

# **Laboratory Procedure Manual**



James L. Pirkle, M.D., Ph.D. Director, Division of Laboratory Sciences

# **Important Information for Users**

CDC periodically refines these laboratory methods. It is the responsibility of the user to contact the person listed on the title page of each write-up before using the analytical method to find out whether any changes have been made and what revisions, if any, have been incorporated.

# **Public Release Data Set Information**

This document details the Lab Protocol for testing the items listed in the following table:





# **1. Clinical Relevance and Summary of Test Principle**

#### **1.1 Clinical Relevance**

Polychlorinated dibenzo-p-dioxins and dibenzofurans (PCDD/F) are two similar classes of chlorinated aromatic chemicals that are produced as contaminants or byproducts. They have no known commercial or natural use. Dioxins are produced primarily during the incineration or burning of waste; the bleaching processes used in pulp and paper mills; and the chemical syntheses of trichlorophenoxyacetic acid, hexachlorophene, vinyl chloride, trichlorophenol, and pentachlorophenol. Both the synthesis and heat-related degradation of polychlorinated biphenyls (PCBs) will produce dibenzofuran byproducts. Releases from industrial sources have decreased approximately 80% since the 1980s (U.S. EPA, 2004). Today, the largest release of these chemicals occurs as a result of the open burning of household and municipal trash, landfill fires, and agricultural and forest fires. When advanced analytical techniques are used, most soil and water samples will reveal trace amounts of polychlorinated dibenzo-p-dioxins and dibenzofurans.

The coplanar and mono-ortho-substituted PCBs are chlorinated aromatic hydrocarbon chemicals that belong to the general class PCBs which were once synthesized for use as heat-exchanger, transformer, and hydraulic fluids, and also used as additives to paints, oils, window caulking, and floor tiles. Production of PCBs peaked in the early 1970s and was banned in the United States after 1979.

Together with the polychlorinated dioxins and furans, these two special classes of PCBs are often referred to as "dioxin-like" chemicals because they act in the body through a similar mechanism.

In the environment, these dioxin-like chemicals are persistent and usually occur as a mixture of congeners (i.e., compounds that differ by the numbers and positions of chlorine atoms attached to the dibenzo-p-dioxin, dibenzofuran, or biphenyl structures). The general population is exposed to low levels of polychlorinated dibenzo-p-dioxins and dibenzofurans primarily through ingestion of high-fat foods such as dairy products, eggs, and animal fats, and some fish and wildlife. Dioxin-like chemicals are measurable in U.S. meats and poultry (Hoffman et al., 2006) as a result of the accumulation of these substances in the food chain. Breast milk is a substantial source of exposure for infants (Beck et al., 1994; Lundqvist et al., 2006), though breast milk levels have been decreasing in recent years (Arisawa et al., 2005). The lesser chlorinated PCBs, including some dioxin-like PCBs, are more volatile. These PCBs can enter air of buildings containing joint sealants made with PCBs prior to 1980 and can increase background serum levels via inhalational exposure (Johansson et al., 2003; Kohler et al., 2005). Volatilization of PCBs from nearby hazardous waste sites may also contribute to human inhalational exposure. Exposure to high levels of these chemicals has occurred in the past as a result of industrial accidents (e.g., after an explosion in a factory in Seveso, Italy); the use of accidentally contaminated cooking oils (e.g., as occurred in Yusho in Japan and Yucheng in Taiwan); the spraying of herbicides contaminated with 2,3,7,8-tetrachlorodibenzo-pdioxin (TCDD) (e.g., as Agent Orange in Vietnam); and the burning of PCBs producing polychlorinated dibenzofurans (e.g., such as from electrical transformer fires).

Workplace exposures are infrequent today, but incineration plant workers and chemical synthesis workers can be exposed via inhalation and dust exposures. The dioxin-like chemicals are easily absorbed, tend to distribute into body fat, have limited metabolism, and slow elimination from the body. Serum levels may be influenced by both past (stored in body fat) and recent exposures, though the current intakes for most people are now low. Half-lives of the dioxins and furans in the body vary from three to 19 years, with the half-life of TCDD estimated at around seven years (Geyer et al., 2002).

Because exposure to these chemicals includes a mixture of varying congeners, congener-specific effects are difficult to determine (Masuda, 2001; Masuda et al., 1998). However, these four groups of chemicals (polychlorinated dibenzo-p-dioxins, polychlorinated dibenzofurans, and the coplanar and mono-ortho- substituted PCBs) are considered to act through a similar mechanism to produce toxic effects. These dioxin-like effects are thought to result from interaction with the aryl hydrocarbon receptor (AhR), particularly in the induction of gene expression for cytochromes P450, CYP1A1 and CYP1A2. Dioxins and furans have a planar configuration and require four lateral chlorine atoms (2,3,7,8 positions) on the dibenzo-p-dioxin or dibenzofuran backbone to bind this receptor. The rank order of interaction with the AhR receptor by degree and position of chlorination is roughly similar for both the dioxin and furan series. The coplanar polychlorinated biphenyls (unsubstituted at ortho positions) and the mono-ortho-substituted polychlorinated biphenyls (which contain a chlorine atom at one of the ortho positions) can achieve a planar configuration and also interact with the AhR receptor. The variation in the effect on AhR among the dioxin-like chemicals is 10,000-fold, with TCDD and 1,2,3,7,8-pentachlorodibenzo-p-dioxin being the most potent. To compare potency, each of these congeners has been assigned a potency value relative to TCDD (toxic equivalency factor [TEF]). When each TEF is multiplied by the concentration of the congener, a toxic equivalency (TEQ) value is obtained. Thus, the dioxinlike toxicity contributed by each of the polychlorinated dibenzo-pdioxins, dibenzofurans, and PCBs can then be compared. The sum of all congener TEQs in a specimen (total TEQ) can be used to compare dioxin-like activity among specimens. Many of the dioxin-like PCBs have lower potency but are found at higher concentrations than TCDD (Kang et al., 1997; Patterson et al., 1994, Van den Berg et al., 2006), so these less potent chemicals may still contribute substantially to the total TEQ.

In animal studies, TCDD and dioxin-like chemicals have demonstrated many effects including: altered transcription of genes; induction of various enzymes; wasting syndrome; hepatotoxicity; altered immune function; testicular atrophy; altered thyroid function; chloracne; porphyria; neurotoxicity; teratogenicity; and carcinogenicity (EPA, 2004). Since animal species differ dramatically in sensitivity to these chemicals, it is difficult to predict human health effects though animal studies have provided support to observations of effects in human populations. Health effects of exposure to dioxin-like chemicals in people have been observed as a result of industrial or accidental exposures involving large doses of these chemicals. Chloracne, biochemical liver test abnormalities, elevated blood lipids, fetal injury, and porphyria cutanea tarda have been reported in episodes of high exposure.

Developmental effects in humans are of concern since congenital anomalies and intrauterine growth retardation were observed in offspring of Yucheng mothers exposed to cooking oil contaminated with electrical oil containing very high levels of PCB and polychlorinated dibenzofurans. Environmental serum levels of primarily nondioxin-like PCBs, and some dioxin-like chemicals, have been associated with altered psychomotor development in newborns and children (Arisawa et al., 2005; Koopman-Esseboom et al., 1996; Longnecker et al., 2003; Lundqvist et al., 2006; U.S. EPA, 2004. Cross-sectional associations of type II diabetes or markers of insulin resistance with serum levels of TCDD, other dioxin like chemicals, non-dioxin-like PCBs and organochlorine pesticides have been reported in both highly exposed and environmentally exposed human populations, though some studies have not found an association (Calvert et al., 1999; Everett et al., 2007; Fierens et al., 2003; Fujiyoshi et al., 2006; Henriksen et al., 1997; Kang et al., 2006; Kern et al., 2004; Lee et al., 2006; Michalek et al., 1999, and 2003) and in vitro and in vivo animal studies have provided possible mechanistic plausibility. Immune effects of dioxin-like chemicals and nondioxin-like PCBs have been reported in animal studies (Carpenter, 2006; U.S.EPA, 2004), but few or consistent effects in humans have been observed (Baccarelli et al., 2002; Halperin et al., 1998; Jung et al., 1998; IARC, 1997).

Similar to some other organochlorine-type chemicals, the dioxin-like chemicals weakly mimic or interfere with the action of estrogen; for instance, dioxin-like chemicals may decrease the effect of estrogen through induction of its metabolism. This action contrasts with the non-dioxinlike PCBs and their metabolites, which may have direct estrogenic action (Carpenter, 2006; Wang et al., 2006; Yoshida et al., 2005). Dioxin and other organochlorine chemicals have been shown to interfere with male and female reproductive development in experimental and wild animals, particularly during gestational exposure (Gao et al., 1999; Roman et al., 1998; Sonne et al., 2006; Theobald et al., 1997). In studies of women with environmental or accidental exposures, associations between dioxin-like chemical exposures and various reproductive endpoints (Eskenazi et al., 2003; Lawson et al., 2004; Schnorr et al., 2001; Warner et al., 2004 and 2007) and endometriosis (Eskenazi et al., 2002; Fierens et al., 2003; Heilier et al., 2005; Hoffman et al., 2007) have been either absent or of unknown significance, though animal studies have demonstrated reproductive effects at high doses (Arisawa et al., 2005; U.S. EPA, 2004). In men, lowered levels of testosterone have been associated with environmental and occupational exposures to dioxin-like chemicals (Dhooge et al., 2006; Egeland et al., 1994; Gupta et al., 2006; Henriksen et al., 1996; Johnson et al., 2001; Sweeney et al., 1998) and gonadal atrophy and lowered testosterone levels have been observed in animal studies.

TCDD is classified separately by the IARC and NTP as a known human carcinogen. The U.S. EPA (2004) and IARC (1997) concluded that the aggregate evidence supports an association between high-dose TCDD exposure (e.g., encountered in contaminated occupational settings or massive unintentional releases) and increases in the all cancer category (Steenland et al., 2004). The Institute of Medicine (2005) concluded that human epidemiologic evidence is sufficient for a positive association of herbicides contaminated with TCDD and an increased risk for non-Hodgkin's lymphoma, Hodgkin's lymphoma, chronic lymphocytic leukemia, and soft tissue sarcoma.

Other individual polychlorinated dibenzo-p-dioxins and dibenzofurans have not been studied sufficiently for IARC to classify their human potential for carcinogenicity, although EPA considers these other chemicals as likely human carcinogens (U.S.EPA, 2004).

# **1.2 Test Principle**

This method measures the following chemical classes found in human serum by high resolution gas chromatography-high resolution mass spectrometry (HRGC/HRMS):

- 7 Polychlorinated dibenzo-p-dioxins (PCDDs) [n=7]
- Polychlorinated dibenzofurans (PCDFs) [n=10]
- Co-planar polychlorinated biphenyls (cPCBs)  $[n=4]$

Serum specimens are fortified with carbon-13 labeled  $(^{13}C)$  internal standards. The analytes of interest are extracted in hexane using an automated liquid-liquid extraction method followed by a Power-Prep/6 (Fluid Management Systems) automated lipid removal and enrichment procedure using multi-layered silica gel column (acidic, basic, and neutral silica) and alumina column coupled to an AX-21 carbon column. An analytical run consists of eight unknown specimens, two method blanks, and two quality control samples. The fractions containing target analytes are isolated in the reverse direction from AX-21 column with toluene.

Following toluene collection of target analyte factions, excess solvent is evaporated to 350µL using a TurboVap II (Biotage) concentration workstation and the remaining solvent is transferred to auto sampler vials. The samples are there after fortified with recovery standard and evaporated to 5uL using a TurboVap LV (Biotage) concentration workstation. PCDD/F and cPCB are injected using a TriPlus auto sampler (Thermo Scientific), into a TRACE 1300 gas chromatograph (Thermo Scientific) equipped with a Pressure Temperature Vaporization (PTV) programmable injector. A DB5-MS UI capillary column (60m x 0.25 mm x 0.25 μm film thickness) or equivalent are used for chromatographic separation before entering a Thermo Scientific DFS high resolution magnetic sector mass spectrometer operated in Electron Ionization mode at 45 eV, using selected ion monitoring (SIM) at 10,000 resolving power (5% peak height).

Two ions corresponding to two masses are monitored for each native  $(^{13}C_{12})$ compound and its corresponding  ${}^{13}C_{12}$ -internal standard. The instrumental response for each analyte is calculated as the sum of the two  ${}^{12}C_{12}$ - isomers divided by the sum of two  ${}^{13}C_{12}$ -isomers.

