



WAIVED COMPLIANCE BINDER



Dear Abaxis Customer:

Abaxis is committed to be a leader in delivering superior quality products that meet customer requirements on time, every time. The Piccolo® Xpress Chemistry Analyzer used with the waived reagent discs will provide first-class Point-of-Care service to your practice.

This Waived Compliance Binder was created to serve you and your laboratory as you document patient testing, quality control testing, and fulfill the requirements of CLIA. Our goal is to assist you in every way possible to ensure your needs are met and all documentation is efficient and readily available.

Please take a moment to review the contents of this binder.

TRAINING CHECKLIST: The Training Checklist serves as the document of training for laboratory personnel. It also serves as an orientation for continued use of the instrument.

DAILY IQC: Daily documentation of the internal process of the instrument is fundamental to reporting accurate patient results.

CONTROLS: Abaxis recommends the use of controls to be tested every 30 days. Additional information is enclosed.

CONTROLS IQC: Internal checks documented during the testing of Quality Control runs.

CONTROLS PACKAGE INSERTS: Please place the package insert from the current lot number of controls in this section. Package insert found in control box. Please keep for 2 years.

REFRIGERATOR TEMPERATURE LOG: To ensure you are storing your reagents as required, please log your storage refrigerator temperature in this section.

PATIENT REFERENCE LOG: This log is supplied as a courtesy for your laboratory practice. Good Laboratory Practice is to have a unique patient identifier for all samples collected.

Piccolo® PACKAGE INSERTS: Please add the package inserts for all the reagent discs used. These can be obtained from the Reference Center located at https://www.abaxis.com or from Abaxis Technical Support at 1-800-822-2947.

Additionally, please check your air filter monthly and clean 2 times per year.

Please let us know how we can assist you in any way.

Best Regards,

ABAXIS Human Health, Customer Service, & Technical Support

Welcome to Waived Testing Methodology

Waived Testing- Whole Blood Only

<u>Waived Tests</u>- As defined by CLIA, waived tests are categorized as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result". The FDA determines the criteria for these tests.

Laboratory Requirements

- In order to operate under the waived laboratory protocol, you must have a valid CLIA certificate. A certificate of waiver is the minimum requirement to perform waived testing. Please contact your state CLIA office if you have questions concerning your application or state license requirements. Refer to CLIA brochure # 6 for more information (www.cms.hhs.gov/CLIA/).
- Pay the certificate fee every two years.
- Follow the manufacturer's instructions for the waived tests performed.
- Notify your state agency of any changes to your CLIA status such as the addition of moderately complex tests.
- Permit inspections by a CMS agent. Your laboratory, however, will not be subject to a routine survey or inspection.

Following Manufacturer's Instructions

Follow manufacturer's instructions for chemistry analysis by following the instructions in the package inserts. Please read the package inserts before performing the tests. Additional reference for testing procedure is found in Section 3 of the Piccolo Xpress Operator's Manual.

Abaxis Recommendations

The package inserts and the operator's manual have the complete listing of testing requirements and recommendations. Always refer to the most updated package insert and operator's manual for complete information.

PACKAGE INSERT

Disc Storage and Handling requirements:

- Store reagent discs in their sealed pouches at 2°-8°C (36-46°F).
- Reagent discs may be used directly from the refrigerator without warming.
- Do not allow discs to remain at room temperature longer than 48 hours prior to use.
- A disc unused after 20 minutes of opening a pouch should be discarded.
- Do not use a reagent disc from a damaged pouch.

Sample Collection and Preparation:

- The minimum required sample size is ~100 microliter of heparinized whole blood or control material.
- Whole blood samples obtained by venipuncture must be homogeneous before transferring sample to reagent disc. Gently invert collection tube prior to sample transfer.
- Whole blood samples should be run immediately or within 60 minutes.
- Use only lithium heparin (green stopper) evacuated specimen collection tubes.
- Start the test within 10 minutes of transferring sample to the reagent disc.

Adhering to the expiration date of the components of the system:

- Reagent disc may be used until the expiration date indicated on the package.
- The expiration date is also encoded in the bar code on the reagent disc. If an expired disc is used, an error message will occur.
- Note the expiration date of the control material (see package insert).

Limitations to Procedure:

- The only anticoagulant recommended for use is lithium heparin. Do not use sodium heparin.
- Samples with hematocrits in excess of 62-65% packed red cell volume may give inaccurate results. Samples with high hematocrits may be reported as hemolyzed.
- Any result for a particular test that exceeds the assay range should be analyzed by another approved test method.
- Physiological interferents (hemolysis, icterus and lipemia) cause changes in the reported concentrations of some analytes.
- The Piccolo suppresses any results that are affected by >10% interference from interferents- hemolysis, lipemia or icterus. "HEM", "LIP", or "ICT" respectively, is printed on the result card in place of the result.

OPERATORS MANUAL

Performing external quality control:

- At least every 30 days.
- Whenever lab conditions change.
- When training or retraining personnel.
- When test results do not match patient symptoms.
- With EACH new lot number of reagent disc used.
 - Use the RUN CONTROLS option to store control results separately from patient results in the analyzer memory.

Results

- The results are stored in memory and printed automatically. Results can be recalled and printed later as needed.
- The test result section is printed in four columns:
 - o Chemistry name
 - o Analyte concentration
 - o Reference range
 - Specified units
- Use the PATIENT option to store patient results separately from control results in the analyzer memory.
- Results outside the reference range are indicated by an asterisk (*) next to analyte concentration.
- Results outside the dynamic range are indicated by the 'less than' symbol (<) next to the value, or a 'greater than' symbol (>) printed next to the value.
- The symbols "~~~" are printed when a result cannot be determined; the value is suppressed.
- HEM, LIP, or ICT is printed in place of the analyte concentration of hemolysis, lipemia, or icterus, respectively, when results have been adversely affected by any of these physical interferences.

Performing function checks and maintenance.

- Clean the air filter on the back of the instrument at least twice a year. More frequent cleaning is required in areas with excessive dust or dirt.
- Each reagent disc contains reagents to detect exposure to extreme conditions. The message "QC OK" is printed when results from these reagents are within expected ranges. Otherwise, no results are printed and a 'run cancelled' message is shown.
- For Waived Only Laboratories, daily documentation of the internal functions (iQC) of the Piccolo® is necessary. THIS CAN BE COMPLETED AFTER UTILIZING ANY REAGENT PANEL. (See Operator's Manual for complete instrument instructions).
 - o After testing the first patient of the day, recall the results from the Last Disc.
 - o Select Print (or transmit to external printer).
 - Select iQC; the iQC report will print to be logged in the "Daily IQC" report section in the Waived Compliance Reference Binder.

Facility Name _	
_	

S/N(s) _____





Setup and Training Checklist For *Waived Only*Testing

© Abaxis, Inc. 3240 Whipple Road Union City, CA 94587 Phone 800-822-2947 • Fax 887-349-2087 PN 100-9032 Rev. E

Introduction to the Training Checklist

This training checklist for waived only testing will assist you as a reference guide during the initial setup and operation of the Piccolo Xpress[®] Chemistry Analyzer. After following this checklist, you will be able to operate the Piccolo Xpress[®] Chemistry Analyzer, run controls and report accurate results. Review each reference listed as you follow the checklist through each of the topics covered.

It is required to allow the key operator to fully perform each function to document hands on experience with using the Piccolo Xpress Chemistry Analyzer.

Getting Started:

Please check off all items that have arrived.

NOTE: If any components or materials are missing, please contact Abaxis Customer Service at: 1-800 -822 - 2947

Materials Provided & Set up Information

		Power Cord
		Power Supply
		Belkin Surge Protector
		Mini Pipette (100 UL Gray)
		Disposable tips for the Mini Pipette, (Qty 96)
		Thermal Paper Roll
		Abaxis Driver CD
		Piccolo Xpress Reference Guide
		USB A To B Cable
		Fan Filter
		Warranty Card
		Lab Key Operator - Identify and ensure attendance of the main operator for the
		Piccolo; this individual must be in attendance for the entire training procedure. Technical Support will follow-up with this individual following the initial training.
Addi	itic	onal Items – Required but not supplied
		Patient Sample.
		Boxes of Chemistry Controls
		Each Box contains:
		• Level 1 – 6 Vials x 1.0 mL (All Piccolo Panel Analytes)
		• Level 2 – 6 Vials x 1.0 mL (All Piccolo Panel Analytes)
		Boxes of Piccolo Reagent Discs

Installing the Piccolo®

Prior to installation: Please download and print the Operator's Manual from the Abaxis website, https://www.abaxis.com. Store the manual with the Piccolo Waived Compliance Binder.

Dilliaci.	
	perator's Manual, Section 2.3, pages 2-3, 2-4 Plug the analyzer into the surge protector and set up the analyzer, as per the manual instructions.
	Do not plug the analyzer into the same circuit as a centrifuge, refrigerator, or current devices.
Installi	ing the Paper Roll
aw	recate the paper roll compartment situated on top of the Piccolo. Pull the cover up and ray from you following the arrow that is marked on top. Place the paper roll into the impartment with the white side facing you and snap down the cover.
Reference: O	Power on the analyzer as per the manual instructions. berator's Manual Section 4.6, pages 4-15, Section 9.4, pages 9-3, 9-4 Record the analyzer's serial number and software version. From the main menu, press the settings icon (hand) followed by the analyzer information icon (Piccolo with question mark).
	Analyzer's Serial Number(s)
	Software Version
	(If the software is not current, follow the instructions in the Operator's Manual.)
Reference: O	Reinitialize the analyzer as per the manual instructions. therator's Manual Section 4.7, Pages 4-15, 4-16 To change the date and time, from the home screen, press the settings icon (hand), press date and time icon (clock), and follow the prompts.
Disc H	andling SAMPLE FILL LINE BAR CODE RING DILUENT CONTAINER
Reference: O	perator's Manual, Sections 2.6 Pages, 2-7 to 2-9 and Easy Start Guide
	Review disc structure, function, proper storage, and disc handling. Lines the training metarials provided allow the traines time to prestige.
u	Using the training materials provided, allow the trainee time to practice with the pipette and discs. Observe proper techniques before continuing.
	<u>Do not overfill</u> the disc. Only a one time dispense is required to fill the sample chamber.
	Wipe off any residue of sample left on top using lint free wipe.

