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Effective Date:	2: 06-30-2022	
Document Type:	Standard Operating Procedure	
Page Number:	1 of 4	
Department/Section:	Clinical Chemistry	
Document Title: ALBUMIN ASSAY		

PURPOSE:

To describe in detail how to prepare and process the Albumin Assay test correctly and always in the same manner. Albumin evaluates an individual's hepatic function. It is also used to determine the level of albumin in relation to nutritional status, as it transports important blood constituents such as drugs, hormones and enzymes.

SCOPE:

Applies to all Clinical Chemistry Section Staff of Laboratory Department of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)

PERSON RESPONSIBLE:

Doctors, Nurses, Medical Technologists, Pathologists, Patients, Clerk and Receptionist.

GENERAL GUIDELINES:

- 1. No special preparation is necessary.
- 2. If sample show albumin concentration that exceeds the system's reportable (dynamic) range, the Medical Technologist shall follow this procedure:
 - 2.1. Dilute 1 part of sample with 10 parts isotonic saline reagent-grade water.
 - 2.2. Reanalyze
 - 2.3. Multiply the results by 1.1 to obtain the original sample's albumin concentration.
- 3. Specimens shall be collected in a Red-Top blood collecting tube.
- The specimen of choice is serum, lithium/sodium heparinized plasma and EDTA plasma. Hemolyzed sample shall be avoided.
- 5. Impervious gloves and proper protective clothing shall be worn.
- Collect specimen using standard laboratory procedures.



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- 7. Specimens collected shall be considered as biohazardous material.
- 8. Analyze control material at least once per day to verify system performance.
- 9. Albumin concentrations vary with posture. Results from upright posture maybe approximately 0.3 g/dL (3 g/L) higher than those from a recumbent posture thus positioning of the patient prior to extraction should be avoided.
- 10. Prior to blood collection, the Medical Technologist shall check on the wrist band for patient identification or for the policy on two (2) acceptable person identifiers applied such as allowing the patient to state his/her complete name, date of birth, address or the assigned identification number.
- 11. Tubes must be labeled prior to blood extraction and a sufficient amount of blood shall be extracted to ensure that repeated additional examinations could be performed.
- 12. Endorse the blood samples properly to the Medical Technologist on duty in Clinical Chemistry Section.
- 13. Inspect serum specimen for fibrin clots, as it may cause incomplete sampling of the specimen. Allow specimen to clot completely in order to prevent fibrin clots.
- 14. Results are released after 2 to 3 hours.



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PROCEDURE:

- 1. Blood specimens collected in 5 mL red top tubes are checked if properly labeled and then subjected to centrifugation at 3500 rpm for 5 minutes.
- Specimens are then bar-coded through the LIS and barcode labels are placed properly in the tubes without overlapping the handwritten details written by the phlebotomist.
- 3. Bar-coded specimens are placed in the analyzers sample racks. The Medical Technologist then press the start or on button of the analyzer to begin analyses.
- 4. Results are then copied from the LIS and verified by the Medical Technologist.
- Once verified, results are released to the HIS wherein the nurses from the different nurse's station in the hospital as well as the Releasing Clerks can see and print the results.

REFERENCE:

1. Ortho Clinical Diagnostics Instruction for Use (IFU).



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	KEY TASKS	PERSON RESPONSIBLE
1.	Collects blood specimen in 5 mL red top tubes, labels properly and then subjected to centrifugation at 3500 rpm for 5 minutes.	
2.	Bar codes specimens through the LIS and places properly in the tubes without overlapping the handwritten details written by the phlebotomist.	
3.	Places bar-coded specimens in the analyzers sample racks.	Medical Technologist
4.	Presses the start or on button of the analyzer to begin analyses.	
5.	Verifies results.	
6.	Releases results after verification to the HIS wherein the nurses from the different nurse's station in the hospital as well as the Releasing Clerks can see and print the results.	



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FLOWCHART

START

Collects blood specimen in 5 mL red top tubes, labels properly and then subjected to centrifugation at 3500 rpm for 5 minutes

Bar codes specimens through the LIS and places properly in the tubes without overlapping the handwritten details written by the phlebotomist

Places bar-coded specimens in the analyzers sample racks

Presses the start or on button of the analyzer to begin analyses

Verifies results

Releases results after verification to the HIS wherein the nurses from the different nurse's station in the hospital as well as the Releasing Clerks can see and print the results

END



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