Calibration of mass spectrometer response vs. concentration is performed using calibration standards containing known concentrations of each native  $(^{12}C_{12})$ compound and its corresponding  ${}^{13}C_{12}$ -internal standard. The validity of all mass spectrometry data are evaluated using a variety of established criteria, such as signalto-noise ratio ≥ 3 for the smallest native ion mass, instrument resolving power ≥ 10,000, relative retention time (ratio of retention time for native to isotopically labeled internal standard) compared with a standard must be within +/- 0.004, response ratios of the two <sup>12</sup>C<sub>12</sub> and <sup>13</sup>C<sub>12</sub> ions must be within  $\pm$  26 % of their theoretical values and analyte recovery  $\geq 10$  % and  $\leq 150$ %. In addition, the calculated mean and range of each analyte in the quality control sample must be within their respective control limits. The method detection limit (MDL) for each analyte is calculated correcting for sample weight. The total lipid content of each specimen is estimated from its total cholesterol and triglycerides values using a "summation" method (Atkins et al. 1989, Phillips et al. 1989).

Analytical results are reported on both a whole-weight [fg/g or parts-per-quadrillion (ppq)] and lipid-adjusted basis [pg/g lipid or parts-per-trillion (ppt)]. International toxicity equivalents (I-TEQs) are also reported for PCDDs, PCDFs, cPCBs. Prior to reporting results, all quality control (QC) data undergo a final review by a Division of Laboratory Science quality control officer.

# **2. Safety Precautions**

# **2.1 Biohazards**

Follow Universal Precautions. Wear appropriate gloves, lab coat, and protective eye glasses while handling human serum. Serum may be contaminated with pathogens such as hepatitis or HIV; hence all safety precautions must be followed as outlined in the laboratory Chemical Hygiene and Exposure control Plans. Wear gloves, lab coat and glasses at all times, and conduct all work in fume hood or biological safety cabinets (BSCs).

Place disposable plastic, glass, and paper (e.g., pipette tips, autosampler tubes, and gloves) that come in contact with serum in the appropriate waste container, as described in the Chemical Hygiene Plan. Keep autoclaveable bags in appropriate containers until they are sealed and autoclaved. When work is finished, wipe down all work surfaces where serum was handled with a 10% (v/v) sodium hypochlorite solution, or equivalent.

# **After an accident, the CDC/ATSDR Incident Report must be filed according to Chemical Hygiene and Exposure control Plans.**

# **2.2 Chemical hazards**

Consult the laboratory's Chemical Hygiene Plan and Exposure Control Plan for specific information regarding the chemicals used in the laboratory.

# *2.2.1 Acids and Bases*

Exercise caution when handling and dispensing concentrated acids and bases such as: sulfuric acid, formic acid, hydrochloric acid and sodium hydroxide. Always remember to add acid to water. Acids and bases are capable of causing severe eye and skin damage. Wear powder-free gloves, a lab coat and safety glasses. If acids or bases come in contact with any part of the body, quickly wash the exposed area with copious quantities of water for at least 15 minutes. Use safety shower if exposed area is not limited to hands and/or arms. Use eye wash station in the event of eye exposure to acids and/or bases. In the event of an accident, lab colleagues will contact the clinic by phone or emergency medical response by dialing 911.

# *2.2.2 Solvents*

Solvents may penetrate skin causing long-term adverse health effects. When possible/appropriate, use the chemical fume hood when working with solvents. Exercise caution and always use gloves when handling solvents and other chemicals. In the event of spill on gloves immediately change to a new glove since solvents do penetrate many gloves with time.

#### **After an accident the CDC/ATSDR Incident Report must be filed according to hazardous exposure control plan.**

#### **2.3 Hazardous waste handling**

#### *2.3.1 Solvent waste*

Collect solvent waste in waste bottles (empty solvent bottles may be used). Clearly write **WASTE** on bottles, and the solvent(s) the waste bottle contains. If possible, always keep different solvents separated in different waste bottles, since this will make the final disposal of the different solvent wastes easier. When a bottle is filled, arrange for waste pickup according the Chemical Hygiene Plan.

#### *2.3.2 Serum waste*

Dispose of serum waste originating as a waste fraction in the extraction step by completing the forms as outlined by Chemical Hygiene Plan.

#### *2.3.3 Solid wastes*

Sort solid waste in three fractions and placed in metal boxes with lid according to below and the Chemical Hygiene Plan:

- **Non-Biogenic Contaminated Reusable Glassware** (e.g. beakers, cylinders and other reusable glassware). If appropriate, these glassware may be cleaned / re-cleaned.
- **Broken glass** includes used glassware contaminated with biogenic materials, or serum bottles and vials that are not reused. When this container is filled: (*i*) place CDC Autoclave label on the container, (*ii*) place autoclave tape over lid and down the side of the box, and (*iii*) bring the container to autoclave located in the loading dock of Building 103.

Used Pasteur pipettes are placed in a separate container, as described in the Chemical Hygiene Plan. When filled, (*i*) place CDC Autoclave label on the container, (*ii*) place autoclave tape over lid and down the side of the box, and (*iii*) bring the container to autoclave located in the loading dock of Building 103.

• **Gloves and other plastic parts contaminated with biogenic material** - Place biohazard bag in metal container before placing any waste in container. When filled, (*i*) place CDC Autoclave label on the container, (*ii*) place autoclave tape over lid and down the side of the box, and (*iii*) bring the container to the DLS designated handling area.

# **3. Computerization; Data System Management**

# **3.1 Data Entry and Transfer**

Sample analysis results generated by this method are stored in SAS and/or Microsoft Excel™ software. The analytical results should include at least the analysis date; analytical run number, quality-control (QC) results for the run, results of specimen analysis by specimen identification (ID), and method identifier.

#### **3.2 Routine Computer Hard-Drive Maintenance**

Defragment the computer hard drive regularly by using software such as Norton Utilities™ to maximize computer performance and maintain data integrity for files on the hard drive.

#### **3.3 Data Backup and Schedule of Back-ups**

Instrument raw data files are mirrored through a local network connection with each HRMS instrument computer to a local share drive Network Path:

\\192.168.210.3\volume\_1) which is mirrored to a network share drive (Network Path: DLSNAS-E78DD7). Between the 10<sup>th</sup> and the 14<sup>th</sup> of each month all generated instrument raw data is copied into the folder X:\LONG\_TERM\_BACKUP\_001 on the network share for compression into a monthly compressed ZIP-file. The creation of the ZIP-file is an automatic process that runs at mid-night on the  $15<sup>th</sup>$  of each month. The created ZIP-file is called POPLab\_YYYY-MM-DD where YYYY-MM-DD is a date time stamp. After completion of the monthly backup all instrument operators will be informed over email that the backup has been completed and any raw-files from the preceding month should be transferred to a local archive folder on the instrument computer. After completion of the monthly backup the compressed ZIP-file will be made available on the lab share in the folder

Z:\ Shared\_Folders\ 01\_BACKUP\_GOING\_BACK\_3\_MONTHS which is a synchronized folder between the lab and network share drives. The monthly backup ZIP-file will be made available on the Lab Share for at a minimum 3 months after which older backups are accessible on the Network Share drive in the folder X:\LONG\_TERM\_BACKUP\_001\ZipFiles.

# **4. Procedures for Collecting, Storage and Handling of Specimens; Criteria for Specimen Rejection**

- No special instructions for fasting or special diets are required, although, preferably the sample has been drawn in the morning before breakfast (i.e. fasting).
- The specimen type is serum or plasma.
- Required sample amount:
	- o Minimum acceptable serum amount: 2.5 grams.
	- $\circ$  Minimum preferred serum amount:
	- o Maximum serum amount for analysis: 20 grams
	- $\circ$  A similar sample amount for all samples within a study is preferable since the limit of detection (LOD) calculated is proportional to the sample size thus a consistent sample size for all samples in a study produces a consistent LOD.
- The limit of detection for the minimum acceptable serum amount 2.5 to 30 g of serum is given in Table 1.
- Preferable storage containers are thick-walled glass vials with PTFE-lined caps. The preferred container is either a 2oz or 4oz glass Qorpak bottle. Although, other containers may be acceptable, they will be evaluated on a case by case basis and a background test of the materials may be conducted. Clean the containers using the same procedure as for other glassware and closers used in the current method.
- The criteria for an unacceptable specimen are either a low volume (<2.5 mL) or suspected contamination due to improper collection procedures or collection devices. In all such cases, request a second serum specimen. Contamination of specimen could occur from contact with indoor dust from improper handling. In case a replacement specimen is not available, the recipient of the analytical data will be informed that this particular sample may have been contaminated during sample collection.
- Transport and ship frozen serum specimens on dry ice and in accordance with safety protocols outlined in the CDC Chemical Hygiene Plan and the CDC Intrafacility Specimen and Sample Transfer Policy. Upon receipt, they must be kept frozen at  $\leq$  -60 °C until time for analysis. Refreeze at  $\leq$  -60 °C any portions of the sample that remain after analytical aliquots are withdrawn.

Table 1. Method limit of detection (LOD) and Taylor LOD<sup>a</sup> and blank LOD (defined as three times the standard deviation of blank samples analyzed in paralell with study samples). LOD calculation based on calibration curves and method blanks measued between February, 2021 and August, 2022. The method LOD is expressed categorized based on the available sample size. The method LOD corresponding to the minimum prefered sample amount of 10 grams are collored in blue, method LODs between the minimum prefered sample amount and the minimum acceptable sample size are collored in red. Method LODs two and three fold higher than the minimum prefered sample amount are collored in green. A sample amount greather than the minimum prefered sample amount may be used to lower the method LOD. Any sample for which the available serum amount for measurement is less then the minimum acceptable serum amount of 2.5grams will be reported as QNS (Quantify Not Sufficent) in reportable data tabels. The concentration of the lowest available calibration standard is given as pg/uL and pg/5uL where the concentration expressed as per five microliters is directly comparable to the Taylor LOD and blank LOD.



**b** Method LOD defined as the higher value of Taylor LOD and blank LOD. Taylor, K. T. (1987) In Quality Assurance of Chemical Measurements, pp 79-82, Lewis Publishers, Washington, DC

Table 1 (continued). Method limit of detection (LOD) and Taylor LOD<sup>a</sup> and blank LOD (defined as three times the standard deviation of blank samples analyzed in paralell with study samples). LOD calculation based on calibration curves and method blanks measued between February, 2021 and August, 2022. The method LOD is expressed categorized based on the available sample size. The method LOD corresponding to the minimum prefered sample amount of 10 grams are collored in blue, method LODs between the minimum prefered sample amount and the minimum acceptable sample size are collored in red. Method LODs two and three fold higher than the minimum prefered sample amount are collored in green. A sample amount greather than the minimum prefered sample amount may be used to lower the method LOD. Any sample for which the available serum amount for measurement is less then the minimum acceptable serum amount of 2.5grams will be reported as QNS (Quantify Not Sufficent) in reportable data tabels. The concentration of the lowest available calibration standard is given as pg/uL and pg/5uL where the concentration expressed as per five microliters is directly comparable to the Taylor LOD and blank LOD.



**b** Method LOD defined as the higher value of Taylor LOD and blank LOD. Taylor, K. T. (1987) In Quality Assurance of Chemical Measurements, pp 79-82, Lewis Publishers, Washington, DC

Table 1 (continued). Method limit of detection (LOD) and Taylor LOD<sup>a</sup> and blank LOD (defined as three times the standard deviation of blank samples analyzed in paralell with study samples). LOD calculation based on calibration curves and method blanks measued between February, 2021 and August, 2022. The method LOD is expressed categorized based on the available sample size. The method LOD corresponding to the minimum prefered sample amount of 10 grams are collored in blue, method LODs between the minimum prefered sample amount and the minimum acceptable sample size are collored in red. Method LODs two and three fold higher than the minimum prefered sample amount are collored in green. A sample amount greather than the minimum prefered sample amount may be used to lower the method LOD. Any sample for which the available serum amount for measurement is less then the minimum acceptable serum amount of 2.5grams will be reported as QNS (Quantify Not Sufficent) in reportable data tabels. The concentration of the lowest available calibration standard is given as pg/uL and pg/5uL where the concentration expressed as per five microliters is directly comparable to the Taylor LOD and blank LOD.



