PURPOSE:

To describe in detail how to prepare and process the Chloride Assay test correctly and always *in the same manner. Chloride is a test performed as a part of multiphasic* testing called "electrolytes". Chloride can give an indication of acid-base balance and hydration status. It maintains proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment.

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 Collection tubes containing EDTA, fluoride, oxalate, or citrate shall not be used as these chelate calcium causing negative bias.

3 Blood from patients on EDTA therapy shall not be used.

4 Collect specimen using standard laboratory procedures.

5 Refer to clinical chemistry section staff on duty on sample handling for recommended minimum sample volumes required by the analyzer.

6 Specimens collected shall be considered as biohazardous material.

7 The Medical Technologist shall handle specimens in stoppered containers to avoid contamination and evaporation.

8 If sample show chloride concentration that exceeds the system's reportable (dynamic) range, follow this procedure:

8.1 Dilute 1 part of sample with 1-part reagent-grade water.

8.2 Reanalyze

8.3 Multiply the results by two (2) to obtain the original sample's chloride concentration.

8.4 If necessary, correct for the chloride in the diluent sample.

9 Avoid agitation or mixing of plasma samples after centrifugation. Resuspension of platelets into previously centrifuged plasma may lead to artificially elevated total bilirubin results.

10 Remove serum from clots within two (2) days of collection.

11 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.

12 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.

13 Endorse the blood samples properly to the Medical Technologist on duty in Clinical Chemistry Section.

14 Do not withdraw specimen from an arm receiving an intravenous infusion.

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. 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).

APPROVAL:

	Name/Title	Signature	Date
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Verified:	**MONICA B. VILLANUEVA, RMT, PhD** *Laboratory Manager*		07-13-2022
	MELANIE ROSE B. ZERRUDO, MD, FPSP Chair, Department of Pathology		07-13-2022
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
	FREDERIC IVAN L. TING, MD OIC - Total Quality Division		7/19/22
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		9/7/22

KEY TASKS	PERSON RESPONSIBLE
1. Brings the specimen and test components to room temperature, if refrigerated or frozen. Mixes the specimen well prior to assay after thawing.	Medical Technologist
2. Opens the pouch at the notch when ready to test and removes the device. Places the test device on a clean, flat surface.	
3. Fills the plastic dropper with the specimen. Dispenses 1 drop of serum into the sample well making sure that there are no air bubbles.	
4. Adds 1 drop of sample diluent buffer into the B well with the bottle positioned vertically.	
5. Sets up the timer.	
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.	

APPROVAL:

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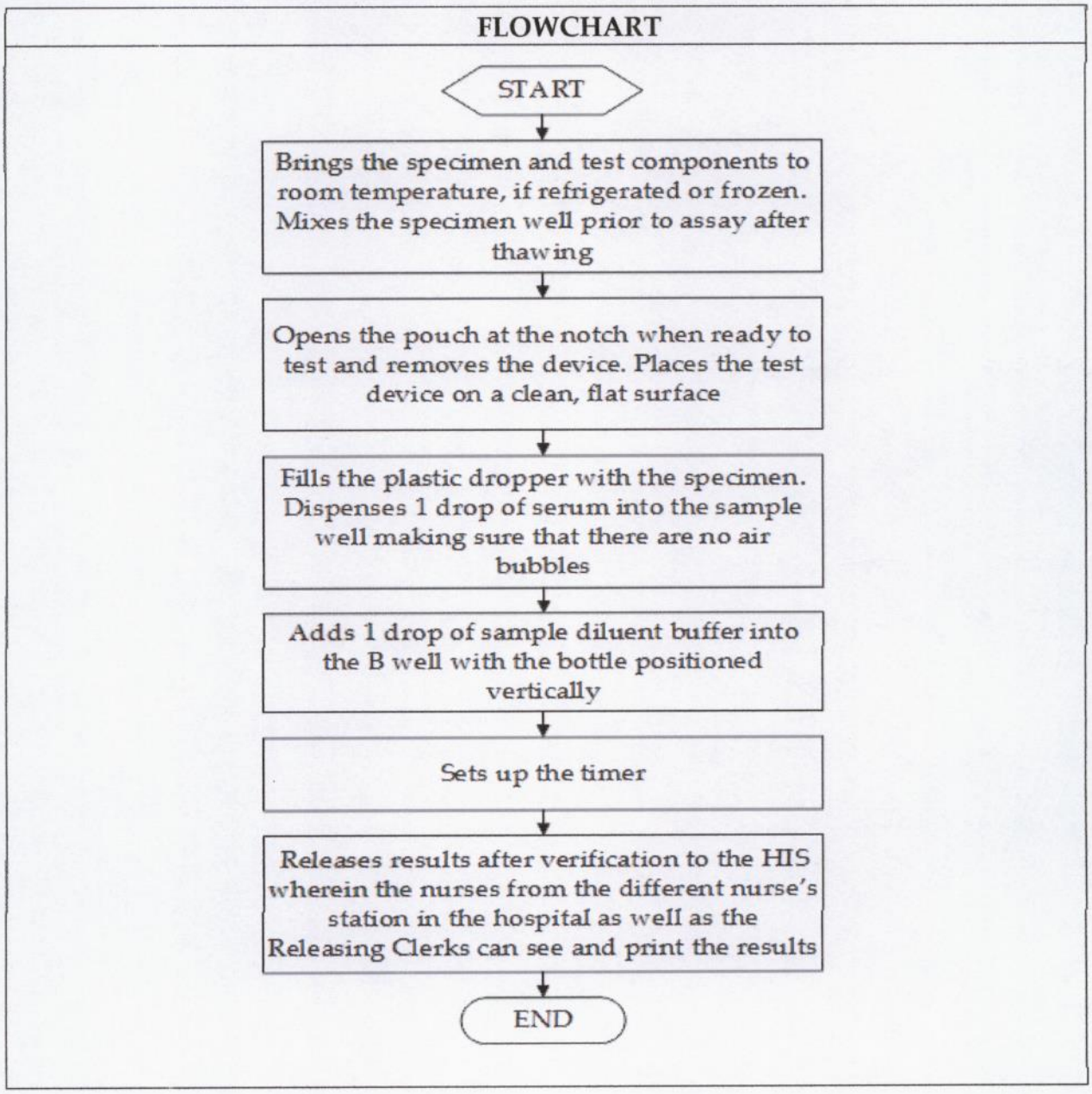
FLOWCHART



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