Analyte: Glucose

Matrix: Serum

Method: Roche Cobas 6000 (c501 module)

Method No.: 

Revised: 

As performed by: University of Minnesota
Advanced Research and Diagnostic Laboratory (ARDL)
1200 Washington Ave S, Suite 175
Minneapolis, MN  55415

Contact: Anthony Killeen, MD, PhD, Laboratory Director
Jennifer Peters, MT, ASCP, Laboratory Manager

Important Information for Users

The Advanced Research and Diagnostic Laboratory (ARDL) periodically refine 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:

<table>
<thead>
<tr>
<th>Data File Name</th>
<th>Variable Name</th>
<th>SAS Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOPRO_J</td>
<td>LBXSGL</td>
<td>Glucose (mg/dL)</td>
</tr>
</tbody>
</table>
1. SUMMARY OF TEST PRINCIPLE AND CLINICAL RELEVANCE

Carbohydrates provide the body with glucose, the most important monosaccharide in the blood. Glucose is the substrate for many energy-producing cellular functions. Glucose degradation occurs through glycolysis. Measurement of glucose is useful in the diagnosis and monitoring of carbohydrate metabolism disorders. A partial list of these disorders would include diabetes mellitus, neonatal hypoglycemia, idiopathic hypoglycemia, and pancreatic islet cell carcinoma. The hexokinase method used on the Cobas 6000 is a recognized reference method.

In this enzymatic method glucose is converted to glucose-6-phosphate (G-6-P) by hexokinase in the presence of ATP, a phosphate donor. Glucose-6-phosphate dehydrogenase then converts the G-6-P to gluconate-6-P in the presence of NADP+. As the NADP+ is reduced to NADPH during this reaction, the resulting increase in absorbance at 340 nm (secondary wavelength = 700 nm) is measured. This is an endpoint reaction that is specific for glucose.

Cobas 6000 Application Code: 668

2. SAFETY PRECAUTIONS

Caution: This product is of human and animal origin. Handle as though capable of transmitting infectious disease. Wear appropriate PPE when handling equipment, reagents, and samples.

3. COMPUTERIZATION; DATA SYSTEM MANAGEMENT

ARDL utilizes a highly specialized Laboratory Information System (LIS) (STARLIMS, Abbott Informatics Corporation; Hollywood, FL, 33021-6755) for all lab functions. Major instrument platforms are interfaced directly to the LIS, allowing data to be electronically transferred directly to the main database. The system provides an extensive quality assurance package and data management tools. Numerous networked computer workstations are used in the laboratory for data management and transmission, and also include software for word and spreadsheet creation and manipulation, statistical analysis, report presentation, and electronic communication. All workstations are user
password protected with job specific security access levels and have idle time out functionality. All systems are redundantly backed up on a real time basis.

4. SPECIMEN COLLECTION, STORAGE, AND HANDLING PROCEDURES; CRITERIA FOR SPECIMEN REJECTION

a. Specimen Type and Requirements: 8-12 hour fasting specimen. Serum or plasma is acceptable. Li-heparin, K$_2$-EDTA, NaF/Na$_2$EDTA, KF/Na$_2$EDTA, NaF/K-Oxalate are acceptable anticoagulants. Specimens must be centrifuged and separated within 30-45 minutes following collection. Red blood cells will metabolize glucose via glycolysis, and the measurable glucose will decrease if the cells are left in contact with the cells for a prolonged period of time. This decrease in concentration can be as much as 7 per cent per hour. Unless a glycolysis blocking agent (e.g., sodium fluoride/potassium oxalate or iodoacetate-anticoagulation) are present, very careful attention to time from collection to removal of the plasma or serum from the cell is critical or spuriously low glucose values may be measured and reported. The NHANES Biochem study uses refrigerated serum. This test is analyzed from NHANES Vial 018.

b. Specimen Volume: Optimum/Minimum volume: 100 μL in a sample cup or 2 mL microtube (2 μL serum or plasma for test; remainder for dead volume).

c. Acceptable Specimens/Unacceptable Specimens: Serum or plasma is acceptable. Li-heparin, K$_2$-EDTA, NaF/Na$_2$EDTA, KF/Na$_2$EDTA, NaF/K-Oxalate are acceptable anticoagulants. Other anticoagulants are not acceptable.

d. Specimen Stability and Storage: Separated serum or plasma should be removed from the cells within 30-45 minutes of collection. Serum or plasma is stable for 8 hours at 15-25°C, 72 hours at 4°C and longer at −70°C.

e. Interferences or limitations: Icteric index < 60: no interference. Hemolytic index < 1000: no interference. Lipemic index < 1000: no interference. Drugs: No interference was found at therapeutic concentrations using common drug panels. In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.
f. **Specimen Handling and Transport:** Mix specimens well, allow clot to fully form (if serum), and centrifuge 10 minutes at 2000 x g before use. Aliquot a minimum of 0.1 mL. Store sample in refrigerator until shipment. Ship at refrigerated temperature.

