DXC 600 (AMR) ANALYTICAL MEASUREMENT RANGE

☐ St. Joseph Medical Center Tacoma, WA ☒ St. Clare Hospital Lakewood, WA ☐ St. Elizabeth Hospital Enumclaw, WA
☒ St. Francis Hospital Federal Way, WA ☒ St. Anthony Hospital Gig Harbor, WA ☐ PSC

Test	Analytical Measurement Range (AMR)	Reportable Range	Acceptable Diluent	Maximum Manual Dilutions	Special Notes	Upper Limit report as	Lower Limit report as
ACTM	10 – 300 ug/mL	10-600µg/mL	Saline	X2 (MAX dilution)		>600 µg/mL	<10 µg/mL
ALB	1.0 – 7.0 g/dL	1.0-14.0g/dL	Saline	X2 (MAX dilution)		>14.0 g/dL	<1.0 g/dL
ALP	5 – 1650 IU/L Straight (5-1000) Ordac (800-1650)	5-8250 IU/L	Saline	X5 (MAX dilution)		>8250 IU/L	<5 IU/L
ALT	5 – 2600 IU/L Straight (5-400) Ordac (350-2600)	5-13000 IU/L	Saline	Dilute “OIR LO” X2 X5 (MAX dilution)		>13000 IU/L	<5 IU/L
AMM	9 – 1000 µmol/L	9 – 1000 µmol/L	N/A	DO NOT DILUTE		>1000 µmol/L	<9 µmol/L
AMY7	5 – 2000 U/L Straight (5–1200) Ordac (1000-2000)	5-10000 U/L pl/serum 5-202,000 U/L urine	Saline	X5 (MAX dilution) for plasma/serum		>10000 U/L for plasma / serum	<5 U/L plasma/ serum
AST	5 – 2600 IU/L Straight (5-400) Ordac (350-2600)	5-13000 IU/L	Saline	Dilute “OIR LO” X2 X5 (MAX dilution)		>13000 IU/L	<5 IU/L
BUN	5 – 100 mg/dL serum/plasma	5 - 300mg/dL plasma and serum	Saline	X3 (MAX dilution) Plasma/serum		>300 mg/dL plasma / serum	<5 mg/dL plasma & serum

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CA	2 - 20 mg/dL plasma/serum	2-40 mg/dL plasma and serum	DI water (NERL)	X2 (MAX dilution) Plasma/serum		>40 mg/dL plasma/ serum	<2 mg/dL plasma/ serum
CAR (TEG)	2-20 µg/mL	2-40 µg/mL	Saline	X2 (MAX dilution)	Reanalyze specimens reported out as SUPPRESSED due to RXN ERROR	>40 µg/mL	<2 µg/mL
CK	5 – 4100 IU/L Straight (5-1200) Ordac (860-4100)	5-20500 IU/L	Saline	X5 (MAX dilution)		>20500 IU/L	<5 IU/L
CL	Serum/plasma/BF 50-200 mmol/L, Serum/plasma	50-200 mmol/L serum/plasm	N/A	DO NOT DILUTE serum/plasma		>200 mmol/L serum/plasma	<50 mmol/L serum and plasma
CO_2	5 – 50 mmol/L	5-100 mmol/L	DI water (NERL)	X2 (MAX dilution)		>100 mmol/L	<5 mmol/L
CREA	Serum/plasma 0.3 – 25 mg/dL Urine 10 – 400 mg/dL (for DSUs)	0.3-50 mg/dL serum and plasma Urine 10-400 mg/dL (for DSUs)	Saline N/A	X2 (MAX dilution) serum/plasma DO NOT DILUTE URINE	Send all urine creats except for DSUs to SJMC	>50 mg/dL serum / plasma >400 mg/dL urine (for DSUs)	<0.3 mg/dL <10 mg/dL urine (for DSUs)
D BIL	0.1 – 10.0 mg/dL	0.1-20 mg/dL	Azide free human serum albumin	X2 (MAX dilution)		>20 mg/dL	<0.1 mg/dL
ETOH	5 – 600 mg/dL plasma/serum/ urine	5 – 1200 mg/dL	ETOH Cal 1	X2 (MAX dilution)		>1200 mg/dL plasma/ serum/urine	<5 mg/dL plasma serum and urine

