



### TRAINING UPDATE

**Lab Location:** All sites  
**Department:** Technical Specialists, supervisors and managers, core lab

**Date Distributed:** 3/6/24  
**Due Date:** 4/6/24

**Implementation:** **Immediately**

#### DESCRIPTION OF PROCEDURE REVISION

<b>Name of procedure:</b>
AHC.G01 Platelet Poor Plasma Verification Form: AG.F45 Verification of Platelet Poor Plasma
<b>Description of change(s):</b>
<ol style="list-style-type: none"> <li>1. On form AG.F45: The line to record centrifuge speed has been removed. The centrifuge speed is built into the centrifuge, so the documentation of speed is not necessary <u>on this form</u>, and will eliminate this line as a source for error.</li> <li>2. SOP: Added the requirement to perform PPP verification for each centrifuge placed into use for coagulation testing.</li> <li>3. SOP: Removed requirement to record centrifuge speed on the PPP verification form</li> </ol>

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

# AHC.G01 Platelet Poor Plasma Verification

Copy of version 4.0 (in review)

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Printed By Demetra Collier (110199)

Organization Adventist HealthCare

## Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Periodic review	Lab Service director	10/10/2023	3.0	<i>Robert SanLuis</i> Robert SanLuis	
Approval	Lab Director	10/11/2021	3.0	Nicolas Cacciabeve	
Approval	Core lab approvals	10/11/2021	3.0	<i>Robert SanLuis</i> Robert SanLuis	
Approval	QA approval	10/6/2021	3.0	Leslie Barrett	
Periodic review	Lab Service director	10/22/2019	2.0	<i>Robert SanLuis</i> Robert SanLuis	
Periodic review	QA review	10/22/2019	2.0	Leslie Barrett	
Approval Captured outside MediaLab	Lab Director	12/14/2017	2.0	Nicolas Cacciabeve	Recorded on 11/13/2018 by Leslie Barrett (104977) when document added to MediaLab
Periodic review Captured outside MediaLab	Designated Reviewer	12/14/2017	2.0	Nicolas Cacciabeve	Recorded on 11/13/2018 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.

## Prior History

Updated prefix 10/13/21

## Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
3.0	Approved and Current	Major revision	10/6/2021	10/11/2021	Indefinite
2.0	Retired	First version in Document Control	11/13/2018	12/18/2017	10/11/2021

## Linked Documents

- AG.F45 Verification of Platelet Poor Plasma Worksheet

Non-Technical SOP

<b>Title</b>	<b>Platelet Poor Plasma Verification</b>	
<b>Prepared by</b>	Leslie Barrett	Date: 4/19/2010
<b>Owner</b>	Robert SanLuis	Date: 11/5/2015

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

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**1. PURPOSE**

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

**2. SCOPE**

This procedure applies to all personnel performing Coagulation testing.

**3. RESPONSIBILITY**

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

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

#### 4. DEFINITIONS

Platelet Poor Plasma – Plasma with a platelet count of less than 10,000/ $\mu\text{L}$  ( $<10 \times 10^3/\mu\text{L}$ )

#### 5. PROCEDURE

##### A. Testing process

1. Perform this procedure every six (6) months and each time a centrifuge is placed into use for testing.
2. For each centrifuge used to prepare samples for coagulation testing, centrifuge 10 different light blue top tube (3.2% sodium citrate) whole blood samples. Utilize the speed and time posted on the centrifuge being tested.
3. Immediately remove the upper three-fourths of the plasma layer with a plastic or silicone-coated pipette, and store it in a plastic or silicone-coated stoppered tube.
4. Perform a platelet count on each plasma sample.
5. Complete the Verification of Platelet Poor Plasma worksheet for each centrifuge tested. Include the following information:
  - a. Centrifuge ID and serial number
  - b. Time of centrifugation
  - c. Platelet count for all 10 samples
  - d. Indicate acceptability for each sample based on tolerance limits

##### B. Tolerance Limits and Documentation

1. Platelet count less than 10,000 ( $<10 \times 10^3/\mu\text{L}$ )
2. If the platelet value is greater than 10,000, verify the result by repeating the sample count. If the count still remains above 10,000:
  - a. contact the biomedical department for service on that centrifuge **and**
  - b. use an alternative centrifuge that meets the requirement for obtaining platelet-poor plasma
3. Document any corrective action on the worksheet.
4. Retain the worksheet with the instrument correlation studies.

#### 6. RELATED DOCUMENTS

Verification of Platelet Poor Plasma worksheet (AG.F45)

#### 7. REFERENCES

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

**8. REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes G010.002		
000	11/5/15	Update owner Section 3: remove annual SOP review Section 5: remove averaging platelet counts, add acceptability determination for each sample Section 6: move form from section 9	L Barrett	R SanLuis
1	12/12/17	Header: added other sites	L Barrett	R SanLuis
2	10/5/21	Header: deleted site names, added All Labs Footer: updated prefix to AHC	L Barrett	R SanLuis
3	3/5/24	Section 5.1 added perform when centrifuge placed into service. Section 5.5 removed requirement to document cent. speed on the verification form.	D Collier	R SanLuis

**9. ADDENDA AND APPENDICES**

None

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Site: \_\_\_\_\_

**VERIFICATION OF PLATELET POOR PLASMA**

**Date:** \_\_\_\_\_  
**Performed By:** \_\_\_\_\_  
**Centrifuge ID and Serial Number:** \_\_\_\_\_  
**Time of Centrifugation:** \_\_\_\_\_

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

**Tolerance Limits:** Platelet count less than 10 X 10<sup>3</sup>/μL

**Comments:**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Retired or Not Yet Effective