

## TRAINING UPDATE

**Lab Location:** SGMC & WAH  
**Department:** Core Lab

**Date Distributed:** 9/7/2017  
**Due Date:** 10/2/2017  
**Implementation:** 10/2/2017

### DESCRIPTION OF PROCEDURE REVISION

<b>Name of procedure:</b>	
<b>Lithium by Dimension Vista® System SGAH.C137 v1</b> <i>Has been converted to a system SOP</i>	
<b>Description of change(s):</b>	
<i>(note QC change is already in effect)</i>	
Section	Reason
4,5,6	Remove individual section labeling instructions and add general one
6.1, 6.2	Update QC material and storage
7.2	Change freezer upper limit to -50C
10.5	Move patient review from section 6
10.6	Remove repeat value below AMR/CRR *
15	Update to new standard wording, add reagent hazard warnings
17	Update QC product and PI dates
* This change will be made to Vista assays as SOPs are revised	
<b>This revised SOP will be implemented on October 2, 2017</b>	

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

Technical SOP

<b>Title</b>	<b>Lithium by Dimension Vista® System</b>	
<b>Prepared by</b>	Ashkan Chini	Date: 8/14/2013
<b>Owner</b>	Robert SanLuis	Date: 8/14/2013

<b>Laboratory Approval</b>	<b>Local Effective Date:</b>	
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		

<b>Review</b>		
Print Name	Signature	Date

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**1. TEST INFORMATION**

<b>Assay</b>	<b>Method/Instrument</b>	<b>Local Code</b>
Lithium	Dimension Vista® System	LI

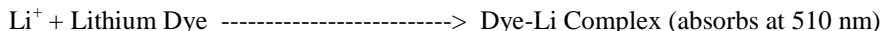
<b>Synonyms/Abbreviations</b>
LI

<b>Department</b>
Chemistry

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**2. ANALYTICAL PRINCIPLE**

The LITH method employs a lithium-specific chromoionophore that forms a complex with the Li<sup>+</sup> ion in an alkaline solution.



The concentration of lithium in the sample is proportional to the increase in absorbance, which is due to the formation of the dye-lithium complex. The reaction is measured using a bichromatic (510 and 700 nm) endpoint technique.

**3. SPECIMEN REQUIREMENTS**

**3.1 Patient Preparation**

Component	Special Notations
<b>Fasting/Special Diets</b>	N/A
<b>Specimen Collection and/or Timing</b>	Collect specimen eight (8) to twelve (12) hours after evening dose and before morning dose. Random samples are acceptable.
<b>Special Collection Procedures</b>	N/A
<b>Other</b>	N/A

**3.2 Specimen Type & Handling**

Criteria	
<b>Type</b> -Preferred -Other Acceptable	Serum None
<b>Collection Container</b>	Serum: Red top tube, Serum separator tube (SST)
<b>Volume</b> - Optimum - Minimum	1.0 mL 0.5 mL
<b>Transport Container and Temperature</b>	Collection container or Plastic vial at room temperature
<b>Stability &amp; Storage Requirements</b>	Room Temperature: 24 hours
	Refrigerated: 7 days
	Frozen: 6 months
<b>Timing Considerations</b>	Serum should be physically separated from cells as soon as possible with a maximum limit of two hours from the time of collection.
<b>Unacceptable Specimens &amp; Actions to Take</b>	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

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Criteria	
	collection-UNAC. Document the request for recollection in the LIS.
<b>Compromising Physical Characteristics</b>	Gross hemolysis. Reject sample and request a recollection. Credit the test with the appropriate LIS English text code explanation of HMT (Specimen markedly hemolyzed)
<b>Other Considerations</b>	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
Lithium	Siemens, Flex® reagent cartridge, Cat. No. K4150

##### 4.2 Reagent Preparation and Storage

<b>Reagent</b>	<b>Lithium</b>
<b>Container</b>	Reagent cartridge
<b>Storage</b>	Store at 2-8° C
<b>Stability</b>	<ul style="list-style-type: none"> <li>Stable until expiration date stamped on reagent cartridges.</li> <li>Sealed wells on the instrument are stable for 30 days.</li> <li>Once wells 1 - 12 have been entered by the instrument, they are stable for 3 days.</li> </ul>
<b>Preparation</b>	All reagents are liquid and ready to use.