5. **PROCEDURES FOR MICROSCOPIC EXAMINATIONS; CRITERIA FOR REJECTION OF INADEQUATELY PREPARED SLIDES**

   “Not applicable for this procedure.”

6. **EQUIPMENT AND INSTRUMENTATION, MATERIALS, REAGENT PREPARATION, CALIBRATORS (STANDARDS), AND CONTROLS**

   a. Reagents and Supplies

   Roche Cat. No. 04404483190, GLUC reagent kit (800 tests) Roche Diagnostics, Indianapolis, IN:

   b. Reagent Preparation (*Reagents are ready to use; no preparation required)

   • R1 reagent. MES buffer: 5.0 mmol/L, pH 6.0; Mg^{2+}: 24 mmol/L; ATP: ≥4.5 mmol/L; NADP: ≥7.0 mmol/L; preservative.

   • R2 reagent. HEPES buffer: 200 mmol/L, pH 8.0; Mg^{2+}: 4 mmol/L; HK (yeast): ≥ 300 μkat/L; G-6-PDH (E.coli): ≥ 300 μkat/L; preservative.

   • Storage and stability. Keep reagents refrigerated until use. The reagents are stable for 8 weeks refrigerated on the analyzer.

   c. Equipment/Instrumentation-

   • Roche Cobas 6000 Chemistry Analyzer (Roche Diagnostics Corporation, Indianapolis, IN 46250)

   • The Millipore Elix Gulfstream Clinical 35 System is designed to meet CLSI Clinical Laboratory Reagent Water (CLRW) standards. Water purification is achieved by reverse osmosis, electrodeionization, bactericidal 254 nm UV lamp and 0.22 μm filtration.

   d. Specimens are run in singleton

   e. Quality Control
• Normal pooled serum control (CQ). Stable at -80°C for up to 4 years, at refrigerated temperature for up to 1 day and at room temperature for up to 4 hours.

• Roche Precipath U Plus Control (catalog #12149443160). Roche Diagnostics 9115 Hague Road Indianapolis, IN 46250-0457). Stable until expiration date on package when unopened and stored at 2-8°C. To prepare, open bottle 1 and pipette in exactly 3.0 mL of diluent (bottle 2). Dissolve by gentle swirling for 30 minutes. Prepared control is stable for 12 hours at room temperature, 5 days at 2-8°C, and one month at -20°C (when frozen once).

7. CALIBRATION AND CALIBRATION VERIFICATION PROCEDURES

Roche Calibrator for Automated Systems (C.F.A.S.), catalog #10759350190. The calibrator is stable until the expiration date on the bottle when stored at 4°C. The lyophilized calibrator is prepared with 3.0 mL of deionized water. Pipette the water into the bottle, and then dissolve by gentle swirling within 30 minutes. Avoid formation of foam while mixing. The prepared calibrator is stable for eight hours at room temperature, two days at 4°C, and one month at –20°C (frozen once). Traceability: This method has been standardized against ID/MS.

Calibration frequency: A two-point calibration (H2O + C.F.A.S.) must be performed when there is a reagent lot number change. The Cobas 6000 will not allow testing to proceed until a successful calibration has been completed. Monitor control values to determine stability of the current calibration.

Manual calibration should be performed if:

• A reagent lot change has not occurred in the past 6 months
• After major service or repairs
• As needed for troubleshooting

If calibration fails perform the following corrective action steps in sequence:

• Check reagent and calibrator for appropriate lot numbers, expiration dates, preparation and storage conditions.
8. OPERATING PROCEDURE INSTRUCTIONS; CALCULATIONS; INTERPRETATION OF RESULTS

a. **Instrument Operation:** The Roche/Hitachi Cobas 6000 analyzer series is a fully automated, random-access, software controlled system for immunoassay and photometric analyses intended for qualitative and quantitative in vitro determinations using a wide variety of tests. The Cobas 6000 analyzer series is optimized for workloads using a combination of photometric and ion-selective electrode (ISE) determinations (c501 module), and electrochemiluminescence (ECL) signal in the immunoassay analysis module (e601 module). The ISE system is used in the quantitation of sodium, potassium and chloride. The photometric system can measure colorimetric or immunoturbidimetric reactions utilizing end point or kinetic (rate) absorbance measurements. Test ordering and execution on the Cobas 6000 and data entry in the STARLIMS host computer system may be done manually or these tasks may be executed via a barcode-based bi-directional interface. The Cobas 6000 can utilize both of these two systems simultaneously.

b. **Professional Judgement:** Check results for error flags and take appropriate corrective action. Investigate alert values and delta checks.

c. **Result Entry**

   STARLIMS test code: GLU

   Manual entry
   
   • Results are reported in whole numbers.
   
