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EXTERNAL QUALITY ASSESSMENT



INTERNAL QUALITY CONTROL



REFERENCE MEASUREMENT SERVICES



EDUCATION & TRAINING



GLOBAL PROVIDER OF QUALITY IN DIAGNOSTIC MEDICINE

Analytical interferences due to sample integrity Weqas Serum indices Programme – a 10 year journey

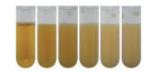
Annette Thomas



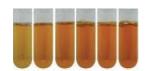
Heamolysis is the release of intracellular components from erythrocytes and other blood cells into the extra cellular fluid and can be caused by inappropriate or incorrect sample processing. Even if hemolysis is not visible there may still be discharge of cellular contents into the serum/plasma. At haemoglobin concentrations exceeding 300 mg/l (18.8 mmol/l), haemolysis is visible to the eye by the red colour of the plasma. Haemolyzed samples are a rather frequent occurrence in laboratory practice, with a prevalence as high as 3.3% and accounting for nearly 60% of rejected samples.



Lipaemia is turbidity of the sample due to the presence of triglyceride. It can be detected visually if the concentration of triglycerides in patient samples is over 300 mg/dl (3.4 mmol/L). Lipaemic samples cannot be avoided as increased concentration of lipids is often secondary to other disease states such as: diabetes mellitus, ethanol use, chronic renal failure and pancreatitis etc.



Icterus is the term given to elevated concentrations of bilirubin. Such elevations can be found in a variety of conditions including acute and chronic liver disease, biliary cirrhosis, alcoholism or as a physiological response to many drugs. The visual recognition of hyperbilirubinemia is often not sufficiently sensitive. Because of the high absorbance of bilirubin within the range 340 to 500 nm and the high background, the linearity range of the method can become a limiting factor for spectrophotometric analyses at these wavelengths.



Pre-analytical errors due to sample interferences: A WEQAS study to monitor the effectiveness of serum indices and Bilirubin interference.



In late 2010 users of the Weqas Serum Chemistry programme were provided with challenging samples containing either bilirubin, haemoglobin or triglyceride. The aim of the studies were to assess:

- the ability of the analysers Haemolytic / Icteric / Lipaemic (HIL) indices test to identify the presence of these potential interference.
- how laboratories deal with results where indices suggest that interferences are present in the sample.
- the interference effects of these parameters on the respective methods in routine use.

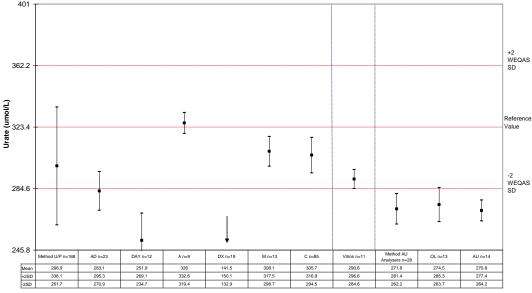
Samples were spiked with conjugated and unconjugated bilirubin to provide total bilirubin covering a range of 60- 500 μ mol/L, Intralipid to a triglyceride range of 3 to 12.6 mmol/L and whole blood to provide a haemoglobin range of 0.4 to 3g/L. Two matched pools were distributed, one containing the interferant and the other the base serum.

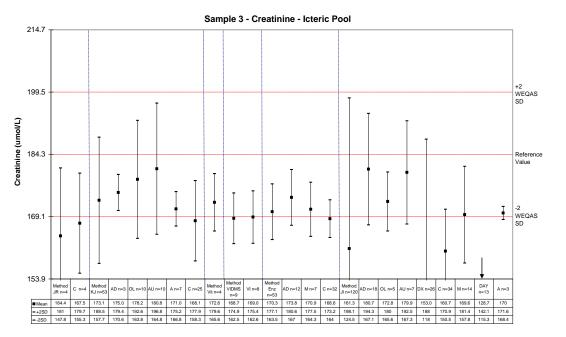
In 2020, a separate stand alone serum indices programme was launched. Over 200 users now report results with the majority using semi-quantitative methods.