**b** Method LOD defined as the higher value of Taylor LOD and blank LOD.

Table 1 (continued). Method limit of detection (LOD) and Taylor LOD<sup>a</sup> and blank LOD (defined as three times the standard deviation of blank samples analyzed in paralell with study samples). LOD calculation based on calibration curves and method blanks measued between February, 2021 and August, 2022. The method LOD is expressed categorized based on the available sample size. The method LOD corresponding to the minimum prefered sample amount of 10 grams are collored in blue, method LODs between the minimum prefered sample amount and the minimum acceptable sample size are collored in red. Method LODs two and three fold higher than the minimum prefered sample amount are collored in green. A sample amount greather than the minimum prefered sample amount may be used to lower the method LOD. Any sample for which the available serum amount for measurement is less then the minimum acceptable serum amount of 2.5grams will be reported as QNS (Quantify Not Sufficent) in reportable data tabels. The concentration of the lowest available calibration standard is given as pg/uL and pg/5uL where the concentration expressed as per five microliters is directly comparable to the Taylor LOD and blank LOD.



**b** Method LOD defined as the higher value of Taylor LOD and blank LOD.

Table 1 (continued). Method limit of detection (LOD) and Taylor LOD<sup>a</sup> and blank LOD (defined as three times the standard deviation of blank samples analyzed in paralell with study samples). LOD calculation based on calibration curves and method blanks measued between February, 2021 and August, 2022. The method LOD is expressed categorized based on the available sample size. The method LOD corresponding to the minimum prefered sample amount of 10 grams are collored in blue, method LODs between the minimum prefered sample amount and the minimum acceptable sample size are collored in red. Method LODs two and three fold higher than the minimum prefered sample amount are collored in green. A sample amount greather than the minimum prefered sample amount may be used to lower the method LOD. Any sample for which the available serum amount for measurement is less then the minimum acceptable serum amount of 2.5grams will be reported as QNS (Quantify Not Sufficent) in reportable data tabels. The concentration of the lowest available calibration standard is given as pg/uL and pg/5uL where the concentration expressed as per five microliters is directly comparable to the Taylor LOD and blank LOD.



**b** Method LOD defined as the higher value of Taylor LOD and blank LOD. Taylor, K. T. (1987) In Quality Assurance of Chemical Measurements, pp 79-82, Lewis Publishers, Washington, DC

# **5. Procedures for Microscopic Examinations; Criteria for Rejecting Inadequately Prepared Slides**

Not Applicable

# **6. Preparation of Reagents, Calibration Materials, Control Materials, all Other Materials and Equipment and Instrumentation**

# **6.1 Reagents and consumables**

The method has been validated using the chemicals, solvents and expendables listed in Table 2 and 3. Other manufacturer's products of equivalent purity can be used after verification of chemical's and/or materials purity.



**Table 2.** Solvents and chemicals used for development of current methodology, equivalent products from other manufacturer may be used.

**Table 3.** Consumable materials used for development of current methodology, equivalent products from other manufacturer may be used.



# **6.2 Rinsing of Expendables Prior to Use**

Clean all glassware including new glassware and materials to eliminate risk of sample contamination. In brief, a general description is given below:

#### *6.2.1 Culture tubes and other glassware*

First, rinse glassware in a dishwasher (Labconco, Steam Scrubber or equivalent dish washer). Place test tubes in racks and insert them in the dishwasher. Place detergent in reservoir in the door, and start the dishwasher using a program **appropriate for glassware.** After completion of the program, transfer the glassware to an oven. After a heat cycle of at least 12 hours at 250  $\degree$ C, the glassware is ready to be used.

For satellite bottles such as glass tapered-stopper bottles intended for storing small volumes for everyday use, adhesive labels are not to be used, because the glue from such labels may interfere with the proper procedure for re-cleaning them. Instead, label by hand using a "Sharpie" pen and attach a sheet of paper on the fume hood/BSC - where relevant chemicals are listed by name with any appropriate hazard pictograms.

#### *6.2.2 Caps and septa*

Rinse caps and septa for test tubes prior to use to remove contaminants. This is done by Soxhlet extraction for at least 24 hours using methanol as the extraction solvent. Alternatively, if the Soxhlet apparatus cannot be used, it is also acceptable to sonicate the items in methanol (20 min x 3 times). After cleaning the items, allow them to dry on aluminum foil. After the materials are completely dry, place them in an appropriate, clean glass container or in plastic re-sealable bags (not in cardboard boxes) for safe storage until used.

# *6.2.3 Gas Chromatography Vials*

Heat GC vials in an oven at 250  $\mathrm{^{\circ}C}$  for at least 12 hours prior to use. Store vials in an appropriate, clean glass container or in plastic re-sealable bags for safe storage until used. The caps for GC vials are cleaned by Soxhlet extraction, using the same procedure as for other caps and septa described above.

#### *6.2.4 Pasteur Pipets*

Place glass Pasteur pipets in an oven on aluminum foil and heat the oven to 250  $\degree$ C for at least 12 hours. After completing the heating cycle, the pipets are ready to be used.

# *6.2.5 Plastic Pipette Tips*

Pipette tips are cleaned by Soxhlet extraction using the same procedure as for caps and septa described above.

# **6.3 Quantitative standards**

#### *6.3.1 Internal standards (IS)*

The current method is validated for PCDD/Fs and cPCBs. Purchase these standards from Cambridge Isotope Laboratories, Inc. (CIL).

When opening a new ampoule transfer the standard to clean Wheaton 3-mL V-vials. Label the vial appropriately using a computer-generated label. Record the weight of the vial and the date the ampoule was opened. This weight is used to detect any potential evaporation of the standard during storage. One vial of each standard is consumed in each analytical run on the automated liquid handler.

# *6.3.2 Recovery standard (RS)*

The recovery standard is used for reconstitution of the extract prior to GC-ID/HRMS measurement and was also purchased from Cambridge Isotope Laboratories, Inc. Nonane and dodecane are present in the standard to act as a "keeper" (a solvent that will not evaporate or evaporate to a lesser degree during evaporation steps) to reduce evaporation losses during the final evaporation step

The calibration standards also contain the same recovery standard at an equivalent concentration of the spiked and evaporated sample. Therefore, a comparison between the ratio of the internal standards and the recovery standard is used to calculate the absolute percent recovery of the internal standards for each sample analysis. In addition, a mass is monitored with an offset to the accurate mass of the recovery standard equivalent to a theoretical peak that can be resolved at 10,000 resolution. Confirming that the area ratio of this offset mass to the area of the recovery standard is less than 0.05 allows researchers to show that the mass spectrometer remained at 10,000 mass-resolving power during the analysis of each sample.

When opening a new ampoule the standard is transferred to a clean Wheaton 3-mL V-vial and the vial is labeled using a computer-generated label. Record the weight of the vial and the date the ampoule was opened on the label. The weight is used to detect any potential evaporation of the standard during storage. One vial of each standard is consumed in each analytical run on the automated liquid handler.

# *6.3.3 Calibration Curve Standard (CS)*

Calibration standards are purchased from Cambridge Isotope Laboratories, Inc. The calibration standards includes several individual calibration levels denoted CSX, where X=1 through 10.

When opening a new ampoule, aliquot the standard into GC vials (~5uL in each vial). Label the vials appropriately using a computer-generated label. Replace the standards used for calibration of the DFS after completion of every run.

# **6.4 Instrumentation**

#### *6.4.1 Fluid Management Systems (FMS) Power-Prep NG*

The Power-Prep (Fluid Management Systems, Inc., Watertown, MA) is, from here on, referred to as the FMS. A picture of the FMS system is given in Figure 6.4.1. Each FMS system consists of a controller/management module, valve module, piston pump, and a system pressure-protection gauge. All fluid interconnections of the system are made using  $1/8$ " o.d. Teflon tubing and  $\frac{1}{4}$ " Delrin end fittings.



**Figure 6.4.1.** Fluid Management System (FMS) Power-Prep NG.

# *6.4.2 Gilson Liquid handler Robots*

Liquid handling is automated using Gilson liquid handler robots, cf. Figure 6.4.2.2. A Gilson 215 Liquid Handler is used for Internal and Recovery standard fortification. Place the samples in the rack to the far right as shown in in Figure 6.4.2.1. The probe (moving arm) picks up and dispenses reagents (internal standards, methanol, water, etc.) to the samples according to a predefined sequence.

Recovery of the internal standards, as a percentage, is an important quality measurement of the analytical run. In order to enable recovery measurements, in this automated procedure, recovery standard will be added to empty GC vials located in a rack at the far left in Figure 6.4.2.1. These GC vials will be stored capped until the last step of the sample preparation method in which the purified extract will be transferred to the GC vials and mixed with the recovery standard.



**Figure 6.4.2.1.** Gilson 215 Liquid Handler used for automated additions of internal surrogate standards to the serum samples. This equipment also adds recovery standard to GC vials.

A Gilson GX281 Liquid Handler is used for automated liquid-liquid extraction. Place the samples in the rack to the far right in Figure 6.4.2.2. Empty 20x150mm test tubes are placed in the rack on the left.



**Figure 6.4.2.2.** Gilson GX281 Liquid Handler used for automated liquid-liquid extraction.

# *6.4.3 Biotage TuboVap Evaporator*

A Biotage Turbovap LV and Turbovap II, shown in Figure 6.4.3, are used for solvent evaporization. The TurboVap uses a combination of a heated water bath and a gentle flow of nitrogen to increase the speed of solvent evaporization steps in this procedure.



**Figure 6.4.3** Biotage Turbovap LV used for solvent evaporization.

# *6.4.4 High resolution gas chromatograph- high resolution mass spectrometry (HRGC/HRMS)*

Analysis of extracts is performed using:

- 1. Double Focusing Sector Mass Spectrometer (DFS) (ThermoFisher, Bremen, Germany).
	- a. Operating Manual, Revision B, February 2011.
	- b. Hardware Manual, Revision E, 2010.
- 2. TRACE 1310 Gas Chromatograph (GC) (ThermoFisher, Bremen, Germany) .
	- a. User Guide, Revision B, September 2012.
- 3. TriPlus RSH Robotic Sample Handling (Thermo Scientific, Bremen, Germany).
- a. User Guide, Fifth Edition, March 2013.
- 4. Software:
	- a. Individual components are programed and controlled using Thermo Xcalibur Software (Thermo Scientific, Bremen, Germany).
	- b. Integration is performed using DFS TargetQuan Software (Thermo Scientific, Bremen, Germany)
		- i. Operating Manual, Revision C, August 2014



**Figure 6.4.4.1.** Thermo Electron Double Focusing Sector (DFS) instrument.

# **6.5 Procedures for preparing quality control materials**

The QC material for this assay is bovine serum or a comparable serum matrix in which the concentrations of the target analytes have been certified. One QC sample is analyzed in every set of 6 samples to ensure comparability and reliability between different sets of samples over time.

In addition to the QC sample, a bovine blank or a comparable serum matrix is analyzed in every set of 6 samples. This matrix should be diluted with water such that any measured analyte is representative of chemicals, materials, and/or the laboratory environment rather than a component of the "blank" serum itself.

Specific, predefined rules are applied in order to determine if the QC sample analyzed in one set is in agreement with previously analyzed QC samples. If the QC sample is found to be an outlier, then that set must be reanalyzed or the data set to Non-Reportable. For further details, see data handling section below and refer to the DLS Policies and Procedures Manual.

# *6.5.1 General Procedure for Preparing QC Materials*

**Day 1** Label the vials with computer-generated labels. This label should contain a unique name, constructed from the page number in the QC Pool notebook. For example, SERUM:02:03, where 02 is the notebook number and 03 is the page number. State the date of the pool preparation on the label.

Thaw the raw serum by submerging the container in water (37  $\degree$ C) until the serum is completely thawed. Pour the serum into a large, clean beaker (4 L) containing a stir bar. Spike with native, <sup>12</sup>C, analytes to the appropriate concentration level (e.g., 500 pg/mL), cover, and stir the solution overnight using a magnetic stirrer.

**Day 2:** While still stirring the solution, transfer serum in 6.1 mL aliquots to each of the vials. Cap the vials and then place them in an appropriate freezer-safe container/ organizer. Place an identifying label on the edge of the container and store in a -70 oC freezer until needed for analysis.

Refer to DLS Policies and Procedures Manual for requirements to characterize concentrations in QC materials. Specific predefined rules are applied in order to determine if the QC sample analyzed in one set is in agreement with previously analyzed QC samples. If the QC sample is found to be an outlier that set has to be reanalyzed. Some example QC rules are listed below:

- The QC determination must not deviate more than 3 times the standard deviation from the mean value of previous determinations of the same QC pool, and
- No more than ten consecutive QC samples may fall either above or below the mean value of previous determinations of the same pool after one data point has fallen outside of +/- 2SD.

All QC rules are checked by the DLS QC program available in StarLIMs. If the QC sample fails any of these tests the set of unknown study samples must be reanalyzed.

