

Our best care. Your best health."

WORK INSTRUCTION

M-W-CH-1922-01

DXC 600 (TP) TOTAL PROTEIN

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 PSC

PURPOSE

To provide instruction for the quantitative determination of total protein on the DXC 600.

PRINCIPLE

TP reagent, when used in conjunction with UniCel® DxC 600 System(s) and SYNCHRON® Systems Multi Calibrator, is intended for the quantitative determination of Total Protein concentration in human serum or plasma.

BACKGROUND

Clinical Significance

Total protein measurements are used in the diagnosis and treatment of diseases involving the liver, kidney or bone marrow, as well as other metabolic or nutritional disorders.

Methodology

TP reagent is used to measure the total protein concentration by a timed-endpoint biuret method. In the reaction, the peptide bonds in the protein sample bind to cupric ions in an alkaline medium to form colored peptide/copper complexes.

The SYNCHRON® System(s) automatically proportions the appropriate sample and reagent volumes into a cuvette. The ratio used is one part sample to 50 parts reagent. The System monitors the change in absorbance at 560 nanometers. This change in absorbance is directly proportional to the concentration of TP in the sample and is used by the System to calculate and express the TP concentration.

RELATED DOCUMENTS

R-PO-CH0810	Quality Control Program General Laboratory
R-PO-CH0809	Quality Control Westgard Rules Statistics
R-PR-AD0540	Specimen Rejection/Cancellation Protocol
M-F-CH0820	Chemistry Controls
M-F-CH0826	Chemistry Calibrators
M-F-CH1940	DXC 600 Analytical Measurement Range

SPECIMEN

Type of Specimen

Enter Document Path: 01.doc	J:\Lab\LAB\Document Control\Chemistry Active\DXC 600 (TP) Total Protein-	Effective Date: 7-1-2015	Page 1 of 6
Unauthorized use or copying of this document is prohibited by FHS.			

Biological fluid samples should be collected in the same manner routinely used for any laboratory test. Freshly drawn serum or plasma are the preferred specimens. Acceptable anticoagulants are listed in the PROCEDURAL NOTES section of this chemistry information sheet. Whole blood, urine or cerebrospinal fluid are not recommended for use as a sample.

Specimen Storage and Stability

- 1. Tubes of blood are to be kept closed at all times and in a vertical position. It is recommended that the serum or plasma be physically separated from contact with cells within two hours from the time of collection.
- 2. Separated serum or plasma should not remain at room temperature longer than 8 hours. If assays are not completed within 8 hours, serum or plasma should be stored at +2°C to +8°C. If assays are not completed within 48 hours, or the separated sample is to be stored beyond 48 hours, samples should be frozen at -15°C to -20°C. Frozen samples should be thawed only once. Analyte deterioration may occur in samples that are repeatedly frozen and thawed.

Sample Type	Volume	Sample Stability
Plasma/Serum	0.5ml	 8 hours at 18-26° C 48 hours at 2-8° C After 48 hours, freeze at -15 to -20° C CSF specimens are not run using this method. Refer to M-TP procedure R-W-CH-1925

Criteria for Unacceptable Specimens

See Specimen Rejection/Cancellation Protocol

Sample Volume

A filled 0.5 mL sample cup is the optimum volume. For optimum primary sample tube volumes in primary tube samples and minimum volumes, refer to the Primary Tube Sample Template for your system.

REAGENTS

Contents

Each kit contains the following items: Two TP Reagent Cartridges, Kit number 442740 (2 x 300 tests)

Volume per Test		
Sample Volume	6 µL	
Total Reagent Volume	300 µL	
Cartridge Volumes	A 300 µL B – – C – –	

Reactive Ingredients	
Cupric Sulfate	12 mmol/L
pН	>12.5

Also non-reactive chemicals necessary for optimal system performance.

Reagent Preparation

No preparation is required.

Enter Document Path: 01.doc	J:\Lab\LAB\Document Control\Chemistry Active\DXC 600 (TP) Total Protein-	Effective Date: 7-1-2015	Page 2 of 6
Unauthorized use or copying of this document is prohibited by FHS.			