					1					
	IQN H		IQQ I		IQT L		IQW I		IQZ L	
Quant Mean	0.3g/L			mol/L			347 umol/l		3.6 mmol/L	
Analyser	Results	No.	Results	No.	Results	No.	Results	No.	Results	No.
Interpretation	+		+		+++		+++		++	
Advia	Neg/- (0-0.22)	12	Neg, -	1	Neg,-		Neg,-	2	Neg,-	
	+ (0.23-1.0)	1	+	26	+		+		+	
	++ (1.1-2.33)		++		++		++	6	++	29
	+++ (2.34-3.78)		+++		+++	27	+++	22	+++	
	++++ (3.79 ->)		++++		++++		++++		++++	1
% correct		8%		96%		100%		73%		97%
Interpretation	+/0.5-0.99		+		++++		+++		+++	
Beckman AU	Neg/-/<0.5		Neg, -	29	Neg,-	2	Neg,-		Neg,-	
	+/0.5-0.99	24	+	12	+		+		+	
	++/1.00-1.99		++		++		++		++	1
	+++/2.00-2.99		+++		+++		+++	47	+++	25
	++++/3.00-5.00		++++		++++	23	++++	1	++++	9
	+++++/>5.00		+++++		+++++	17	+++++		+++++	
% correct		100%		29%		55%		98%		71%
Interpretation	1 – 2/0.0-0.75		2-4		9-10		11-17		6 - 8	
Beckman DX	Neg/0		Neg, 0-1		Neg, 0-1		Neg, 0-1		Neg, 0-1	
	1-2 (0.0-0.75)	3	2-4	5	2		2-4		2	
	3 - 4 (0.75-1.50)		5-10		3-5		5-10		3 - 5	1
	5 - 6 (1.50-2.25)		11-17		6-8		11-17	5	6 - 8	4
	7 – 8 (2.25-2.75)		18-20		9-10	5	18-20		9- 10	
	9 - 10 (2.75-3.50)									
% correct		100%		100%		100%		100%		80%
Interpretation			+		+++		+++		+++	
Piccolo	Neg/-		Neg/-	5	Neg,-		Neg,-		Neg,-	
	+		+		+		+		+	
	++		++		++		++		++	
	+++		+++		+++	4	+++	3	+++	6
			++++		++++		++++		++++	
% correct				0%		100%		100%		100%

The early studies showed that for the icteric samples, method interferences were observed for creatinine, glucose, phosphate, protein and urate. For the lipaemic samples, interferences observed for glucose, magnesium and urate, whilst for haemolysed sample, potassium, creatinine, phosphate, magnesium, AST, ALT, CK, ALP, GGT, iron, TIBC, transferrin saturation were affected.





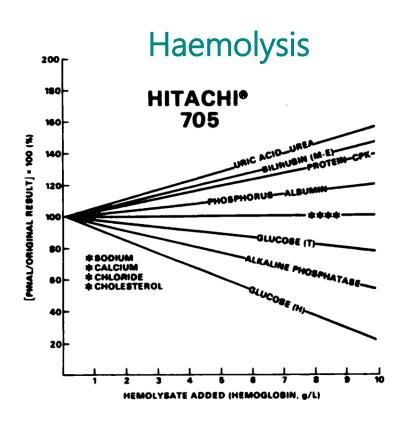


Wegas

Identiying Assay Interferences – the Glick interforographs.

Graphical Comparisons of Interferences in Clinical Chemistry Instrumentation

Melvin R. Glick, Kenneth W. Ryder, and Sheila A. Jackson



Lipaemia 140 120 ALKALINE PHOSPHATASE #GLUCOSE(T) & POTASSIUM HITACHI* URIC ACID 705 ₽ ALT # CK 20-LIPEMIA (INTRALIPID ADDED, g/L)