# **7. Calibration and Calibration Verification**

# **7.1 Calibration of Mass Spectrometer**

• Magnetic calibration (MCAL) of the DFS mass spectrometer is achieved by comparing the fragmentation of the reference compound (high boiling perfluorokerosene PFK) to the known fragmentation. Procedures to perform the MCAL are documented in the DFS Operating Manual Revision B (Feb 2011). The calibration should be performed monthly, or after a significant maintenance event on the instrument. The analyst will use their best judgement for performing this procedure and may delay the procedure in consultation with laboratory management.

• Electric Calibration (ECAL) of the mass spectrometer calibrates the acceleration voltage changes required to scan all the ions within an MID window. Procedures to perform the ECAL are documented in the DFS Operation Manual Revision B (Feb 2011). The calibration should be performed monthly, or after a significant maintenance event on the instrument. The analyst will use their best judgement for performing this procedure and may delay the procedure in consultation with laboratory management.

# **7.2 Creation of Calibration Curve**

- At least five calibration standards are analyzed with each analytical run. A calibration curve is generated using the ratio of the peak area of the analyte to the labeled internal standard.
- The  $r^2$  value of the curve must be equal or greater than 0.995.
- Linearity of the standard curve must extend over the entire standard range on a log scale.
- The highest point in the calibration curve is the highest reportable value (ie. Upper Linearity Limit). A sample exceeding this level needs to be diluted until the area counts of the  $^{12}$ C-target analyte is less than that of the highest concentration standard.
- The lowest reporting level or the method limit of detection (LOD) is given in Table 1. The method LOD is defined as the higher value of  $S_0$  (Taylor, K. T. (1987) In Quality Assurance of Chemical Measurements, pp 79-82, Lewis Publishers, Washington, DC) and three times the standard deviation of blank samples. The method LOD was determined based on generated measurements during 1st and 2nd quarter of 2017. Analytes with a determined concentration between the LOD and the lowest standard are reported as "Detected, lower than lowest standard". The remainder of the points is evenly distributed between the two extreme concentrations (on a log scale).

# **7.3 Calibration Verification**

Calibration verification of the test system is done by the inclusion of quality control samples with a determined concentration in every run of unknown specimens and by the analysis of Proficiency Testing (PT) samples at least twice per year. See section 10 for further information on PT procedures.

# **8. Procedure Operation Instructions; Calculations; Interpretation of Results**

Training in the use of a high resolution mass spectrometer is necessary for all GC/HRMS operators. Operators are required to read the operation manuals and must demonstrate safe techniques in performing the method. New operators must be evaluated by the supervisor to certify that they are appropriately qualified to perform the assay. Operators are, then, re-evaluated 6 months after their initial training. Thereafter, the re-certification is performed annually.

Anyone involved in sample preparation must be trained in for all sample preparation equipment, chemical handling, and have basic chemistry laboratory skills. Laboratory technicians are required to read the operation manuals for laboratory instrumentation and must demonstrate safe techniques in performing the method. New technicians must be evaluated by the supervisor to certify that they are appropriately qualified to perform the assay. Technicians are, then, re-evaluated 6 months after their initial training. Thereafter, the re-certification is performed annually.

#### **8.1 Sending aliquot of serum for lipid determination**

Serum lipid concentration in serum is determined by the Clinical Chemistry Branch (CCB). Total cholesterol (TCHOL) and triglycerides (TRIG) are measured for each serum sample. These measurements are used to calculate the total lipid concentration for each sample.

Generally, either the CDC Sample Logistics Laboratory or the Principle Investigator will prepare a separate aliquot of each serum sample for lipid measurements prior to samples being sent to the POPs laboratory. In this case, no additional lipid aliquot needs to be made prior to POPs analysis and the Sample Logistics will transfer this separate aliquot to CCB.

However, occasionally, there may not be a separate aliquot already available for lipid analysis. In this case, the POPs Laboratory will have to provide serum to CCB for lipid analysis, prior to any analysis for POPs.

There are three procedures allowed for the POPs Laboratory to provide serum to CCB for lipid analysis. The POPs Laboratory management staff will decide which of the three procedures to use for any set of samples.

In all cases, samples are transferred between the POPs laboratory and the CCB while frozen and in accordance with safety protocols outlined in the CDC Chemical Hygiene Plan and the CDC Intrafacility Specimen and Sample Transfer Policy.

The procedures allowed for providing serum samples to CCB for lipid analysis are as follows:

1. The entire POPs serum sample, in its original sample vial, is transferred to CCB for lipid analysis. After lipid measurements are completed and the results are reported by CCB, the serum samples will be transferred back to the POPs Laboratory for POPs analysis.

#### 2. **The POPs laboratory will prepare a separate aliquot for CCB**.

- a. Aliquot 150µL of each sample into polypropylene vials (ie. Cryovials) after mixing the thawed serum samples. Make sure to use a new pipette tip for every sample to eliminate cross contamination.
- b. Samples are labeled with the correct DLS Specimen ID, as listed in the DLS StarLIMS system.
- c. Samples are frozen and then transferred to CCB.

# **3. The POPs laboratory will prepare a separate, diluted aliquot for CCB**

- a. Aliquot 50µL of each sample into polypropylene vials (ie. Cryovials) after mixing the thawed serum samples. Make sure to use a new pipette tip for every sample to eliminate cross contamination.
- b. To each sample is added 100µL of 0.9% saline solution.
- c. Samples are labeled with the correct DLS Specimen ID, as listed in the DLS StarLIMS system.
- d. Samples are mixed well, frozen, and then transferred to CCB.

# **8.2 Thawing and weighing samples**

Store samples in a -70 $\degree$ C freezer before starting analysis. Samples are taken out from the freezer to *thaw completely*; this can be done the day before analysis and the samples placed in a refrigerator overnight. Thoroughly mix the samples by vortex before proceeding.

For each batch of samples, complete the run sheet. On the run sheet, enter ALL requested information including, the analyst's name or initials, the date and run number.

# **Balance Function Check**

To ensure optimum performance of the balance used for weighing serum samples:

- 1. First verify that the balance is level by checking the "bubble level" indicator on the balance and, if necessary, making any adjustments according to the manufacturer's instructions.
	- a. If, for any reason, the balance cannot be made level, stop the procedure and resolve any problems before proceeding.
- 2. Next, verify the balance calibration using certified calibration weights spanning the range 10.000 g and 20.000 g before weighing each batch of samples. Calibration weights are placed on the balance after taring, and the reading is recorded on the run sheet.
- 3. Document the recorded weights on the run sheet in the "Balance Calibration" section.
- 4. The difference from the certified value may not exceed +/- 0.01 g.
	- a. If this limit is exceeded, any problems must be resolved before proceeding. This may include cleaning the balance tray, recalibration of balance and/or calling for service of balance.

After verifying the balance calibration, weigh serum samples into washed and burned glass 2oz bottles. Record all sample weights on the run sheet in the "Sample Weight" column.

The target sample weight of spiked Quality Control (QC) samples (ie. SSP:01:14 etc.) is approximately 3 grams, unless otherwise noted. Record the mass of the QC samples appropriately on the run sheet. The QC samples are then diluted up to 20mL with water.

Method blanks are made using 0.5 mL bovine "blank" serum unless otherwise noted. It is not necessary to record the mass of the bovine serum used. The blanks are then diluted up to 20mL with water.

The target sample weight of study samples (Unknowns) is to be specified on a perstudy or per-run basis. Record the mass of the study samples appropriately on the run sheet. The maximum sample weight allowed in this method is 20g (~20mL). If the sample weight is less than 20g, then the sample must be diluted up to 20mL with water after recording the sample weight.

# **8.3 Sample pretreatment using Gilson 215 Liquid Handler**

The Internal Standard fortification procedure is automated using the Gilson 215® Liquid Handler

The software controlling the Gilson Liquid Handler is called Trilution LH and a shortcut/icon is located on the desktop. After launching the software, the main menu is displayed (Figure 8.3.1). To set up the software for internal standard fortification, first click on "Applications" button in the menu. In the Application Menu (Figure 8.3.2) select the application named "**New Dioxin Internal Standard Spiking App**". Make sure that number of samples to be fortified is correct for each method in the application.

# *8.3.1 Procedure*

- 1. Adjust the volume of the sample to 20mL with water, if less serum was available for the measurement.
- 2. Record the weights of any specified internal standard vials before use and record their weight as the "Initial Weight" on the runsheet.
- 3. Place the internal standard vials on the Gilson 215 in the appropriate rack.
- 4. Place serum samples in the appropriate rack on the Gilson 215. Make sure that each sample is in the correct position in the rack. Leave the sample bottles un-capped during the spiking procedure.
- 5. After launching the software, the main menu is displayed (Figure 8.3.1). For setting up the software for extraction, first click on "Applications" button in the menu. In the Application Menu (Figure 8.3.2) select the application named "**New Dioxin Internal Standard Spiking App**". Make sure that number of samples to be spiked is correct for each method in the Application window.
- 6. Briefly re-inspect the Gilson bed and the entries in the Trilution application to ensure that all bottles, tubes and vials are in the correct positions and that the correct number of samples are listed in the software.

# 7. **Spiking Gilson 215 Function Checks**:

- a. Ensure that sufficient quantities of all solvents and reagents are present in containers attached to the Gilson 215 instrument and that all solvent lines are kept at the bottom of each container by an attached weight at the end of the solvent line.
- b. If necessary, empty waste containers by replacing the container with an empty one.
- c. Begin the Gilson Spiking Application in Trilution LH. After the system initializes, inspect the syringes during the first "Rinse Probes" steps. Check to ensure that the syringes are pumping solvent correctly. If, for any reason, there is a problem with the syringes or solvent flow, stop the procedure and resolve any problems before proceeding. Record any Corrective Actions taken in the **POPs Spiking Gilson LH Instrument Logbook.**
- 8. During the procedure all samples are fortified with the internal surrogate standards (Approximately 20 minutes).
- 9. After the Gilson spiking application is complete, weigh the Internal Standard vials and record their weight as the "Final Weight" on the runsheet.
- a. Check the accuracy of the internal standard spike as calculated on the run sheet, and if outside the acceptable range (95-105%, applicable for automated spiking on the Gilson 215 only) consult laboratory supervisor for how to proceed.
- 10. The samples are removed from the Gilson and mixed/vortexed manually for at least 10 seconds, each.
- 11.Next, add 5mL of 6M Hydrochloric Acid to the serum and cap the sample bottle. Mix the serum/acid mixture using a rocker or vortexer at a slow speed that does not result in a vortex greater than  $1\frac{1}{2}$  inch. Mix each sample for at least 10 seconds.
- 12.Then, add 20mL of Ethanol to the serum/acid mixture. Mix the samples by vortex or shaker for at least 10 seconds, each.

Polychlorinated dibenzo-p-dioxins and furans (PCDD/F) and co-planar polychlorinated biphenyls (cPCB) NHANES 2015 - 2016



**Figure 8.3.1.** Detail of the Trilution Main Menu. A: The Application Menu button.



**Figure 8.3.2.** Detail of the Application Menu in Trilution LH. A: The Application Run Button. B: The column where the number of samples to be spiked is entered

# *8.3.2 Spike Recovery Standard to GC Vials using Gilson 215 - Liquid handler*

The Recovery Standard fortification procedure is automated using the Gilson 215® Liquid Handler

The software controlling the Gilson Liquid Handler is called Trilution LH and a shortcut/icon is located on the desktop. After launching the software, the main menu is displayed (Figure 8.3.1). To set up the software for Recovery standard fortification, first click on "Applications" button in the menu. In the Application Menu (Figure 8.3.2) select the application named "**New Dioxin Recovery Spiking App**". Make sure that number of samples to be fortified is correct for each method in the application.

