TRAINING UPDATE

Lab Location:SGMC WOMCDate Distributed:4/13/23Department:Core LabDue Date:4/27/23

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Title: SGAH.C71 Osmolality, Serum and Urine, Advanced 3320

Description of change(s):

- SOP has been revised in response to a CAP failure.
- The frequency of 290 standard has been changed.
- The 290 standard will bracket patient run along with QC
- Review the SOP and form (attached). Changes are highlighted in yellow.

This revised SOP will be implemented 4/27/23

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

SGAH.C71 Osmolality, Serum and Urine, Advanced 3320

Copy of version 5.0 (in review)

Effective Date 4/27/2023

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Printed By

Demetra Collier (110199)

Organization

Adventist HealthCare

Approval and Periodic Review Signatures

Туре	Description	Date	Version	Performed By	Notes
Periodic review	Lab Service director	8/9/2022	4.0	Robert S	SanLuis
Approval	Lab Director	10/21/2020	4.0	Nicolas Cacciabev	e
Approval	Core lab approvals	10/20/2020	4.0	Robert SanLuis	SanLuis
Approval	QA approval	10/13/2020	4.0	Leslie Barrett	COY RIV
Approval Captured outside MediaLab	Lab Director	11/5/2018	3.0	Nicolas Cacciabev	Recorded on 12/13/2018 by Leslie Barrett (104977) when document added to MediaLab
Periodic review Captured outside MediaLab	Designated Reviewer	11/5/2018	3.0	Nicolas Cacciabev	Recorded on 12/13/2018 by Leslie Barrett (104977) when document added to MediaLab

Approvals and periodic reviews that occurred before this document was added to the MediaLab Document Control system may not be listed.

Version History

Version	Status	Туре	Date Added	Date Effective	Date Retired
4.0	Approved and Current	Major revision	10/13/2020	11/3/2020	Indefinite
3.0	Retired	First version in Document Control	12/13/2018	11/30/2018	11/3/2020

Linked Documents

- AG.F110 OSMO Calibration Log
- AG.F134 OSMO (Urine / Serum) Patient Log
- AG.F161 Advanced Micro-Osmometer Model 3320 Analyzer Maintenance Log

Title: Osmolality Serum and Urine, Advanced 3320

Page 1 of 20

Technical SOP

Title	Osmolality, Serum and Urine, Adv	anced 33	20
Prepared by	Ashkan Chini	Date:	2/17/2012
Owner	Robert SanLuis	Date:	8/15/2013

Laboratory Approval	Local Effective Date:	
Print Name and Title	Signature	Date
Refer to the electronic signature page		
for approval and approval dates.		
TABLE OF CONTENTS 1. Test Information	rec	2

TABLE OF CONTENTS

1.	Test Information	2
2.	Analytical Principle	2
3.	Specimen Requirements	2
4.	Reagents	3
5.	Reagents Calibrators/Standards Quality Control	4
6.	Quality Control	6
7.	Equipment And Supplies	9
8.	Procedure	9
9.	Calculations	10
10.	Calculations. Reporting Results And Repeat Criteria. Expected Values.	11
11.	Expected Values	11
12.	Clinical Significance	11
13.	Procedure Notes	12
14.	Limitations Of Method	12
15.	Safety	12
16.	Related Documents	12
17.	References	12
18.	Revision History	13
19	Addenda	14

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Adventist HealthCare
Site: Shady Grove Medical Center, White Oak Medical Center

1. TEST INFORMATION

Assay	Method/Instrument	Local Code
Osmolality, Serum	Freezing Point Depression /	OSMO
Osmolality, Urine	Advanced 3320	UOSMO

Synonyms/Abbreviations	
Osmo	

Department	
Chemistry	

2. ANALYTICAL PRINCIPLE

When a solute is dissolved in a solvent, four colligative properties of the solution are changed in a roughly linear response to the solute added. One of these properties is the freezing point. The resultant change in the freezing point is proportional only to the molar concentration. In other words, the lowering of the freezing point is a function of the number of particles, molecules or ions in a solution. It is upon this property and response that the osmolality of a serum or urine is measured in this method. The concentration of free particles in the serum or urine is determined by measuring the depression in the freezing point since the osmolality is proportional to the freezing point. This is accomplished using an osmometer, which is an instrument for freezing point depression. The instrument monitors the temperature changes of a liquid sample while the solution is carried through a controlled freezing cycle. Since solvent crystallizes out during the freezing, the concentration of the solution changes. At the freezing point the temperature is held at equilibrium and the temperature measured. Results are read off the instrument in milliosmoles of solute/Kg solvent.

