



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Laboratory and Blood Bank (Chemistry)		
Document:	Internal Policy and Procedure		
Title:	Analysis of Phosphorus Level		
Applies To:	All Laboratory Staff		
Preparation Date:	January 02, 2025	Index No:	LB-IPP-036
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1. PURPOSE:

1.1 The purpose of this policy & procedure is to provide all information related to the analysis of phosphorus level in blood (serum/plasma) & urine on DimensionEXL200 ,Synchron DXC700 and Atelica Cl .machines.

2. DEFINITONS:

2.1 88 % of the phosphorus contained in the body is localized in bone in the form of calcium phosphate 2+ as the apatite (Ca) {Ca₃ (PO₄)₂}₃. The remainder is involved in intermediary carbohydrate metabolism and in physiologically important substances such as phospholipids, nucleic acids and ATP.

3. POLICY:

3.1 This policy provides instructions for performing the quantitative determination of phosphorus in human serum, plasma or urine on DimensionEXL200 ,Synchron DXC700 and Atelica Cl .machines

3.2 88 % of the phosphorus contained in the body is localized in bone in the form of calcium phosphate as the apatite Ca₂₊{Ca₃(PO₄)₂}₃ The remainder is involved in intermediary carbohydrate metabolism and in physiologically important substances such as phospholipids, nucleic acids and ATP

3.3 Serum or plasma phosphorus level is increased in renal failure, using laxative containing phosphate, hyperparathyroidism., pseudo hyperparathyroidism., thyrotoxicosis, tumour lysis syndrome and tumoral calcinosis and decreased in primary and secondary hyperparathyroidism using phosphate binding antacid Acetazolamide and anabolic steroids, renal tubular acidosis, decreased oral intake and malabsorption

3.4 Urine phosphorus level is increased in Acute tubular necrosis (diuretic phase), chronic renal failure disease, hyperparathyroidism and metabolic acidosis/alkalosis and decreased in acromegaly, neurofibromatosis and decreased dietary intake.

4. PROCEDURE:

4.1 Specimen:

4.1.1 Type:

4.1.1.1 Serum, or plasma

4.1.2 Tube Type:

4.1.2.1 Gel tube, Plain tube; Li-Heparin

4.1.3 Amount Required:

4.1.3.1 2.0 to 3.0 ml

4.1.4 Delivery Arrangements:

4.1.4.1 Sample to be delivered to the lab as soon as possible. If the sample is serum should be ensuring complete clot formation before centrifugation. Some specimens, especially those from patients receiving anticoagulant or thrombolytic therapy, may exhibit increased clotting time. If the specimen is centrifuged before a complete clot forms, the presence of fibrin may cause erroneous results.

4.1.5 Temperature Restrictions:

4.1.5.1 At room temperature.

- 4.1.6 Unacceptable Specimen:
 - 4.1.6.1 See sample rejection criteria policy.
- 4.1.7 Specimen Retention:
 - 4.1.7.1 Period of retention: up to one week after separation of the sample.
 - 4.1.7.2 Storage condition: store at 2-8 °C
- 4.1.8 Safety Precaution:
 - 4.1.8.1 Treat all samples material as infectious and handled in accordance with the OHSA standard on blood borne pathogens.

4.2 Principle:

Phosphate+ ammonium molybdate-----H₂SO₄----- ammonium phosphomolybdate.

- 4.2.1 The concentration of phosphomolybdate formed is directly proportional to the inorganic phosphate concentration and is measured photometrical.

4.3 Method:

- 4.3.1 See policy of loading sample on machine (Ref: Operative Manuals' of DimensionEXL200, Synchron DXC700 and Atelica Cl .

4.4 Calculation:

- 4.4.1 Instrument system automatically calculates the Analytic activity and gives results in the form of printout.

4.5 Format:

- 4.5.1 Numeric

4.6 Status:

- 4.6.1 Stat and Routine

4.7 Reference ranges:

- 4.7.1 Serum/plasma 0.84–1.45mmol/L

- 4.7.2 Urine 13–42mmol/d

4.8 Dilution information:

- 4.8.1 Specimens with values exceeding the linearity range are flagged and may be diluted with automatic dilution either automated or manual dilution. Manual Dilution should be performed as follows:

- 4.8.1.1 Use saline (0.85% to 0.90%) to dilute the sample.

- 4.8.1.2 The operator must enter the dilution factor in the patient order screen. The system dilution factor to automatically correct the concentration by multiplying the result by factor.

- 4.8.1.3 If the operator does not enter the dilution factor, the result must be multiplied appropriate dilution factor before reporting the result.

- 4.8.1.4 If a diluted sample result generates a Linear Low (LL) result error code. Do result. Prepare an appropriate dilution/concentration and rerun.