#### 5. CALIBRATORS/STANDARDS

##### 5.1 Calibrators/Standards Used

Calibrator	Supplier and Catalog Number
DRUG 4 CAL	Siemens Dimension Vista®, Cat. No. KC460A

## 5.2 Calibrator Preparation and Storage

<b>Calibrator</b>	DRUG 4 CAL
<b>Preparation</b>	Calibrator is ready for use. No preparation is required.
<b>Storage/Stability</b>	<ul style="list-style-type: none"> <li>• Store at 2-8° C</li> <li>• <b>Unopened calibrator</b> is stable until expiration date stamped on the box.</li> <li>• <b>Opened Calibrator:</b> once the stopper is punctured, assigned values are stable for 14 days when stored on board the Dimension Vista System.</li> <li>• <b>Opened Calibrator:</b> once cap is removed, assigned values are stable for 31 days when recapped immediately after use and stored at 2-8° C. <b>Do not use this vial on board the instrument.</b></li> </ul>

## 5.3 Calibration Parameter

Criteria	Special Notations
<b>Reference Material</b>	DRUG 4 CAL
<b>Assay Range</b>	0.20 – 3.00 mmol/L
<b>Suggested Calibration Level</b>	See Reagent Package Insert for lot specific assigned values in mmol/L
<b>Frequency</b>	<ul style="list-style-type: none"> <li>• Every new reagent cartridge lot.</li> <li>• Every 60 days for any one lot</li> <li>• When major maintenance is performed on the analyzer.</li> <li>• When control data indicates a significant shift in assay.</li> </ul>
<b>Calibration Scheme</b>	5 levels, n = 3

## 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 Multiqua® Levels 1 and 3	Bio-Rad Laboratories Cat. No. 337 and 339

**6.2 Control Preparation and Storage**

<b>Control</b>	Liquid Assayed Multiqua® Levels 1 and 3
<b>Preparation</b>	Allow the frozen control to stand at room temperature (18-25°C) for 30 minutes or until completely thawed. Swirl the contents gently to ensure homogeneity. (Do not use a mechanical mixer) Use immediately. After each use, promptly replace the stopper and return to 2-8°C storage.
<b>Storage/Stability</b>	<p><b>Frozen:</b> stable until the expiration date at -20 to -50°C.</p> <p><b>Thawed and Unopened:</b> stable for 30 days when stored at 2-8°C and the stopper is not punctured</p> <p>Stable for 7 days when stored on-board the Siemens Dimension Vista at 2-8°C.</p> <p><b>Thawed and Opened:</b> Once the stopper is punctured, stable for 5 days when stored at 2- 8°C.</p> <p>Store away from light.</p>

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### 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 <b>and Unity Real Time</b> , and may be posted near the instrument for use during computer downtime.
2	<p><b>Run Rejection Criteria</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>The technologist must follow the procedure in the Laboratory QC Program to resolve the problem.</li> </ul>
3	<p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>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 <u>reanalyzed according to the Laboratory QC Program</u>. 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.</li> <li>Corrective action documentation must follow the Laboratory Quality Control Program.</li> </ul>
4	<p><b>Review of QC</b></p> <ul style="list-style-type: none"> <li>QC must be reviewed weekly by the Group Lead or designee and monthly by the Supervisor/Manager or designee.</li> <li>If the SD and/or CV are greater than established ranges, investigate the cause for the imprecision and document implementation of corrective actions.</li> </ul>

### 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

LITH Flex® reagent cartridge Cat. No. K4150 is required to perform this test.

Lithium 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.**

<b>8.1</b>	<b>Sample Processing</b>
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.

<b>8.2</b>	<b>Specimen Testing</b>
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
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.

<b>Test Conditions</b>	
Sample Volume:	2.0 µL
Reagent 1 Volume:	86.0 µL
Reagent 2 Volume:	43.0 µL
Reaction Time:	12 minutes
Test Temperature:	37° C
Wavelength:	510 & 700 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 Lithium in mmol/L.

**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 two decimal points.

**10.3 Units of Measure**

mmol/L

**10.4 Clinically Reportable Range (CRR)**

0.20 – 9.00 mmol/L

**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 below or within the AMR or CRR may be reported without repeat. Values that exceed the upper ranges must be repeated.

IF the result is ...	THEN...
< 0.20 mmol/L	Assure there is sufficient sample devoid of bubbles, cellular debris, and/or fibrin clots. Report as: < 0.20 mmol/L

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IF the result is ...	THEN...
≥ 3.00 mmol/L	<p><b>Manual Dilution:</b> Using the primary tube, make the smallest dilution possible to bring the raw data within the AMR. Maximum allowable dilution: x 3 <b>Diluent:</b> Lithium free serum</p>
> 9.00 mmol/L	<p>If the recommended dilution does not give results within the clinically reportable range, report as: “&gt; 9.00 mmol/L-REP” Bring to the attention of your supervisor prior to releasing result.</p>

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

**11. EXPECTED VALUES**

**11.1 Reference Ranges**

0.60 – 1.20 mmol/L

**11.2 Critical Values**

> 2.10 mmol/L

**11.3 Standard Required Messages**

None established

**12. CLINICAL SIGNIFICANCE**

Lithium is used primarily to treat the manic phase of affective disorders, mania, and manic-depressive illness. The precise mechanism of action of lithium as a mood-stabilizing agent is not known. Lithium is administered in capsule, syrup, or tablet form as salts of either carbonate or citrate. It is readily absorbed from the gastrointestinal tract and does not bind appreciably to plasma proteins. Peak plasma concentrations are reached 2 to 4 hours after oral administration. Approximately 95% of a single dose of lithium is excreted in the urine within 6 to 12 hours, with the remainder being slowly excreted over the next 10 to 14 days. Lithium concentrations are monitored to ensure patient compliance and prevent toxicity. Because there is a narrow therapeutic range of about 0.60 to 1.20 mmol/L, with significant risk of toxicity occurring above 1.5 mmol/L, determination of lithium concentration is crucial in the management of patients on lithium therapy. Since plasma values vary relative to time of last dose, a standardized 12-hour post-dose serum lithium concentration has been recommended to assess adequate therapy.