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Test	Analytical Measurement Range (AMR)	Reportable Range	Acceptable Diluent	Maximum Manual Dilutions	Special Notes	Upper Limit report as	Lower Limit report as
GGT	5 – 3000 IU/L Straight (5 – 750) Ordac (550 – 3000)	5-15000 IU/L	Saline	X5 (MAX dilution)		>15000 IU/L	<5 IU/L
GLUC(m)	3-1200 mg/dL CSF/BF/Urine Straight (3-600) Ordac (300-1200)	3-2400mg/dL	Saline	X2 (MAX dilution)		>2400 mg/dL Plasma/CSF/ BF/Urine	<3 mg/dL Plasma/CSF BF/Urine
K	1.0-15.0 mmol/L Serum/plasma	1.0-15.0 mmol/L	N/A	DO NOT DILUTE Serum/plasma		>15.0 mmol/L Serum/ plasma	<1.0 mmol/L Serum and plasma
LD	5 – 2700 IU/L Straight (5-750) Ordac (600-2700)	5 – 13500 IU/L	Saline	X5 (MAX dilution)		>13500 IU/L	<5 IU/L
LIP **LIPASE**	10 – 400 U/L Straight (10-200) Ordac (180-400)	10-2000 U/L	Patient sample of known low lipase value	Dilute specimens with “out of range high values” with patient sample of known low lipase value and reanalyze. X5 (MAX dilution)		>2000 U/L	<10 U/L
LITHIUM	0.1- 3.0 mmol/L	0.1 – 6.0 mmol/L	Saline	X2 (MAX dilution)	ORDAC NOT TURNED ON. EDTA the only acceptable anticoagulant.	>6.0 mmol/L	<0.1 mmol/L
LACT	0.3–11.0 mmol/L Plasma/CSF	0.3 - 22.0 mmol/L	Saline	X2 (MAX dilution)		>22.0 mmol/L	<0.3 mmol/L

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Test	Analytical Measurement Range (AMR)	Reportable Range	Acceptable Diluent	Maximum Manual Dilutions	Special Notes	Upper Limit report as	Lower Limit report as
M-TP	6-300 mg/dL CSF	6-600 mg/dL CSF	Saline	X2 (MAX dilution) CSF	**IF** serum protein carryover is suspected, run saline blanks prior to analysis of test specimen.	>600 mg/dL CSF	<6.0 mg/dL CSF
MG	0.1 – 7.0 mg/dL serum/plasma	0.1 – 14.0 mg/dL	Saline	X2 (MAX dilution)		>14.0 mg/dL	<0.1 mg/dL
NA	100 – 200 mmol/L Serum/plasma	100-200 mmol/L serum and plasma	N/A	DO NOT DILUTE serum/plasma		>200 mmol/L serum/ plasma	<100 mmol/L serum and plasma
PHY	2.5 – 40 µg/mL	2.5- 80 µg/mL	Saline	X2 (MAX dilution)	Reanalyze specimen reported out as SUPPRESSED due to RXN ERROR	>80 µg/mL	<2.5 µg/mL
PHS	1.0– 12.0 mg/dL Serum/plasma	1.0 – 24.0 mg/dL	Saline	X2 (MAX dilution)	Interference may occur with specimens from patients with abnormal immunoglobulin synthesis (e.g. multiple myeloma). Some of these specimens may precipitate out when mixed with reagent, causing "rxn noise" errors. In an event such as this: 1) Dilute specimen 1:2 with saline and reanalyze; 2) If "rxn noise" still occurs, dilute specimen 1:2 with 12% TCA (Trichloroacetic acid). Centrifuge and analyze the supernatant.	>24.0 mg/dL	<1.0 mg/dL

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SALY	4 – 100 mg/dL	4-200 mg/dL	Saline	X2 (MAX dilution)		>200 mg/dL	<4 mg/dL
T BIL	0.1 – 30 mg/dL	0.1 – 60 mg/dL	Azide free human serum albumin	X2 (MAX dilution)		>60mg/dL	<0.1 mg/dL
TP	3.0 – 12.0 g/dL Serum/plasma NO CSFs	3.0- 24.0 g/dL	Saline	X2 (MAX dilution)		>24.0 g/dL	<3.0 g/dL
TTCA	0-800 ng/mL Serum/plasma	0-800 ng/mL	N/A	DO NOT DILUTE	Semi-quantitative test reported as: 0-300 ng/mL 300-500 ng/mL 500-700 ng/ml 700-800 ng/mL >800 ng/mL	>800 ng/mL	Reported as 0-300ng/mL
URIC	0.5 – 21.0 mg/dL Serum/plasma Straight (0.5-12.0) Ordac (9.0 – 21.0)	0.5 – 42 mg/dL	Saline	X2 (MAX dilution)		>42 mg/dL	<0.5 mg/dL
VANC	3.5 – 60 ug/mL Straight (3.5 – 40) Ordac (30 – 60)	3.5 – 120 ug/mL	See Manual Dilution Column	>60 ug/mL Specimens: Dilute with saline X2 (MAX dilution) <0.1 ug/mL specimens: Dilute 1:2 with Synchron 2 & if value X2 does not match value of known sample, send to PAML, if does match, report <3.5		>120 ug/mL	<3.5 ug/mL

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DOCUMENT APPROVAL **Purpose of Document / Reason for Change:**			
3/5/2013 – ETOH unit of measure and decimal point changes. ETOH unit of measure changed from g/dL to mg/dL and with zero decimal points.			
☐ *No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.*			
Committee Approval Date	☐ Date: ☐ N/A – revision of department-specific document which is used at only one facility	**Medical Director Approval** *(Electronic Signature)*	Linda D. Blumkhardt, MD **3/10/13**

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