Icterus # PHOSPHORUS CALCIUM

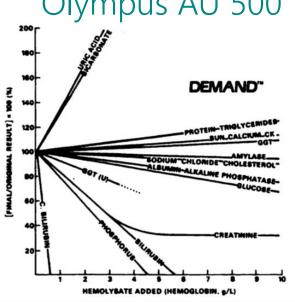
ALKALINE PHOSPHATASE HITACHP **POTABBILI** 705 .WCOSE (H)~CNOLESTEROL~URATE»

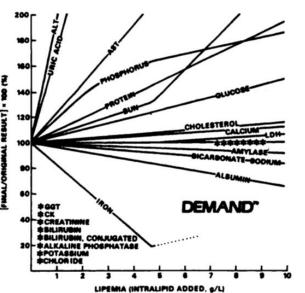
Pos effects on: UA, Urea, Bili, TP, CK, Alb, P. Neg effects on: Glu, ALP

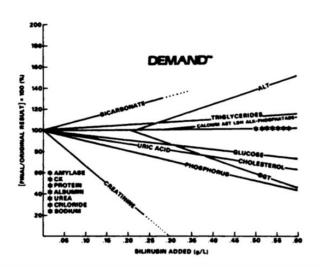
TP, Alb,Bili,Glu,Ca Na,Cl,Chol,ALP

Trig
TP, Glu, Chol, UA, Creat



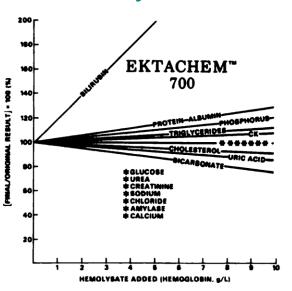


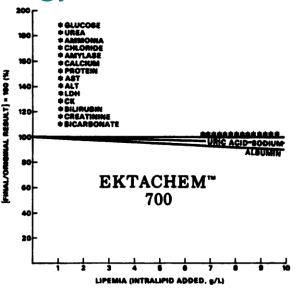


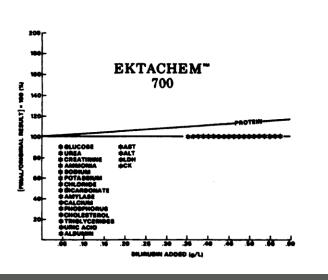


Large interference effects

Vitros dry slide technology







Minimal effects

6

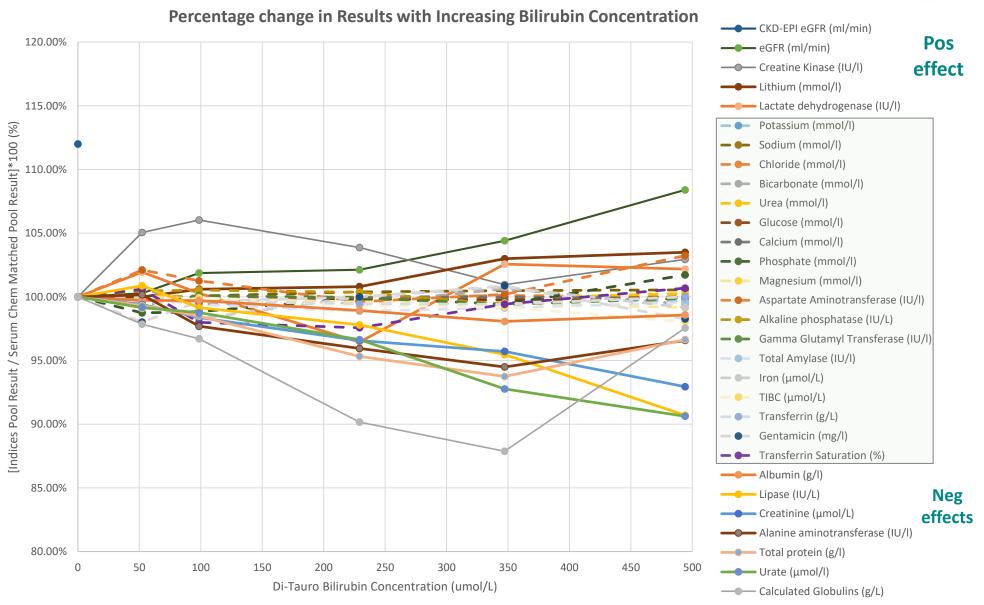


Where are we now, 36 years later?

