TRAINING UPDATE

Lab Location:	GEC	**Date Distributed:**	8/7/2012
Department:	Core	**Due Date:**	8/31/2012

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

QuikLYTE Na^+ / K^+ / Cl^- by Dimension® Xpand Chemistry Analyzer GEC.C30 v001

Description of change(s):

Section	Reason
1	Add analyzer name
3.1	Add electronic directory
6.7	Add use of TEA for lot to lot runs
9	Add manual calculation for 24hr urine
10.5	Remove code QNSR
11.3	Removed SGAH specific preop value
15	Update to standard wording

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

Approved draft for training (version 001)

Technical SOP

Title	**QuikLYTE Na^+ / K^+ / Cl^- by Dimension® Xpand Chemistry Analyzer**
Prepared by	Ashkan Chini Date: 5/11/2011
Owner	Jean Buss, Robert SanLuis Date: 5/11/2011

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

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

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TABLE OF CONTENTS

1. TEST INFORMATION

Assay	Method/Instrument	Local Code
Sodium, Plasma/Serum	Dimension® Xpand Chemistry Analyzer	SOD
Sodium, Random Urine		UNAR
Sodium, 24 hour Urine		UNA24
Potassium, Plasma/Serum		K
Potassium, Random Urine		UKR
Potassium, 24 hour Urine		UK24
Chloride, Plasma/Serum		CL

Synonyms/Abbreviations
Sodium / Na^+, Potassium/ K^+, Chloride/ Cl^-, Lytes Sodium, Potassium, and Chloride are part of batteries BMP, COMP, LYTE, AND RENP

Department
Chemistry

revised 03/31/00

2. ANALYTICAL PRINCIPLE

The sodium, potassium and chloride (Na/K/Cl) methods use indirect sample sensing with the QuikLYTE® Integrated Multisensor Technology (IMT) to develop an electrical potential proportional to the activity of each specific ion in the sample.
There are five electrodes used to measure electrolytes on the Dimension® system. Three of these electrodes are incorporated into the QuikLYTE® Integrated Multisensor and are ion selective for sodium, potassium and chloride. A reference electrode is also incorporated in the multisensor. After a diluted sample is positioned in the sensor, Na^+, K^+ or Cl^- ions establish an equilibrium with the electrode surface. A potential is generated proportional to the logarithm of the analyte activity in the sample. The electrical potential generated on a sample is compared to the electrical potential generated on a standard solution, and the concentration of the desired ions is calculated by use of the Nernst equation.

3. SPECIMEN REQUIREMENTS

3.1 Patient Preparation

Component	Special Notations
Fasting/Special Diets	N/A
Specimen Collection and/or Timing	Normal procedures for collecting and storing serum and plasma may be used for samples to be analyzed by this method. For potassium measurements, avoid having the patient make a fist during collection. Random Urine: Clean catch specimen. Deliver to laboratory promptly. 24 Hour Urine: Record duration of collection on requisition **and** container
Special Collection Procedures	24 Hour Urine: **Inpatient:** See Laboratory Test Directory (electronic) for details. No preservative should be added. Refrigerate during collection. **Outpatient:** Provide patient with prepared instruction sheet and container.
Other	N/A

3.2 Specimen Type & Handling

Criteria	
Type -Preferred **-Other Acceptable**	Plasma (Heparin), Urine Serum
Collection Container	Plasma: Green top plasma separator tube Serum: Red top tube, Serum separator tube (SST) **24 Hour Urine:** 24 hour container, no additives or preservatives. **Random urine**: Urine collection cup.

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Criteria			
Volume - Optimum	Plasma/serum: 1.0 mL	24 hr. Urine: Total voided in 24 hours	Random urine: 10 mL
- Minimum	Plasma/serum: 0.5 mL	24 hr. urine: N/A	Random urine: 5mL
Transport Container and Temperature	Serum/ Plasma: Collection container or Plastic vial at room temperature Urine, random: Collection kit or container at room temperature, submitted within 2 hours of collection. Urine, 24 hour: Collection container at room temperature		
Stability & Storage Requirements	Room Temperature:	Plasma/serum: 1 week Urine: Not recommended	
	Refrigerated: (2-8°C)	Plasma/serum: 1 week Urine: 24 hours	
	Frozen: (-20°C or colder)	Plasma/serum: 1 month Urine: 1 week	
Timing Considerations	Plasma/serum should be separated from the cells within one hour.		
Unacceptable Specimens & Actions to Take	Specimens that are unlabeled, improperly labeled, or those that do not meet the stated criteria are unacceptable. Request a recollection and credit the test with the appropriate LIS English text code for "test not performed" message. Examples: Quantity not sufficient-QNS; Wrong collection-UNAC. Document the request for recollection in the LIS.		
Compromising Physical Characteristics	Gross hemolysis. Reject sample and request a recollection. Credit the test with the appropriate LIS English text code explanation of HMT (Specimen markedly hemolyzed)		
Other Considerations	Allow to clot completely prior to centrifugation.		