#### **Procedure**

- 1. Weigh a new Recovery Standard vial and record its weight as the "Initial Weight" on the runsheet.
- 2. Place the new Recovery Standards vial Place in the rack on the Gilson 215.
- 3. Place clean, empty GC vials in the rack on the Gilson 215. Be sure to inspect the vials for cracks and debris before placing them into the rack.
- 4. **Spiking Gilson 215 Function Checks**:
	- a. Ensure that sufficient quantities of all solvents and reagents are present in containers attached to the Gilson 215 instrument and that all solvent lines are kept at the bottom of each container by an attached weight at the end of the solvent line.
	- b. If necessary, empty waste containers by replacing the container with an empty one.
	- c. Begin the Gilson Recovery Spiking Application in Trilution LH. After the system initializes, inspect the syringes during the first "Rinse Probes" steps. Check to ensure that the syringes are pumping solvent correctly. If, for any reason, there is a problem with the syringes or solvent flow, stop the procedure and resolve any problems before proceeding. Record any Corrective Actions taken in the **Dioxin Spiking Gilson LH Instrument Logbook.**
- 5. During the procedure all GC vials are fortified with the Recovery standards (takes approximately 20 minutes).
- 6. After the Gilson Recovery spiking application is complete, the GC vials are removed from the Gilson, capped, and labeled.
- 7. Record the weight of the Recovery Standard vial as the "Final Weight" in the runsheet

# **8.4 Liquid-Liquid Extraction**

# *8.4.1 LLE on the Gilson GX281 Liquid Handler.*

The extraction procedure is automated using the Gilson GX281 Liquid Handler®

The software controlling the Gilson Liquid Handler is called Trilution LH and a shortcut/icon is located on the desktop. After launching the software, the main menu is displayed (Figure 8.3.1). For setting up the software for extraction, first click on "Applications" button in the menu. In the Application Menu (Figure 8.3.2) select the application named "**GX281 Dox Extraction App**". Make sure that number of samples to be extracted is correct for each method in the application.

Then click the "Run" button to begin the extraction procedure outlined below.

After the first mixing step, the samples will be centrifuged (>5min, @2000rpm) to separate the organic/aqueous phases. Then, the samples are placed in the sample rack and the Application proceeds with the transfers of the organic phase.

Alternatively, if the Gilson is unavailable, the sample mixing and the transfer of the hexane/diethyl ether layer may be done manually. Mixing may be done using a shaking style of mixer. Transfer of the hexane/diethyl ether layer may be done using a borosilicate Pasteur pipette. However, care should be taken to avoid transferring water/ethanol to the collection tube.

Procedure - Extraction

- 1. Add **18-20mL Hexane/Diethyl Ether (1:1)** in each sample and then re-cap samples. This can be done using a repeating pipettor. Leave ~1cm headspace at the top of the bottle.
- 2. Place samples on a large orbital shaker to efficiently extract the aqueous phase. Samples should be mixed for >5 minutes.
- 3. Place samples into the centrifuge to separate the phases.
- 4. After centrifugation, carefully place the sample tubes in positions 1-12 in the rack in the 818 AutoMix.
- 5. Place empty 20x150mm tubes in positions 1-12 in the "Sample Extract" rack on the tray.

#### 6. **Extraction Gilson GX281 Function Checks**:

- a. Ensure that sufficient quantities of all solvents and reagents are present in containers under the Gilson GX281 instrument and that all solvent lines are kept at the bottom of each container by an attached weight at the end of the solvent line.
- b. If necessary, empty waste containers by replacing the container with an empty one.
- c. Begin the Gilson Extraction Application named "**GX281 DOX Extraction App**" in Trilution LH.
- d. After the system initializes, inspect the syringes during the first "Rinse Probes" steps. Check to ensure that the syringes are pumping solvent correctly. If, for any reason, there is a problem with the syringes or solvent flow, stop the procedure and resolve any problems before proceeding. Record any Corrective Actions taken in the **Dioxin Extraction Gilson LH Instrument Logbook.**
- 7. The Gilson will then transfer the organic phase from the original sample tube to the corresponding 20x150mm tube.
- 8. After transferring all samples, the Gilson will add more hexane/diethyl ether solution to each original sample tube.
- 9. The Gilson will then transfer the organic phase from the original sample tube to the corresponding 20x150mm tube. Then the Application will end.

# **8.5 Cleanup and Isolation of PCDD/Fs and cPCBs**

#### *8.5.1 Acid Silica Column for Removing Polar Fats*

An acid silica column (1.0g) is used to remove polar fats and acid-labile contaminants from the sample. This includes (but is not limited to) steroids, such as cholesterol, and free fatty acids, such as stearic and oleic acid. This also serves to filter the samples and to remove any small amounts of water or alcohol carried over from the extraction step.

The composition of the acid silica is 33% (w/w) sulfuric acid mixed with neutral silica. These components should be mixed together in a glass tube with a PTFE-lined cap, and it should be mixed by rotation for at least 24 hours prior to use. The thoroughly mixed acid silica should appear free-flowing without any visible clumping in the silica.

#### **Procedure for preparation of Silica Gel:Sulfuric Acid Mixture**

- 1. See section 6 for Manufacturer, grade and brand for all chemicals used.
- 2. Activate silica gel in oven at 250  $\mathrm{^{\circ}C}$  for at least 12 hours.
- 3. Using calibrated laboratory balance, add 6.6 g Silica gel and add 3.3 g of concentrated sulfuric acid to a 50-mL glass tube fitted with Teflon lined cap.
- 4. After adding the acid, vigorously shake mixture to break up any large clumps.
	- a. Standard laboratory Personal Protective Equipment must be used, such as lab coat, safety glasses and gloves. See Section 2.2 for additional safety precautions when handling concentrated acids.
- 5. Allow the mixture to rotate for at least 12 hours using a rotating mixer. After mixing, confirm that no lumps are present in mixture before using the acidified silica mixture.

# *8.5.2 Acid Silica Column Procedure*

.

- 1. Make an acid silica column for each sample by weighing out 1.0g of 33% (w/w) sulfuric acid mixed in silica mixture into an empty 3mL SPE cartridge with a polyethylene frit at the bottom.
	- a. The SPE cartridges packed a with Silica and Silica:Sulfuric acid have a shelf life of 1 day when stored in plastic re-sealable bag and hence must be prepared directly prior to use.
- 2. Add one void volume of hexane (1-2mL) to the top of each column and let elute through the column. Thereafter, condition each column with 10mL of hexane and then discard the used hexane.
- 3. The serum samples are evaporated to dryness after the extraction procedure using a Biotage TurboVap LV.
	- a. Set the TurboVap to 40℃ until at least half of the volume (the diethyl ether) has evaporated. Then, if desired, the temperature can be increased up to 55℃ for the remainder of the evaporization.
	- b. Co-extracted lipids will serve as a "keeper" for Dioxins and POPs in the sample. However, take care to remove the samples from the evaporator as soon as the solvent has been removed.
- 4. Reconstitute the samples with 0.5-1.0mL of hexane and lightly vortex to thoroughly mix the sample.
- 5. Using a Pasteur pipette transfer the sample to the acid silica column (1.0g) and allow the sample to drain completely into the acid silica.
- 6. Rinse the original sample tube with 0.5-1.0mL of hexane and transfer it to the silica column. Allow the sample to drain completely into the silica.
- 7. Elute each column with an additional 4mL of hexane. The total collected volume should be 5-6mL.

# *8.5.3 Principle of Power-Prep Sample Cleanup Procedure:*

The FMS Power-Prep NG system is used to remove lipids and other biogenic compounds as well as other interfering chemicals that are present in the serum extract. The extracts are pumped through an acid/neutral/base silica column, alumina column and an AX-21 carbon column. The silica column serves to remove most biogenic and polar chemical background by oxidative degradation. The alumina is used to separate the aromatic PCDD/Fs and cPCBs from non-aromatic chemical interferences. Lastly, the planar PCDD/Fs and cPCBs are separated from non-planar compounds via the AX-21 carbon column.

The program used on the FMS PowerPrep NG is given in Table 8.5.1 including valve positions, solvents used and volumes used.

# **22\_DIOXIN FMS DOX ONLY Method:**



**Table 8.5.1.** Program for Clean-up of a Sample for PCDD/Fs and cPCBs through the FMS PowerPrep NG System (22DIOXIN.stp).

# *8.5.4 FMS PowerPrep Function Checks*

Daily function checks are performed by purging the FMS system with 50% dichloromethane in hexane (file = RINSE1) and hexane (file = RINSE2). Place collection lines in round deep dish for waste and initiate procedure.

- 1. Make certain that sufficient quantities of all solvents are present in the solvent bottles attached to the FMS instrument and that all solvent lines are kept at the bottom of the containers by an attached weight at the end of each solvent line.
- 2. If necessary, empty waste containers by replacing the container with an empty one.
- 3. Run the RINSE function check programs.
	- a. RINSE 1 is run with 15mL of 50% DCM in Hexane in clean 20x150mm test tube.
- b. RINSE\_2 is run with 15mL of Hexane in a clean 20x150mm test tube.
- 4. Check valves and fittings for leaks.
- 5. Inspect the volume aspirated from the 20x150mm test tube. Make sure that the FMS aspirates the correct volume of solvent from the test tube.
	- a. If the pump volume calibration appears to be incorrect, calibrate the pump according to the manufacturer's instructions.
- 6. If, for any reason, there is a problem with the pump or solvent flow, stop the procedure and resolve any problems before proceeding.
- 7. If applicable (e.g., change valve) maintenance is performed, record in the **FMS PowerPrep Maintenance Logbook**.

### *8.5.5 Sample Cleanup Procedure*

- 1. If the sample extracts were not passed through the acid silica column described in Section 8.5.1 and 8.5.2, then the sample extracts are evaporated to dryness and then reconstituted with 15mL of Hexane.
- 2. Install one acid/neutral/base silica, one alumina, and one carbon column per sample on each FMS module.
- 3. Insert manifold solvent lines into their appropriate solvent bottles: hexane, 50% dichloromethane in hexane, and toluene.
- 4. Attach each sample test tube to the FMS in their proper position according to notebook number and insert intake tubing into sample. Place correct lines in each 200 mL TurboVap collection tube.
- 5. For a "Dioxin-only" run, start file "**22DIOXIN.stp**".
	- a. Check all fittings for possible leaks as the program conditions the columns. If necessary, pause the program by pressing the "Halt" button on the view screen before tightening leaky fittings.
	- b. Watch for excessive column backpressure during the conditioning steps and make any corrections to fittings or columns as necessary.
	- c. Watch the sample test tube during the "Add Sample" step and make sure that the entire sample is loaded onto the silica column.
- 6. Allow the FMS to complete the program.
	- a. This will collect 45 mL of toluene in the 200 mL TurboVap tube. This contains PCDD/F and cPCBs.

### *8.5.6 Evaporation and transfer to final GC-vial*

1. Samples from the FMS cleanup step are evaporated to approximately 0.5 mL using the Caliper TurboVap II evaporator.

#### *It is imperative that the samples are not evaporated to dryness at this step, since all volatile analytes would be lost.*

- a. For the Dioxin fraction in toluene, start the evaporation with the following settings as a general guide:  $60^{\circ}$ C water bath temperature and ~5psi line pressure.
- 2. Transfer the Dioxin fraction sample to the GC vial that was spiked with 100uL of Dioxin Recovery Standard from Section 8.3. **MAKE CERTAIN THAT THE SAMPLES ARE TRANSFERRED TO THE CORRECT VIAL !!!**
- 3. Rinse the sample TurboVap tube with  $\sim$  0.5mL of dichloromethane and transfer to the corresponding GC-vial.
- 4. Evaporate all samples until <1uL remains using the Caliper TurboVap LV evaporator.
	- a. The TurboVap LV for GC vials should not contain water.
	- b. Start nitrogen flow at zero and slowly increase until a ripple is seen in the GC vials. Care must be taken not to increase the nitrogen flow too much since this could blow the sample out of the GC vials.
- 5. After evaporization, adjust the final volume in each GC vial to 5-7µL with nonane using either a GC syringe or a pipettor.
- 6. Cap the GC vials with cleaned PFTE-lined caps.
- 7. Complete any lab notes, and log samples into HRMS freezer and computer.

# **8.6 HRGC/HRMS Analysis**

Analysis of the extracts is performed on a Double Focusing Sector Mass Spectrometer (DFS) (ThermoFisher, Bremen, Germany) instrument coupled to a Trace 1310 gas chromatograph (GC) (ThermoFisher, Bremen, Germany) equipped with a Programable Temperature Vaporizing Injector (PTV) module, using a TriPlus RSH Autosampler (ThermoFisher, Bremen, Germany) for injection. All components are controlled using the Xcalibur software provided by Thermo. Extracts are analyzed for BFRs first and for PCB/PSTs second in a separate analytical run with a different instrument method. Settings for each instrument method are detailed below.

### **8.6.1 GC Preparation**

If a new GC column is required for analysis, it should be conditioned first. The front end of the column is installed in the GC inlet following procedures in the Trace 1310 User Guide, Revision B (Sept 2012). To prevent excess silica fouling the ion source of the DFS, the back end of the column is left uninstalled until after conditioning. Conditioning is accomplished with successive loops of the GC ramp used for each method. The GC can be set to run automatically and allowed to loop overnight. A minimum of three loops through the GC ramp should be accomplished before the back of the column is installed in the DFS following procedures detailed in the DFS Hardware Manual, Revision E (Feb 2010).