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 urine may be used for samples to be analyzed by this method.
Special Collection Procedures	None
Other	N/A

3.2 Specimen Type & Handling

Criteria			
Type -Preferred	Serum or Urine		
-Other Acceptable	None		
Collection Container	Serum: SST or Plain red top tube		
	Urine: Sterile container		
Volume - Optimum	1.0 mL or greater		
- Minimum	0.5 mL		
Transport Container and	Serum: Plastic vial or spun barrier tube at room		
Temperature	temperature		
	Urine, random: Collection kit (preferred) or container at		
	room temperature, submitted within 2 hours of collection.		
Stability & Storage	Room Temperature: Serum: 3 hours		
Requirements 🔥	Urine: Not recommended		
'Q _x ,	Refrigerated: Serum: 3 days		
Requirements	Urine: 24 hours		
· O	Frozen: Serum: 1 week		
•	Urine: 1 week		
Timing Considerations	If testing is delayed, refrigerate or freeze the capped		
	specimen to avoid a change in the original osmolality due		
	to evaporation of H ₂ O, decomposition, or combination of		
	solutes. Prior to analysis, specimens must be warmed to		
	room temperature and gently mixed to aid the complete		
	solution of any precipitated solutes.		
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		
C DI	the LIS.		
Compromising Physical Characteristics	Hemolysis does not interfere with test result.		
Characteristics	Specimens should be free from particles. Centrifuge		
Other Considerations	urine, if necessary, to remove gross particulate matter.		
Other Considerations	Allow 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.

4. REAGENTS

None

5. CALIBRATORS/STANDARDS

5.1 Calibrators/Standards Used

Calibrator	Supplier and Catalog Number
Advanced Micro-osmometer Calibration Standards:	Advanced Instruments
-50 mOsm/kgH20 Calibration Standard -850 mOsm/kgH20 Calibration Standard -2000 mOsm/kgH20 Calibration Standard	3MA005 3MA085 3LA201

Reference	Supplier and Catalog Number
Clinitrol™ 290 Reference Solution	Advanced Instruments 3MA029

5.2 Calibrator Preparation and Storage

Calibrator	Advance Calibrators, 50 std, 850 std and 2000 std		
Preparation	None		
Storage	2 - 30°C		
Stability	Open controls are stable for 24 hours.		
	Unopened controls are stable until the expiration date.		

Reference	Clinitrol TM 290 Reference Solution			
Preparation	None			
Storage	2 - 30°C			
Stability	Open controls are stable for 24 hours.			
	Unopened controls are stable until the expiration date.			

5.3 Calibration Procedure

Criteria	Special Notations
Frequency	Calibration is required quarterly or after major maintenance or parts replacement. Calibration is also required if the average of the reference material is not within specifications.
Procedure	1. When the display reads "Osmometer Ready", press the [NEXT] button until [CALIB] appears over the left button. Press it to initiate the calibration procedure. Calibration can be cancelled without changing the existing calibration by pressing the [EXIT] button.
	2. Display will briefly read "50 mOsm Calibration" and then prompt the user to insert a 50 mOsm calibration standard. Follow the prompts on the instrument display. When the

SOP ID: AHC.C71 SOP Version # 5 CONFIDENTIAL: Authorized for internal use only Page 4 of 20

Title: Osmolality Serum and Urine, Advanced 3320

Page 5 of 20

		instrument completes the test and reports the result remove	
	instrument completes the test and reports the result, renthe sampler and clean the cooling chamber. Continue to 50 mOsm calibration standards until this calibration pocomplete.		
	3.	3. The calibration program will now briefly read "850 mOsm Calibration" and then prompt the user to insert an 850 mOsm calibration standard. Again, follow the prompts on the instrument display. Continue testing 850 mOsm calibration standards until this calibration point is complete.	
₽	4.	The calibration program will now briefly read "2000 mOsm Calibration" and then prompt the user to insert a 2000 mOsm calibration standard. Again, follow the prompts on the instrument display. Continue testing 2000 mOsm calibration standards until this calibration point is complete.	
•	5.	Upon successful calibration, the instrument will briefly display "Calibration Complete", then "Osmometer Ready".	
	6.	Verify the calibration by running a Clinitrol [™] 290 Reference Solution, before testing unknown samples.	
Calibration Notes	• The Model 3320 will retain its previous calibration da it completes a new calibration, and the display reads "Calibration Complete".		
	•	If the instrument has calibration information in memory, the results displayed during the calibration procedure will be close to the nominal value of the standards used. If the instrument has no calibration information in memory, or if a probe has been replaced, the results displayed may be far from the nominal value of the standards used. If the displayed values repeat consistently, the calibration will automatically adjust when the calibration sequence is complete.	
	•	The calibration procedure may be terminated at any time by pressing [EXIT] . The instrument will display "Calibration Canceled", and beep twice. The previous calibration will be retained. The user will be prompted again to insert the appropriate calibration standard.	