   • Report low results as <2 mg/dL.
   
   • Check results for error flags and take appropriate corrective action.
• Investigate alert values and delta checks.

9. REPORTABLE RANGE OF RESULTS

Out of Range results: Certain tests have pre-programmed limits that trigger an automatic re-analysis by the COBAS. These limits may be low-end values or high-end values (but within technical range). If the duplicate value is in agreement with the initial value, then the initial value is reported.

Results are reported in whole numbers in mg/dL. Report low results as <2 mg/dL.

a. Reportable Range of Test Results: Reportable Range 2-1500 mg/dL

Intra-assay %CV (10 within-day replicates at a concentration of 86.7 mg/dL) 0.8%
Intra-assay %CV (10 within-day replicates at a concentration of 222.4 mg/dL) 0.8%
Inter-assay %CV (between day replicates at a concentration of 96.9 mg/dL) 0.9%
Inter-assay %CV (between day replicates at a concentration of 221.4 mg/dL) 1.1%

Dilutions: The confirmed analytical measurement range of the assay is 2-750 mg/dL (serum). Specimens exceeding the high limit are automatically diluted (1:2) by the instrument. Results from samples diluted using the rerun function are automatically multiplied by 2. If a manual dilution is required, dilute the specimen in normal saline, and multiply the result by the dilution factor. For example, to perform a 1:5 dilution, pipette 50 μL of the patient sample into 200 μL of normal saline. Mix thoroughly, perform the assay, and multiply the result by a factor of 5. The maximum allowable manual dilution is 1:5.

b. Reference Range: Serum, adult 60-99 mg/dL

c. Critical Results: None

d. Analytical Measurement Range: 2-750 mg/dL

Reportable Range: 2-1500 mg/dL

Limit of Detection (standard 1 + 3 SD): 2 mg/dL

10. QUALITY CONTROL (QC) PROCEDURE
• Normal pooled serum control (CQ). Stable at -80°C for up to 4 years, at refrigerated temperature for up to 1 day and at room temperature for up to 4 hours.

• Roche Precipath U Plus Control (catalog #12149443160). Roche Diagnostics 9115 Hague Road Indianapolis, IN 46250-0457). Stable until expiration date on package when unopened and stored at 2-8°C. To prepare, open bottle 1 and pipette in exactly 3.0 mL of diluent (bottle 2). Dissolve by gentle swirling for 30 minutes. Prepared control is stable for 12 hours at room temperature, 5 days at 2-8°C, and one month at -20°C (when frozen once).

• Both levels of quality control are analyzed at the start of the day and results are verified for acceptability prior to testing specimens. Quality control is also analyzed at the end of the shift, with change in reagent, after major maintenance, or as needed for troubleshooting.

• The analytical measurement range (AMR) must be validated every 6 months or after major maintenance or service procedures. The laboratory enrolls in the College of American Pathologist (CAP) linearity program. Glucose is included in the LN2 kit that is shipped twice per year. Follow kit instructions for preparation. Analyze samples in duplicate. Results are due within two to four weeks of receipt of kit. Results are submitted online to the CAP website by the lead or supervisor. The linearity report is available online at the CAP website shortly after the due date. Confirm reported values are within acceptability limits. Place instrument printouts, worksheets and CAP results in the CAP three ring binder.

• New Lot Verification: Each new reagent lot must be verified for acceptability before being placed into use. Calibration, quality control, and comparison of at least 5 patient samples on the old and new lots must be performed and found to be within acceptable limits before a new lot can be placed into use.

11. REMEDIAL ACTION IF CALIBRATION OR QC SYSTEMS FAIL TO MEET ACCEPTABLE CRITERIA

• If QC values are outside of specified ranges, do the following, in order, until QC is acceptable:
1. Repeat the analysis using fresh QC material.

2. Perform a calibration.

3. Check for system problems.

4. Contact Roche Technical Support for assistance and possible service dispatch.  
   Phone: 1-800-428-2336; account number: 55042919

12. LIMITATIONS OF METHOD; INTERFERING SUBSTANCES AND CONDITIONS

   a. Limit of Detection (standard 1 + 3 SD): 2 mg/dL

   b. Analytical Measurement Range: 2-750 mg/dL

   c. Interferences or limitations: Icteric index < 60: no interference.  Hemolytic index < 1000: no interference.  Lipemic index < 1000: no interference.  Drugs: No interference was found at therapeutic concentrations using common drug panels.  In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results

13. REFERENCE RANGES (NORMAL VALUES)

   Serum, adult 60-99mg/dL

14. CRITICAL CALL RESULTS ("PANIC VALUES")

   Not applicable.

