#### TRAINING UPDATE

Lab Location: Department: SGMC & WAH Core Lab 
 Date Distributed:
 3/5/2019

 Due Date:
 3/31/2019

 Implementation:
 3/7/2019

#### **DESCRIPTION OF PROCEDURE REVISION**

Name of procedure:

# Lactate Dehydrogenase by Dimension Vista® System SGAH.C129 v3

**Description of change(s):** 

## One major change to SOP (the rest are formatting or minor):

Section	Reason	
Header	Update parent facility	
10.6	Remove repeat value below AMR/CRR	
11.1	Correct reference ranges to match LIS & validation	
13	Add note about reference range	
14.3	Update unconjugated Bili and lipemia	
16	Update policy title	
17	Update package insert dates	

# This revised SOP will be implemented on March 7, 2019

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

Technical	SOP

Title	Lactate Dehydrogenase by Dimensio	n Vista® S	System
Prepared by	Ashkan Chini	Date:	7/12/2012
Owner	Robert SanLuis	Date:	3/27/2014

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

Review		
Print Name	Signature	Date

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#### 1. TEST INFORMATION

Assay	Method/Instrument	Local Code
Lactate Dehydrogenase, Serum / Plasma	Dimension Vistoe System	LDH
Lactate Dehydrogenase, Body Fluid	Dimension Vista® System	FLD

#### Synonyms/Abbreviations

LD, LDH, LDI

#### Department

Chemistry

#### 2. ANALYTICAL PRINCIPLE

The LDI method uses as a substrate L-lactate buffered at a pH of 9.4. Lactate dehydrogenase oxidizes the substrate in the presence of NAD+ to yield pyruvate and NADH which absorbs light at 340 nm. Lactate dehydrogenase activity is measured as a rate reaction at 340/700 nm, proportional to the amount of lactate dehydrogenase in the sample.

#### 

#### **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, plasma and body fluid 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	Plasma (Lithium Heparin), Body Fluid	
-Other Acceptable	Serum	
<b>Collection Container</b>	Plasma: Mint green top tube (PST)	
	Serum: Red top tube, Serum separator tube (SST)	
	Body Fluid: Sterile/Clean container or tube	
Volume - Optimum	1.0 mL	
- Minimum	0.5 mL	
Transport Container and	Collection container or Plastic vial at room temperature	
Temperature		
Stability & Storage	Room Temperature: 3 days	
Requirements	Refrigerated: Not recommended	
	Frozen: Not recommended	
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.	

Criteria	
Unacceptable Specimens	Specimens that are unlabeled, improperly labeled, or those
& Actions to Take	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.
<b>Compromising Physical</b>	Reject hemolyzed samples and request a recollection.
Characteristics	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
Lactate Dehydrogenase	Siemens, Flex® reagent cartridge, Cat. No. K2054
Enzyme Diluent	Siemens Diagnostics Healthcare REF: 790035901

#### 4.2 Reagent Preparation and Storage

Reagent	Lactate Dehydrogenase	
Container	Reagent cartridge	
Storage	Store at 2-8°C	
Stability	<ul> <li>Stable until expiration date stamped on reagent cartridges.</li> <li>Sealed wells on the instrument are stable for 30 days.</li> <li>Open well stability: <ul> <li>3 days for wells 1 - 8</li> <li>6 days for wells 9 - 12</li> </ul> </li> </ul>	
Preparation	All reagents are liquid and ready to use.	

Reagent	Enzyme Diluent
Container	Reagent vial

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Storage	Store at 2-8°C
Stability	<ul> <li>Un-reconstituted: stable until expiration date on vial.</li> <li>Reconstituted: stable for 7 days after reconstitution or</li> </ul>
	immediately if visible turbidity appears.
Preparation	<ul> <li>Remove vial from refrigerator, proceed directly to next step.</li> <li>Remove stopper and volumetrically add 10.0 mL of reagent grade water.</li> <li>Replace stopper and invert gently 10 times.</li> <li>Let vials sit for 15 minutes, then invert gently 10 times.</li> <li>Let vials sit for an additional 15 minutes, then invert 10 times and swirl gently.</li> </ul>
	<ul> <li>Use immediately or store at 2-8°C.</li> <li>Before use, allow to come to room temperature, then invert 10 times and swirl gently</li> </ul>

#### 5. CALIBRATORS/STANDARDS

#### 5.1 Calibrators/Standards Used

Calibrator	Supplier and Catalog Number
ENZ 5 CAL	Siemens Dimension Vista®, Cat. No. KC350

#### 5.2 Calibrator Preparation and Storage

Calibrator	ENZ 5 CAL	
Preparation	Calibrator is ready for use. No preparation is required.	
Storage/Stability	<ul> <li>Store at 2-8°C</li> <li>Unopened Calibrator: until expiration date on the box.</li> <li>Opened Calibrator: once the stopper is punctured, stable for 7 days when stored on board the Dimension Vista System.</li> </ul>	