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6. QUALITY CONTROL

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

6.1 Controls Used

Controls	Supplier and Catalog Number
Liquid Assayed Multiqual 1 & 3	Bio-Rad Laboratories Cat. No337 & 339
Liquichek Urine Chemistry Control Levels 1 & 2	Bio-Rad Laboratories Cat. No. 195 & 196
Reference	Clinitrol™ 290 Reference Solution

6.2 Control Preparation and Storage

Control	Bio-Rad Liquid Assayed Multiqual Level 1 & 3		
Preparation	Allow the frozen control to stand at room temperature (18-25°C) 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	Opened : stable for 6 days at 2-8°C.		
	Unopened : stable until the expiration date at -20 to -50°C.		

Onopened. Stable and the expiration date at -20 to -50 °C.					
O/A					
Control Liquichek Urine Chemistry Control Levels 1 & 2					
Preparation	Preparation Before sampling, allow the control to reach room temperature				
	(18-25°C) and swirl gently to ensure homogeneity.				
Storage/Stability	Storage/Stability Opened: stable for 30 days at 2-8°C.				
Unopened : stable until the expiration date at 2-8°C.					

Reference	Clinitrol™ 290 Reference Solution
Preparation	None
Storage/Stability	2 - 30°C
	Open: stable for 24 hours
	Unopened: stable until expiration date.

6.3 Frequency

Quality Control is run upon arrival of any patient samples during a shift. If no osmolality test is received during a shift, then no QC is required to be run. Once a patient specimen is received:

- 1. Bracket the patient run between 290 standard and QC levels 1 & 2 for Urine and QC levels 1 & 3 for Serum as appropriate. Record each result, lot number and expiration date on the Urine/Serum OSMO Patient Log.
 - Run size is limited to 3 patient samples. If more than 3 samples are to be tested, bracket each group of 3 between QC levels as specified.
 - Record all results and corrective action of all runs and repeats.
 - **The order of Osmo testing**: 290 Standard (first replicate) QC level 1, patient sample(s), QC level 2, and 290 Standard (2nd replicate).
 - The Clinitrol Reference Solution limits = 290+/-2
 - The control range is listed in Unity Real Time and QC is entered manually as follows:
 - i. Log into Unity Real Time
 - ii. Select the appropriate Lab site and QC matrix
 - 1) SGMC: 544188 SGAH Vista 1
 - a. Urine Chemistry Control → Osmolality
 - **★b.** Multiqual Control → Osmolality
 - 2) WOMC: 191471 WOMC Vista 1
 - a. Urine Chemistry Control → Osmolality
 - b. Multiqual Control → Osmolality
 - iii. Select appropriate Level 1 or Level 2 QC for Osmolality and enter values
- 2. If all results are within acceptable ranges, then report the patient results.
- 3. For the rest of the shift bracket all patient runs between 290 standard and two levels of appropriate QC material (i.e., run urine QC with a urine sample and serum QC with a serum sample).
- 4. Record all results on the Urine/Serum OSMO Patient Log.

6.4 Tolerance Limits and Criteria for Acceptable QC

Step	Action					
1	Acceptable ranges for Bio-Rad Quality Control are programmed into the Laboratory Information System (LIS) and may be posted near the					
	instrument for use during computer downtime. Acceptable range for Advanced Clinitrol Reference Solution 290 mOsm/kgH20 is: 288 – 292					
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.					
	• If the results of the Clinitrol 290 Reference Solution is not within ± 2 of 290, repeat the test using a fresh aliquot from the reference solution ampule. If all tests indicate that the instrument is repeating but out of calibration, re-calibrate according to the instructions in section "Calibration" of the procedureIf a recalibration is required,					