☐ Store discs at 2-8 °C (36-46 °F) in the refrigerator. Keep a thermometer in the

refrigerator to monitor temperature daily.

	Discs are meant to be used cold and immediately after removing from the refrigerator. Once the pouch is open, the disc needs to be used within 20 minutes. Once the sample is placed into the disc, it needs to be run within 10 minutes. Do not use a disc that has been dropped. Report any suspicious shipment or shipping delays to Abaxis. The discs are temperature sensitive. Do not expose discs opened or unopened to direct sunlight or temperatures C (90 °F).
Control	Handling
Reference:	Control Package Insert
	Always refer to your Chemistry Control product insert for the most recent information on the controls you are using with your Piccolo. Store controls in the freezer at a constant temperature of ≤ - 15°C (5°F). Controls are to be treated just like you treat a patient specimen. Thaw controls at room temperature for 1 hour before using. Do not refreeze the controls. Discard the controls in biohazard waste after use.
Reference:	Gentrols Operator's Manual Section 4.15 pages 4-31 to 4-34 Review Abaxis' recommendation on control testing.
	 □ At least every 30 days or with each new lot number of disc panels, whichever occurs first. □ When training or retraining of personnel is indicated. □ Whenever laboratory conditions have changed significantly. □ When test results do not match patient symptoms or clinical findings.
	NT : If control results are out of range, repeat one time. If still out of range, call Piccolo upport. DO NOT REPORT RESULTS if controls are outside the control reference range.
Running	g Controls (continued)
	Open the disc pouch before drawing up the sample. Place the disc on the counter. Remove (one) Level 1 vial and (one) Level 2 vial controls from the freezer 1 hour in advance of running the test. Place vials on a counter away from the light.
П	Record Control Lot # Mix Level 1 <u>gently</u> by using a slow windshield wiper motion (10-15 times), then set the
	vial upright and gently swirl it several times, then tap the top of the vial a few times. Place a tip on the pipette. Depress the plunger of the pipette and place it in the Level 1 control solution and slowly release the plunger (avoid air bubbles); this will draw the control sample up into the pipette tip.
	Find the arrow below the center of the disc at the 6 o'clock position. It points towards a small hole. This is the sample port.

	Holding the disc level, place the tip of the sample dispenser into the sample port at a 45°			
	angle. Slowly push the plunger down so the sample fills the chamber and reaches the arrows.			
	(Avoid air bubbles in the sample chamber)			
	Ensure the entire sample is out of the tip and has flowed into the port.			
	With the plunger still depressed, remove the tip of the sample dispenser from the sample			
_	port. Only then release the pressure on the plunger.			
_	Remove the used tip from the pipette and discard into a biohazard waste container.			
Ц	Keeping the prepared disc flat with the bar code facing up, press "Analyze" on the touch screen to open the instrument drawer. The disc does not need to be turned to			
	any particular direction.			
	Place the disc (bar code facing up) in the drawer.			
	Select sample type "Control" on the touch screen.			
	Enter Control ID (enter the Control's Lot #). Use the right arrow →on the touch			
	screen for the dash. For Example: Enter 1112025 - 1 (for Control Lot # 1112025 Lev 1)			
Ц	When the control run is completed and results have printed, compare the Level 1 control results with the control product insert values for the control Level 1 lot number			
	you are using.			
	Ensure all control results are within the expected values shown for each analyte in the			
	product insert for the control lot number.			
	If any value is out of range, repeat testing of the panel with the opened control vial.			
	If the control values are again out of range after repeating once, contact Abaxis			
П	Piccolo Technical Service 1-800-822-2947.			
_	When all values have been confirmed as correct, discard the used control vials into a biohazard waste container.			
	Place all control results on the "Data Collection Form – Controls" located in the			
	Waived Compliance binder under the tab labeled "Control Data".			
	Repeat the steps listed above for control Level 2.			
Pipette	e Handling Precautions			
	Do not release the plunger abruptly when drawing up the sample into the pipette tip.			
_	This can cause the sample to move up into the pipette and contaminate it.			
	Once the pipette is filled with the sample, it must remain upright.			
	Do not use a malfunctioning (sticky) pipette or one that has become internally			
	contaminated. If this occurs, call Abaxis Piccolo Technical Service.			
Printin	g Control iQC			
	perator's Manual Section 5.1, pages 5-2 to 5-9			
_	While the controls are running, review the intelligent Quality Control brief (iQC).			
	After testing controls, recall the results from the Last Disc .			
	Select Print (or transmit to external printer).			
	Select iQC; the iQC report will print.			
u	Place all control iQC results on the "Data Collection Form – Controls iQC" located			
in the Waived Compliance binder under the tab labeled "Control iQC".				

Sample Collection & Handling

Reference: O	perator's Manual, Section 3.1, page 3-2 to 3-5
	Venipuncture sample collection.
	Other(s)
	Always follow the correct procedures for the proper collection of blood specimens.
	CLSI procedures H03-A6 : Procedures for the Collection of Diagnostic Blood
	Specimens by Venipuncture and H18-A4: Procedures for the Handling and Processing
	of Blood Specimens for Common Laboratory Tests. CLSI website: www.clsi.org
	Collect the sample in a Green Top Lithium Heparin tube only (without gel).
	Use the correct size gauge needle (21-23 gauge) during collection in order to avoid
	hemolysis (rupturing of red blood cells).
	Follow the correct order of use of tubes for blood collection: Red, Green, and then.
	Purple (in order to avoid EDTA contamination of samples).
	Fill the tube (3ml) at least ³ / ₄ full (up to the fill line).
	As soon as the blood is collected, invert the tube gently to mix (8-10 times).
	Do not have the patient pump their fist before or during the collection of blood.
	Tourniquet time should not exceed more than 1 minute.
	Run whole blood only.
	Do not centrifuge or spin the sample.
	Sample must be analyzed within 60 minutes from the time it is collected.
	Do not place the sample on a mixer or rocker.
	Do not refrigerate the sample.
Runnin	ng a Patient Sample
	.g
Reference: O	perator's Manual, Sections 3.3, Pages 3-6 to 3-10 and Piccolo Easy-Start Guide
	Run a patient sample following the testing procedure below.
	Retrieve and print iQC data information on the first patient each day after the Piccolo is
	turned on for the day (or shift).
	Remember to follow good laboratory practices. Use the same techniques and sample
	precautions as when running controls.
	Review and verify the patient information on the printout.

Testing Procedure

Reference: Operator's Manual, Section 3.2, pages 3-4 to 3-5; Section 3.3, pages 3-6 to 3-10 and Piccolo Easy-Start Guide ☐ Review preparing the reagent disc. Run the patient sample following the same initial steps that were used when running the controls. • Open the disc pouch before drawing up the sample with the pipette (place the disc on the counter). Tilt the sample tube at a slight angle (to avoid contaminating the pipette), then insert the pipette tip 2-3mm below the surface of the sample. • Once filled with sample, the pipette should be maintained upright. After placing the sample into the disc, place the disc (bar code facing up) in the drawer. ☐ Select sample type "Patient" on the touch screen. ☐ Enter Patient ID (Patient ID#). ☐ When the sample is finished, "Analysis Complete" and "Open" appear on the screen, remove the disc from the drawer and dispose of in a biohazard waste container. **Interpreting Results** Reference: Operator's Manual, Section 3.5.1, Pages 3-12 to 3-16 and Section 7 Review **Piccolo Xpress - Results Interpretation** (see pg. 13 & 14). Review > and < signs. Indicates results are out of the dynamic range. Review three tildes. ($\sim \sim$) Indicates results that cannot be determined. This is known as chemistry suppression. Review the asterisk (*). Indicates the results are outside of the reference range. Review (!) "confirm low recoveries". Indicates that multiple tests are lower than expected. This may indicate fluid distribution issues in the disc causing over dilution or that the sample has been diluted through contamination. Evaluate the sample's integrity. Repeat or redraw the sample to confirm test results. If the message reoccurs, the sample may be problematic. ☐ Review Sample Integrity Alerts. ☐ LIP indicates Lipemia (fat in the blood). High lipemia may be due to diet. Ensure that the patient has fasted at least 12 hours before collection. ☐ **HEM** indicates Hemolysis (rupturing of red blood cells). If the sample is identified as hemolytic, collect a new sample. ☐ **ICT** indicates Icterus (bilirubin in the blood). \square Review sample indices 0, 1+, 2+, 3+ (qualitative). Repeat any unexpected test result(s). Review whenever test results do not match patient symptoms or clinical findings. Any result for a particular test that exceeds the assay range (dynamic range) should be analyzed by another approved testing method or sent to a referral laboratory.