4. REAGENTS

Refer to the Material Safety Data Sheet (MSDS) supplied with the reagents for complete safety hazards. Refer to the section in this procedure covering "SAFETY" for additional information.

4.1 Reagent Summary

Reagents	Supplier & Catalog Number
Sample Diluent	Dimension® clinical chemistry system, REF791092901
Dilution Check	Dimension® clinical chemistry system, REF S640
QuikLYTE® Integrated Multisensor	Dimension® clinical chemistry system, REF S600

Flush Solution	Dimension® clinical chemistry system, REF S630

4.2 Reagent Preparation and Storage

NOTES: Date and initial all reagents upon opening. Each container must be labeled with (1) substance name, (2) lot number, (3) date of preparation, (4) expiration date, (5) initials of tech, (6) any special storage instructions; check for visible signs of degradation.
Refer to the Material Safety Data Sheet (MSDS) for a complete description of hazards. If a specific hazard is present, it will be noted in this procedure when the hazard is first encountered in a procedural step.

Irritant. May cause sensitization by skin contact.

Reagent	**Sample Diluent**
Container	Manufacturer supplied vial
Storage	Store at 2-8° C
Stability	Sample diluent, opened or unopened product, is stable until the expiration date stamped on the vial.
Preparation	Sample diluent is ready for use. No preparation is required.

Reagent	**Dilution Check**
Container	Manufacturer supplied bottle
Storage	Store at 2-8°C
Stability	• Unopened vial is stable until the expiration date stamped on the bottle. • Opened vial is stable for 6 months after first use.
Preparation	Reagents are supplied ready for use. No additional preparation is required.

Reagent	**Flush Solution**
Container	Manufacturer supplied reagent bag
Storage	Store at 2-30°C
Stability	• Unopened reagent bag is stable until the expiration date stamped on the label. • Opened reagent bag is stable for 21 days after first use.
Preparation	Reagents are supplied ready for use. No additional preparation is required.

Sensor	**QuikLYTE® Integrated Multisensor**
Container	Manufacturer sensor
Storage	Store at 2-8°C
Stability	Sensor is stable for 5 days or 1000 samples after first use.

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Preparation	Sensors are supplied ready for use. No additional preparation is required.

Reagent	**Salt Bridge Solution**
Container	Manufacturer supplied bottle
Storage	Store at 2-30° C
Stability	• Unopened bottle is stable until the expiration date stamped on the bottle. • Opened Salt Bridge Solution is stable for 21 days after first use.
Preparation	Salt Bridge Solution is ready for use. No preparation is required.

5. CALIBRATORS/STANDARDS

5.1 Calibrators/Standards Used

Calibrator	Supplier and Catalog Number
QuikLYTE® Standard A solution	Siemens Dimension®, REF S620
QuikLYTE® Standard B solution	Siemens Dimension®, REF S625

5.2 Calibrator Preparation and Storage

NOTE: Date and initial all calibrators upon opening. Each container must be labeled with (1) substance name, (2) lot number, (3) date of preparation, (4) expiration date, (5) initials of tech (6) any special storage instructions; check for visible signs of degradation.

Calibrator	QuikLYTE® Standard A & B solutions
Preparation	Calibrators are supplied ready for use. No additional preparation is required.
Storage/Stability	• Store at 2-30°C • Unopened reagent bag is stable until the expiration date stamped on the label. • Opened reagent bag is stable for 21 days after first use.