Step	Action
	 all testing (Clinitrol 290 Reference Solution, QC levels 1 and 2, and patient samples in that run) must be repeated. The technologist must follow the procedure in the Laboratory QC Program to resolve the problem. The laboratory director or designee may override rejection of partial or complete runs. Justification for the override must be documented in detail.
3	 Corrective Action: All rejected runs must be addressed through corrective action. Steps taken in response to QC failures must be documented. Consult and follow corrective action guidelines in Laboratory QC Program. Corrective action documentation must follow the Laboratory Quality Control Program.
4	 Review of QC QC/CV must be reviewed weekly by the Group Lead or designee and monthly by the Supervisor/Manager or designee. If the SD is outside established ranges, investigate the cause and document corrective actions.

6.5 Documentation

- QC tolerance limits are programmed into the LIS. The LIS calculates cumulative mean, SD and CV and stores all information for easy retrieval.
- Document all QC and patient result manually on the Urine/Serum OSMO Patient Log.
- 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.
- Save and document all the instrument print outs.

6.6 Quality Assurance Program

- Each new lot number of QC material or new shipment of the same lot must be tested in parallel with current 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.

• Consult the Laboratory QC program for complete details.

7. EQUIPMENT and SUPPLIES

7.1 Assay Platform

The Advance® Micro-Osmometer Model 3320

7.2 Equipment

Centrifuge

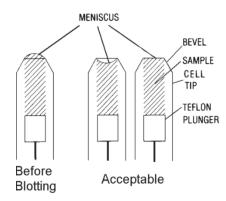
7.3 Supplies

- Micro Sample Test Kit (Sample Cells and Chamber Cleaners)
- 20µL Ease-Eject sampler
- Kim-wipes

8. PROCEDURE

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.

- 1. Remain at the analyzer throughout the testing process. Do NOT leave the analyzer unattended.
- 2. Insert a sampler tip into place on the sampler. The sampler tip must be straight and firmly seated.
- 3. Depress the sampler's plunger and insert the sampler tip at least ¼ inch (6 mm) below the surface of the fluid to be tested. Gently release the plunger to load a 20-μL sample.
- 4. Visually inspect the sample. If there are any large voids or bubbles in the sample, expel the sample and load a bubble-free sample.
- 5. Wipe the sides of the loaded sampler tip with a Kim-wipe to remove any clinging droplets. Then quickly wipe the end of the sampler tip to remove any fluid protruding beyond the tip. Be careful not to remove any of the sample. The exposed surface of the sample must be level with the end of the tip or may be slightly concave. See below:



- 6. Remove the chamber cleaner from the sample port and discard.
- 7. Holding the sampler by the barrel, insert the tip into the sample port, then rest the sampler in the operating cradle.
- 8. To start the test, push the operating cradle in until it reaches a positive stop. Your instrument will run the test for approximately one minute and display the result in the format "Osmolality xxx mOsm". You may also start the test by pressing the left key on the keypad, and then pushing in the cradle.

NOTE: To cancel a test in progress, use the same method used to start the test. If the cradle was used, pull back on the cradle. If the keypad was used, use the right "Cancel" key.

- 9. Record the results and pull back the operating cradle to a positive stop.
- 10. Remove the sampler from the operating cradle.
- 11. Insert a clean, dry chamber cleaner into the sample port and rotate it four or five times in both a clockwise and counterclockwise direction. Withdraw the chamber cleaner and insert the opposite end. Rotate the chamber cleaner in the same manner and leave it in the sample port until your next test.
- 12. Remove the used sampler tip from the sampler by pressing firmly enough on the sampler plunger to dislodge the tip, or apply a slight bending force using the thumbs and forefingers where the tip is pressed onto the sampler. Discard the used sampler tip.
- 13. Wipe the Teflon plunger tip with a Kim-wipe. Be careful not to dislodge the tip.

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

None

Title: Osmolality Serum and Urine, Advanced 3320

10. REPORTING RESULTS AND REPEAT CRITERIA

10.1 **Interpretation of Data**

None

10.2 **Rounding**

None

10.3 **Units of Measure**

mOsm/kg H2O

Clinically Reportable Range (CRR) 10.4

50 - 2000 mOsm/kg H2O

10.5 Review Patient Data

Technologist must review for error messages. Resolve any problems noted before endi.
Norter tirrecrine issuing patient reports. Refer to appendix A Troubleshooting table.