#### 5.3 Calibration Parameter

Criteria	Special Notations
<b>Reference Material</b>	ENZ 5 CAL
Assay Range	6 – 1000 U/L
Suggested Calibration Level	See Reagent Package Insert for lot specific assigned values in U/L

Frequency	<ul> <li>Every new reagent cartridge lot.</li> <li>Every 90 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>
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,	proceed with analysis
and QC values are within acceptable limits,	
If result falls outside assay-specific specification,	troubleshoot the assay and/or
or QC values are out of Acceptable limits,	instrument and repeat calibration

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## 6. QUALITY CONTROL

#### 6.1 Controls Used

Controls	Supplier and Catalog Number
Liquid Assayed Multiqual® Levels 1 and 3	Bio-Rad Laboratories Cat. No. 337 and 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. 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.	
Storage/Stability	<b>Frozen</b> : stable until the expiration date at -20 to -50°C.	
	<b>Thawed and Unopened</b> : When stored at 2-8°C and the stopper is not punctured, it will be stable for 30 days for LDH.	
	This product can be used for 7 days when stored on-board the Siemens Dimension Vista at 2- 8°C.	
	<b>Thawed and Opened</b> : Once the stopper is punctured, all analytes will be stable for 5 days when stored at 2-8°C.	
	Store away from light.	

#### 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	<ul> <li>Run Rejection Criteria</li> <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>

Step	Action
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 <u>reanalyzed</u> 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.
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**

LDI Flex<sup>®</sup> reagent cartridge Cat. No. K2054 is required to perform this test.

Lactate Dehydrogenase is performed on the Dimension Vista<sup>®</sup> 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.

8.1	Sample Processing
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 <sup>®</sup> QC Schedule in the Laboratory QC Program.
2.	Follow the instructions, outlined in the Dimension Vista <sup>®</sup> 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 <sup>®</sup> 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:	4.1 μL			
Reagent 1 Volume:	53.7 μL			
Reagent 2 Volume:	25.3 μL			
Reaction Time:	7.2 minutes			
Test Temperature:	37°C			
Wavelength:	340 & 700 nm			
Type of measurement:	Bichromatic rate			

#### 9. CALCULATIONS

The instrument automatically calculates the concentration of Lactate Dehydrogenase in U/L.

#### 10. REPORTING RESULTS AND REPEAT CRITERIA

#### **10.1** Interpretation of Data

None required

#### 10.2 Rounding

No rounding is necessary. Instrument reports results as a whole number.

#### **10.3** Units of Measure

U/L

#### 10.4 Clinically Reportable Range (CRR)

6 – 20,000 U/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
< 6 U/L Assure there is sufficient sample devoid of bubbles, cell debris, and/or fibrin clots. Report as: < 6 U/L	
	On Board Automated Dilution:
≥ 1,000 U/L	Results $\geq$ 1,000 U/L will automatically have repeat testing performed into the instrument using dilution factor of 4.
	No multiplication is necessary.
>4,000 U/L	<ul> <li>Manual Dilution:</li> <li>Using the primary tube, make the smallest dilution possible to bring the raw data within the AMR. Maximum allowable dilution: x 20</li> <li>DILUENT: Enzyme diluent</li> <li>Enter dilution factor as a whole number. Re-assay. Readout is corrected for dilution.</li> </ul>
> 20,000 U/L	If the recommended dilution does not give results within the clinically reportable range, report as: "> 20,000 U/L-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**

Serum / Plasma:						
Male: 85 – 2		27 U/L	<del>87 241 U/L</del>			
Female:	<mark>81 – 2</mark>	. <mark>34 U/L</mark>	<del>84 – 246 U/L</del>			
Body Fluid:		Peritoneal	l Fluid < 63 U/L			
Pleural Fluid:		Endadoo	> 113 U/L tes < 113 U/L			

#### 11.2 Critical Values

None established

#### 11.3 Standard Required Messages

None established

#### 12. CLINICAL SIGNIFICANCE

Lactate dehydrogenase (LD) is present in the cytoplasm of all cells in the body. The concentration of LD in tissues is several hundred-fold higher than in serum or plasma and even a small amount of tissue damage can lead to an elevation in LD activity. This makes LD especially useful in the diagnosis and monitoring of disease states where tissue turnover is accelerated such as the liver, cardiac muscle, skeletal muscle, kidneys, and erythrocytes. LD is elevated in myocardial or pulmonary infarction, leukemias, hemolytic anemias, non-viral hepatitis, sickle cell disease, lymphoma, renal infarction, acute pancreatitis and any condition that results in the leaking of cytoplasm. It is moderately elevated in cirrhosis, obstructive jaundice, renal disease, skeletal muscle diseases, neoplastic diseases and congestive heart failure. LD is markedly elevated in megaloblastic and pernicious anemia, metastatic carcinoma, viral hepatitis, shock, hypoxia and extreme hyperthermia.

#### **13. PROCEDURE NOTES**

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

**Note:** Reference range is the historical facility range and matches the validation data. It differs slightly from the manufacture's range.