Icterus Interferograph

Weqas

Wegas Data from 2012 to 2019

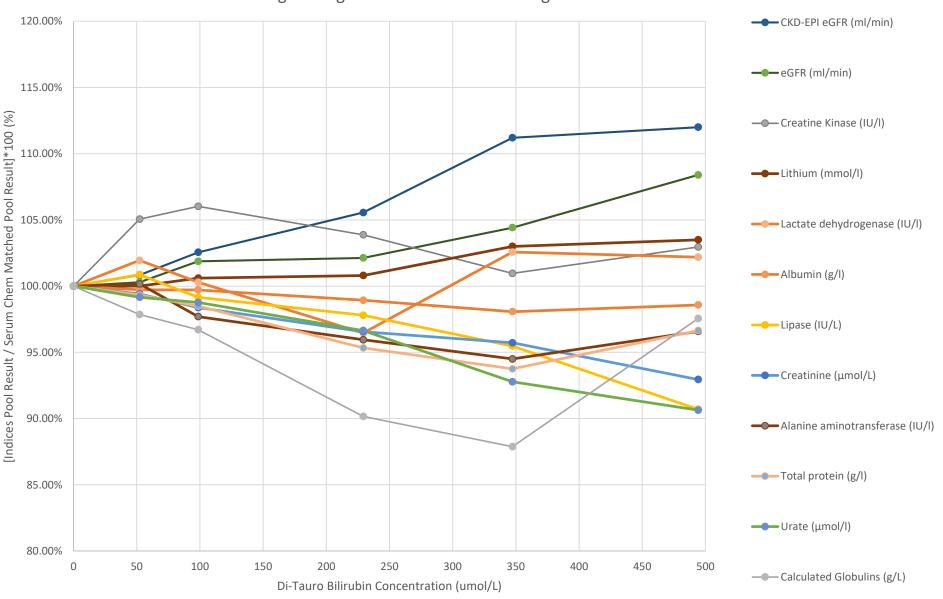


Icterus Interferograph

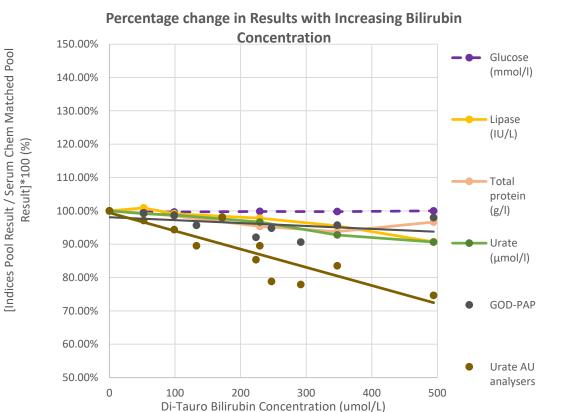


Percentage change in Results with Increasing Bilirubin Concentration

Wegas Data from 2012 to 2019



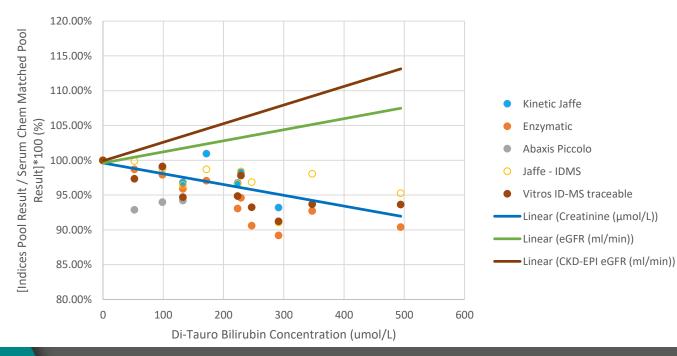
Icterus Interferograph



Wegas Data from 2012 to 2019



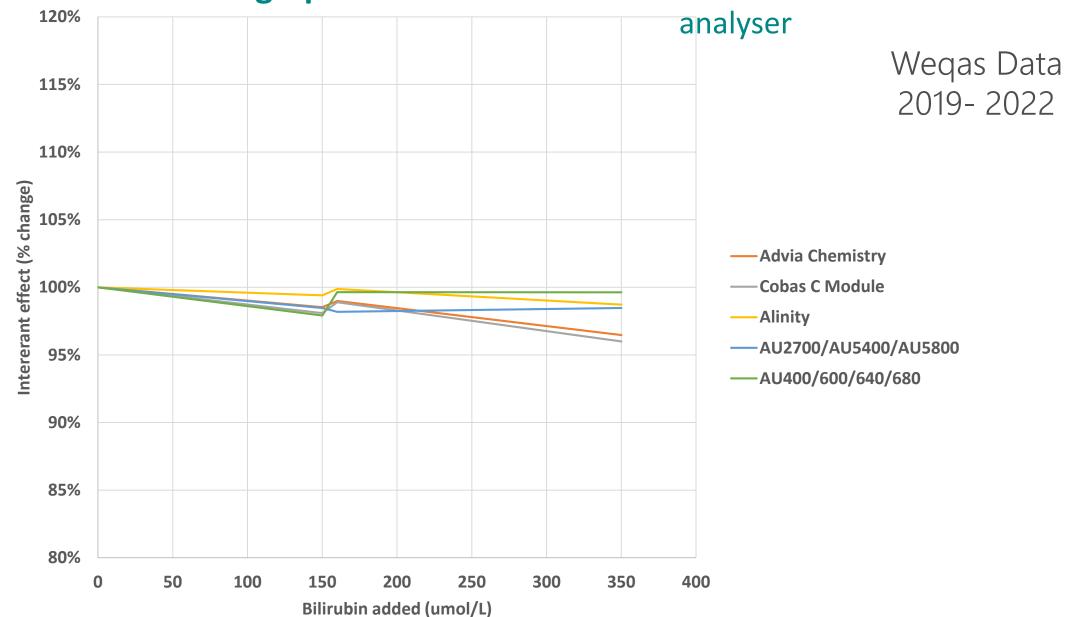
Percentage change in Creatinine Results with Increasing Bilirubin Concentration





Interference effects for Urate by





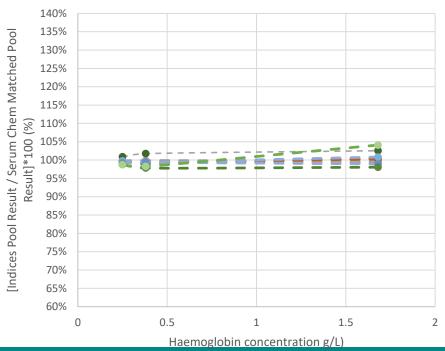
11

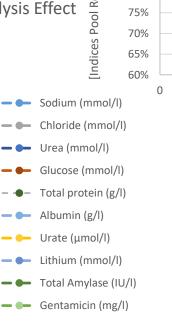
Haemolysis Interferograph

Wegas Data from 2012 to 2018

Analytes where little or no effect observed

Percentage change in Results with Increasing Haemolysis Effect





140% [Indices Pool Result / Serum Chem Matched Pool Result]*100 Potassium (mmol/l) 135% 130% Bicarbonate (mmol/I) 125% Creatinine (µmol/L) 120% Calcium (mmol/I) 115% Phosphate (mmol/l) 110% Magnesium (mmol/l) 105% Aspartate Aminotransferase (IU/I) 100% 8 · Alanine aminotransferase (IU/I) 95% Alkaline phosphatase (IU/L) 90% Creatine Kinase (IU/I) 85% Gamma Glutamyl Transferase (IU/I) 80% Lactate dehydrogenase (IU/I) Iron (µmol/L)

1.5

Haemoglobin concentration g/L)