Repeat Criteria and Resulting 10.6

Refer to section 8

11. **EXPECTED VALUES**

11.1 **Reference Ranges**

Serum: 280-295 mOsm/kg H₂O Urine: 500-800 mOsm/kg H₂O

11.2 **Critical Values**

None established

11.3 **Standard Required Messages**

None established

12. **CLINICAL SIGNIFICANCE**

Osmolality determinations are helpful in the clinical management of water and electrolyte disturbances. Serum osmolality studies are useful in the evaluation of hypernatremia and hyponatremia, renal solute retention in acute renal failure and hydration status. Osmolality studies are also used in detecting undetermined solute in poisoning and in estimating the requirements for and effectiveness of dialysis.

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Page 12 of 20

13. PROCEDURE NOTES

- FDA Status: FDA Approved
- Validated Test Modifications: None
- 1. Microsamples are more susceptible to contamination and evaporation than larger samples. Avoid leaving sample containers open.
- 2. Cold samples are susceptible to condensation; warmer samples are susceptible to evaporation.
- 3. If an occasional sample produces irregular results, discard obviously discrepant readings as long as the instrument has been producing accurate readings repeatedly. Repeat the sample in question.
- 4. Replace Ease-Eject sampler (pipet) after every 500 tests or whenever a new Micro Sampler Test Kit is opened. (see Appendix B)

14. LIMITATIONS OF METHOD

Analytical Measurement Range (AMR) 14.1

 $50 - 2000 \text{ mOsm/kg H}_2\text{O}$

14.2 **Precision**

Precision of freezing point depression method is ± 2 mOsmol/kg.

14.3 **Interfering Substances**

In vivo substances such as ethanol, isopropanol, methanol, acetone, and ethylene glycol will increase osmolality readings.

14.4 Clinical Sensitivity/Specificity/Predictive Values

Specifications – Repeatability

- Plus or minus 3 mOsm/kg H₂O between 0 and 400 mOsm/kg H₂O
- Plus or minus 0.75% between 400 and 2000 mOsm/kg H₂O

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. Laboratory Quality Control Program
- 2. Laboratory Safety Manual
- 3. Safety Data Sheet (SDS)

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4. Quest Diagnostics Records Management Procedure.

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SOP Version #

Title: Osmolality Serum and Urine, Advanced 3320

- 5. Centrifuge Use, Maintenance and Functions Checks (Lab Policy)
- 6. Repeat Testing Requirements (Lab Policy)
- 7. Current Allowable Total Error Specifications at http://questnet1.qdx.com/Business Groups/Medical/qc/docs/qc bpt tea.xls
- 8. Current Package Insert Clinitrol 290
- 9. Advanced Micro-Osmometer Model 3320 Analyzer Maintenance Log (AG.F161)
- 10. Urine / Serum OSMO Patient Log (AG.F134)
- 11. OSMO Calibration Log (AG.F110)

17. REFERENCES

- 1. User's Guide The Advanced Micro-Osmometer by Advanced Instruments, Inc. 3325 Rev6 042710
- 2. Package insert, Clinitrol 290 Reference Solution, Advanced Instruments, Inc. REF 3MA029.
- 3. Package insert, Osmometer Standards, Advanced Instruments, Inc. REF 3MA005, 3MA085 & 3LA201.
- 4. Package insert, Bio-Rad Liquid Assayed Multiqual, revised 5/2017
- 5. Package insert, Bio-Rad Liquichek Urine Chemistry Control, revised 10/2017
- 6. Osmolality SOP by Cristina Lapus, document SC.547 Version 009. Quest Diagnostics Nichols Institute, Chantilly, VA 09/28/2011.

18. REVISION HISTORY

Version	Date	Section	Reason 😽	Reviser	Approval
			Supersedes WAH.C59.000		
000	8/15/13		Update owner	L Barrett	R SanLuis
000	8/15/13	6.3	Specify run size, add consecutive run for reference solution	L Barrett	R SanLuis
000	8/15/13	8	Add instruction to stay with analyzer	L Barrett	R SanLuis
000	8/15/13	16	Add forms	L Barrett	R SanLuis
000	8/15/13	19	Remove forms	L Barrett	R SanLuis
001	8/16/16	Header	Add WAH	L Barrett	R SanLuis
001	8/16/16	4,5,6	Remove individual section labeling instructions and add general one	L Barrett	R SanLuis
001	8/16/16	7.3	Specify name of sampler	L Barrett	R SanLuis
001	8/16/16	10.5	Review data moved from section 6	L Barrett	R SanLuis
001	8/16/16	15	Update to new standard wording	L Barrett	R SanLuis
001	8/16/16	Арр В	Re-organize sequence, add sampler numbering process, remove plunger wire replacement	L Barrett	R SanLuis
001	8/16/16	Footer	Version # leading zero's dropped due to new EDCS in use as of 10/7/13	L Barrett	R SanLuis