Maintenance of a GC column will be required when there is excessive tailing of peaks in the chromatograms or if analytes can no longer be resolved from each other. The analyst will use their best judgement when the column needs to be cut, or if a new column needs to be installed. When a new column is installed, or if the current column required cutting, new analyte retention times should be established, and the MID windows of the MS method adjusted accordingly.

New inlet septa and liner will be installed following procedures detailed in the Trace 1310 User Guide, Revision B (Sept 2012). The analyst will use their best judgement if new septa and liner are needed.

### **8.6.2 Autosampler Preparation**

The injection syringe may need to be replaced after excessive use, if it is found to not be delivering the programmed volume, or if the needle has been damage. The analyst will use their best judgement to determine if the syringe should be replaced. The syringe is replaced following procedures in the User Guide, Fifth Edition (Mar 2013).

The analyst will ensure there is sufficient toluene (position A) and nonane (position B) in the solvent reservoirs used for rinsing the syringe between injections. Distilled nonane is used for the reservoir. Solvent in the reservoirs should be completely replaced weekly to prevent buildup of potential interfering compounds. Used solvent in the waste reservoir should be disposed of as hazardous waste.

### **8.6.3 DFS Preparation**

The DFS is operated in Electron Ionization Mode. Before beginning analysis, ensure the DFS system is up to date with calibration procedures including MCAL, ECAL, MDAC, EDAC, and multiplier gain determination. Each of these procedures should be performed monthly, or after a significant maintenance event on the instrument. The analyst will use their best judgement for performing these procedures and may delay the procedure in consultation with laboratory management. Details on performing these procedures can be found in the DFS Operating Manual, Revision B (Feb 2011).

Before beginning an analytical run, the DFS is tuned to 10,000 mass resolution (5% peak height definition). A small amount  $(\sim 1 \mu L)$  of reference compound is introduced into the DFS using the reference inlet. For PCDD/F analysis, perflourokerosene (PFK) is used. The instrument is tuned on an appropriate mass of the reference compound using the Tune application in the Xcalibur software. Details on tuning the instrument may be found in the DFS Operating Manual, Revision B (Feb 2011).

If the instrument cannot achieve the required sensitivity or maintain the mass resolution of 10,000, the analyst will need to troubleshoot and fix the system before beginning an analytical run. The analyst, in consultation with laboratory management and vendor service engineers, will use their best judgment to determine the troubleshooting process necessary.

### **8.6.4 Analytical Runs**

After the instrument has been tuned, an analytical run may proceed. Using the Xcalibur software, the analyst creates a sequence file for each analytical run which details the specific sample information and instrument method for each extract. A typical analytical run will begin with a sensitivity check, followed by a calibration curve, followed by sample extracts. Runs of nonane blanks using distilled nonane with no analyte or matrix are distributed within the analytical run to monitor for instrument carryover, and/or to clear the GC column of potential high-boiling compounds. The analyst will use their best judgement on how the nonane runs will be distributed. At the completion of the analytical run, the raw data is integrated using the TargetQuan software following guidelines from the DLS Policies and Procedures Manual, Version 7.3.1 (Feb 2022). Details for the operation of the TargetQuan software may be found in the Operating Manual, Revision C, (Aug 2014).

### **8.6.5 Documentation and Data Files**

All maintenance completed on an instrument is documented in either a hardcopy Instrument Logbook, or electronically in the Instrument Maintenance Logbook Excel file. All runs performed on each instrument should be documented in the Instrument Logbook. The electronic logbook is archived in the data management system.

Each analytical run produces a log file and a raw data file. The log file details the specific settings used for analysis. Both the log and raw data file are archived in the data management system. Upon integration, each analytical run has an associated QuanAscii file which is transferred to the SAS system for quantitation. Each integrated file also produces a report file in pdf format which displays the integrated peaks. This file is archived in the data management system.

### **8.6.6 PCDD/F and cPCB Analysis**

A. Autosampler Settings

- 5 nonane rinses before injection
- 3 sample pumps
- Injection volume: 4.0 µL with 1.0 µL air gap.
- Pre-injection delay for 1 seconds
- Post-injection delay for 1 seconds
- Injection depth: 45mm
- Penetration speed: 100mm/sec
- Injection Speed 50µL/sec
- 10 toluene rinses followed by 10 nonane rinses after injection
- Cool Tray temperature:  $10^{\circ}$ C
- B. PTV Inlet Settings
	- Splitless Mode
		- 1. Splitless for 3 minutes
		- 2. Split flow at 70 mL/min
		- 3. Septum purge flow at 5.0 mL/min
	- Constant Flow mode at 1.0 mL/min
	- Siltek deactivated metal liner for PTV (2.0mm x 2.75 mm x 120mm) with deactivated glass wool from Restek (Bellefonte, PA)
	- Temperature Program



C. Oven Settings

- Column Phase: DB5-MS UI (Agilent, Hanover, PA) or equivalent 5% phenyl phase
- Column Dimensions: 60m, 0.25 mm I.D x 0.25 µm film
- Temperature program



- Transfer line temperature: 275°C
- D. Mass Spectrometer Settings
	- Source Settings:

1. Source Temperature:  $275^{\circ}$ C  $\pm 5^{\circ}$ C

2.Emission Current: 1.0 mA

- 3.Electron Energy: 45eV
- 4. Reference Inlet Temperature: 90°C
- MID Settings for all MID window:
	- 1.MID mode: Lock
	- 2.Data Type: Centroid
	- 3.Width 1st lock: 0.25amu
	- 4.Sweep Peak Width: 3.0
	- 5.Offset: 20µV
	- 6.Measure/Lock Ratio: 1
	- 7.Magnetic Delay: 60ms

8.Electric Delay: 10ms

- Cycle Time is adjusted for each window to ensure enough scans over the peak. In Table 8.6.6 the cycle time is given in the header of each window.
- The Intensity (Int) setting establishes the dwell time for each ion in the MID window based on the total cycle time. Table 8.6.6 below details the ions in each MID window, the specific lock and calibration masses used, and the intensity assigned to each ion.
- MID windows 1 and 8 have only lock and calibration masses acquired and are not used for quantitation. These windows help reset the instrument after a run allowing it to easily achieve lock on the next run.
- Detailed information on accurate masses for each analyte are given in Appendix B.
- E. PCDD/F and cPCB Peak Identification

Proper peak identification is required to set up MID windows and integration. Figure 8.6.6 below shows the elution order of all peaks in the current analytical standards. The MID windows of the MS method are shown in boxes at the top. Not all identified peaks are quantitated.

F. TCDD Sensitivity Check

The daily function check will be evaluated using the first calibration standard injected, which will be the CDF4 standard. In this standard, the signal-tonoise (S/N) ratio of the 2378-TCDD peak should be at least 30:1. This is evaluated using the Signal-to-Noise application in the Xcalibur software using the m/z 321.8936 and a 20 second noise window.



# Table 8.6.6 MID Window Setup of PCDD/F and cPCB

# **Figure 8.6.6 PCDD/F and C PCB Elution Order**



# **9. Reportable Range of Results**

The linear range of each standard calibration curve determines the highest and lowest analytical values of an analyte that are reportable. However, samples with a concentration exceeding the highest reportable limit may be re-extracted using a smaller volume and re-analyzed, so that the result is in the reportable range. Alternatively, if no more sample is available the sample may be diluted with solvent so that the area count of the high concentration analyte is less than that of the highest calibration standard included in the run.

# **9.1 Linearity Limits**

Calibration standards are linear for all analytes through the range of concentrations evaluated. Samples exceeding the calibration curve must be diluted or analyzed using a smaller volume of serum.

Certificate of analysis for all standards used are stated in the certificate of analysis as provided by the manufacturer, Cambridge Isotope Laboratory (CIL).

# **9.2 Limit of detection**

The lowest reporting level or the method limit of detection (LOD) is given in Table 1. The method LOD is defined as the higher value of  $S_0$  (Taylor, K. T. (1987) In Quality Assurance of Chemical Measurements, pp 79-82, Lewis Publishers, Washington, DC) and three times the standard deviation of blank samples. The method LOD was determined based on generated measurements made between February, 2021 and August, 2022. Analytes with a determine concentration between the LOD and the lowest standard are reported as "Detected, lower than lowest standard".

# **9.3 Precision**

The precision of the method is reflected in the variance of quality control samples analyzed over time typically less than a coefficients of variance (CV) less than 10%. Precision data is given in Appendix A.

# **9.4 Analytical specificity**

- 1. High Mass Resolution: This analysis is performed at 10,000 mass resolution (5% peak height definition) which provides excellent specificity.
- 2. Ion Ratios: Two ions are monitored for each native analyte and 13Clabeled internal standard. For each measurement, the ratio between these two ions is verified to be with +/- 26% from the theoretical isotope ratio.
- 3. Relative Retention Time: The relative retention time of native compound divided with its 13C-internal standard is verified for each measurement.

# **10. Quality Assessment and Proficiency Testing**

# **10.1 Quality Assessment**

In this method, a set of samples is generally defined as 8 unknown samples, prepared and analyzed together with 2 analytical blanks and 2 QC sample. Quality control limits are established by characterizing assay precision with repeated analyses of the QC pool.

For QA/QC purposes measurement of a target analyte in a set of samples is considered valid only after the QA/QC sample have fulfilled the following criteria further detail is given in the DLS Procedure Manual.:

The following QA/QC criteria is confirmed to be met for all analytical runs by DLS QC program:

- If all of the QC samples are within 2σ limits, then accept the run
- If one or more QC results is outside the 2σ limits, then apply the rules below and reject the run if any conditions are met.
	- o **Extreme outliner:** the result is outside the characterization mean by more than 4σ.
	- o **3σ**, Average of three QCs is outside of the 3σ limit.
	- o **2σ**, QC results from two consecutive runs are outside of 2σ limit on the same side of the mean.
	- o **R4σ sequential**, QC results from two consecutive runs are outside of 2σ limit on opposite sides of mean.
	- o **10x sequential**, QC results from ten consecutive runs are on the same side of the mean.

If the QC result for an analyte is declared "out of control", then the results of that analyte for all samples analyzed during that run are considered invalid for reporting.

Further, every measurement of a set of samples must fulfill the following criteria given in appendix B with respect to recovery, relative retention time and isotopic ratio to be considered a valid measurement.

# **10.2 Proficiency testing (PT)**

The only established external PT program for this assay was the Arctic Monitoring and Assessment program (AMAP) that was discontinued in the year 2020. Our laboratory participated in this program up to the discontinuation of this program.

Due to this the PT program used for this method is the Division of Laboratory Sciences (DLS) developed internal PT program in this program two challenges per annual year is conducted. In each challenge 5 PT samples from 3 pools are selected by the DLS statistician. The laboratory is blinded to the identity of the PT samples until the

measurement data has been evaluated by the DLS statistician. A report is provided after each challenge by the DLS statistician and 80% passing frequency by analyte is considered acceptable.

# **11. Remedial Action if Calibration or QC Systems Fail to Meet Acceptable Criteria**

If the calibration or QC systems fail to meet acceptable criteria, suspend all operations until the source or cause of failure is identified and corrected. If the source of failure is easily identifiable, for instance a failure of the mass spectrometer or a pipetting error, correct the problem immediately. Otherwise, prepare fresh reagents and clean the mass spectrometer system. Before beginning another analytical run, re-analyze several QC materials (in the case of QC failure) or calibration standards (in the case of calibration failure). After re-establishing calibration or quality control, resume analytical runs. Document the QC failures, review the cases with supervisor to determine source(s) of problem, and take measures to prevent re-occurrence of the same problem.

# **12. Limitations of Method, Interfering Substances and Conditions**

This method is an isotope dilution mass spectrometry method, widely regarded as the definitive method for the measurement of organic toxicants in human body fluids. By using high resolution mass spectrometry, most interferences are eliminated. Due to the matrix used in this procedure, occasional unknown interfering substances have been encountered. If chromatographic interference with the internal standards occurs, reject that analysis. If repeat analysis still results in an interference with the internal standard, the results for that analyte are not reportable.

# **13. Reference Ranges (Normal Values)**

Reference ranges have been reported for PCDD/Fs and cPCBs in the NHANES survey and are available at [www.cdc.gov/exposurereport](http://www.cdc.gov/exposurereport) 

# **14. Critical Call Results ("Panic Values")**

The health effects resulting from exposure to PCDD/Fs and cPCBs are currently unclear. Therefore, no "panic values" have been established. Test results in this laboratory are reported in support of epidemiological studies, not clinical assessments.