5.3 Calibration Parameter

Criteria	Special Notations
Reference Material	QuikLYTE® Standard A & B solutions

Frequency	The IMT system will routinely perform a one point calibration with each sample measurement. In addition, the system performs a two point automatic calibration in duplicate every 2 hours. If no analysis is in progress. Auto-calibration also occurs shortly after turn-on, with the changing of standards A, B, or a sensor and when reset.		
Assay Range		Serum/Plasma	Urine
	Sodium	50 - 200 mmol/L	5 - 300 mmol/L
	Potassium	1 - 10 mmol/L	1 - 300 mmol/L
	Chloride	50 - 200 mmol/L	10 - 330 mmol/L

Assigned Coefficients	Sodium	Potassium	Chloride
C_0	1.5	- 0.2	- 10.0
C_1	1.01	1.05	1.15

5.4 Calibration Procedure

1. From Operating Menu

   press F4: System Prep

   press F3: IMT

   press F2: Calibration (calibration gets done automatically, no further action is required, unless calibration fails)

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
Liquichek Unassayed Chemistry Controls Levels 1 & 2	Bio-Rad Laboratories Catalog # 691 & 692

6.2 Control Preparation and Storage

NOTE: Date and initial all controls upon opening. Each container should be labeled with (1) substance name, (2) lot number, (3) date of preparation, (4) expiration date, (5) initials of tech, and (6) any special storage instructions; check for visible signs of degradation.

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Control	Liquichek Unassayed Chemistry Controls Levels 1 & 2
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	Open controls are stable for 15 days at 2-8°C. Unopened controls are stable until the expiration date at -20 to -70°C.

6.3 Frequency

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

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

6.4 Tolerance Limits

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

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Step	Action
	• 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 Review Patient Data

Technologist must review each result print-out for error messages. Refer to the Dimension® system manual "Error messages" section for troubleshooting. Check for unusual patterns, trends, or distributions in patient results (such as an unusually high percentage of abnormal results). Resolve any problems noted before issuing patient reports.

6.6 Documentation

- QC tolerance limits are programmed into the instrument and the LIS. The LIS 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.

6.7 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® Chemistry Analyzer

7.2 Equipment

- Refrigerator capable of sustaining 2–8°C.
- Freezer capable of sustaining range not to exceed -20 to -70°C.
- Centrifuge

7.3 Supplies

- Plastic serum tubes and serum cups
- Purified water (Millipore® or equivalent)
- Calibrated pipettes and disposable tips

8. PROCEDURE

All necessary reagents are required to perform this test.

QuikLYTE® is performed on the Dimension® clinical chemistry 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.

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.

8.1	Instrument Set-Up Protocol
1.	For instrument set up and operation: Refer to Startup and Maintenance, Siemens Dimension® procedure.
2.	Check reagent inventory
3.	Sampling, reagent delivery, mixing, processing, and printing of results are automatically performed by the Dimension® system. For details of the automated parameters, see below under “Test conditions.”

8.2	Specimen/Reagent Preparation
1.	Centrifuge the specimens.
2.	For sites with StreamLab (Lynx): **Qualifying** samples are loaded via the Dimension® Lynx System which automatically routes specimens to the instruments. Refer to the Dimension® Streamlab® Analytical Workcell (Lynx) System manual for instructions.
3.	Alternatively, specimens are placed in color-coded Dimension® segments for analysis by the instrument. Refer to the Sample Processing, Siemens Dimension® procedure. The sample container (if not a primary tube) must contain sufficient quantity to accommodate the sample volume plus 50 µL of dead volume. Precise container filling is not required.

8.3	Specimen Testing
1.	For QC placement and frequency, refer to the Dimension® QC Schedule in the Laboratory QC Program.
2.	Follow the instructions, outlined in the Dimension® Operators 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® 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). Repeat critical values and document according to Critical Values procedure. 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 Size: Na^+, K^+, Cl^-	45 µL
Temperature:	18-29° C
Type of Measurement:	Indirect Potentiometric

9. CALCULATIONS

The instrument automatically calculates and prints the concentration of Na^+, K^+, Cl^- in mmol/L.

For 24 hour urine **Sodium**, the LIS will calculate the total mmol/L of Sodium/24hrs if the Sodium result from the aliquot is within the CRR. **CRR for urine Sodium is 5-300** mmol/L.

If below **5** mmol/L, the total mmol/24hrs is manually calculated as follows:

$$\frac{(\mathbf{5}\ \text{mmol/L}) \times (\text{Total Urine Volume})}{100} = \ < \ \#\ \text{mmol/24hrs}$$

A "less than" character **(<)** is placed in front of the numerical value when reporting.

For 24 hour urine **Potassium**, substitute the number **1** instead of the **5** in the above calculation. **CRR for urine Potassium is 1-300** mmol/L.

For values **above** the CRR for both Sodium and Potassium (300 mmol/L), the same calculation is used as above except substitute **300** for **5** and use the "greater than" character (>) in front of the numerical answer from the calculation.