Title: Osmolality Serum and Urine, Advanced 3320

Version	Date	Section	Reason	Reviser	Approval	
2	10/17/18	6.1	Update product numbers	D Collier	R SanLuis	
2	10/17/18	6.2	Change serum QC range to -50C	D Collier	R SanLuis	
2	10/17/18	6.3	Specify levels by product type	D Collier	R SanLuis	
2	10/17/18	13	Added reference to App B	D Collier	R SanLuis	
2	10/17/18	17	Updated serum QC & PI dates	D Collier	R SanLuis	
3	10/7/20	Header	Changed WAH to WOMC	L Barrett	R SanLuis	
3	10/7/20	6.3	Added recording QC lot/exp. on log and Unity documentation steps	H Genser	R SanLuis	
4	4/11/23	6.2	Added reference solution to control list.	D Collier	R SanLuis	
4	4/11/23	6.3, 6.4	Revised STD 290 frequency, and verbiage	D Collier	R SanLuis	
4	4/11/23	Footer	Changed SOP prefix to AHC	D Collier	R SanLuis	
4 4/11/23 Footer Changed SOP prefix to AHC D Collier R SanLuis ADDENDA Appendix A: Troubleshooting Appendix B: Maintenance						

19. ADDENDA

CONFIDENTIAL: Authorized for internal use only SOP ID: AHC.C71 Page 14 of 20 SOP Version #

Appendix A

Troubleshooting

Problem/Message	Explanation			
Abrupt loss of power	Check instrument fuse. Confirm that proper voltage is being supplied			
Abrupt loss of power	to the instrument.			
No response when sampler is	There could be a problem with the internal switch that initiates the			
fully inserted into sample	test. Try restarting the instrument, or use the keypad to start and			
port	cancel the test until service can be performed on the instrument.			
Results not repeatable	Often, poor repeatability is a result of poor technique or not			
(too scattered)	following recommended procedures.			
	• Be certain that the sample probe is carefully cleaned between tests.			
	Possible sample probe problem.			
Error message:	Try restarting the instrument.			
"Fan Driver Failure"				
Error message:	Instrument was unable to detect a freeze plateau, and was therefore			
"No Plateau"	unable to give a result.			
	Retest sample, or run Clinitrol 290 Reference Solution.			
	Confirm good technique and sampler condition.			
	Possible sample probe problem.			
Error message:	This message indicates that the information stored in parameter RAM			
"Parameter RAM	has been corrupted. Restore probe bin numbers, date, time, and any			
Failed" or "No	other custom settings.			
Parameters in RAM"				
Error message:	This message indicates that a new software version has been			
"New Software	installed.			
Version"				
Error message:	This message indicates a need to recalibrate the instrument, and will			
"Recalibration	normally appear after the installation of new software, or when probe			
Needed"	bin numbers have changed.			
Error message: "Sample Pre-freeze"	A sample pre-freeze message usually appears when the sample freezes prematurely.			
Sample 11e-11eeze	Confirm good technique and sampler condition.			
	Check for particulate matter in the sample.			
	• Check probe bin numbers.			
	Possible sample probe problem.			
Error message:	Check the sample probe by running the A/D Tests			
"Sample Probe Open/	enson the sumple proce of running the PVD Tests			
Block Probe Open"				
Error message:	Sample may be above range of instrument.			
"Sample Did Not	• Run Controls			
Freeze"; Impact does	• Check probe bin numbers.			
Occur	Confirm good technique and sampler condition.			