Recording Daily iQC (QC of Internal Functions) Reference: Operator's Manual, Section 5.1, 5-2 to 5-6 After testing the first patient of the day, recall (folder icon) the results from the Last Disc. Select **Print** (or transmit to external printer). □ Select **iQC**; the iQC report will print. ☐ Place iQC report in the "Daily iQC" log located in the Waived Compliance Binder. ☐ Daily documentation of the internal functions of the Piccolo® is necessary. **Recall Results** Reference: Operator's Manual, Section 5, Pages 5-1 to 5-9 Recall and print records. (Folder Icon) Recall Patient iQC (on the first patient of the day). Review viewing or printing error records. **Maintenance** Reference: Operator's Manual, Section 9, Pages 9-1 to 9-4 ☐ The Piccolo representative would demonstrate maintenance techniques at initial setup. Review cleaning the analyzer exterior, printer, air filter & pipette. Pipette maintenance. You may use a 5% bleach solution only to clean the outside of the pipette. The pipette is not autoclavable. **CAUTION:** Do not soak the pipette in any solutions as this may cause it to malfunction. Dispose of the pipette if has been internally contaminated with sample. Review installing the software CD-ROM and software update program. Periodically, Abaxis will mail a new revision of software (CD-ROM format). It will be necessary to update the software version of the analyzer. It is important to make this change as soon as practical. Not changing the software may lead to problems in running the discs. **Waived Compliance Binder & Test Information** Review the sections in the **Waived Compliance Binder**. Remove the Customer Care Sticker from the Waived Compliance Binder, peel the protective backing off the sticker and affix the sticker to the side of the instrument where it will be most visible. Always keep the package inserts of discs and controls for each lot number for at least two years to capture target range values for later reference in the Waived Compliance

Be sure to test using **ONLY CLIA Waived** discs. Check the Abaxis website, https://www.abaxis.com, for a list of the current Waived disc panels.

alphabetical order along with their reference and dynamic ranges.

Review Master Analyte List (see pg. 11). Waived and Non-Waived tests are listed in

binder.

Proficiency Testing Guidance

(Only for Waived labs deciding to participate in Proficiency Testing)

CLIA guidelines, specifically Subpart H of the regulations, outline the requirements for participation in Proficiency Testing (PT). CLIA Website: wwwn.cdc.gov/clia/regs/subpart_h.aspx

Abaxis recommends the College of American Pathology (CAP) Web: www.cap.org
or American Proficiency Institute (API) Web: www.api-pt.com

Your Abaxis Regional Sales Manager or your distributor sales representative will provide you with the contact information to register.

Proficiency Testing Sample Handling

The artificial nature of PT material and behavior differences of analytes as compared to blood means that proper handling of PT material is extremely important. Analytes in PT materials can be very labile. Since the goal of the proficiency testing process is to access the accuracy of your laboratory instrumentation, any errors or failures due to deteriorating PT samples can easily be avoided. It is best to follow your surveyors' procedure as early in the process of testing as possible.

The longer that PT material remains thawed, the greater the likelihood that PT results
obtained by a laboratory will be incorrect. It would be best to test as soon as the sample
arrives in the lab.

With all the variables that exist with proficiency testing survey samples, prompt analysis
and proper storage and handling of PT materials is imperative if laboratories are to
achieve success with PT testing.

Connecting to a Computer / LIS/EMR

Reference Ope	erator's Manual Section 10, Pages 10-1 to 10-11
The current	LIS / EMR Software:
0	(Print software name) If the LIS/EMR Software is not capable of importing an Adobe pdf file, a middle-ware software program will need to be used in order to establish a connection.
	Transmitting to Laboratory Information Systems or Electronic Medical Records – Contact Abaxis Technical Support

Connecting Other Accessories

USB Keyboard – Allows the use of alphanumeric characters.
External Printer – Contact Abaxis Technical Support for printer compatibility.
Barcode Reader - Contact Abaxis Technical Support for barcode reader specific

Important Information *** COMPLETE AT INSTALLATION ***

Customer Support

Compliance Binder.

- ☐ Use Abaxis Technical Support 1-800-822-2947. (Please wait for voice commands)
 - For questions regarding technical assistance, troubleshooting, error reports and software upgrades.