# **15. Specimen Storage and Handling During Testing**

Store serum samples in -70 °C freezer before and after analysis. Keep extracts at room temperature covered with aluminum foil for storage, due to documented UV-sensitivity of target analytes.

After analysis, keep GC vials in Styrofoam boxes for storage at room temperature until the final analytical data have been reported.

# **16. Alternate Methods for Performing Test or Storing Specimens if Test System Fails**

If the analytical system fails, refrigerate the samples (at  $4 - 8$  °C) until the analytical system is restored to functionality. If long-term interruption (greater that one day) is anticipated, then store serum specimens at -70  $\pm$  20 °C.

The method is designed to run on a HRGC/HRMS instrument, and is not generally transferable to other instrumentation. If the system fails, store sample extracts at room temperature covered with aluminum foil until the analytical system is restored to functionality.

# **17. Test Result Reporting System; Protocol for Reporting Critical Calls (if Applicable)**

Study subject data is reported in two concentration units (fg/mL serum) and adjusted based on serum lipids (pg/g lipid).

Once the validity of the data is established by the QC/QA system outlined above, these results are verified by a DLS statistician, and the data are reported in electronic file format. These data and a cover letter will be routed through the appropriate channels for approval (i.e. supervisor, QA/QC officer branch chief, division director) as outlined in the DLS Policy and Procedure Manual. After approval at the division level, the report will be sent to the contact person or principal investigator who requested the analyses.

# **18. Transfer or Referral of Specimens; Procedures for Specimen Accountability and Tracking**

If greater than 0.2 mL of sample remains following successful completion of analysis, this material must be returned to storage at -70  $\pm$  20 °C in case reanalysis is required. These samples shall be retained until valid results have been obtained and reported and sufficient time has passed for review of the results.

Standard record keeping formats (e.g., database, notebooks, and data files) are used to track specimens. Specimens will only be transferred or referred to other DLS Branch laboratories or, if required, to CLIA certified laboratories. Specimens may be stored at the CDC specimen handling and storage facility (CASPIR).

# **19. Summary Statistics and QC Graphs**

Please see following pages.

#### **2015-2016 Summary Statistics and QC Chart LBCD01 (1,2,3,7,8-pncdd (fg/g))**





SSP:01:14 43 04NOV19 05FEB24 0.103369 0.007630 7.4

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCD02 (1,2,3,4,7,8-hxcdd (fg/g))**

**Date mean Deviation**

**Standard Coefficient of**



### **2015-2016 Summary Statistics and QC Chart LBCD03 (1,2,3,6,7,8-hxcdd (fg/g))**

SSP:01:14 43 04NOV19 05FEB24 0.095383 0.006527 6.8

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCD04 (1,2,3,7,8,9-hxcdd (fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 41 04NOV19 05FEB24 0.549446 0.038178 6.9

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCD05 (1,2,3,4,6,7,8-hpcdd (fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 42 04NOV19 05FEB24 2.496727 0.199594 8.0

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCD07 (1,2,3,4,6,7,8,9-ocdd (fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 40 04NOV19 05FEB24 0.105145 0.007459 7.1

**Start Date**

 $Lot$  | n



#### **2015-2016 Summary Statistics and QC Chart LBCF01 (2,3,7,8-Tetrachlorofuran (tcdf) (fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 40 04NOV19 05FEB24 0.101506 0.006200 6.1

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCF02 (1,2,3,7,8-Pentachlorofuran(pncdf)(fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

**Start Date**

 $Lot$  | n



#### **2015-2016 Summary Statistics and QC Chart LBCF03 (2,3,4,7,8-Pentachlorofuran(pncdf)(fg/g))**

**mean** 

**Standard Coefficient of**

**Variation**

**Deviation**

SSP:01:14 41 04NOV19 05FEB24 0.097333 0.005981 6.1

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCF04 (1,2,3,4,7,8-hcxdf(fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 40 04NOV19 05FEB24 0.099837 0.006320 6.3

**Start Date**

 $Lot$  | n



# **2015-2016 Summary Statistics and QC Chart LBCF05 (1,2,3,6,7,8-hxcdf(fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 38 06NOV19 05FEB24 0.096890 0.005753 5.9

**Start Date**

 $Lot$  | n



#### **2015-2016 Summary Statistics and QC Chart LBCF06 (1,2,3,7,8,9-Hexachlorodifuran(fg/g))**

**mean** 

**Standard Coefficient of**

**Variation**

**Deviation**

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCF07 (2,3,4,6,7,8-Hexchlorofuran(hxcdf)(fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 41 04NOV19 05FEB24 0.326390 0.020349 6.2

**Start Date**

 $Lot$  | n



#### **2015-2016 Summary Statistics and QC Chart LBCF08 (1,2,3,4,6,7,8-Heptachlorodifuran (fg/g))**

**mean** 

**Standard Coefficient of**

**Variation**

**Deviation**

SSP:01:14 41 04NOV19 05FEB24 0.105838 0.007181 6.8

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCF09 (1,2,3,4,7,8,9-Heptachlorodifuran (fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 40 04NOV19 05FEB24 0.110074 0.008158 7.4

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCF10 (1,2,3,4,6,7,8,9-Octachlorodifuran(fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 41 04NOV19 05FEB24 0.866095 0.032265 3.7

**Start Date**

 $Lot$  | n



#### **2015-2016 Summary Statistics and QC Chart LBCHXC (3,3',4,4',5,5'-hexachlorobiphenyl(fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 41 04NOV19 05FEB24 0.855969 0.037524 4.4

**Start Date**

 $Lot$  | n



#### **2015-2016 Summary Statistics and QC Chart LBCPCB (3,3',4,4',5-Pentachlorobiphenyl (fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 41 04NOV19 05FEB24 0.402537 0.027940 6.9

**Start Date**

 $Lot$  | n



### **2015-2016 Summary Statistics and QC Chart LBCTC2 (3,4,4',5-Tetrachlorobiphenyl (tcb)(fg/g))**

**Date mean Deviation**

**Standard Coefficient of**

SSP:01:14 41 04NOV19 05FEB24 0.098689 0.006511 6.6

**Start Date**

 $Lot$  | n



# **2015-2016 Summary Statistics and QC Chart LBCTCD (2,3,7,8-Tetrachloro-p-dioxn(tcdd)(fg/g))**

**mean** 

**Standard Coefficient of**

**Variation**

**Deviation**

# **20. References**

Akins J.R., Waldrep K., and Bernert J.T. Jr. The Estimation of Total Serum Lipids by a Completely Enzymatic 'Summation' Method. *Clin. Chim. Acta.* 184: 219-226 (1989).

Arisawa K, Takeda H, Mikasa H. Background exposure to PCDDs/PCDFs/PCBs and its potential health effects: a review of epidemiologic studies. J Med Invest. 2005;52(1- 2):10-21.

Baccarelli A, Mocarelli P, Patterson DG Jr, Bonzini M, Pesatori AC, Caporaso N, et al. Immunologic effects of dioxin: new results from Seveso and comparison with other studies. Environ Health Perspect 2002;110:1169-1173.

Beck H, Dross A, Mathar W. PCDD and PCDF exposure and levels in humans in Germany. Environ Health Perspect 1994;102 Suppl 1:173-185.

Calvert GM, Sweeney MH, Deddens J, Wall DK. Evaluation of diabetes mellitus, serum glucose, and thyroid function among United States workers exposed to 2,3,7,8 tetrachlorodibenzo-p-dioxin. Occup Environ Med 1999;56(4):270-276.

Carpenter DO. Polychlorinated biphenyls (PCBs): routes of exposure and effects on human health. Rev Environ Health 2006;21(1):1-23.

Dhooge W, van Larebeke N, Koppen G, Nelen V, Schoeters G, Vlietinck R, et al. Serum dioxin-like activity is associated with reproductive parameters in young men from the general Flemish population. Environ Health Perspect 2006;114(11):1670- 1676.

Egeland GM, Sweeney MH, Fingerhut MA, Wille KK, Schnorr TM, Halperin WE. Total serum testosterone and gonadotropins in workers exposed to dioxin. Am J Epidemiol 1994;139(3):272- 281.

Eskenazi B, Mocarelli P, Warner M, Chee WY, Gerthoux PM, Samuels S, et al. Maternal serum dioxin levels and birth outcomes in women of Seveso, Italy. Environ Health Perspect 2003;111(7):947-953.

Eskenazi B, Mocarelli P, Warner M, Samuels S, Vercellini P, Olive D, et al. Serum dioxin concentrations and endometriosis: a cohort study in Seveso, Italy. Environ Health Perspect 2002;110(7):629- 634.

Everett CJ, Frithsen IL, Diaz VA, Koopman RJ, Simpson WM Jr, Mainous AG 3rd. Association of a polychlorinated dibenzo-p-dioxin, a polychlorinated biphenyl, and DDT with diabetes in the 1999-2002 National Health and Nutrition Examination Survey. Environ Res 2007;103(3):413-418.

Fierens S, Mairesse H, Heilier JF, De Burbure C, Focant JF, Eppe G, et al. Dioxin/polychlorinated biphenyl body burden, diabetes and endometriosis: findings in a population-based study in Belgium. Biomarkers 2003;8(6):529-534.

Fujiyoshi PT, Michalek JE, Matsumura F. Molecular epidemiologic evidence for diabetogenic effects of dioxin exposure in U.S. Air Force veterans of the Vietnam war. Environ Health Perspect 2006;114(11):1677-1683.

Gao X, Son DS, Terranova PF, Rozman KK. Toxic equivalency factors of polychlorinated dibenzo-p-dioxins in an ovulation model: validation of the toxic equivalency concept for one aspect of endocrine disruption. Toxicol Appl Pharmacol 1999;157(2):107-16.

Geyer HJ, Schramm KW, Feicht EA, Behechti A, Steinberg C, Bruggemann R, et al. Half-lives of tetra-, penta-, hexa-, hepta-, and octachlorodibenzo-p-dioxin in rats, monkeys, and humans—a critical review. Chemosphere 2002;48(6):631-644.

Gupta A, Ketchum N, Roehrborn CG, Schecter A, Aragaki CC, Michalek JE. Serum dioxin, testosterone, and subsequent risk of benign prostatic hyperplasia: a prospective cohort study of Air Force veterans. Environ Health Perspect 2006;114(11):1649- 1654.

Halperin W, Vogt R, Sweeney MH, Shopp G, Fingerhut M, Petersen M. Immunological markers among workers exposed to 2,3,7,8-tetrachlorodibenzo-p-dioxin. Occup Environ Med 1998;55(11):742-749.

Heilier JF, Nackers F, Verougstraete V, Tonglet R, Lison D, Donnez J. Increased dioxin-like compounds in the serum of women with peritoneal endometriosis and deep endometriotic (adenomyotic) nodules. Fertil Steril 2005;84(2):305-312.

Henriksen GL, Ketchum NS, Michalek JE, Swaby JA. Serum dioxin and diabetes mellitus in veterans of Operation Ranch Hand. Epidemiology 1997;8(3):252-258.

Henriksen GL, Michalek JE, Swaby JA, Rahe AJ. Serum dioxin, testosterone, and gonadotropins in veterans of Operation Ranch Hand. Epidemiology 1996;7(4):352-357.

Hoffman MK, Huwe J, Deyrup CL, Lorentzsen M, Zaylskie R, Clinch NR, et al. Statistically designed survey of polychlorinated dibenzo-p-dioxins, polychlorinated dibenzofurans, and co-planar polychlorinated biphenyls in U. S. meat and poultry, 2002 2003: results, trends, and implications. Environ Sci Technol 2006;40(17):5340-5346.

Hoffman CS, Small CM, Blanck HM, Tolbert P, Rubin C, Marcus M. Endometriosis among women exposed to polybrominated biphenyls. Ann Epidemiol. 2007;17(7):503- 510.

Institute of Medicine (IOM). Veterans and Agent Orange: Update 2004. Committee to Review the Health Effects in Vietman Veterans of Exposure to Herbicides (Fifth Biennial Update). Division of Health Promotion and Disease Prevention. Washington (DC): National Academy Press; 2005. Available at URL: http://www. nap.edu/catalog.php?record\_id=11242. 11/28/08

Johansson N, Hanber A, Wingfors H, Tysklind M. PCB in building sealant is influencing PCB levels in blood of residents. Organohalogen Compounds, Volumes 60-65, Dioxin 2003. Boston, MA.