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**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 Lithium concentrations are:

<b>LI Concentration</b>	<b>Acceptable S.D. Maximum</b>
0.94 mmol/L	0.08 mmol/L
1.79 mmol/L	0.10 mmol/L

**14. LIMITATIONS OF METHOD****14.1 Analytical Measurement Range (AMR)**

0.20 – 3.00 mmol/L

**14.2 Precision**

<b>Material</b>	<b>Mean mmol/L</b>	<b>Standard Deviation (%CV)</b>	
		<b>Repeatability</b>	<b>Within-Lab</b>
Multiquel Unassayed Control			
Level 1	0.86	0.01 (1.7)	0.02 (2.5)
Level 2	1.67	0.02 (1.1)	0.03 (1.6)
Serum Pool Level 1	0.67	0.01(1.9)	0.03 (4.9)
Serum Pool Level 2	2.48	0.03 (1.2)	0.07 (2.7)
Plasma Pool Level 1	1.24	0.02 (1.4)	0.03 (2.7)

**14.3 Interfering Substances**

Hemoglobin at a concentration of 300 mg/dL will produce biases of 0.11 mmol/L and 11% at lithium concentrations of 0.60 and 1.50 mmol/L, respectively. Hemolyzed specimens should not be used with this assay.

Unconjugated bilirubin at a concentration of 15 mg/dL will produce biases of 0.14 mmol/L and 10% at lithium concentrations of 0.60 and 1.50 mmol/L, respectively.

Conjugated bilirubin at a concentration of 20 mg/dL will produce biases of 0.13 mmol/L and 11% at lithium concentrations of 0.60 and 1.50 mmol/L, respectively.

Triglycerides at a concentration of 3000 mg/dL will produce biases of -0.19 mmol/L and -18% at lithium concentrations of 0.60 and 1.50 mmol/L, respectively.

**HIL Interference:**

The LITH method was evaluated for interference according to CLSI 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	LITH mmol/L	Bias %
Hemoglobin (hemolysate)	200 mg/dL	0.60, 1.50	<10
Bilirubin (unconjugated)	10 mg/dL	0.60, 1.50	<10
Bilirubin (conjugated)	15 mg/dL	0.60, 1.50	<10
Lipemia Intralipid®	3000 mg/dL	0.60, 1.50	<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.

LITH Flex® Reagent Cartridge may be corrosive to metals. Causes severe skin burns and eye damage. May cause an allergic skin reaction. Contains: 5-chloro-2-methyl-3(2h)-isothiazolone mixture with 2-methyl-3(2h)-isothiazolone; Potassium hydroxide.

Wear protective gloves/protective clothing/eye protection/face protection.

IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. Immediately call a POISON CENTER or doctor/physician.

IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician. Do NOT induce vomiting.

IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. Immediately call a POISON CENTER or doctor/physician.

IF IN EYES: Immediately call a POISON CENTER or doctor/physician.

#### 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. Siemens 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](http://questnet1.qdx.com/Business_Groups/Medical/qc/docs/qc_bpt_tea.xls)
17. Current package insert LITH Flex® Reagent Cartridge K4150

## 17. REFERENCES

1. Package Insert, LITH Flex® Reagent Cartridge K4150, Siemens Healthcare Diagnostics Inc., 4/10/2015.
2. Package Insert, DRUG 4 CAL, Siemens Healthcare Diagnostics Inc., 02/2011.
3. Package Insert, Liquid Assayed Multiqual® Chemistry Controls, Bio-Rad Laboratories, 09/2015.

## 18. REVISION HISTORY

Version	Date	Section	Reason	Reviser	Approval
000	8/18/17	Header	Add WAH	L Barrett	R SanLuis
000	8/18/17	4,5,6	Remove individual section labeling instructions and add general one	L Barrett	R SanLuis
000	8/18/17	6.1, 6.2	Update QC material and storage	L Barrett	R SanLuis
000	8/18/17	6.4, 6.6	Replace LIS with Unity Real Time	L Barrett	R SanLuis
000	8/18/17	10.5	Move patient review from section 6	L Barrett	R SanLuis
000	8/18/17	10.6	Remove repeat value below AMR/CRR	L Barrett	R SanLuis
000	8/18/17	15	Update to new standard wording, add hazard statements	L Barrett	R SanLuis
000	8/18/17	17	Update QC product and PI dates	L Barrett	R SanLuis
000	8/18/17	Footer	Version # leading zero's dropped due to new EDCS in use as of 10/7/13	L Barrett	R SanLuis

## 19. ADDENDA

None