4.9 Linearity:

- 4.9.1 PHOS is leaner up to 2.907 mmol/L

4.10 Limit of Detection:

- 4.10.1 The Limit of Detection is 0

5. MATERIALS AND EQUIPMENT:

5.1 Reagent:

- 5.1.1 PHOS flex Cat. No. DF61A contains 8 wells with the following ingredients:

Reactive Ingredients	Ingredient Concentration
Liquid 1-6 wells)	
Ammonium molybdate	3.8 mmol/L
Sulfuric acid	
Liquid 7-8 wells)	
Sulfuric acid	0.22 mmol/L
Detergent	

- 5.1.1.1 Reagent Preparation:
 - 5.1.1.1.1 Mixing and dilution are automatically performed by the Dimension system
 - 5.1.1.1.2 Analytical Range: Serum/plasma 0.5 — 9.0 mg/dL (0.16 — 2.91 mmol/L)
 - 5.1.1.1.3 Urine 5 — 90.0 mg/dL (1.61 — 29.07 mmol/L)
 - 5.1.1.1.4 Estimated test per cassette, 120 tests
- 5.1.2 Regents retention:
 - 5.1.2.1 The unopened reagents are stable until the expiration date when stored at 2-8° C
Reagent stability is 30 days if the reagent is unopened and for 3 days if the reagent is opened wells (1 — 6) and for 30 days if opened wells (7 -8)
- 5.2 **Calibration:**
 - 5.2.1 Calibration is stable approximately 30 days and required with each change in reagent lot number.
Verify calibration curve with at least two levels of controls according to the established Quality Control requirements for your laboratory. Calibration must be done when:
 - 5.2.1.1 A complete change of reagents that affects the range used to report patient results or QC value.
 - 5.2.1.2 A reagent kit with new lot number is used.
 - 5.2.1.3 A new assay file that requires a calibration is installed.
 - 5.2.1.4 QC fails to meet the established criteria.
 - 5.2.1.5 After major maintenance or service.
 - 5.2.1.6 When recommended by the manufacturer.
 - 5.2.1.7 Documentation accompanying a new version of an existing file states calibration is required
 - 5.2.2 Calibrator retention:
 - 5.2.2.1 At 2-8 °C for 24 h. Instability or deterioration should be suspected if there are visible signs of leakage, extreme turbidity microbial growth or if calibration does not meet the appropriate package insert and/or instrument operation manual criteria.
 - 5.2.3 Calibration Procedure:
 - 5.2.3.1 Verify that the correct calibrator values have been entered into the calibration file. For details refer to Operator Guide of DimensionEXL200.
 - 5.2.3.2 Allow calibrator to come to room temperature.
 - 5.2.3.3 Mix bottle 10 times by inversion.
 - 5.2.3.4 Open the bottle, place a minimum of 300 ul of each level in separate sample cup, and place on the assigned positions.
 - 5.2.3.5 Cap the bottle tightly and store at 2-8°C. Immediately after use.
 - 5.2.3.6 Perform calibration as indicated in Operator Guide of DimensionEXL200 ,Synchron DXC700 and Atelica Cl .
 - 5.2.4 Calibration Expected Values:
 - 5.2.4.1 Refer to CHEM II calibrator for DimensionEXL200 ,Synchron DXC700 and Atelica Cl ..
- 5.3 **Quality control:**
 - 5.3.1 Normal and pathological control. one time in 24 hours. If more frequent control monitoring is required, the established quality control procedures is followed If quality control results do not fall within an acceptable range defined by laboratory, patient be affected and corrective action should be taken.
 - 5.3.2 Quality Control retention:
 - 5.3.2.1 Unopened control vial is stable up to expiry date printed on the label when stored at cold room.
 - 5.3.2.2 Opened control vial for all analytics will be stable for 7 days except Bilirubin (Direct) for 4 days at 2 — 8 °C, All analytics will be stable for 30 days at -10 to -20 °C.
 - 5.3.2.3 Instability or deterioration should be suspected if there are visible signs of leakage, extreme microbial growth or if calibration does not meet the appropriate package insert and/or instrument operation manual criteria.
 - 5.3.3 QC Procedure:
 - 5.3.3.1 Verify that the correct QC values have been entered into the QC file. For details refer to Operator Guide of DimensionEXL200 ,Synchron DXC700 and Atelica Cl .machines.

- 5.3.3.2 Allow QC to come to room temperature.
- 5.3.3.3 Gently remove the stopper to avoid loss of the lyophilized pellet and add exactly 5.0 ml distilled or de-ionized water.
- 5.3.3.4 Leave to stand for 20 minutes. Mix bottle several times by inversion to allow homogeneity.
- 5.3.3.5 Gently invert just prior to use. Avoid foaming.
- 5.3.3.6 Open bottle, place a minimum of 1000 ul of each level in separate sample cup, and place on the assigned positions.
- 5.3.3.7 Cap bottle tightly and store at 2-8°C. Immediately after use.
- 5.3.3.8 Perform QC as indicated in Operator Guide of DimensionEXL200 ,Synchron DXC700 and Atelica CI .machines.

5.3.4 QC Expected Values:

- 5.3.4.1 Refer to the Bio-Rad Lyphochek assayed chemistry controls value sheet for Dimension

6. RESPONSIBILITIES:

- 6.1 Chemistry shift on charge is responsible for, running calibration and control and samples of PO4
- 6.2 Chemistry staff are responsible for running glucose samples all over the day

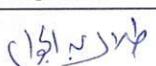
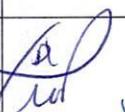
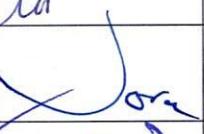
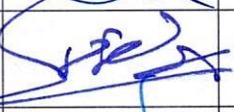
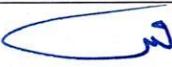
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Tietz Text Book of clinical chemistry and molecular diagnostics 4th Edition,2006
- 8.2 Company Leaflets of reagents

9. APPROVALS:

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Approved by:	Mr. Fahad Hazam Alshammari	Hospital Director		January 16, 2025