SOP ID: AHC.C71 SOP Version # 5

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CONFIDENTIAL: Authorized for internal use only
Page 15 of 20

Title: Osmolality Serum and Urine, Advanced 3320

Problem/Message	Explanation			
Error message:	Solenoid impactor may need cleaning. Refer to solenoid cleaning			
"Sample Did Not	instructions. If the error persists, contact Advanced Instruments Hot-			
Freeze"; Impact does	Line Service.			
not occur				
Error message:	This message will appear during the calibration procedure if the			
"Standards Reversed?	instrument detects that the low and high calibration standards have			
Please Repeat"	been introduced in the wrong sequence. Retry the calibration, being sure to follow the displayed prompts.			
Error message: "T E Driver Failure"	This message indicates a problem with the thermoelectric cooling module. Restart the instrument.			
Error message:	The instrument was unable to complete the test within the allotted			
"Test Time-out"	time.			
	• Confirm good technique and sampler condition.			
	• Assure that sample probe has been fully inserted.			
Error message:	This message indicates that the internal battery needs replacing. The			
"Low Battery"	part cannot be serviced by the user. Contact Advanced Instruments Hot-Line Service.			
Error message:	This error can be produced in two ways:			
"Cooling System	1) When the cooling chamber is below 0°C before diagnostics starts;			
Error"	2) When the block channel fails to get below 0°C during the			
	cooldown portion of diagnostics, but the sample channel does.			
	Try restarting the instrument. If the error persists, contact Advanced			
	Instruments Hot-Line Service.			
"Pull Cradle Out"	This message will appear during instrument startup if the operating			
	cradle is not fully retracted away from the cooling chamber. Pull the			
	cradle toward the front of the instrument until it contacts the internal			
	stop.			
Other error messages	Try restarting the instrument. If the error persists, contact Advanced			
	Instruments Hot-Line Service.			

Title: Osmolality Serum and Urine, Advanced 3320

Appendix B

Maintenance

Maintaining the Instrument:

1. Chamber cleaning (daily)

The cooling chamber and probe are easy to keep clean and dry by faithfully following the operating instructions for cleaning the freezing chamber after each test. If traces of calibrators, controls or biological samples are left in the sample chamber, however, the task will be more difficult and damp cleaning will probably be required. Two indicators that damp cleaning may be required are:

- The instrument has been in use but no clean, dry chamber cleaner is found in the sample port, and successive results on aliquots of the same sample indicate chamber contamination (the first aliquot reading is very high, and subsequent readings are progressively lower).
- "Sample Pre-freeze" errors begin to occur quite frequently. When indicated, the cooling chamber may be damp cleaned as follows:
 - a. Using the keypad, enter the Utilities Menu or allow the instrument to go into Stand-by Mode. This allows the cooling chamber to warm to room temperature.
 - b. Dampen (do not saturate) the end of a chamber cleaner with reagent grade water.
 - c. Firmly insert the dampened chamber cleaner all the way into the sample port, rotate it four or five times (clockwise and counter-clockwise) and withdraw. If the end is stained or has debris stuck to it, repeat with another dampened chamber cleaner.
 - d. Repeat with a dry chamber cleaner. Insert and leave a clean, dry chamber cleaner in the sample port until the next sample is to be tested.e. If the unit was placed in the Utilities Menu, use the keypad to exit and return to the
 - e. If the unit was placed in the Utilities Menu, use the keypad to exit and return to the "Osmometer Ready" prompt.

2. Cleaning the Instrument Exterior (daily)

Use a mixture of warm water and soap. Isopropyl Alcohol may also be used to further decontaminate the exterior. Do not use abrasive cleansers or scouring pads, as they may mar the surface. Do not allow liquid to enter the cooling chamber or other portions of the instrument.

3. Ease-Eject Sampler Replacement

To ensure proper instrument operation, you should replace the Ease-Eject sampler every 500 tests (or with every new package of Micro Sample Test Kit). The following process is used to ensure the sampler tip is replaced at the appropriate frequency:

- a. Each box of Disposable Chamber Cleaner and Sampler Tip Kit (500 tests) and sampler (pipette) are numbered from 1 4. A spare sampler (pipette) is numbered 5.
- b. When a new box is opened, a new sampler (pipette) that corresponds to the box number must be placed into use.
- c. Log the date and sampler number on the maintenance log each time it is changed.
- d. In the event that a sampler (pipette) malfunctions before the kit is done, sampler (pipette) # 5 is used as a backup; ensure you document on the log when sampler #5 was put into use.
- e. Samplers (pipettes) are scheduled to be calibrated quarterly and thereafter Osmometer must be calibrated.

f. Ensure Osmometer calibration date is documented on the log.



4. Cleaning Air Vents (as needed)

Examine the air vents on the underside and rear of the instrument to ensure that they are unobstructed by dust or debris.

