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WORK INSTRUCTION

J-W-CH-6002-00

DXC 800 MANUAL QC PROGRAMMING

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

Harrison Medical Center, Bremerton, WA
 Harrison Medical Center, Silverdale, WA
 PSC

PURPOSE

To act as a guide when manually programming QC on the Beckman-Coulter DXC's so that the results will cross directly to LIS, without the need for manual result entry. It can be used when performing MINI QC (All MC side tests on evenings and night shifts), Second Pack QC, and with the Diluted Urine Controls.

RELATED DOCUMENTS

J-F-CH-0820 DXC 800 Controls

INSTRUCTIONS

Key Notes:

- You have to clear the range of QC accession numbers to be used on each instrument, both before and after programming your controls.
- You cannot run both your manually programmed QC and your bar-coded QC racks at the same time.

For MINI QC or Second Packs

 Clear the following range of accession numbers for each instrument. From the "Program Sample" screen on the DXC, select <F7 – Clear> and enter the appropriate control accession numbers in their respective boxes (From/To):

DXC #	DXC S/N	Sample ID(s): From	Sample ID(s): To
1	4574	5740111401X	5746211401X
2	5844	5840111201X	5846211201X
3	4474	4740111301X	4746211301X

- From the same screen, clear the GREEN Racks to be used for your QC. Enter the individual rack number (one at a time) or a range of racks (i.e. 1-50 or 1-800) in the "Rack(s)" text box and press Enter followed by "OK" twice.
- 3. From the "Program Sample" screen on the DXC, select <F5 Control> and choose your control from the list.
- 4. Enter Rack Number and Position.
- 5. Assign Control ID by touching the Drop-Down arrow on the right side of the Control ID box and select the accession number shown. The accession number will then appear in the box. If the tests appear to be already selected, but grayed out, go back to the beginning and clear the accession numbers again.

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- For MINI QC: Assign the appropriate QC Panel (Panel 13 for Multiquals, Panel 14 for Urines). For Second Packs: Select <F8 – Rgt Cart> and pick the cartridges you wish to QC, then "OK". Select "Save" when finished.
- 7. Run the rack on the DXC. When all results are complete, you must once again clear the range of accession number listed above for each instrument.

For Diluted BUN/PHOS Urine Controls

1. Important Note: **Do Not Clear** Rack 899 or the following accession numbers (Urine BUN/PHOS controls) from the instruments:

DXC #	DXC S/N	Accession number range – Do Not Clear
1	4574	5747111401X – 5747211401X
2	5844	5847111201X – 5847211201X
3	4474	4747111301X – 4747211301X

- 2. From "Program Sample" screen, select <F6 Rerun>.
- Enter "899" in the "Rack(s)" text box. Choose "Select" if you want to review/confirm the sample
 programming. Otherwise, choose "All". Then you can review the programming by selecting <F9 List> and
 entering the rack number you wish to review and choose "Display".
- 4. The Load List should look as follows (accession numbers are specific for each instrument):

Rack	Pos	Sample ID/ Patient Name	Sample Type/ Dilution	Replicates/ Chemistries	Status
899	1	5847111201X 5847111201UR1BUNPHOS	Random Urine 10	BUNm PHOSm	Rerun
899	2	5847211201X 5847211201UR2BUNPHOS	Random Urine 10	BUNm PHOSm	Rerun

- 5. If you need to reprogram Rack 899 (due to it being cleared), follow the instructions on page 1 for programming "MINI QC or Second Packs" and reassign the accession numbers. In step 5, choose BUN and PHOS for the tests. Choose <F3 Options> to re-enter the dilution factor (10), then select "Save".
- 6. Run the control rack. Do not clear rack when completed.

REFERENCES

Beckman Coulter, IFU Manual Unicel®DXC600/DXC800 2006

DOCUMENT APPROVAL Purpose of Document / Reason for Change:

Updated for current process and to make an official document.

9/1/15-Changed to J only procedure, formatting

No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.

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