Master Analyte List

Master Analyte



Common writh Common writh Common writh Common writh Usage abbreviated example Provid Found Provided Found Provide	List			REFERENCE INTERVALS	DYNAMIC RANGES		
WANTED Albamin		Analyte	Symbol	Common units	Common units	Usage (abbreviated example)	Panel Found
WANTO Allaline Phosphatase-Remaile ALP 42-141 U/L 5-2400 U/L there, bore, parathyroid, intentinal diseases CMP, Univer, MAD Management ALP 5-181 U/L 5-2400 U/L there, bore, parathyroid, intentinal diseases CMP, Univer, MAD CMP Univer, MAD CMP Univer, MAD CMP Univer, MAD CMP University CMP	WAIVED	Alanine Aminotransferase	ALT	10-47 U/L	5-2000U/L	Liver diseases	CMP, LP+, H, 6, 13
WANTED Ablaine Phosphatase-Name	WAIVED	Albumin	ALB	3.3- 5.5 g/dL	1-6.5 g/dL	Liver and kidney diseases	CMP, LivP+, R, H, 13
WANTED Alkaine Prospharase-male ALP \$3-128 LVL \$5-200 LVL \$1-200 LVL							
WAMPED Asiante Prophystase-male ALP 53-280 U/L 5-3400 U/L Uver, Dose, parathyroid, intestinal diseases H, 33 WAMPED Amylase AMY 13-34 U/L 5-3400 U/L Uver disease, hepatitis, viral jaundice, shock Line, 13, 18 WAMPED Calcium CA 8-10 Implied 4-50 mg/d. Parathyroid, Done, Chronic creal diseases BMP, CLOP, GLIP WAMPED Chloride CL 8-50 mg/d. 4-50 mg/d. Parathyroid, Done, Chronic creal diseases BMP, R, 33 WAMPED Chloride CL 8-50 mg/d. 4-50 mg/d. Total Chiefsterion, risk of CV disease Lip, LIP WAMPED Chloride in Sinase Female CK 30-380 U/L 3-5,000 U/L Ms, progressive muscular dystrophy Met WAMPED Creation insisse male CK 30-380 U/L 3-5,000 U/L Ms, progressive muscular dystrophy Met WAMPED Creation insisse male CK 30-380 U/L 3-5,000 U/L Ms, progressive muscular dystrophy Met WAMPED Creation insisse male CK 06-12 mg/d. 0-22 mg/d. 3	WAIVED	Alkaline Phosphatase- female	ALP	42-141 U/L	5-2400 U/L	Liver, bone, parathyroid, intestinal diseases	· ·
MANYTO	14/411/55	Allia Euro Phrombatano molo		52.420.11/1	5.3400.11/1	tion have acceptanted intentional discourse	, ,
NAMPED Agpartate Aminotraneferace							
WANTED Calcium CA							
MAYED Clickine	WAIVED	Aspartate Aminotransferase	AST	11-38 U/L	5-2000 U/L	Liver disease; hepatitis, viral jaundice, shock	
MAYED Chloride CL S8-108 mmol/L S0-135 mmol/L Dehydration, renal tubular disease R, E, Met	WAIVED	Calcium	CA	8.0-10.3 mg/dL	4-16.0 mg/dL	Parathyroid, bone, chronic renal diseases	, ,
MAYED Cholesterol (TOTAL) CHOL SEC CURRENT 20-320 mg/dl. Total Cholesterol, risk of CV disease Lip, LP							- ' '
WANYED Chelsterol (TOTAL) CHOL NCEG GUDELINES/P 20-520 mg/d. Total Chelsterol; risk of CV disease Lip, LP	WAIVED	Chloride	CL	98-108 mmol/L	80-135 mmol/L	Dehydration, renal tubular disease	R, E, Met
WANYED Creatine Kinase- male							
WAVED Creatine kinase-male					•	<u>'</u>	**
WAVED Creatinine CRE	WAIVED	Creatine Kinase- female	CK	30-190 U/L	5-5,000 U/L	MI, progressive muscular dystrophy	Met
Creatinine CRE C6-12 mg/dL C2-20 mg/dL Benal disease R, Met, 6, 13, NC	WAIVED	Creatine Kinase- male	CK	39-380 U/L	5-5,000 U/L	MI, progressive muscular dystrophy	
C-Bactive Protein CRP	MAD CED		cor	0.5.4.2	0.3. 30(d)	Barrel diagram	
Direct Bilirubin DBIL O - 0.3 mg/dL O - 1.15 mg/dL Uver disorders; hepatitis, gall bladder H Etimated cilomerular RITurtion Rate GEFR Calculated Calculated Aldrey Biliver, 15, 6, 7, Met, XC, Biliver, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	WAIVED						
Estimated clonerular GORP, BMP-313, 68, RM-517, RM-517				_		'	'
WAVED Gamma Glutamytransferase GGT 5-65 \ \ \ \ \ \ 5-3000 \ \ \ \ \ \ \ \ \ \ \ \ \			DBIL	0 - 0.3 mg/dL	0.1 -15 mg/dL	Liver disorders; hepatitis, gall bladder	
MAIVED Gamma Glutamytransferase GGT 5-65 U/L 5-3000 U/L Uver disease, alcoholic cirrhosis, liver tumors LivP+, 6, 13 LP+, CMP, BMP+, BMP, RMILS, 6, 13 LP+, CMP, BMP+, BMP, BMP, BMP, BMP, BMP, BMP, BMP, BMP	N/A		eGFR	calculated	calculated	Kidney disease	
MAIVED Glacose GLU 73-118 mg/dL 10-700 mg/dL Carbohydrate metabolism, diabetes mellitus EP+, CMP, BMP+, BMP, BMP, BMP, BMP, BMP, BMP, BMP, BMP							
WAIVED Glucose GLU 73-118 mg/dL 10-700 mg/dL Carbohydrate metabolism, diabetes mellitus BMP, R,MLB, 6, 13 MAIVED Lactate LAC 0.53-2.10 mmol/L 15-100 mg/dL High density lipoprotein; transport of cholesterol Lip, LP+ Lactate LAC 0.53-2.10 mmol/L Lactate actions, fissue Hippoins, Hipperfactatemia ML12 Lactate Dehydrogenase* LD 99-192 U/L 50-1000 U/L Lactate actions, fissue Hippoins, Hipperfactatemia ML12 Lactate Dehydrogenase* LD 99-192 U/L 50-1000 U/L Lactate actions, fissue Hippoins, Hipperfactatemia ML12 Low Density Upipoprotein LD Calculated Calculated Calculated Major lipoprotein; contributor to atherosclerosis, CVD Lip, LP+ Magnesium MG 1.6-2.3 mg/dL 0.1-8.0 mg/dL Hippormagnesemia and Hippermagnesemia BMP+ Non High Density Lipoprotein Cholesterol nHDL Calculated Calculated Cardovascular disease LP+, Lip Lipoprotein Cholesterol nHDL Calculated Calculated Cardovascular disease R LP+, Lip Lipoprotein Cholesterol Phosphorous-plasma PHOS 2.2-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R R LP+, Lip Lipoprotein Cholesterol R LP+, Lip Lipoprotein R LP+, Lip LP+, Lip Lipoprotein R LP+, Lip LP+, L	WAIVED	Gamma Glutamytransferase	GGT	5-65 U/L	5-3000 U/L	Liver disease, alcoholic cirrhosis, liver tumors	
Upoprotein Cholesterol Lip, LP+ Lactate LaC	WAIVED	Glucose	GLU	73-118 mg/dL	10-700 mg/dL	Carbohydrate metabolism, diabetes mellitus	
Lactate LAC 0.53-2.10 mmol/L 0.30-9.99 mmol/L Lactate acidosis, fissue Hypoxia, Hyperfactatemia ML12 Lactate Dehydrogenase* LD 99-192 U/L 50-1000 U/L Liver diseases; viral hepatitis, cirrhosis. Cardiac *small increase seen in serum vs plasma. N/A Lov Density Lipoprotein Cholesterol LDL calculated Calculated Major lipoprotein; contributor to atherosclerosis, CVD Lip, LP+ Magnesium MG 1.6-2.3 mg/dL 0.1-8.0 mg/dL Hypormagnesemia and hypermagnesemia BMP+ N/A Lipoprotein Cholesterol nHDL calculated Calculated Cardiovascular disease LP+, Lip WAIVED Phosphorous - plasma PHOS 2.2-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Phosphorous - plasma PHOS 2.5-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Phosphorous - serum PHOS 2.5-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Potassium K 3.6-5.1 mmol/L 15-8.5 mmol/L Renal glomerular or tubular disease R, E, Met, Mt-CRP WAIVED Sodium NA 128-145 mmol/L 110-170 mmol/L Dehydration, diabetes insipidus CMP; BMP+; BMP, BMP, BMP, BMP, BMP, BMP, BMP, BMP,		• ,					
Lactate Dehydrogenase* LD 99-192 U/L SO-1000 U/L Inverdiseases; viral hepatitis, cirrhosis. Cardiac *small increase seen in serum vp lasma. BMP+ Low Density Upoprotein Cholesterol Magnesium MG 1.6-2.3 mg/dL NON High Density Non High Dens	WAIVED						
Lox Density Lipoprotein Cholesterol LDL calculated Calculated Major lipoprotein; contributor to atherosclerosis, CVD Lip, LP+ Magnesium MG 1.6-2.3 mg/dL 0.1-8.0 mg/dL Hypormagnesemia and hypermagnesemia BMP+ N/A Lipoprotein Cholesterol nHDL calculated Calculated Cardiovascular disease LP+, Lip WAIVED Phosphorous - plasma PHOS 2.2-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Phosphorous- serum PHOS 2.5-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Potassium K 3.6-5.1 mmol/L 1.5-8.5 mmol/L Renal glomerular or tubular disease R WAIVED Sodium NA 128-145 mmol/L 110-170 mmol/L Dehydration, diabetes insipidus R, E, Met ML+CRP WAIVED Total Bilirubin TBIL 0.2-1.6 mg/dL 0.1-30 mg/dL Liver disorders, hepatitis, jaundice, gall bladder CMP, EMP+, BMP, BMP, MAIVED Total Carbon Dioxide tCO2 18-33 mmol/L 5-40 mmol/L Metabolic or respiratory alkalosis & acidosis R, E, Met NA Total Cholesterol/HDL ratio TC/H calculated Calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4-8.1 g/dL 2.14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, EMP+, BMP, BMP, WAIVED Triglycerides TRIG NCEP GUIDELINES/PI 20-500 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- female UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13		Lactate	LAC	0.55-2.10 mmol/L	0.30-9.99 mmol/L		ML12
Low Density Lipoprotein Cholesterol LDL calculated Calculated Major lipoprotein; contributor to atherosclerosis, CVD Lip, LP+ Magnesium MG 1.6-2.3 mg/dL 0.1-8.0 mg/dL Hypormagnesemia and hypermagnesemia Non High Density Lipoprotein Cholesterol nHDL calculated Calculated Cardiovascular disease LP+, Lip WAIVED Phosphorous - plasma PHOS 2.2-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Phosphorous-serum PHOS 2.5-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Potassium K 3.6-5.1 mmol/L 15-8.5 mmol/L Renal glomerular or tubular disease R, E, Met, ML+ CRP WAIVED Sodium NA 128-145 mmol/L 110-170 mmol/L Dehydration, diabetes insipidus R, E, Met WAIVED Total Bilirubin TBIL 0.2-1.6 mg/dL 0.1-30 mg/dL Liver disorders, hepatitis, jaundice, gall bladder CMP, LivP+, H, 13 WAIVED Total Carbon Dioxide tCO2 18-33 mmol/L 5-40 mmol/L Metabolic or respiratory alkalosis & acidosis R, E, Met N/A Total Cholesterol/HDL ratio TC/H calculated Calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4-8.1 g/dL 2-14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LivP+, H, 13 SEE CURRENT SE		Lactate Dehydrogenase*	LD	99-192 U/L	50- 1000 U/L		BMP+
Magnesium MG 1.6-2.3 mg/dL O.1-8.0 mg/dL Hypormagnesemia and hypermagnesemia BMP+		Low Density Lipoprotein					
N/A Lipoprotein Cholesterol N/A Dehydration, diabetes, renal disease R R CMP, BMP+, BMP, ML12 R, E, Met , MI+ CRP NAIVED Phosphorous-serum PHOS 2.5-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R CMP, BMP+, BMP, ML12 R, E, Met , MI+ CRP CMP, BMP+, BMP, ML12 R, E, Met , MI+ CRP CMP, BMP+, BMP, CMP	N/A	Cholesterol	LDL	calculated	calculated	Major lipoprotein; contributor to atherosclerosis, CVD	Lip, LP+
N/A Lipoprotein Cholesterol nHDL calculated calculated Cardiovascular disease LP+, Lip WAIVED Phosphorous - plasma PHOS 2.2-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Phosphorous - serum PHOS 2.5-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Phosphorous - serum PHOS 2.5-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Potassium K 3.6-5.1 mmol/L 1.5-8.5 mmol/L Renal glomerular or tubular disease R, E, Met, MIL+ CRP WAIVED Sodium NA 128-145 mmol/L 110-170 mmol/L Dehydration, diabetes insipidus R, E, Met WAIVED Total Bilirubin TBIL 0.2-1.6 mg/dL 0.1-30 mg/dL Liver disorders, hepatitis, jaundice, gall bladder CMP, LivP+, H, 13 WAIVED Total Carbon Dioxide tCO2 18-33 mmol/L 5-40 mmol/L Metabolic or respiratory alkalosis & acidosis R, E, Met N/A Total Cholesterol/HDL ratio TC/H calculated Calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4-8.1 g/dL 2.14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LivP+, H, 13 SEE CURRENT NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ WAIVED Urea Nitrogen Bun 7-22 mg/dL 2-180 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- female UA 2.2- 6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- female UA 3.6-8.0 mg/dL Renal & Metabolic diseases; renal failure, gout 13		Magnesium	MG	1.6-2.3 mg/dL	0.1- 8.0 mg/dL	Hypormagnesemia and hypermagnesemia	BMP+
WAIVED Phosphorous - plasma PHOS 2.2-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Phosphorous - serum PHOS 2.5-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R WAIVED Potassium K 3.6-5.1 mmol/L 1.5-8.5 mmol/L Renal glomerular or tubular disease CMP, BMP+, BMP, ML12 R, E, Met , ML+ CRP CMP, BMP+, BMP, ML12 R, E, Met , ML+ CRP CMP, BMP+, BMP, MRP+, BMP+, MRP+, BMP+, MRP+, BMP+, MRP+, BMP+, MRP+, BMP+, MRP+, BMP+,							
WAIVED Phosphorous- serum PHOS 2.5-4.1 mg/dL 0.2-20 mg/dL Dehydration, diabetes, renal disease R CMP, BMP+, BMP, ML12 R, E, Met, ML+ CPP WAIVED Sodium NA 128-145 mmol/L 110-170 mmol/L Dehydration, diabetes insipidus R, E, Met, ML+ CPP WAIVED Total Bilirubin TBIL 0.2-1.6 mg/dL 0.1-30 mg/dL Liver disorders, hepatitis, jaundice, gall bladder CMP, LiVP+, H, 13 CMP, BMP+, BMP, WAIVED Total Carbon Dioxide tCO2 18-33 mmol/L 5-40 mmol/L Metabolic or respiratory alkalosis & acidosis R, E, Met N/A Total Cholesterol/HDL ratio TC/H Calculated Calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4-8.1 g/dL 2-14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LiVP+, H, 13 WAIVED Triglycerides TRIG NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Upoproteins. Risk of Cardio Vascular	N/A	Lipoprotein Cholesteroi	NHDL	calculated	calculated	Cardiovascular disease	LP+, LIP
WAIVED Potassium K 3.6-5.1 mmol/L 1.5-8.5 mmol/L Renal glomerular or tubular disease R, E, Met , ML+ CRP CMP, BMPP, BMP, ML12 R, E, Met , ML+ CRP CMP, BMPP, BMP, BMP, BMP, BMP, BMP, BMP,	WAIVED	Phosphorous - plasma	PHOS	2.2-4.1 mg/dL	0.2-20 mg/dL	Dehydration, diabetes, renal disease	R
WAIVED Potassium K 3.6-5.1 mmol/L 1.5-8.5 mmol/L Dehydration, diabetes insipidus R, E, Met, ML+CRP CMP, BMP+, BMP, R, E, Met WAIVED Sodium NA 128-145 mmol/L 110-170 mmol/L Dehydration, diabetes insipidus R, E, Met WAIVED Total Bilirubin TBIL 0.2-1.6 mg/dL 0.1-30 mg/dL Liver disorders, hepatitis, jaundice, gall bladder CMP, LivP+, H, 13 CMP, BMP+, BMP, BMP+, BMP, BMP+, BMP, BMP+,	WAIVED	Phosphorous- serum	PHOS	2.5-4.1 mg/dL	0.2-20 mg/dL	Dehydration, diabetes, renal disease	R
WAIVED Sodium NA 128-145 mmol/L 110-170 mmol/L Dehydration, diabetes insipidus R, E, Met WAIVED Total Bilirubin TBIL 0.2-1.6 mg/dL 0.1-30 mg/dL Liver disorders, hepatitis, jaundice, gall bladder CMP, LivP+, H, 13 CMP, BMP+, BMP, R, E, Met Total Carbon Dioxide tCO2 18-33 mmol/L 5-40 mmol/L Metabolic or respiratory alkalosis & acidosis R, E, Met N/A Total Cholesterol/HDL ratio TC/H calculated calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4-8.1 g/dL 2-14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LivP+, H, 13 SEE CURRENT NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ WAIVED Urea Nitrogen BUN 7-22 mg/dL 2-180 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Urer Density Very Low Density Lipoproteins. Risk of Cardio Vascular							CMP, BMP+, BMP, ML12
WAIVED Sodium NA 128-145 mmol/L 110-170 mmol/L Dehydration, diabetes insipidus R, E, Met WAIVED Total Bilirubin TBIL 0.2-1.6 mg/dL 0.1-30 mg/dL Liver disorders, hepatitis, jaundice, gall bladder CMP, LivP+, H, 13 CMP, BMP+, BMP, WAIVED Total Carbon Dioxide tCO2 18-33 mmol/L 5-40 mmol/L Metabolic or respiratory alkalosis & acidosis R, E, Met N/A Total Cholesterol/HDL ratio TC/H calculated calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4-8.1 g/dL 2-14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LivP+, H, 13 SEE CURRENT NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ WAIVED Urea Nitrogen BUN 7-22 mg/dL 2-180 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Uvery Low Density Lipoproteins. Risk of Cardio Vascular	WAIVED	Potassium	K	3.6- 5.1 mmol/L	1.5-8.5 mmol/L	Renal glomerular or tubular disease	
WAIVED Total Bilirubin TBIL 0.2-1.6 mg/dL 0.1-30 mg/dL Liver disorders, hepatitis, jaundice, gall bladder CMP, LivP+, H, 13 CMP, BMP+, BMP, R, E, Met N/A Total Cholesterol/HDL ratio TC/H calculated calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4-8.1 g/dL 2-14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LivP+, H, 13 WAIVED Triglycerides TRIG NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Lipoproteins. Risk of Cardio Vascular	WAIVED	Sodium	NA.	128-145 mmol/I	110-170 mmol/l	Debudration diabetes insinidus	
WAIVED Total Carbon Dioxide tCO2 18-33 mmol/L 5-40 mmol/L Metabolic or respiratory alkalosis & acidosis R, E, Met N/A Total Cholesterol/HDL ratio TC/H calculated calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4-8.1 g/dL 2-14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LivP+, H, 13 SEE CURRENT NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ WAIVED Urea Nitrogen BUN 7-22 mg/dL 2-180 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Lipoproteins. Risk of Cardio Vascular	WAITED	Jodian		220 243 1111100 2	220 270 1111101/2	· · ·	
WAIVED Total Carbon Dioxide tCO2 18-33 mmol/L 5-40 mmol/L Metabolic or respiratory alkalosis & acidosis R, E, Met N/A Total Cholesterol/HDL ratio TC/H calculated calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4-8.1 g/dL 2-14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LivP+, H, 13 WAIVED Triglycerides TRIG NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ WAIVED Urea Nitrogen BUN 7-22 mg/dL 2-180 mg/dL Renal & Metabolic diseases R, Met, 6, 13, KC WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Lipoproteins. Risk of Cardio Vascular	WAIVED	Total Bilirubin	TBIL	0.2-1.6 mg/dL	0.1-30 mg/dL	Liver disorders, hepatitis, jaundice, gall bladder	
N/A Total Cholesterol/HDL ratio TC/H calculated calculated Ratio predictive of CVD Lip, LP+ WAIVED Total Protein TP 6.4- 8.1 g/dL 2-14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LivP+, H, 13 WAIVED Triglycerides TRIG SEE CURRENT NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ WAIVED Urea Nitrogen BUN 7-22 mg/dL 2-180 mg/dL Renal & Metabolic diseases WAIVED Uric Acid- female UA 2.2- 6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6- 8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Lipoproteins. Risk of Cardio Vascular	WAIVED	Total Carbon Dioxide	tco2	18-33 mmol/l	5-40 mmol/I	Metabolic or respiratory alkalosis & acidosis	
WAIVED Total Protein TP 6.4-8.1 g/dL 2-14 g/dL Liver, kidney, bone marrow, metabolic disorders CMP, LivP+, H, 13 WAIVED Triglycerides TRIG NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ CMP, BMP+, BMP, WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Uric Acid- male Very Low Density Lipoproteins. Risk of Cardio Vascular						<u> </u>	
WAIVED Triglycerides TRIG SEE CURRENT NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ CMP, BMP+, BMP, R, Met, 6, 13, KC WAIVED Uric Acid- female UA 2.2- 6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6- 8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6- 8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Uric Acid- male Very Low Density Lipoproteins. Risk of Cardio Vascular	N/A	Total Cholesterol/HDL ratio	TC/H	calculated	calculated	Ratio predictive of CVD	Lip, LP+
WAIVED Triglycerides TRIG NCEP GUIDELINES/PI 20-500 mg/dL Body's major fuel; Risk of Cardiovascular Disease Lip, LP+ CMP, BMP+, BMP-, BMP+, BMP+, BMP-, Renal & Metabolic diseases R, Met, 6, 13, KC WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Very Low Density Lipoproteins. Risk of Cardio Vascular	WAIVED	Total Protein	TP		2-14 g/dL	Liver, kidney, bone marrow, metabolic disorders	CMP, LivP+, H, 13
WAIVED Urea Nitrogen BUN 7-22 mg/dL 2-180 mg/dL Renal & Metabolic diseases R, Met, 6, 13, KC WAIVED Uric Acid- female UA 2.2- 6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6- 8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Lipoproteins. Risk of Cardio Vascular							
WAIVED Urea Nitrogen BUN 7-22 mg/dL 2-180 mg/dL Renal & Metabolic diseases R, Met, 6, 13, KC WAIVED Uric Acid- female UA 2.2-6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6-8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Lipoproteins. Risk of Cardio Vascular	WAIVED	Triglycerides	TRIG	NCEP GUIDELINES/PI	20-500 mg/dL	Body's major fuel; Risk of Cardiovascular Disease	- '
WAIVED Uric Acid- female UA 2.2- 6.6 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 WAIVED Uric Acid- male UA 3.6- 8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Lipoproteins. Risk of Cardio Vascular	WAIVED	Urea Nitrogen	BUN	7-22 mg/dl	2-180 mg/di	Renal & Metabolic diseases	
WAIVED Uric Acid- male UA 3.6- 8.0 mg/dL 1-15 mg/dL Renal & Metabolic diseases; renal failure, gout 13 Very Low Density Very Low Density Upoproteins. Risk of Cardio Vascular							
Very Low Density Very Low Density Lipoproteins. Risk of Cardio Vascular	WAIVED	Uric Acid- female	UA	2.2- 6.6 mg/dL	1-15 mg/dL	Renai & Metabolic diseases; renal failure, gout	13
	WAIVED		UA	3.6- 8.0 mg/dL	1-15 mg/dL	7.0	13
TOTAL DIPOPUNION CHINICENTER VIEW CALCULATED CALCULATED DISEASE LIP, LP+	N/A		WIDI	calculated	calculated		Lin LD.
	IVA	apoprotein Cholesterol	VLDE	carculateu	carculateu	and the second s	Lip, LFT

KEY:

LP+ Lipid Panel Plus CLIA WAIVED Lipi-Lipid Panel CLIA WAIVED CMP- Comprehensive Metabolic Panel CLIA WAIVED BMP- Basic Metabolic Panel CLIA WAIVED KC-Kidney Check CLIA WAIVED BMP+ Basic Metabolic Panel Plus
LivP+ Liver Panel Plus CLIA WAIVED
R- Renal Function Panel CLIA WAIVED
H+ Hepatic Panel
ML12-Metlac 12 Panel

E- Electrolyte Panel CLIA WAIVED
Met- Metlyte 8 Panel CLIA WAIVED
6- General Chemistry 6 CLIA WAIVED
13- General Chemistry 13 CLIA WAIVED
ML+ CRP-Metlyte Plus CRP

888-8300 Rev. H

ABAXIS. Inc. 1-800-822-2947



DATA COLLECTION FORM CONTROLS

Piccolo C	ontrol Study Date			Instrument serial	#	Control Lot #	
	LOW	LEVEL			HIGH LE	VEL	
	(Attach Re	sults Here)			(Attach Results	s Here)	
	Controls Tested By:	Title				_	
		Name		please print		_	
		Signed				_	
	Controls should be		very 30 da				
				lab conditions cha ning or retraining o			
		4. V	Vhen test	results do not mat	ch patient symptoms		
	I	5. V	VIIII EACH	l new lot number o	i reagent discs		

100-7130-2 Rev. A



Piccolo Xpress - Results Interpretation

Example (A)

Error Report

Test Result

~ ~ ~ (Tildes) piccolo xpress piccolo xpress Comprehensive Metabolic Comprehensive Metabolic A suppressed test result. 05 Oct 2023 07:29 AM 05 Oct 2023 07:29 AM Sample Type: Patient Sample Type: Patient Test cannot be determined Patient ID: 70439-0 Patient ID: 70439-0 due to any of the following: Gender: Gender: Male Male - sample bead mix problem Internal Race: White Race: White Troubleshooting - nonlinear reaction Operator ID: Operator ID: - endpoint reaction not Codes Disc Lot Number: 9411BC4 Disc Lot Number: 9411BC4 reached Serial Number: 0000P20829 Serial Number: 0000P20829 - concentration outside the analyzers capability 01 EDEE FFFF 128-145 MMOL/L 6CFF FFFF 4AN 130 B9DF FFFF K+ 3.9 3.6-5.1 MMOL/L 02 9940 **FFFF** tCO2 18-33 MMOL/L 03 0000 0000 0000 0000 CL-101 98-108 MMOL/L 0000 0000 0000 0000 04 GLU 128 * 73-118 MG/DL 05 0000 0000 0000 0000 CA 9.6 8.0-10.3 MG/DL 06 0000 BUN 7-22 MG/DL NA+ (0000 0000) MMOL/L 130 CRE 1.5.* 0.6-1.2 MG/DL K+ 3.9 0000 0000 MMOL/L ALP 42 53-128 tCO2 ~~~ 2000 0000 MMOL/L U/L * (Asterisk) MMÓL/L 17 10-47 CL- 101 0000 0000 AŁT U/L Test results are AST 22 11-38 U/L GLU 128 3 0000 0000 MG/DL falling outside **TBIL** 0.7 0.2-1.6 MG/DL CA 9.6 0000 0000 /MG/DL Reagent RQC of the patient ALB 3.8 3.3-5.5 G/DL BUN ~~~ 0020 0000 MG/DL normal 6.4-8.1 G/DL **CRE 1.5** 0000 0000 ΤP 7.6 MG/DL Value used to evaluate reference range ALP 42 0000 0000 U/L the viability of the set in the QC OK AST 22 0000 0000 U/L reagents at the time of analyzer. HEM 0 ICT 0 0000 0000 LIP 0 ALT 17 U/L the test run. **TBIL 0.7** 0000 0000 MG/DL ALB 3.8 0000 0000 G/DL 0000 0000 TP 7.6 G/DŁ **RQC: 100** HEM -40 LIP 161 ICT 9] Version: 3.1.37 -**Software Version** Reagent QC "QC OK" prints when the reagents used to detect exposure to extreme conditions such as temperature and Sample Indices Sample Indices humidity are within expected (Qualitative Interference) (Quantitative Interference) ranges. **HEM** – Hemolysis There is a specific limit of (rupturing of red blood cells) interference for each individual analyte. LIP - Lipemia (fat in the blood) ICT-Icterus(bilirubin in the blood)

0 = None **1**+ = Slight **2**+ = Moderate **3**+ = Gross

Piccolo Xpress - Results Interpretation

Example (B)

Test Result

piccolo xpress

Comprehensive Metabolic

 05 Oct 2023
 07:29 AM

 Sample Type:
 Patient

 Patient ID:
 70439-0

 Gender:
 Male

 Race:
 Unknown

 Operator ID:
 1

 Disc Lot Number:
 9411BC4

 Serial Number:
 0000P20829

..... NA+ ~~~! 128-145 MMOL/L < 1.5 ! 3.6-5.1 MMOL/L K+ tCO2 11 ! 18-33 MMOL/L CL- ~~~! 98-108 GLU 62 ! 73 -118 MG/DL 5.6 ! 8.0-10.3 CA MG/DL BUN 15 ! 7-22 MG/DL CRE 0.7 ! 0.6-1.2 MG/DL eGFR N/C ~ ML/MIN ALP 38! 53-128 U/L ALT 18! 10-47 U/L AST 20 ! 11-38 U/L TBIL 11 ! 18-33 MG/DL ALB 2.5 ! 3.3-5.5 G/DL 3.7 ! 3.6-5.1 TP G/DL

QC OK
HEM 0 LIP 0 ICT 0
! CONFIRM LOW RECOVERIES!

eGFR N/C

Estimated Glomerular Filtration Rate (Not Calculated)

This appears when the operator has failed to enter one or more of the following when prompted by the analyzer:

- Age (\geq 18 and \leq 70)
- Gender
- Race

In addition to the original test result, an error report may print out whenever the eGFR is not calculated.

Example (C)

Error Report

piccolo xpress

Comprehensive Metabolic
05 Oct 2023 03:27 PM
Sample Type: Patient
Patient ID: 71805 - 0
Disc Lot Number: 0353BA3
Serial Number: 0000P20829

4XXX

< or >

Test results have exceeded

the dynamic range.

! Confirm Low Recoveries!

! Indicates that multiple tests are lower than

expected. A possible "short or diluted"

sample.

Disc Cancellation 4 Digit Error Code & Error Message RQC: 98

HEM ~~~ LIP ~~~ ICT ~~~

Version: 3.1.37 403D Sample Mix Error

Example (D)

Error Report

piccolo xpress Lipid Panel

 05 Oct 2023
 01:27 PM

 Sample Type:
 Patient

 Patient ID:
 33258 - 0

 Disc Lot Number:
 0353BA3

 Serial Number:
 0000P20829

01 B40F FFFF 6CFF FFFF B9DF FFFF 5BAD B9EF 02 03 0000 0000 0000 0000 0000 0000 0000 04 0000 0000 0000 05 0000 0000 06 0000

CHOL 225 * 0000 0000 MG/DL HDL LIP 0400 0000 MG/DL TRIG 471 * 0000 0000 MG/DL TC/H ~~~ 0000 0002 LDL LIP 0400 0000 MG/DL

LDL LIP 0400 0000 MG/DL VLDL LIP 0400 0000 MG/DL

RQC: 100

HEM 3 LIP 261 ICT 1

Version 3.1.37

LIP

(Lipemic Interference)
Lipemia has adversely affected the result of this test.

Setup and Training Completion Sign-off

Please FAX or E-mail the completed Waived Training Checklist to:

Customer Service: E-Fax 1 - 877 - 349 - 2087 E-mail: <u>ab-piccolotechsupport@zoetis.com</u>

Trainer:	Clinic Name:(Please Print)
(Please Print)	(Please Print)
Date:	Address:
	City:
	State:
	Zip code:
	Analyzer Serial #(s)
Trainer's Signature:	Customer Signature:(Lab Key Contact - Main Operator)
Phone Number:	Phone number:
	Fax:
	Email:
Certifica	ate of Training
A Certificate of Training will be mailed to ti	he following individuals at the address listed above.
Trainee(s) PLEASE PR	INT legibly for ease of translation.
(First Nar	me, Last Name -Title)

Disc Cancellation Letter and Credit Sheet for Piccolo®

Dear Piccolo Customer,

You may occasionally experience a disc cancellation after using the Piccolo Xpress ® Chemistry Analyzer. To ensure that you receive a reliable test result, the Piccolo is designed with over 100 quality control checks performed on every analysis. If one of the checks does not meet specifications, the disc will cancel.

Cancellations represent a very small percentage of all discs. By tracking all disc cancellations and evaluating the error codes, we are able to provide you with continuous product improvement. Abaxis Technical Support gives credit for cancelled discs, partial results (~~~) or repeated tests when contacted via phone or fax.

If a disc cancels, please follow the procedure below and fax or email the Piccolo Credit Sheet to Abaxis Technical Service to (877) 349-2087 or <u>abpiccolotechsupport@zoetis.com</u>.

Per Federal Instructions we are now required to obtain the UDI (48 characters) information from the backside of the disc pouch. Please record this necessary information on the Piccolo Credit Sheet



When a disc cancels, the Piccolo Xpress will display an error code on the screen.

- 1. Print the error message using the from the home screen. For more details please reference Section 5 (Recalling Results) and Section 7 (Troubleshooting) of the Operators Manual.
- 2. Fax (877) 349-2087 or email <u>ab-piccolotechsupport@zoetis.com</u> the error report, a partial result (~~~) or repeated result and the following information to Technical Service (See page 2) <u>within one week</u> of disc cancellation:
 - Lot number of Disc
 - Product Name
 - 4-digit error code
 - Sample type (whole blood, plasma, or serum)

Attached is a Piccolo Credit Sheet to help you document the required information on the cancelled disc, partial result (~~~) or repeated result. Please make copies of this form.

To redeem your credits, contact Abaxis Customer Service at 800-822-2947, Option 2.

Thank you for your cooperation,

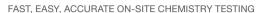
Abaxis Technical Service Department

Piccolo® Credit Sheet

NOTE: Please provide the following information within one week (7 days) of the disc cancellation Tel# 800-822-2947 Fax# 877-349-2087 Email: ab-piccolotechsupport@zoetis.com

Clinic Name and Address:		Sample Type: [] Lithium Heparinized Whole Blood [] Lithium Heparinized Plasma [] Serum (tube type)			
Sample Information: [] Control [] Proficiency Sample [] Verification Sample					
Descriptio	n of Problem:	.			
UDI#:_					
		The following information must be completed.			
	Affix the Disc Report here.	Message displayed on Piccolo: Code:			
		Disc Panel Name: [] Basic Metabolic [] Basic Metabolic Plus [] Comprehensive Metabolic [] Electrolyte [] General Chemistry 6 [] General Chemistry 13 [] Hepatic [] Kidney Check [] Lipid [] Lipid [] Lipid Plus [] Liver [] MetLyte 8 [] Renal [] Other			







INTELLIGENT QUALITY CONTROL (IQC®) ON THE PICCOLO XPRESS® POINT-OF-CARE CHEMISTRY ANALYZER

The Piccolo Xpress® Point-of-Care Chemistry Analyzer is a lightweight portable instrument that processes whole blood, serum, or plasma samples in self-contained, single-use reagent discs. Along with fully automated processing and onboard data handling, the Piccolo Xpress® incorporates a unique process called iQC ("intelligent Quality Control"). Transparent to the operator, iQC checks the analyzer, the reagent disc, and the sample during each run to verify correct electronic and chemistry performance. iQC automatically suppresses a single chemistry or the entire panel if it detects uncharacteristic performance, and immediately alerts the operator to any problems. From the self-test at power-up to the recording and printing of patient results, the Piccolo Xpress® conducts multiple QC checks automatically with each run. iQC ensures that the operator reports only accurate and reliable results.

Demands for improved patient care and greater cost control are driving profound changes in the structure of health care delivery. Within and outside of traditional hospital environments, evolving technology is permitting some types of diagnostic testing and patient monitoring to move from the clinical laboratory to the near-patient environment. Many health care professionals whose roles have traditionally involved hands-on patient care are now being asked to take a role in clinical chemistry testing as well. Laboratorians, with their training and experience, know that rigorous quality control (QC) is an absolute necessity for accurate test results on which treatment decisions can confidently be based.

The Piccolo Xpress® Point-of-Care Chemistry Analyzer incorporates a process called iQC ("intelligent Quality Control") that meets established QC standards independently of the operator's skill level. iQC is a series of sophisticated automatic checks that verify the chemistry, optics, and electronics functions of the analyzer during each run, and ensures that operators in a wide range of environments report only accurate and reliable results.







HOW IQC® WORKS

In the Piccolo Xpress®, a tiny volume of patient sample is introduced directly into the single-use, selfcontained reagent disc, where sample preparation is handled automatically. All reactions, including analyte, reagent, and instrument QC testing, occur in solution within tiny cuvettes on the periphery of the disc. In contrast to most laboratory photometers, which use light of only a single wavelength per measurement, the Piccolo Xpress® generates powerful flashes of full-spectrum white light and measures absorption for each reaction at multiple wavelengths, from ultraviolet to near-infrared. To ensure accurate results, iQC verifies the composition and delivery within the disc of all substances participating in the reactions (chemistry); validates the performance of the light generating and detection components (optics); and audits the conversion of the light absorbance into digital values for use in mathematical algorithms (electronics).

CHEMISTRY AND IQC

Bar code

Time-consuming and error-prone reagent calibrations are not required with the Piccolo Xpress® nor is there any chance of using expired reagents. The barcode on the top surface of each disc encodes the type of test panel, the expiration date, and the reagent calibration factors. At the beginning of the run, iQC verifies the integrity of the information in the bar code by the use of a cyclic redundancy check (CRC). It then checks the expiration date of the disc against the analyzer's clock to verify that the expiration date has not been exceeded. The calibration information is transferred into the analyzer's memory to be used in the calculation of results. Disc-specific information is maintained with the system QC data in the analyzer's memory.

Fluidics

The metering and movement of fluids (sample, diluent, and diluted sample) are controlled at all stages of the run by the analyzer's motor and design features of the disc. In several precisely timed cycles, the disc is alternately spun to create centrifugal force, then held still to permit capillary action. These forces synchronize the movement of fluids into and out of the chambers, channels, and cuvettes within the disc as necessary for the correct timing of all reactions. They also control the rate of fluid movement, so that turbulence can be minimized or utilized, as appropriate for a particular function. At the start of the run, the sample and the diluent are moved along separate but parallel pathways within the disc. The sample (~100 µL of serum, plasma, or whole blood) is drawn by capillary action from the sample port into the application chamber, then through a small channel into the plasma metering chamber. During the first spin cycle, the red cells are separated from whole blood samples and sequestered in a cell trap chamber. The analyzer verifies the presence of adequate sample volume by sensing overflow into the "sufficient-sample" cuvette. iQC will abort the run if the presence of sufficient sample cannot be verified.

Centrifugal force transfers the diluent from a reservoir within the disc into the diluent metering chamber and four system cuvettes where reagent and system iQC reactions take place. (Refer to iQC reactions, below.) The run will also abort if insufficient volume of diluent is detected. or if the reactions indicate reagent degradation.



When spinning stops, capillary forces pull precise quantities of sample and diluent into a mixing chamber. A spin cycle that alternately accelerates and decelerates the disc ensures complete mixing. At the end of this cycle, the aliquot (diluted sample) flows through the exit siphon and along the distribution channel to the reaction cuvettes. The design of the cuvettes permits air to outflow and aliquot to inflow, preventing the formation of air bubbles inside the cuvette and ensuring the correct concentration of the reaction solution. If iQC detects no aliquot in a reservoir beyond the last reaction cuvette, the presence of sufficient aliquot in all reaction cuvettes cannot be verified, and the run will abort. Otherwise, the disc spins alternately clockwise and counterclockwise to dissolve the reagent beads in the diluted sample and start the reactions.

iQC reactions

Four system cuvettes are used for reagent and system testing. Chemistry QC reagent beads reveal and quantify any degradation of the analyte-specific reagents in the disc due to suboptimal storage conditions (moisture and temperature). If degradation exceeds a defined level, the run is aborted and an error message is displayed on the analyzer screen. System cuvettes containing a dye are used to verify the accuracy and precision of the instrument. An individual chemistry or the entire panel will be suppressed if any abnormality is detected. System and reagent QC data from each run are stored in the analyzer's memory with the sample results. Standard information storage and retrieval techniques are employed to ensure the integrity of the data. All QC data stored in memory can be called up for review at any time.

Sample evaluation

iQC eliminates the need for visual evaluation of the sample for physical interferents (hemolysis, lipemia, and icterus), a task that may be impossible when dealing with whole blood or a very small sample. The Piccolo Xpress® evaluates the quality of the sample, and reports the measured values for each interferent. Different chemistries within one type of disc may have different sensitivities to physical interferents. If a limit is reached for one or more analytes, results are suppressed for those analytes only; the level of interference is indicated on the Result card. Results for analytes less sensitive to that interferent are reported normally.

Reaction monitoring

iQC monitors the analyte-specific reactions. For rate chemistries, it confirms that the reactions are linear; that the absorbencies from which the rates are calculated, as well as the rates themselves, are within defined ranges; and whether the substrate has been depleted. In endpoint chemistries, the analyzer verifies that all measurements are within the dynamic range of the photometer and that the reaction has reached completion.

OPTICS AND IQC

Controlling and measuring the light

The optical system consists of a xenon arc stroboscopic lamp that generates the incident beam; a family of beam splitters and filters that select defined wavelengths; and photodetectors that convert the light intensity at each wavelength into electric current. The current is routed to one of two microprocessors, which select the signals of interest and send them through variable-gain amplifiers. The amplified signal goes on to the analog-to-digital converter where the light intensity is converted to a digital number that can be used in the calculations.

Because the Piccolo Xpress® measures absorbance at multiple wavelengths, the full spectrum of the reactions can be utilized in the determination of the analyte concentration. For analytes known to be present in a wide range of concentrations in clinical samples, e.g., glucose, chemistries optimized at several different wavelengths can be included on a single disc and results measured simultaneously in the same sample. The ability to measure absorption at several wavelengths gives the Piccolo Xpress® an extremely wide dynamic range.

Signal adjustments

The uniquely designed variable-gain front-end amplifiers define the noise performance of the system and its dynamic range. The dynamic range and the noise performance of the analyzer are optimized through a complex set of measurements that involve both the disc and the electronics.

The brightness of the lamp flash changes very gradually with time and use (declining to 50% intensity after a minimum of 50 million flashes, or 7 years of normal use). These changes are normal and expected, and generally affect all wavelengths more or less equally. However, to retain maximum sensitivity, the analyzer adjusts for those changes. iQC includes a series of flashes through the "minimum-absorbance" cuvette at the beginning of each run that prompts the variable gain amplifiers to adjust for maximum dynamic range (1 to ~64,000). Simultaneously with the adjustment of the gain, the analyzer verifies that the noise associated with the light intensity at any wavelength is within acceptable limits. When changes in the lamp intensity exceed the range of the variable-gain amplifiers for any wavelength, iQC will abort the run and display an error message.

Background noise is ever-present in every system. iQC includes a series of flashes through the "maximum" absorbance" cuvette at the beginning of each run to measure the amount of background noise registered by the photometer at each wavelength. Higher than expected background noise at the different wavelengths usually indicates problems associated with the electronics in the analyzer or variable light leaks into the photometer from sources other than the primary light path. These problems can degrade the accuracy and precision of the readings, especially at higher absorbencies. When the level or the noise in the background signal is outside acceptable limits, iQC will abort the run and display an error message. The effect of the inherent flash-to-flash variation in light intensity is eliminated by the use of a reference wavelength. This reference wavelength also minimizes the inherent variability in the disc due to the manufacturing process or introduced by handling (scratches, fingerprints).

O ELECTRONICS AND IQC

Microprocessors and memory

The architecture of the instrument consists of two microprocessors: a real-time controller that monitors and controls all the measurements; and an I/O (input/output) controller for memory management, calculations, and data storage. The two processors interact continuously, which allows a very high level of confidence in the workings of the instrument, and consequently in the integrity of the data and in the results. The analyzer stores 5000 results and system QC data.

Software

The analyzer software comprises two matched programs. One program processes the information and controls the measurement engine itself, i.e., it synchronizes the flashing of the lamp with the position of specific cuvettes, and collects the light intensity data for different cuvettes at different times during the run; and it collects all the information generated in the analytical part of the instrument. The second program reports analyte concentrations. It also stores data related to each run (time, date, user ID, patient results, and control data).

Calculations from absorbance data

In normal functioning, each reported absorbance is calculated from a series of 10 flashes through the cuvette. Before being reported, the calculations are verified by a series of rigorous mathematical algorithms programmed into the analyzer software. These algorithms can detect errors in the absorbance data resulting from excess noise in the intensity of the flashes or from abnormalities in the reaction itself, as well as the integrity of the calculations. When such errors are detected, results for a particular analyte, or, in certain cases, for the entire panel, are suppressed. Point-of-care testing is a rapidly evolving area of laboratory diagnostics. iQC on the Piccolo system provides the health care facility with innovative solutions that ensure quality testing while meeting regulatory requirements.





THE PICCOLO® REAGENT DISC IN IQC

The Piccolo reagent disc contains components that are integrated with the optical, electronic, and mechanical functions of the analyzer, and takes part in all phases of the analysis of the sample.

A bar code ring on the top of the disc contains the ID code, lot number, expiration date, and calibration data. The transfer of this data to the analyzer software is verified by a cyclic redundancy check (CRC).

The disc works with the analyzer's optical and electronic components in the calibration of the signals and rigorous checks of system functioning.

Sophisticated fluidics are employed to measure and mix the sample and diluent, and deliver them at precisely the right time to cuvettes located around the disc periphery.

THE CUVETTES HAVE SPECIALIZED FUNCTIONS:

- A minimum-absorbance cuvette is used in signal adjustments that optimize sensitivity
- A maximum-absorbance cuvette is used in quantifying the noise performance of the electronic components to ensure the accuracy of all readings
- 1 cuvette contains reagent beads for chemistry QC
- 2 cuvettes contain dye beads for instrument QC
- 1 "empty" cuvette fills with diluent only, as a control on the system cuvettes
- 21 cuvettes contain test-specific lyophilized reagent beads
- 2 cuvettes verify the presence of sufficient sample and diluent, respectively
- 1 cuvette verifies that diluted sample was delivered to all the reaction cuvettes
- The disc contains miscellaneous reservoirs to isolate excess fluids

Piccolo xpress

Comprehensive Metabolic

-			1100	20011	•
12 J	un 201	5		03:	50 PM
Samp	le Typ	e:		Pa	tient
Samp	le ID:				789
Alte	rnate	ID:			845
Gend	er:				Male
Age:				24	Years
Oper	ator I	D:			423
Disc	Lot N	umber:			5200D
Seri	al Num	ber:		0000P	02618
Inst	rument	QC:			100
i 0 C	1:	100	340	nm:	100
iQC	2:	100	405	nm:	100
iQC	3:	100	467	nm:	100
iQC	4:	100	500	nm:	100
iQC	5:	100	515	nm:	100
iQC	6:	100	550	nm:	100
iQC	7:	100	600	nm:	100

iQC 8:

Range: 90-110

100

630 nm:

100 95-105



O HOW TO READ THE QC REPORT

Run-specific information is found at the top of the QC Report Instrument QC data are arranged in two columns below the run-specific information. Level 1 iQC 1 through 8 refers to the eight different system checks that the analyzer carries out at the beginning of each run. The allowable values for all components are normalized, with 90% equaling the minimum allowed value and 110% equaling the maximum allowed value. For the run to pass iQC, the values obtained by flashing through the minimum- and maximum-absorbance cuvettes at the beginning of the run must be within these limits for all components.

Level 2 QC data concerns precision. Two system cuvettes contain 1 dye bead and 2 dye beads, respectively. At the beginning of the run, the analyzer calculates the ratio of the absorbances in the 1-bead and the 2-bead cuvettes at all wavelengths. It then averages the ratios and determines the precision of the measurements. The precision is reported to the right of "LEVEL 2." The values to the right of each specified wavelength indicate the mathematical relationship between the normalized ratio obtained at that wavelength and the average for all wavelengths. For the run to pass iQC, the precision must be between 95 and 105% overall and for each specific wavelength.

The results obtained in the chemistry iQC testing are given at the bottom of the card, along with the minimum acceptable value for this test. Any value above the minimum indicates that the disc was stored correctly and all chemistries in the disc were viable at the time of testing.

O HOW TO RECALL AND PRINT THE QC REPORT

System QC data are compiled for each run and stored in the analyzer memory with the run results. For any run that remains in memory, these data can be recalled and a copy of the QC Report can be printed. Refer to the Piccolo Operator's Manual for instructions on recalling and printing system QC data.





SUMMARY OF IQC CHECKS

BAR CODE

- · Verifies current dating
- · Cyclic redundancy check verifies accurate transfer of the reagent calibration data to the analyzer software

CHEMISTRY

- · Confirms the viability of the analyte-specific reagents
- · Monitors all reactions in process

FLUIDICS

- · Verifies the presence of sufficient sample and diluent
- · Verifies the presence of diluted sample in all reagent cuvettes

SAMPLE

- · Quantifies physical interferents (hemolysis, lipemia, icterus)
- · Suppresses results for any reaction where the limits of sensitivity to an interferent have been exceeded

SIGNAL ADJUSTMENT

- · Monitors changes in flash intensity and adjusts for maximum dynamic range
- · Monitors the noise associated with the lamp intensity at all wavelengths
- Measures the background noise to detect electrical and other problems
- Uses a reference wavelength to minimize the effect of flash-to-flash intensity variation

SOFTWARE / MEMORY

- The architecture of the two microprocessors optimizes real time performance
- · Synchronizes the flashing of the lamp with the position of specific cuvettes
- · Detects errors in absorbance data and errors in the calculations





DAILY IQC

DATE:	DATE:	DATE:
(Attach Results Here)	(Attach Results Here)	(Attach Results Here)
DATE:	DATE:	DATE:



DATA COLLECTION FORM CONTROLS

Piccolo Co	ntrol Study Date	<u>//</u>	_Instrument serial #	#Co	ntrol Lot#
	LOW LE	VEL		HIGH LEVE	EL
	(Attach Resu	ılts Here)		(Attach Results I	lere)
Co		Name			
	Controls should be tes	2. When to 3. When to	ver lab conditions cha caining or retraining o est results do not mat CH new lot number o	fpersonnel chpatientsymptoms	

ABAXIS

100-7130-2 Rev. B DCO# 51140 Eff.: 10/06/17



DATA COLLECTION FORM CONTROLS IQC

colo Control Study Date//	Instrument serial #	Control Lot #
LOW LEVEL		HIGH LEVEL
(Attach Results Here)		(Attach Results Here)
Controls Tested By: Title		

ABAXI

100-7130-3 Rev. A

Signed_

Please insert the package insert found in your control box



DAILY REFRIGERATOR TEMPERATURE LOG

DATE	TEMPERATURE	CHECKED BY:

Reagent disc storage and handling requirements:

- 1. Store reagent discs in their sealed pouches at 2°-8° C (36-46° F)
- 2. Reagent discs may be used idrectly from the refrigerator without warming
- 3. Do not allow discs to remain at room temperature longer than 48 hours prior to use
- 4. Reagent discs must be used within 20 minutes after opening a pouch
- 5. Do not use a reagent disc from a damaged pouch





PATIENT SAMPLE LOG

PATIENT NAME	DRAW DATE	SAMPLE ID #1	SAMPLE ID #2	OPERATOR ID

Good Laboratory Practice: 1. All samples must be collected in Lithium Heparin tubes

- 2. Analyze whole blood within 60 minutes of draw
- 3. Start the test within 10 minutes of transferring sample to disc
- 4. Test patients under the PATIENT selection on the Piccolo analyzer
- 5. Enter a unique ID number for each patient sample

Contact Abaxis Technical Support at 1-800-822-2947 if you have questions