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

mmol/L

10.4 Clinically Reportable Range (CRR)

	Serum/Plasma	Urine
Sodium	50-200 mmol/L	5-300 mmol/L
Potassium	1-10 mmol/L	1-300 mmol/L
Chloride	50-200 mmol/L	

10.5 Repeat Criteria and Resulting

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

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

IF the result is …	**THEN…**
Plasma/serum Na >200 mmol/L K >10.0 mmol/L Cl >200 mmol/L	Repeat the assay using the primary sample. If results are still greater than the CRR, consult supervisor before releasing results.
Urine results Na >300 mmol/L K >300 mmol/L	Repeat the assay using a freshly prepared aliquot from the primary sample. If results are still greater than the CRR, consult supervisor before releasing results. See Section 9 for Calculation instructions for 24 hour urines.

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

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11. EXPECTED VALUES

11.1 Reference Ranges

Plasma/Serum:

Age	Sodium	Potassium	Cloride
Adult (>18 years):	135-145 mmol/L	3.5-5.1 mmol/L	98-107 mmol/L
Pediatric:			
0 – 6 days	131-144	3.5-5.7	97-108
7 – 30 days	132-142	3.4-6.1	97-108
1 – 5 months	132-140	3.5-5.8	97-108
6 – 12 months	131-140	3.5-6.1	97-106
13 – 24 months	132-141	3.3-4.7	97-107
> 2 years	135-145	3.5-5.1	98-107

Random Urine:

Age	Sodium	Potassium
All	20-110 mmol/L	12-62 mmol/L

24 hour Urine:

Age	Sodium	Potassium
All	40-200 mmol/24hr	25-125 mmol/24hr

11.2 Critical Values

Plasma/serum

Analyte	Low Critical Values	High Critical Values
Na	< 120 mmol/L	> 160 mmol/L
K (SGAH/GEC)	< 2.9 mmol/L	> 6.1 mmol/L
K (WAH)	< 3.0 mmol/L	> 6.1 mmol/L
Cl	< 75 mmol/L	> 126 mmol/L

11.3 Priority 3 Limit(s)

None established

12. CLINICAL SIGNIFICANCE

Chloride may be decreased in the following cases: Hypoventilation, Protracted Vomiting, Chronic Diarrhea, Diabetic Ketoacidosis, Lactic Acidosis, Adrenal Disease, and/or Renal Failure. Increased Chloride may occur in the following: **Hyperventilation:** Excess breathing results in the reduction of carbonic acid content of plasma and therefore a fall in bicarbonate ion concentration. There are many causes of excess ventilation: they include many diverse diseases, drugs which stimulate the respiratory center, anxiety, fear, and decreased oxygen tension or increased CO2 tension in the blood. **Drugs:** Large doses of ammonium or

potassium chloride may produce hyperchloremia. **Dehydration:** A decrease in plasma water will necessarily result in an increase in the chloride concentration.

Some causes of increased potassium may include anuria, tissue damage (crush injuries, with damage to large volumes of muscle tissue, and massive hemolysis, are examples), violent muscle contraction (vigorous exercise may cause a temporary elevation in plasma potassium), certain seizures, Addison's disease (Primary Adrenal Insufficiency), and Diabetes mellitus.
Decreased potassium levels may occur in prolonged diarrhea or vomiting, diuretic administration, and mineralocorticoid excess.

Increased Sodium may occur in simple dehydration, diabetes insipidus, hypothalamic disease, osmotic loading, excessive sodium intake, steroid therapy, excessive sweating, or Cushing's disease. Decreased sodium levels are more common and may be due to diuretics, sweating, kidney disease, congestive heart failure, severe diarrhea and vomiting, primary adrenal insufficiency, hepatic cirrhosis, diabetes mellitus, or inappropriate antidiuretic hormone secretion.

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 you Dimension Operator's Guide.

A system malfunction may exist if the following 5-test precision is observed:

	Concentration	**S.D.**
Sodium	120-160 mmol/L	> 2.0 mmol/L
Potassium	2-6 mmol/L	> 0.15 mmol/L
Chloride	95-128 mmol/L	> 2.0 mmol/L

14. LIMITATIONS OF METHOD

14.1 Analytical Measurement Range (AMR)

	Serum/Plasma	**Urine**
Sodium	50-200 mmol/L	5-300 mmol/L
Potassium	1-10 mmol/L	1-300 mmol/L
Chloride	50-200 mmol/L	

14.2 Precision

Material	**Mean mmol/L**	**Standard Deviation (%CV)**	
		Within-run	**Total**
Sodium Normal QC	130	0.7	2
Sodium Elevated QC	148	0.9	1.5