Acceptable Reagent Performance

The acceptability of a reagent is determined by successful calibration and by ensuring that quality control results are within your facility's acceptance criteria.

Reagent Storage and Stability

TP reagent when stored unopened at room temperature will remain stable until the expiration date printed on the cartridge label. Once opened, the reagent cartridge is stable for 20 days at +2°C to +8°C. Do not use beyond the manufacturer's expiration date. DO NOT FREEZE.

CALIBRATION

Calibrator Required

SYNCHRON[®] Systems Multi Calibrator

Calibrator Preparation

No preparation is required.

Calibrator Storage and Stability

If unopened, the SYNCHRON® Systems Multi Calibrator may be stored at -15°C to -20°C until the expiration date printed on the calibrator bottle. Opened calibrators that are resealed and stored at +2°C to +8°C are stable for 20 days. Do not use beyond the manufacturer's expiration date printed on the bottle.

Calibration Information

- 1. The system must have a valid calibration curve in memory before control or patient samples can be run.
- 2. Under typical operating conditions the TP reagent cartridge must be calibrated every 7 days and also with certain parts replacements or maintenance procedures, as defined in the UniCel DxC 600/800 Systems *Instructions For Use* (IFU) manual.
- 3. This assay has within-lot calibration available. For detailed calibration instructions, refer to the UniCel DxC 600/800 Systems *Instructions for Use* (IFU) manual.
- 4. The system will automatically perform checks on the calibration and produce data at the end of calibration. In the event of a failed calibration, the data will print out with error codes and the system will alert the operator of the failure. An explanation of these error codes can be found in the UniCel DxC 600/800 Systems *Instructions For Use* (IFU) manual.

Traceability

For Traceability information refer to the Calibrator instructions for use.

QUALITY CONTROL

See Related Documents M-F-CH0820 Chemistry Controls

Enter Document Path: 01.doc	J:\Lab\LAB\Document Control\Chemistry Active\DXC 600 (TP) Total Protein-	Effective Date: 7-1-2015	Page 3 of 6
Unauthorized use or copying of this document is prohibited by FHS.			

STEPS

- 1. If necessary, load the reagent onto the system.
- 2. After reagent load is completed, calibration is required.
- 3. Program controls for analysis.
- 4. After loading controls onto the system, follow the protocols for system operation. To load samples manually refer to the FHS DXC Series Manual Sample Programming procedure. For detailed testing procedures, refer to the UniCel DxC 600/800 System *Instructions For Use* (IFU) manual.

NOTICE: The system must be operating at +37°C.

CALCULATIONS

The system performs all calculations internally to produce the final reported result. The system will calculate the final result for sample dilutions made by the operator when the dilution factor is entered into the system during sample programming.

ANTICOAGULANT TEST RESULTS

Anticoagulant	Level Tested for In Vitro Interference
Lithium Heparin	14 Units/mL
Sodium Heparin	14 Units/mL

PERFORMANCE CHARACTERISTICS

Reference Range

Age	Range
0 – 12 mo	4.3 – 6.9 g/dL
13 mo – 3 yrs	5.2 – 7.4 g/dL
4 – 6 yrs	5.6 – 7.7 g/dL
7 – 10 yrs	6.5 – 8.3 g/dL
11 – 18 yrs	6.1 - 8.0 g/dL
>18 yrs	6.1 – 8.4 g/dL

Analytic Range

The SYNCHRON[®] System(s) method for the determination of this analyte provides the following analytical range:

Sample Type	Conventional Units
Serum or Plasma	3.0 – 12.0 g/dL

Samples with concentrations exceeding the high end of the analytical range should be diluted with saline and reanalyzed.

Reporting results outside of analytical range

Enter Document Path: J:\Lab\LAB\Document Control\Chemistry Active\DXC 600 (TP) Total Protein- 01.doc		Effective Date: 7-1-2015	Page 4 of 6
Unauthorized use or copying of this document is prohibited by FHS.			

Lower limit of range: serum / plasma	3.0 g/dL	Results below 3.0, report as <3.0
Upper limit of range: serum / plasma	12.0 g/dL	Results >12.0, should be diluted with saline, reanalyzed and dilution factor applied. The maximum allowable dilution is X2. Results >24.0 should be reported as >24.0.