5. Cleaning the Solenoid Impactor (as needed)

Freezing the sample depends on the solenoid impactor striking the sample tip when the preset impact point of 3200 is shown on the display. Depending on the instrument test usage, the solenoid impactor should be periodically cleaned to remove any sample residue and chamber cleaner fibers. Instruments used daily should be cleaned monthly, while instruments that are used only occasionally should be cleaned every three months. See the solenoid cleaning instructions, later in this section.

Solenoid Cleaning:

This cleaning procedure should be used if you suspect that your samples are not freezing properly because the solenoid impactor cannot move freely due to the accumulation of sample residue within the freezing chamber.

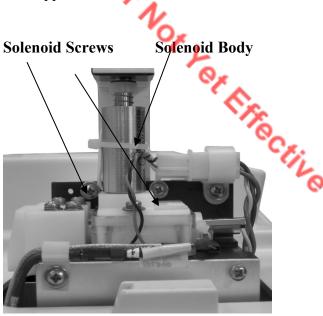
- a. Remove the power cord from the rear of instrument.
- b. Loosen the screw (Figure 9) holding the solenoid cover on the instrument and remove the cover.
- c. Place a dry chamber cleaner in the cooling chamber.
- d. Locate the solenoid retainer and loosen both screws. Remove the retainer.

Page 19 of 20

Loosen screw

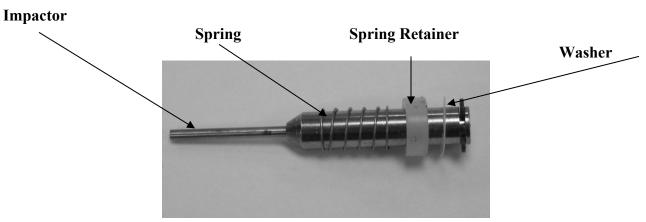


- e. Withdraw the solenoid plunger while leaving the solenoid body in place. Care must be taken when removing the solenoid plunger to not lose the spring, spring retainer, or plastic washer.
- f. Inspect the impactor for excessive wear.
- 8. Clean the smaller diameter tip of the solenoid plunger with a 70% isopropanol solution. Do not use any abrasive for this cleaning procedure.
- h. Dampen the wooden end of a cotton-tipped applicator with a 70% isopropanol solution, and insert it through the solenoid body into the smaller diameter plunger hole until it reaches the chamber cleaner. Move the applicator in and out to scrub the sides of the hole.



i. Return the cleaned solenoid plunger, including spring, retainer and any washers, to the solenoid body. Secure the retainer and remove the chamber cleaner.

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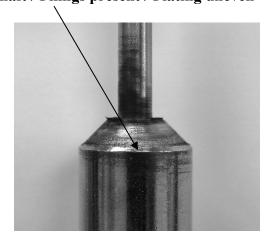


j. Replace the solenoid cover; restore power and recalibrate, if necessary.

No Black deposits on shaft / No fillings present / Plating even bright and shiny



Black deposits on shaft / Filings present / Plating uneven



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SOP Version # 5

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Shady Grove Medical Cente
White Oak Medical Center

Urine / Serum OSMO Patient Log

Tech Code Date	Record Results		
290 Standard	Lot #: Exp. Date:		
	Serum	Urine	
1st replicate 290 Standard (290 +/- 2)			
Control Level 1 Lot # & exp. are recorded in Unity			
Patient Name / MR#			
Patient Name / MR#	^		
Patient Name / MR#	Political		
Control Level 2 Lot # & exp. are recorded in Unity	, ec		
2 nd replicate 290 Standard (290 +/- 2)		1	

- 1. Remain at the analyzer throughout the testing process.
- 2. Bracket 290 Standard and QC with each patient run. (Must be run in this order: 290 Standard, QC Level 1, patient sample, QC Level 2, 290 Standard)
- 3. Run size is limited to 3 specimens. If more than 3 samples are to be tested, bracket each group of 3 between QC levels and 290 Standard.
- 4. Do not release patient results if 290 Standard and QC Levels 1 and 2 are not within acceptable range.

Tech Code Date	Record Results		
290 Standard	d Lot#:	Exp. Date:	
	Serum	Urine	
1st replicate 290 Standard (290 +/- 2)			
Control Level 1 Lot # & exp. are recorded in Unity			
Patient Name / MR#			
Patient Name / MR#			
Patient Name / MR#			
Control Level 2 Lot # & exp. are recorded in Unity			
2 nd replicate 290 Standard (290 +/- 2)			

Weekly review:	Weekly review:	Weekly review:
Weekly review:	Weekly review:	Monthly review: