Laboratory Procedure Manual

Analyte: Total Calcium
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>LBXSCA</td>
<td>Total Calcium (mg/dL)</td>
</tr>
</tbody>
</table>
1. SUMMARY OF TEST PRINCIPLE AND CLINICAL RELEVANCE

The calcium content of an average adult human is somewhat over 1 kg. Of this amount, 99 percent is present as calcium hydroxyapatite in bones. The remaining amount is present in the extraosseous ICS (intracellular space) and ECS (extracellular space). The calcium level in the ECS (plasma and other body fluids) is in dynamic equilibrium with the rapidly exchangeable fraction of bone calcium.

Calcium ions affect the contractility of heart and skeletal muscle, and are essential for the function of the nervous system. Calcium ions also play an important role in blood clotting and bone mineralization. In plasma, 40 percent of circulating calcium is bound to proteins, 10 percent is in the form of inorganic complexes, and 50 percent is present as free (ionized) calcium. This dynamic equilibrium is regulated by the parathyroid hormone (PTH), calcitriol (CT) and calcitonin.

Hypocalcemia will cause tetany and osteomalacia. It is the result of impaired function of the parathyroid or impaired Vitamin D synthesis. Hypercalcemia is usually the result of hyperparathyroidism or bone metastasis of other primary carcinomas.

In this method calcium reacts with 5-nitro-5’methyl-BAPTA (NM-BAPTA) under alkaline conditions to form a complex. This complex then reacts with EDTA to form a colored product whose intensity is directly proportional to the concentration of calcium in the specimen. It is measured photometrically at 340 nm.

Cobas 6000 Application Code: 699

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: Serum, lithium heparin plasma, and urine are acceptable specimens. EDTA or citrate plasma is unacceptable. 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 (3 μL serum or plasma; 2 μL urine for test; remainder for dead volume).

c. Acceptable Specimens/Unacceptable Specimens: Serum, lithium heparin plasma, and urine are acceptable specimens. EDTA or citrate plasma is unacceptable.

d. Specimen Stability and Storage: Separated serum or plasma should be removed from the cells within one hour of collection. Serum or plasma is stable for seven days at room temperature, three weeks at 2-8°C, eight months at -15 to -25°C, and longer at –70°C. Urine is stable for two days at room temperature, four days at 2-8°C, three weeks at -15 to -25°C, and longer at -70°C. Specimens must be at room temperature prior to assay. Urine specimens must be acidified to pH <2 with 6 mol/L HCl prior to analysis.

e. Interferences or limitations: Serum/plasma 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.

Urine: Drugs: No interference was found at therapeutic concentrations using common drug panels.
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. Specimens must be at room temperature prior to assay.

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. 05061482190, CA2 reagent kit (300 tests):

b. **Reagent Preparation**

   - R1 reagent. CAPSO: 1 557 mmol/L; NM-BAPTA: 2 mmol/L, pH 10.0; non-reactive surfactant; preservative.
   - R2 reagent. EDTA: 7.5 mmol/L, pH 7.3; non-reactive surfactant; preservative
   - Storage and stability. Keep reagents stored at 2-8°C until use. The reagents are stable for 6 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 (CLR\(W\)) 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 4ºC. 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 4ºC, and one month at –20ºC (frozen once).

Traceability: This method has been standardized against the SRM 956 c Level 2 reference material.

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.
• Repeat calibration with new calibrator.

• Repeat calibration with new reagent and new calibrator

• If successful calibration is not achieved, discontinue testing and notify the supervisor.

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 end 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: CA

Manual entry.

• Results are reported to one decimal place (as x.x) in mg/dL.

• Report low results as <0.8 mg/dL.

• Check results for error flags and take appropriate corrective action.

• Investigate alert values and delta checks.
9. REPORTABLE RANGE OF RESULTS

Reportable Range of Test 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 to one decimal place (as x.x) in mg/dL. Report low results as <0.8 mg/dL.

a. Serum Reportable Range 0.8-20.0 mg/dL

   Intra-assay %CV (10 within-day replicates at a concentration of 8.7 mg/dL) 0.8%
   Intra-assay %CV (10 within-day replicates at a concentration of 13.25 mg/dL) 0.5%
   Inter-assay %CV (between day replicates at a concentration of 8.56 mg/dL) 1.3%
   Inter-assay %CV (between day replicates at a concentration of 14.15 mg/dL) 1.3%

Dilutions: The confirmed analytical measurement range of the assay is 0.8-20 mg/dL (serum). Specimens exceeding the high limit are automatically repeated (undiluted) by the instrument, and reported accordingly. However, it is highly unlikely that a serum calcium result would exceed the technical range. This situation must be investigated. 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 dilution is 1:5.

Reference Range: Serum, adult (18-60 yrs.) 8.4-10.2 mg/dL

Critical Results: None

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. Calcium 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.

• Quarterly Technical Progress Report:

Progress reports for each quarter of the calendar year are submitted to NHANES. The report includes 1) a summary of the status of all specimens including date of arrival, deviations from protocol, handling, storage, and manipulation of vials and all laboratory procedures used, 2) a description of any major problems such as missing data, out of range values or inconsistent data and what was done to overcome them, internal and external quality control for
runs containing NHANES specimens, instrument calibration and repairs, reagent lots and dates of 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): 0.8 mg/dL
      Analytical Measurement Range: 0.8-20.0 mg/dL

   b. Serum/plasma 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. Urine: Drugs: No interference was found at therapeutic concentrations using common drug panels.

13. REFERENCE RANGES (NORMAL VALUES)

   Serum, adult (18-60 yrs.) 8.4-10.2 mg/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 Total Calcium (mg/dL)

<table>
<thead>
<tr>
<th>Lot</th>
<th>N</th>
<th>Start Date</th>
<th>End Date</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Coefficient of Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>186345</td>
<td>84</td>
<td>18JAN17</td>
<td>30MAY18</td>
<td>13.83</td>
<td>0.13</td>
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<tr>
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<tr>
<td>203060</td>
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<td>04JUN18</td>
<td>22JAN19</td>
<td>13.29</td>
<td>0.09</td>
<td>0.7</td>
</tr>
</tbody>
</table>

![QC Chart for Total Calcium](chart.png)
REFERENCES


