AG.F200)
11. Quest Diagnostics Records Management Procedure
12. Dimension Vista® System Error Messages Chart
13. Centrifuge Use, Maintenance and Functions Checks (Lab policy)
14. Hemolysis, Icteria and Lipemia Interference (Lab policy)
15. Repeat Testing Requirement (Lab policy)
16. Current Allowable Total Error Specifications
    at http://questnet1.qdx.com/Business_Groups/Medical/qc/docs/qc_bpt_tea.xls
17. Current package insert MG Flex® Reagent Cartridge K3057

17. REFERENCES

1. Ghoshal, Amit K. and Soldin, Steven J., Evaluation of the Dade Behring Dimension® RxL: Integrated chemistry system-pediatric reference ranges. Clinica Chimica Acta 2003; 331:144.
2. Package Insert, MG Flex® Reagent Cartridge K3057, Siemens Healthcare Diagnostics Inc., 12/23/2015.
3. Package Insert, CHEM I CAL, Siemens Healthcare Diagnostics Inc., 03/2015.
4. Package Insert, Liquid Assayed Multiqual, Bio-Rad Laboratories, 09/2015.

18. REVISION HISTORY

Version	Date	Section	Reason	Reviser	Approval
000	6/12/14		Update owner	L Barrett	R SanLuis
000	6/12/14	5.2	Update open calibrator stability	A Chini	R SanLuis
000	6/12/14	16	Update titles	L Barrett	R SanLuis

000	6/12/14	Footer	Version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L Barrett	R SanLuis
1	8/2/16	Header	Add WAH	L Barrett	R SanLuis
1	8/2/16	3.2	Specify anticoagulant	L Barrett	R SanLuis
1	8/2/16	5.1	Update Catalog number	A Chini	R SanLuis
1	8/2/16	5.3, 14.1	Change assay range to match pkg insert	A Chini	R SanLuis
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1	8/2/16	15	Update to new standard wording	L Barrett	R SanLuis
1	8/2/16	17	Update QC, PI revision dates	A Chini	R SanLuis

19. ADDENDA

None