
 YALE-NEW HAVEN HOSPITAL	TITLE: HPLC MIXING STUDY FOR LINEARITY		DEPT OF LAB MEDICINE CLINICAL HEMATOLOGY Policy and Procedure Manual
			DOCUMENT # H-01-009
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WRITTEN BY: Paula Morris, MT (ASCP)	EFFECTIVE DATE: 10-2009	REVISION: H-2 3/12/12	SUPERCEDES: H-1 10-2009

I. MIXING STUDY FOR LINEARITY VARIANT II AND D10:

- A. Requires a normal Hgb AA specimen and a specimen or prepared hemolysate of a known abnormal Hgb (S,C,E, and F)(“Hgb X”)
- B. Prepare dilutions for each sample according to the following procedure.
- C. Analyze on HPLC and D10.
- D. Calculate expected % Hb X vs measured %Hb X utilizing Excel, Linearity Template.
- E. Enter the expected and measured Hb X into an Excel spreadsheet, graph. R sq value for linear regression should be >0.9.
- F. Print the simple regressions graphs and file in the Linearity notebook.
- G. The Hb S, A2, and C the expected and measured results should agree within 20%.
- H. The Hb F expected and measured results should agree within 30%.

II. INSTRUCTIONS:


- A. $-(ax / (a x + by)) \cdot (\text{measured \%HbX}) = \text{expected \%HbX}$ (formula preset in program)
 1. a = vol Hb X
 2. b = vol Hb A
 3. x = area of Hb X peak in 1000 μ L-dilution and y = areas of Hb A peak in 1000 μ l A dilution
- B. Instructions for the Linearity assay for the Variant II and D10 instruments:
(Every 6 months)
 1. Fill a 10 ml red top tube with 6 ml of fresh wash solution. (**Use the wash specific to each instrument**) Add 30 μ l of sample.
(For %S, C, and EE, hemolysates stored in -70C)
(For %F find a recent whole blood sample with %F>50%)
(If abnormal hgb sample has too low a Hct add extra μ l so area count will be within instrument tolerance range)

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2. Fill a 10 ml red top tube with 10 ml of wash add 50 µl of the AA patient (normal patient should have a Hct >37%)
3. Need 5 tubes (12 x 75) Label each tube using the dilution factors below for example:
SS 50/950 - Add 50µl of the red tube SS to 950 µl of the red tube AA in a 12 x 75 tube marked SS 50/950.

Patient X	Patient AA
50 µl	950 µl
200 µl	800 µl
400 µl	600 µl
600 µl	400 µl
800 µl	200 µl

4. Fill one micro vial with 100% of Patient AA from the red top tube.
5. Fill one micro vial with 100% of Patient X from the red top tube.
6. Label each micro vial with the dilution and type of X Hb eg: 50/950 SS. using a transfer pipette fill each micro vial with the correct 1 ml solution.
7. The order of micro vials after the control and calibrators are:
 - a. **100% HbAA**
 - b. 50/950 Hb X
 - c. 200/800
 - d. 400/600
 - e. 600/400
 - f. 800/200
 - g. **100% Hb X**
 - h. **00% Hb AA** to prevent carry over especially after CC.
8. Variant II change the demographics as follows:
 - a. 50/950 FF then print the samples and the 100% AA.
9. D10 enter the sample numbers with the dilution factors ie:
 - a. 50/950 FF and print the samples and the first 100% AA.
10. Access the templates for the Variant II and D10 linearity:

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- a. Enter the 100% value for the abnormal Hgb X.
- b. Enter the TOTAL AREA COUNT for the 100% X sample
- c. Enter the TOTAL AREA COUNT for the 100% Hgb AA sample
- d.. Under MEASURED enter the % of abnormal Hgb found on each dilution.
- e. The expected %Hg X then will be calculated. Compare this answer to the measured value.
- f. When all results are entered print the data page.
- g. Measured and expected are entered into an Excel spreadsheet as follows.

III. LINEARITY AND REGRESSION PROCEDURE:

- A. In Excel enter results into two columns expected and measured
 1. Highlight information
 2. Go to Chart Wizard
 3. Line graph
 4. Next
 5. Next
 6. Chart Title: Linearity % Hgb(S,C,E,or F), instrument and date
 7. For X axis: dilution
 8. For Y axis: % Hgb(S,C,E,or F)
 9. Choose Data Table, choose "show data table"
 10. Next
 11. Finish
 12. Right click on a "measured" point on the graph, chose "add a trendline"
 13. Choose: Options
 - a. Display equation on chart
 - b. Display R sq value on chart (should be >.90)
 - c. OK
 - e. Print and place in linearity notebook, along with supporting documents.

IV. HISTORY:

- H-1 This procedure was written by Paula Morris on 10-2009.
H-2 This procedure was revised by S. Richardson 3/12/12.