**Diluting Samples on the Vitros**

* There have been a few instances where we have had issues with diluting patient samples.
  + **For manual dilutions**- make sure you are selecting the **manual dilution** button in the bottom left corner. After highlighting this you may then fill in the dilution factor. The analyzer should calculate the result for you!
    - This is the option you will use when you personally dilute the sample
  + **For instrument dilutions**- use the **dilute** button on the top right corner of the screen. After you highlight this button you can enter what you want the analyzer to dilute to.
    - For this option, you will load the undiluted sample

**Caridiacs On the Access**

* As you all know, we are now live with our Cardiac markers on the Access. We have had some issues with turn-around-times since the switch. Here are some tips!
  + Make sure you are loading an aliquote of the sample onto the Access first! The patient labels fit very well on the 0.5 sample cups so that you do not have to manually program anything. Then place the primary tube onto the Vitros.
  + I made some changes to the analyzer settings while I was there on Thursday. I think I may have fixed the issue where whole accessions were not crossing together. I anticipate this will help with turn-around-times as well, since you are not having to OK the results more than once each time.

**Turn-Around-Time Issues**

* The past 2 weeks have been very rough in regards to our T-A-T’s. I do believe some of it is growing pains getting used to the cardiacs being on the Access. However, many of the missed specimens have been on the Vitros as well. Please make sure you are paying extra close attention to all specimens being ran.
* STAT Tracker- This appears to have been down for long periods of time. If you notice a problem with the STAT Tracker please make sure you are either calling the help desk or putting in a MACL Helpdesk ticket for it.
* Please begin filling out TAT Remedial Action Logs for all failures. If there are none printed you may find them on Sharepoint under QA.Internal.1.2
* We must fix this problem! These monitors are reported to the hospital and they will be basing our future merit increases off of TATs. Because of this, continued failures will begin to be documented with Deviation of SOPs.

**Auto-verification on the Sysmex and Medtox**

* Sysmex validations are complete! Autoverification is turned on and working well. If you notice any issues please let me know.
* Medtox autoverification has been a battle. It is believed that we finally have it fixed! The autoverification is now live! Results will autoverify whether they are positive or negative. The only results that will be held up are “invalid” results.

**D-Dimer:**

* Within the next few weeks we will be switching the d-dimers over to the coag analyzer. Dava from Seimens will be helping with this change. I will let you all know as soon as we come up with a schedule for this.

**Grifols Blood Bank:**

* The new stations have been installed. This week we will start training on the new equipment.
* We will all need to work together to train each other on the new processes. The Grifols representative will not be available to come back on site for 2 weeks. In the meantime please help each other out!
* We need to begin retyping all blood bank on the new system. I will be putting paperwork out for you all to be able to record your results.

**2017 Competencies:**

* Please make sure that you all have begun to complete these! They must be turned in before the end of the year.
* I will be placing the API binders by the mailboxes so that you can begin filling out your paperwork. Please remember, you may only count API samples that you got correct! If you missed the sample on the survey it will not count.