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 Lactate Dehydrogenase concentrations are:

LDI Concentration	Acceptable S.D. Maximum		
121 U/L	>11 U/L		
401 U/L	>32 U/L		

#### 14. LIMITATIONS OF METHOD

#### 14.1 Analytical Measurement Range (AMR)

6 – 1000 U/L

#### 14.2 Precision

	Mean	Standard Deviation (%CV)	
Material	U/L	Repeatability Within-I	
BioRad Multiqual			
Level 1	111	2.5 (2.3)	3.0 (2.8)
Level 2	166	3.2 (2.0)	4.1 (2.5)
Level 3	388	7.4 (1.9)	9.0 (2.4)

#### 14.3 Interfering Substances

Hemoglobin (hemolysate) at 50 mg/dL increases LDI results by 16% at a lactate dehydrogenase activity concentration of 300 U/L and 500 U/L. Dopamine at 65 mg/dL increases LDI results by 113% at a lactate dehydrogenase activity of 300 U/L.

#### **HIL Interference:**

The LDI 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	LDI U/L	Bias %
Hemoglobin (hemolysate)	50 mg/dL	300, 500	16
Bilirubin (unconjugated)	<mark>60</mark> mg/dL	300, 500	<10
Bilirubin (conjugated)	80 mg/dL	300, 500	<10
Linearie Lateraliside	1000 mg/dL	300, 500	-10
Lipemia Intralipid®	3000 mg/dL	<mark>500</mark>	<10

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#### 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**

- Dimension Vista<sup>®</sup> Clinical Chemistry System Operator's Manual
   Dimension Vista<sup>®</sup> Calibration/Verification Procedure
   Dimension Vista<sup>®</sup> Cal Accept Guidelines

- 4. Dimension Vista<sup>®</sup> Calibration summary
- 5. Dimension Vista® Sample Processing, Startup and Maintenance procedure
- 6. Laboratory Quality Control Program
- 7. QC Schedule for Siemens Dimension Vista<sup>®</sup>
- 8. Laboratory Safety Manual
- 9. Safety Data Sheets (SDS)
- 10. Dimension Vista<sup>®</sup> Limits Chart (AG.F200)
- 11. Quest Diagnostics Records Management Procedure
- 12. Dimension Vista<sup>®</sup> System Error Messages Chart
- 13. Centrifuge Use, Maintenance and Functions Checks (Lab policy)
- 14. Specimen Acceptability Requirements (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 LDI Flex<sup>®</sup> Reagent Cartridge K2054

#### 17. REFERENCES

- 1. Package Insert, LDI Flex<sup>®</sup> Reagent Cartridge K2054, Siemens Healthcare Diagnostics Inc., 07/03/2017.
- 2. Package Insert, ENZ 5 CAL, Siemens Healthcare Diagnostics Inc., 03/2009.
- 3. Package Insert, Liquid Assayed Multiqual® Chemistry Controls, Bio-Rad Laboratories, 05/2017.
- 4. Package Insert, Enzyme Diluent, Siemens Healthcare Diagnostics Inc., 10/2012.
- 5. Quest Diagnostics SOP ID 300SA355, Lactate Dehydrogenase

#### 18. **REVISION HISTORY**

Version	Date	Section	Reason	Reviser	Approval
000	3/27/14		Update owner	L Barrett	R SanLuis
000	3/27/14	5.2	Remove 30 day stability	A Chini	R SanLuis
000	3/27/14	16	Update titles	L Barrett	R SanLuis
000	3/27/14	Footer	Version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L Barrett	R SanLuis

Version	Date	Section	Reason	Reviser	Approval
1	2/13/17	Header	Add WAH	L Barrett	R SanLuis
1	2/13/17	3.2	Specify anticoagulant, remove specimen onboard stability	L Barrett	R SanLuis
1	2/13/17	4,5,6	Remove individual section labeling instructions and add general one	L Barrett	R SanLuis
1	2/13/17	6.1, 6.2	Update QC material and storage	L Barrett	R SanLuis
1	2/13/17	6.4, 6.6	Replace LIS with Unity Real Time	L Barrett	R SanLuis
1	2/13/17	7.2	Change freezer upper limit to -50C	L Barrett	R SanLuis
1	2/13/17	10.5	Move patient review from section 6	L Barrett	R SanLuis
1	2/13/17	15	Update to new standard wording	L Barrett	R SanLuis
1	2/13/17	17	Update QC product and PI dates	L Barrett	R SanLuis
2	2/18/19	Header	Update parent facility	L Barrett	R SanLuis
2	2/18/19	10.6	Remove repeat value below AMR/CRR	L Barrett	R SanLuis
2	2/18/19	11.1	Correct ranges to match LIS & validation	L Barrett	R SanLuis
2	2/18/19	13	Add note about reference range	L Barrett	R SanLuis
2	2/18/19	14.3	Update unconjugated Bili and lipemia	L Barrett	R SanLuis
2	2/18/19	16	Update policy title	L Barrett	R SanLuis
2	2/18/19	17	Update package insert dates	L Barrett	R SanLuis

### **19. ADDENDA**

None