LIMITATIONS

Plasma samples generally yield values slightly higher than serum samples due to the presence of fibrinogen in the plasma. Experimental data showed an average increase of 0.3 g/dL with a range 0.1 to 0.5 g/dL.

Interferences

The following substances were tested for interference with this methodology:

Substance	Source	Level Tested	Observed Effect
Bilirubin	Porcine	30 mg/dL INDEX of 20	NSI
Lipemia	Human	500 mg/dL INDEX of 10	NSI
Hemoglobin	Human	500 mg/dL INDEXof 10	NSI
Dextran	Dextran 40	7,500 mg/dL	NSI
Fluorescein	NAc	25 mg/dL	-1.8 g/dL
Methyl dopa	Methyl Dopa HCI	5.0 mg/dL	NSI
Sulfasalazine (Azulfidine)	NA	7.5 mg/dL	-2.4 g/dL

NSI = No Significant Interference. Refer to References (9, 10,11) for other interferences caused by drugs, disease and preanalytical variables.

ADDITIONAL INFORMATION

For more detailed information on UniCel DxC System(s), refer to the appropriate system manual.

REFERENCES

- 1. Hiller, A., Plazin, J., Van Slyke, D. D., J. Biol Chem., 176:1401 (1976).
- 2. Tietz, N. W., "Specimen Collection and Processing; Sources of Biological Variation", *Textbook of Clinical Chemistry*, 2nd Edition, W. B. Saunders, Philadelphia, PA (1994).
- 3. National Committee for Clinical Laboratory Standards, *Procedures for the Handling and Processing of Blood Specimens*, Approved Guideline, NCCLS publication H18-A, Villanova, PA (1990).
- 4. CDC-NIH manual, *Biosafety in Microbiological and Biomedical Laboratories*, U.S. Government Printing Office, Washington, D.C. (1984).
- 5. Tietz, N. W., Clinical Guide to Laboratory Tests, 3rd Edition, W. B. Saunders, Philadelphia, PA (1995).
- 6. National Committee for Clinical Laboratory Standards, *How to Define, Determine, and Utilize Reference Intervals in the Clinical Laboratory*, Approved Guideline, NCCLS publication C28-A, Villanova, PA (1994).
- 7. Tietz, N. W., ed., Fundamentals of Clinical Chemistry, 3rd Edition, W. B. Saunders, Philadelphia, PA (1987).
- 8. Henry, J. B., *Clinical Diagnosis and Management by Laboratory Methods*, 18th Edition, W. B. Saunders Company, Philadelphia, PA (1991).
- 9. Young, D. S., Effects of Drugs on Clinical Laboratory Tests, 3rd Edition, AACC Press, Washington, D.C. (1990).
- 10. Friedman, R. B., Young, D. S., *Effects of Disease on Clinical Laboratory Tests*, 2nd Edition, AACC Press, Washington, D.C. (1989).
- 11. Young, D. S., Effects of Preanalytical Variables on Clinical Laboratory Tests, AACC Press, Washington, D.C. (1993).

Enter Document Path: 01.doc	J:\Lab\LAB\Document Control\Chemistry Active\DXC 600 (TP) Total Protein-	Effective Date: 7-1-2015	Page 5 of 6		
Unguthorized use or conving of this document is prohibited by EHS					

- 12. National Committee for Clinical Laboratory Standards, *Method Comparison and Bias Estimation Using Patient Samples*, Tentative Guideline, NCCLS publication EP9-T, Villanova, PA (1993).
- 13. National Committee for Clinical Laboratory Standards, *Precision Performance of Clinical Chemistry Devices*, 2nd Edition, Approved Guideline, Vol. 19, No. 2, NCCLS publication EP5-A, Villanova, PA (1999).

Enter Document Path: 01.doc	J:\Lab\LAB\Document Control\Chemistry Active\DXC 600 (TP) Total Protein-	Effective Date: 7-1-2015	Page 6 of 6			
Unauthorized use or copying of this document is prohibited by FHS.						