15. SPECIMEN STORAGE AND HANDLING DURING TESTING

   Specimens are stored at refrigerated temperature between sample receipt and analysis on the instrument. Specimens must be at room temperature prior to assay. Specimens are returned to refrigerated or frozen temperature post analysis depending on the study specific requirements.

16. ALTERNATE METHODS FOR PERFORMING TEST OR STORING SPECIMENS IF TEST SYSTEM FAILS

   Should the testing system become inoperable, discontinue testing and notify the supervisor. While instrument trouble-shooting or repair occurs; keep specimens at refrigerated or frozen temperature depending on study specific requirements.
17. TEST RESULT REPORTING SYSTEM; PROTOCOL FOR REPORTING CRITICAL CALLS (IF APPLICABLE)

All data is reported electronically via an eFile that is uploaded to the WESTAT secure website within 21 days of receipt of specimens.

18. TRANSFER OR REFERRAL OF SPECIMENS; PROCEDURES FOR SPECIMEN ACCOUNTABILITY AND TRACKING

**Specimen Receipt:**

Shipments for NHANES generally will arrive on Tuesdays and/or Wednesdays. These shipments are recorded on the Log of Quality Assurance located in a binder labeled NHANES Shipping Log in the receiving area. The specimen barcode numbers in the boxes are checked against the manifests. The receipt date is written on top of the boxes. The frozen samples (vial 11-Iron/UIBC & vial 13-CRP) are placed in the designated -70°C freezer and the refrigerated samples (vial 18-Biochem panel) are placed in the designated 2-8°C refrigerator until analysis. The manifests are filed in a binder labeled NHANES Shipping Manifests located in the receiving area. All labels are removed from the shipping box and the provided airbill is attached for return shipment.

**Quality Assurance Log:**

A Quality Assurance Specimen Receipt and Specimen Return Log is maintained by laboratory staff. The following parameters are tracked: NHANES shipper I.D., NHANES Container I.D., Vial #, Date Received, Specimen Receipt Conditions, Number of Specimens Received, 2.5% QC Repeats, Total Number of Specimens, 21 Day Due Date, Analysis Date, Date Results Sent, Number of Days For Result Return, Thaw Date (if applicable), Return To Freezer Date, Number of Days at Refrigerated Temperature, 1 Year Discard or Return Date, NHANES Quarterly Report Date
Specimen Ordering/Labeling:

Electronic files for all NHANES specimens are sent via email from Westat, Inc to the NHANES contact person shortly before they are to be received. These files include the Sample ID, Analyte Type, Slot No, Sample Collection Date, Sample Comment, Age Grouping, Astro ID, Receipt Date, Analysis Date, Run Number, Tech ID, Analyte Result, Result Comment, Adjusted Result, QC Repeat, LOD, Change Reason, and Change Reason Other. The first seven columns are protected and cannot be altered. The files are saved on the laboratory’s common S drive in the NHANES Biochem folder. After analysis, the contact person returns the completed files via their website to Westat, Inc.
The NHANES spreadsheets are used to set up pending batches for batch accession upload in the Laboratory Information system (STARLIMs). New labels are generated out of the Laboratory Information System (STARLIMs). The new bar-coded labels are attached to a carrier tube. The Cobas analyzer reads the bar-coded label for the sample ID and test information.

**Specimen Storage:**

The temperatures for all freezers and refrigerators are monitored 24 hours a day/7 days a week. If the temperature for any unit falls outside the allowable range, action is taken to resolve the problem. If the temperature cannot be corrected, the contents are moved to a different unit.

**Specimen Handling/Specimen Return:**

Prior to analysis, the specimens are stored in the designated 2-8°C refrigerator. On the day of analysis, the specimens are selected and thawed by the technician operating the COBAS. After analysis and the QC repeats have been run, the specimens are refrozen. After 1 year, the specimen vials that have at least 0.2ml of sample remaining will be shipped to SriSai Biopharmaceuticals in Frederick, MD. These specimens will be shipped on dry ice via Federal Express.

**19. SUMMARY STATISTICS AND QC GRAPHS**

See following page.
Summary Statistics and QC Chart for Glucose, refrigerated serum (mg/dL)

<table>
<thead>
<tr>
<th>Lot</th>
<th>N</th>
<th>Start Date</th>
<th>End Date</th>
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REFERENCES