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Sodium Urine QC	148	0.8	1.7
Potassium Normal QC	4.2	0.02	0.05
Potassium Elevated QC	5.8	0.05	0.07
Potassium Urine QC	66	0.4	1.6
Chloride Normal QC	96	0.6	1.4
Chloride Elevated QC	110	0.6	1.1
Chloride Urine QC	173	1.7	1.9

14.3 Interfering Substances

Samples exposed to Benzalkonium salts present in certain blood catheter devices will cause falsely elevated sodium and potassium measurements.
Citrate at a test concentration of 52.9 mmol/L decreases sodium by 38 mmol/L, decreases potassium by 0.6 mmol/L and increases chloride by 57 mmol/L.
Thiopental increases sodium results by as much as 8 mmol/L at 14 mg/dL of thiopental and up to 4 mmol/L at 2.8 mg/dL of tipental.

14.4 Clinical Sensitivity/Specificity/Predictive Values

Not available.

15. SAFETY

The employee has direct responsibility to avoid injury and illness at work. Nearly all harmful exposures to infectious substances and chemicals, and other injuries, can be avoided with effective training and consistent safe work practices.

Become familiar with the Environmental Health and Safety (EHS) Manual to learn the requirements on working safely and protecting the environment from harm. Although lab work typically focuses on the hazards of working with specimens and chemicals, we must also control other important hazards.

- Slips, trips, and falls cause many serious injuries. Please ensure that spills are cleaned quickly (to avoid slippery floors) and that you can see and avoid obstacles in your path.
- Ergonomic injuries result from performing tasks with too much repetition, force, or awkward position. Ergonomic injuries include strains and back injuries. Learn about ergonomic hazards and how to prevent this type of injury.
- Scratches, lacerations, and needlesticks can result in serious health consequences. Attempt to find ways to eliminate your risk when working with sharp materials.

Report all accidents and injuries immediately to your supervisor or the business unit Environmental Health and Safety Manager or Specialist.

16. RELATED DOCUMENTS

1. Dimension® Clinical Chemistry System Operator's Manual
2. Dimension® Calibration/Verification Procedure
3. Dimension® Cal Accept Guidelines
4. Dimension® Calibration summary

5. Sample Processing, Siemens Dimension® procedure
6. Start up and Maintenance, Siemens Dimension® procedure
7. Laboratory Quality Control Program
8. QC Schedule for Siemens Dimension®
9. Laboratory Safety Manual
10. Material Safety Data Sheets (MSDS)
11. Siemens Dimension® Limits Chart
12. Quest Diagnostics Records Management Procedure
13. Dimension® Error Messages Chart
14. Centrifuge Use, Maintenance and Functions Checks (Lab policy)
15. Hemolysis, Icteria and Lipemia Interference (Lab policy)
16. Repeat Testing Requirements (Lab policy)
17. Critical Values (Lab policy)
18. Current Allowable Total Error Specifications at http://questnet1.qdx.com/Business_Groups/Medical/qc/docs/qc_bpt_tea.xls
19. Current package insert QuikLYTE® Integrated Multisensor REF S600

17. REFERENCES

1. Ghoshal, Amit K. and Soldin, Steven J., Evaluation of the Dade Behring Dimension® RxL: Integrated chemistry system-pediatric reference ranges. Clinica Chimica Acta 2003; 331:144
2. Package Insert, QuikLYTE® Integrated Multisensor REF S600, Siemens Healthcare Diagnostics Inc., 09/10/2009.
3. Package insert, Liquichek Unassayed Serum Chemistry Controls, Bio-Rad Laboratories, 08/2009.
4. Package insert, Sample diluent REF791092901, 01/2010.

18. REVISION HISTORY

Version	Date	Section	Reason	Reviser	Approval
			Supersedes SOP C106.001		
000	7/30/2012	1	Add analyzer name	L Barrett	J Buss, RSL
000	7/30/2012	3.1	Add electronic directory	L Barrett	J Buss, RSL
000	7/30/2012	6.7	Add use of TEA for lot to lot runs	L Barrett	J Buss, RSL
000	7/30/2012	9	Add manual calculation for 24hr urine	J Buss	J Buss, RSL
000	7/30/2012	10.5	Remove code QNSR	L Barrett	J Buss, RSL
000	7/30/2012	11.3	Removed SGAH specific preop value	L Barrett	J Buss, RSL
000	7/30/2012	15	Update to standard wording	L Barrett	J Buss, RSL

19. ADDENDA

None