Johnson E, Shorter C, Bestervelt L, Patterson D, Needham L, Piper W, Lucier G, et al. Serum hormone levels in humans with low serum concentrations of 2,3,7,8 TCDD. Toxicol Ind Health 2001;17(4):105-12.

Jung D, Berg PA, Edler L, Ehrenthal W, Fenner D, Flesch-Janys D, et al. Immunologic findings in workers formerly exposed to 2,3,7,8-tetrachlorodibenzo-p-dioxin and its congeners. Environ Health Perspect 1998;106(Suppl 2):689-695.

Kang HK, Dalager NA, Needham LL, Patterson DG Jr, Lees PS, Yates K, Matanoski GM. Health status of Army Chemical Corps Vietnam veterans who sprayed defoliant in Vietnam. Am J Ind Med 2006;49(11):875-884.

Kang D, Tepper A, Patterson DG Jr. Coplanar PCBs and the relative contribution of coplanar PCBs, PCDDs, and PCDFs to the total 2,3,7,8-TCDD toxicity equivalents in human serum. 432 Fourth National Report on Human Exposure to Environmental Chemicals Dioxin-Like Chemicals Chemosphere 1997;35(3):503-511.

Kern PA, Said S, Jackson WG Jr, Michalek JE. Insulin sensitivity following agent orange exposure in Vietnam veterans with high blood levels of 2,3,7,8 tetrachlorodibenzo-p dioxin. J Clin Endocrinol Metab 2004;89(9):4665-4672.

Kohler M, Tremp J, Zennegg M, Seiler C, Minder-Kohler S, Beck M, et al. Joint sealants: an overlooked diffuse source of polychlorinated biphenyls in buildings. Environ Sci Technol 2005 Apr 1;39(7):1967-73.

Koopman-Esseboom C, Weisglas-Kuperus N, de Ridder MA, Van der Paauw CG, Tuinstra LG, Sauer PJ. Effects of polychlorinated biphenyl/dioxin exposure and feeding type on infants' mental and psychomotor development. Pediatrics. 1996;97(5):700-6.

Lawson CC, Schnorr TM, Whelan EA, Deddens JA, Dankovic DA, Piacitelli LA, et al. Paternal occupational exposure to 2,3,7,8-tetrachlorodibenzo-p-dioxin and birth outcomes of offspring: birth weight, preterm delivery, and birth defects. Environ Health Perspect 2004;112(14):1403-1408.

Lee DH, Lee IK, Song K, Steffes M, Toscano W, Baker BA, Jacobs DR Jr. A strong dose-response relation between serum concentrations of persistent organic pollutants and diabetes: results from the National Health and Examination Survey 1999- 2002. Diabetes Care 2006;29(7):1638-1644.

Longnecker MP, Wolff MS, Gladen BC, Brock JW, Grandjean P, Jacobson JL, et al. Comparison of polychlorinated biphenyl levels across studies of human neurodevelopment. Environ Health Perspect 2003;111(1):65-70.

Lundqvist C, Zuurbier M, Leijs M, Johansson C, Ceccatelli S, Saunders M, et al. The effects of PCBs and dioxins on child health. Acta Paediatr Suppl 2006;95(453):55-64.

Masuda Y. Fate of PCDF/PCB congeners and change of clinical symptoms in patients with Yusho PCB poisoning for 30 years. Chemosphere 2001:43(4-7):925-930.

Masuda Y, Schecter A, Papke O. Concentrations of PCBs, PCDFs and PCDDs in the blood of Yusho patients and their toxic equivalent contribution. Chemosphere 1998;37(9-12):1773- 1780.

Michalek JE, Akhtar FZ, Kiel JL. Serum dioxin, insulin, fasting glucose, and sex hormone-binding globulin in veterans of Operation Ranch Hand. J Clin Endocrinol Metab 1999;84(5):1540-1543.

Michalek JE, Ketchum NS, Tripathi RC. Diabetes mellitus and 2,3,7,8 tetrachlorodibenzo-p-dioxin elimination in veterans of Operation Ranch Hand. J Toxicol Environ Health A. 2003;66(3):211-221.

Patterson DG Jr, Todd GD, Turner WE, Maggio V, Alexander LR, Needham LL. Levels of non-ortho-substituted (coplanar), mono-and di-ortho-substituted polychlorinated biphenyls, dibenzo-p-dioxins, and dibenzofurans in human serum and adipose tissue. Environ Health Perspect 1994;102 (Suppl 1):195-204.

Phillips, D.L., Pirkle, J.L., Burse V.W., Bernert, J.T., Henderson, L.O., and Needham, L.L. Chlorinated Hydrocarbon Levels in Humans Serum: Effects of Fasting and Feeding. *Arch. Environ. Contam. Toxicol.* 18: 495-500 (1989).

Roman BL, Timms BG, Prins GS, Peterson RE. In utero and lactational exposure of the male rat to 2,3,7,8-tetrachlorodibenzo-p-dioxin impairs prostate development. 2. Effects on growth and cytodifferentiation. Toxicol Appl Pharmacol 1998;150(2):254- 270.

Schnorr TM, Lawson CC, Whelan EA, Dankovic DA, Deddens JA, Piacitelli LA, et al. Spontaneous abortion, sex ratio, and paternal occupational exposure to 2,3,7,8 tetrachlorodibenzo-p-dioxin. Environ Health Perspect 2001;109(11):1127-1132.

Sonne C, Leifsson PS, Dietz R, Born EW, Letcher RJ, Hyldstrup Fourth National Report on Human Exposure to Environmental Chemicals 433 Dioxin-Like Chemicals

Steenland K, Bertazzi P, Baccarelli A, Kogevinas M. Dioxin revisited: developments since the 1997 IARC classification of dioxin as a human carcinogen. Environ Health Perspect 2004;112(13):1265-1268.

Sweeney MH, Calvert GM, Egeland GA, Fingerhut MA, Halperin WE, et al. Review and update of the results of the NIOSH medical study of workers exposed to chemicals contaminated with 2,3,7,8-tetrachlorodibenzodioxin. Teratog Carcinog Mutagen 1997- 1998;17(4-5):241-247.

Taylor, K. T. (1987) In Quality Assurance of Chemical Measurements, pp 79-82, Lewis Publishers, Washington, DC

Theobald HM, Peterson RE. In utero and lactational exposure to 2,3,7,8 tetrachlorodibenzo-rho-dioxin: effects on development of the male and female reproductive system of the mouse. Toxicol Appl Pharmacol 1997;145(1):124-135.

United States Environmental Protection Agency (U.S.EPA). Exposure and Human Health Reassessment of 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD) and Related Compounds National Academy Sciences (NAS) Review Draft. 2004. Available at URL: http://www.epa.gov/ncea/pdfs/dioxin/ nas-review/. 5/11/07

Van den Berg M, Birnbaum LS, Denison M, De Vito M, Farland W, Feeley M, et al. The 2005 World Health Organization reevaluation of human and Mammalian toxic equivalency factors for dioxins and dioxin-like compounds. Toxicol Sci 2006;93(2):223- 241.

Wang SL, Chang YC, Chao HR, Li CM, Li LA, Lin LY, et al. Body burdens of polychlorinated dibenzo-p-dioxins, dibenzofurans, and biphenyls and their relations to estrogen metabolism in pregnant women. Environ Health Perspect 2006;114(5):740- 745.

Warner M, Eskenazi B, Olive DL, Samuels S, Quick-Miles S, Vercellini P, et al. Serum dioxin concentrations and quality of ovarian function in women of Seveso. Environ Health Perspect 2007;115(3):336-340.

Warner M, Samuels S, Mocarelli P, Gerthoux PM, Needham L, Patterson DG Jr, et al. Serum dioxin concentrations and age at menarche. Environ Health Perspect 2004;112(13):1289-1292.
Yoshida J, Kumagai S, Tabuchi T, Kosaka H, Akasaka S, Oda H. Effects of dioxin on metabolism of estrogens in waste incinerator workers. Arch Environ Occup Health 2005;60(4):215-222.

**Appendix A:** Limit of detection (LOD), specificity, fit for intended use, accuracy, precision and stability for each analyte included in the method

# **LOD, specificity and fit for intended use**





<sup>a</sup> LOD based on a serum or plasma amount of 20 gram<br><sup>b</sup> LOD given as determined by Taylor. LOD defined as 3 standard deviations of method blanks may be higher for certain analytes.

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

 $\mathcal{A}^{\mathcal{A}}$  $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

 $\mathcal{A}^{\mathcal{A}}$  $\mathcal{L}$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

 $\mathcal{L}_{\mathcal{A}}$  $\mathcal{L}$ 

79 of 137

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

 $\mathcal{A}^{\mathcal{A}}$  $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

 $\mathcal{L}_{\mathcal{A}}$  $\mathcal{L}$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





**SD (%)**

 $\sim$ 

 $\mathcal{L}_{\mathcal{A}}$  $\mathcal{L}$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

 $\mathcal{A}^{\mathcal{A}}$  $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

 $\mathcal{L}_{\mathcal{A}}$  $\mathcal{L}$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

 $\mathcal{A}^{\mathcal{A}}$  $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





94 of 137

**(%)**

**SD** 

 $\sim$ 

#### **Accuracy using Spike Recovery**

Recovery = (final concentration – initial concentration)/added concentration Recovery should be 85-115% except at 3\*LOD where can be 80-120%





**(%)**

**SD** 

 $\sim$ 










































































































































































**The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







**The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis **Long-term stability** = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







#### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis

All stability sample results should be within ±15% of nominal concentration





**Quality material 2 (PTP3) Initial measurement thaw cycles Three freeze-Initial measurement Bench-top stability Initial measurement sample stability Processed Initial measurement Long-term stability** Replicate 1 3.48 3.37 3.48 3.94 3.48 3.48 3.55 Replicate 2 3.29 3.25 3.29 3.29 3.29 3.29 3.29 3.30 3.29 3.56 Replicate 3 2.77 3.21 2.77 3.39 2.77 3.09 2.77 3.85 Mean 3.18 3.28 3.18 3.54 3.18 3.19 3.18 3.65 **% difference from initial measurement** -- **3.1** -- **11.2** -- **0.2** -- **14.9**

### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis **Long-term stability** = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis

All stability sample results should be within ±15% of nominal concentration





**Quality material 2 (PTP3)**



**The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation Bench-top stability = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







**The initial measurement can be from the same day for all stability experiments.**









#### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







**The initial measurement can be from the same day for all stability experiments.**

Freeze and thaw stability = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







#### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation Bench-top stability = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







**The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: **Prepared extract stored at room temperature for 24 hours before instrumental analysis** Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







#### **The initial measurement can be from the same day for all stability experiments.**

Freeze and thaw stability = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







#### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis

All stability sample results should be within ±15% of nominal concentration





**Quality material 2 (PTP3)**



#### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







**The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation Bench-top stability = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







#### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation Bench-top stability = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







#### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation Bench-top stability = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







#### **The initial measurement can be from the same day for all stability experiments.**

Freeze and thaw stability = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis **Long-term stability** = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







### **The initial measurement can be from the same day for all stability experiments.**

**Freeze and thaw stability** = Assess for a minimum of 3 freeze-thaw cycles; conditions should mimic intended sample handling conditions Describe condition: Serum frozen (-70C) and thawed three times before beginning sample preparation **Bench-top stability** = Assess short-term stability for length of time needed to handle study samples (typically at room temperature) Describe condition: Serum left at room temperature overnight before beginning sample preparation **Processed sample stability** = Assess short-term stability of processed samples, including resident time in autosampler Describe condition: Prepared extract stored at room temperature for 24 hours before instrumental analysis Long-term stability = Assess long-term stability that equals or exceeds time between date of first sample collection and date of last sample analysis Describe condition: Sample stored between April/May 2015 and August 2017 (2 years and 4 months) before analysis







**Appendix B:** Typical accurate masses, target isotopic ratios, 13C-labeled standards used, selected ion monitoring window (SIM) and lock and calibration masses used for high resolution isotope dilution measurements.

Appendix B. Typical accurate masses, target isotopic ratios, <sup>13</sup>C label standard used, selected ion monitoring window (SIM) and lock and calibration masses used for high resolution isotope dilution measurements of polychlorinated (PCDD/F) and coplanar polychlorinated biphenyls (cPCBs). Also given are sample quality control (QC) criteria, i.e, relative retention time and recovery. Rare changes to these parameters may occur due to observed interferences, currently used and historical settings are stored at the network location Y:\LOOKUP TABLES.



Selected Ion Monitoring Window; 'Relative retention time deviation limit. Calculated against "C-labled standard; 'Standard part number EDF-5524 obtained from Cambride Isotope Laboratories (www.isotope.com)