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	Effective Date:	06-30-2022
	Document Type:	Standard Operating Procedure
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	Department/Section:	Clinical Chemistry
	Document Title:	C-REACTIVE PROTEIN QUANTITATIVE ASSAY

PURPOSE:

To describe in detail how to prepare and process the CRP test correctly and always in the same manner. Creatinine is used to evaluate kidney function. A high level of CRP in the blood is a marker of inflammation. It can be caused by a wide variety of conditions, from infection to cancer.

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, Clerks and Receptionist

GENERAL GUIDELINES:

- 1 No special preparation is necessary.
- 2 If sample show CRP concentration that exceeds the system's reportable (dynamic) range, follow this procedure:
 - 2.1 Dilute sample with 7% BSA.
 - 2.2 Reanalyze
 - 2.3 Multiply the results by by dilution factor to obtain the original sample's CRP's concentration.
- 3 Specimens shall be collected in a Red-Top blood collecting tube.
- 4 The specimen of choice is serum and heparinized plasma. Hemolyzed sample shall be avoided. EDTA, citrate and fluoride/oxalate shall not be used as anticoagulants.
- 5 Impervious gloves and proper protective clothing shall be worn.

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- 6 Collect specimen using standard laboratory procedures.
- 7 Specimens collected shall be considered as biohazardous material.
- 8 Analyze control material at least once per day to verify system performance.
- 9 Avoid freezing specimens.
- 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.


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PROCEDURE:

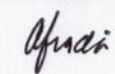
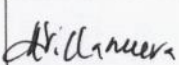


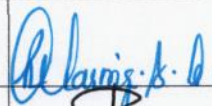

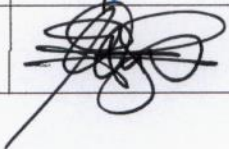
1. Blood specimens collected in 5 mL red top tubes are checked if properly labeled and then subjected to centrifugation at 3500 rpm for 5 minutes.
2. Specimens are then bar-coded through the LIS and barcode labels are placed properly in the tubes without overlapping the handwritten details written by 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.
5. 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.


REFERENCES:

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


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Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		07-13-2022
Recommending Approval:	ROSARIO D. ABARING, MAN, PhD Ancillary Division Officer		07-13-2022
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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/7/22

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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.	Medical Technologist
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.	
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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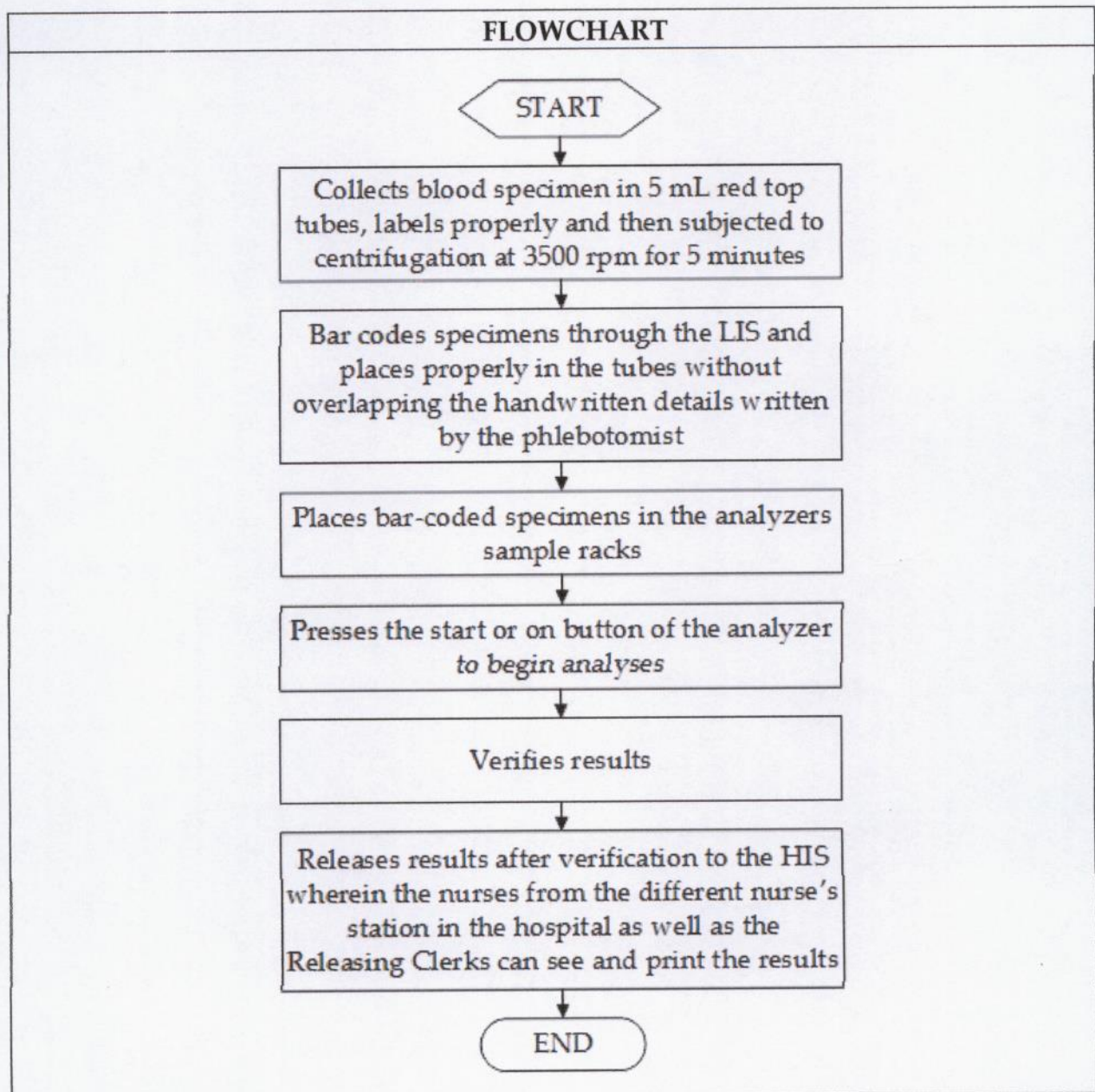



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FLOWCHART



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	Name/Title	Signature	Date
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Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor	<i>[Signature]</i>	07-13-2022
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	FREDERIC IVAN L. TING, MD OIC - Total Quality Division	<i>[Signature]</i>	7/19/22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO	<i>[Signature]</i>	9/2/22