Percentage change in Results with Increasing Haemolysis Effect

	Analytes affected by Interferant					
Pos (RBC)	Positive	Negative				
Iron	Lipase, ALT	GGT				
K	CK	ALP				
AST, P	Mg, LDH	Transferrin				
	Creat, TiBC					

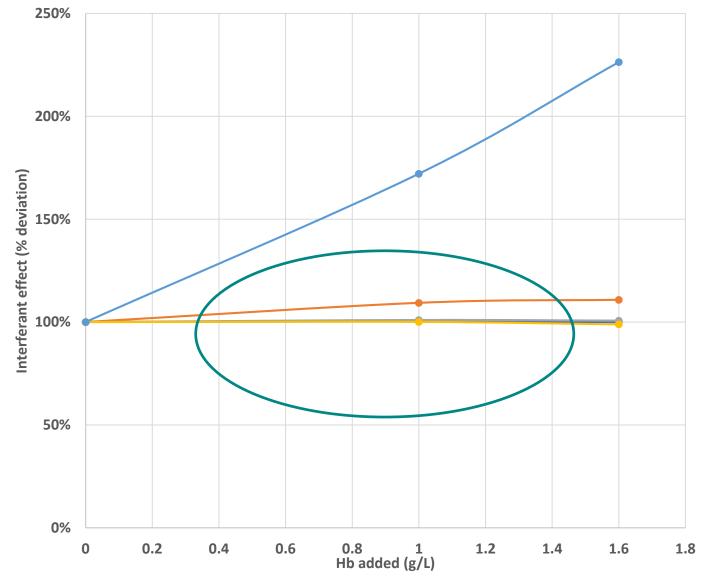
TIBC (µmol/L)

Transferrin (g/L)

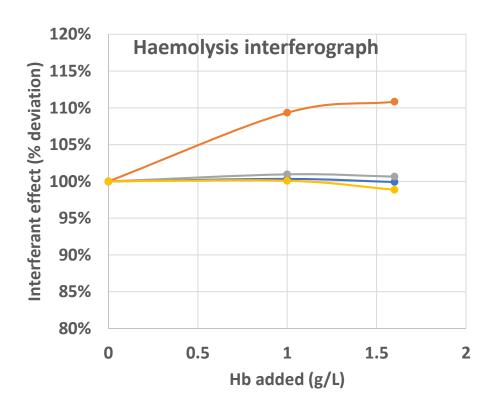
Transferrin Saturation (%)

Greatest influence

Haemolysis Interferograph



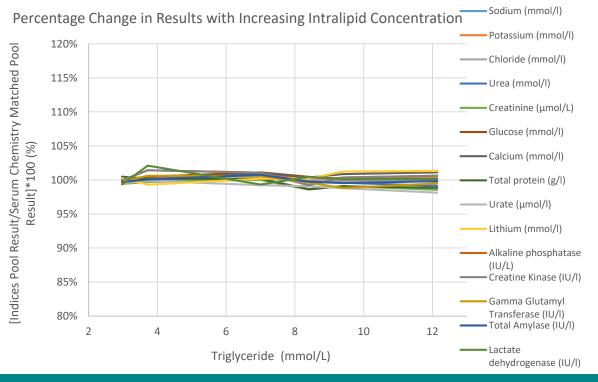




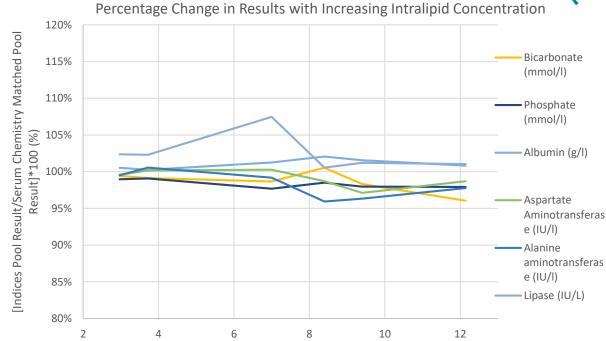
Lipaemia Interferograph

Wegas Data from 2012 to 2019

Analytes where little or no effect observed







Triglyceride (mmol/L)