i-STAT CG4+ Cartridge

Intended for use with the i-STAT 1 Analyzer (REF 04P75-01 & 03P75-06)

NAME

i-STAT CG4+ Cartridge – REF 03P85-25

INTENDED USE

The i-STAT CG4+ cartridge with the i-STAT 1 System is intended for use in the *in vitro* quantification of pH, oxygen partial pressure, carbon dioxide partial pressure**,** and lactate in arterial, venous or capillary whole blood.

Analyte	Intended Use
pH	pH, ***P***O_2, and ***P***CO_2 measurements are used in the diagnosis, monitoring, and treatment of respiratory disturbances and metabolic and respiratory-based acid-base disturbances. Bicarbonate is used in the diagnosis and treatment of numerous potentially serious disorders associated with changes in body acid-base balance.
Oxygen Partial Pressure (***P***O_2)	
Carbon Dioxide Partial Pressure (***P***CO_2)	
Lactate	The i-STAT lactate test is useful for (1) the diagnosis and treatment of lactic acidosis in conjunction with measurements of blood acid/base status, (2) monitoring tissue hypoxia and strenuous physical exertion, and (3) diagnosis of hyperlactatemia.

SUMMARY AND EXPLANATION / CLINICAL SIGNIFICANCE

Measured:

pH

pH is an index of the acidity or alkalinity of the blood with an arterial pH of <7.35 indicating an acidemia and >7.45 alkalemia. [1]

Oxygen Partial Pressure (***P***O_2)

PO_2 (partial pressure of oxygen) is a measurement of the tension or pressure of oxygen dissolved in blood. Some causes for decreased values of ***P***O_2 include decreased pulmonary ventilation (e.g., airway obstruction or trauma to the brain), impaired gas exchange between alveolar air and pulmonary capillary blood (e.g., bronchitis, emphysema, or pulmonary edema), and alteration in the flow of blood within the heart or lungs (e.g., congenital defects in the heart or shunting of venous blood into the arterial system without oxygenation in the lungs).

Carbon Dioxide Partial Pressure (***P***CO_2)

PCO_2 along with pH is used to assess acid-base balance. ***P***CO_2 (partial pressure of carbon dioxide), the respiratory component of acid-base balance, is a measure of the tension or pressure of carbon dioxide dissolved in the blood. ***P***CO_2 represents the balance between cellular production of CO_2 and ventilatory removal of CO_2 and a change in ***P***CO_2 indicates an alteration in this balance. Causes of primary respiratory acidosis (increase in ***P***CO_2) are airway obstruction, sedatives and anesthetics, respiratory distress syndrome, and chronic obstructive pulmonary disease. Causes of primary respiratory alkalosis (decreased ***P***CO_2) are hypoxia (resulting in hyperventilation) due to chronic heart failure, edema and neurologic disorders, and mechanical hyperventilation.

Lactate (Lac)

Elevated levels of lactate are mainly found in conditions of hypoxia such as shock, hypovolemia, and left ventricular failure; in conditions associated with diseases such as diabetes mellitus, neoplasia, and liver disease; and in conditions associated with drugs or toxins such as ethanol, methanol, or salicylates. [2]

Hyperlactatemia is an indicator commonly used to detect tissue hypoperfusion, particularly in the case of sepsis, [3 4 5] but also in trauma [6 7 8] and surgical [9 10 11] settings.

TEST PRINCIPLE

The i-STAT System uses direct (undiluted) electrochemical methods. Values obtained by direct methods may differ from those obtained by indirect (diluted) methods. [12]

Measured:

pH

pH is measured by direct potentiometry. In the calculation of results for pH, concentration is related to potential through the Nernst equation.

***P*O$_2$**

***P*O$_2$** is measured amperometrically. The oxygen sensor is similar to a conventional Clark electrode. Oxygen permeates through a gas permeable membrane from the blood sample into an internal electrolyte solution where it is reduced at the cathode. The oxygen reduction current is proportional to the dissolved oxygen concentration.

***P*CO$_2$**

***P*CO$_2$** is measured by direct potentiometry. In the calculation of results for ***P*CO$_2$**, concentration is related to potential through the Nernst equation.

Lactate (Lac)

Lactate is measured amperometrically. The enzyme lactate oxidase, immobilized in the lactate biosensor, selectively converts lactate to pyruvate and hydrogen peroxide (H_2O_2). The liberated hydrogen peroxide is oxidized at a platinum electrode to produce a current which is proportional to the sample lactate concentration.

$$\text{L-Lactate} + O_2 \xrightarrow{\text{Lactate Oxidase}} \text{Pyruvate} + H_2O_2$$

$$H_2O_2 \xrightarrow{\text{Platinum electrode}} 2H^+ + O_2 + 2e^-$$

Temperature "Correction" Algorithm

pH, ***P*O$_2$**, and ***P*CO$_2$** are temperature-dependent quantities and are measured at 37°C. The pH, ***P*O$_2$**, and ***P*CO$_2$** readings at a body temperature other than 37°C can be 'corrected' by entering the patient's temperature on the chart page of the analyzer. In this case, blood gas results will be displayed at both 37°C and the patient's temperature.

pH, ***P*O$_2$**, and ***P*CO$_2$** at the patient's temperature (T_p) are calculated as follows : [13]

$$pH(T_p) = pH - 0.0147(T_p - 37) + 0.0065(7.4 - pH)(T_p - 37)$$

$$PO_2(T_p) = PO_2 \times 10^{\frac{5.49\times10^{-11}\,PO_2^{3.88}+0.071}{9.72\times10^{-9}\,PO_2^{3.88}+2.30}(T_p-37)}$$

$$PCO_2(T_p) = PCO_2 \times 10^{0.019(T_p-37)}$$

Calculated:

HCO_3, TCO_2, and BE

- HCO_3 (bicarbonate), the most abundant buffer in the blood plasma, is an indicator of the buffering capacity of blood. Regulated primarily by the kidneys, HCO_3 is the metabolic component of acid-base balance.
- TCO_2 is a measure of carbon dioxide which exists in several states: CO_2 in physical solution or loosely bound to proteins, bicarbonate (HCO_3) or carbonate (CO_3) anions, and carbonic acid (H_2CO_3). Measurement of TCO_2 as part of an electrolyte profile is useful chiefly to evaluate HCO_3 concentration. TCO_2 and HCO_3 are useful in the assessment of acid-base imbalance (along with pH and ***P***CO_2) and electrolyte imbalance.
- The calculated TCO_2 provided by the i-STAT System is determined from the measured and reported values of pH and ***P***CO_2 according to a simplified and standardized form of the Henderson-Hasselbalch equation. [13]
- This calculated TCO_2 measurement is metrologically traceable to the i-STAT pH and ***P***CO_2 measurements, which are in turn traceable to primary standard reference materials for pH and ***P***CO_2. Like all calculated parameters reported by the i-STAT System, the user can independently determine TCO_2 values from the reported pH and ***P***CO_2 measurements using a combination of the equation for HCO_3 and the equation for TCO_2 below.
- Base excess of the extracellular fluid (ECF) or standard base excess is defined as the concentration of titratable base minus the concentration of titratable acid when titrating the average ECF (plasma plus interstitial fluid) to an arterial plasma pH of 7.40 at ***P***CO_2 of 40 mmHg at 37 °C. Excess concentration of base in the average ECF remains virtually constant during acute changes in the ***P***CO_2 and reflects only the non-respiratory component of pH‑disturbances.

  When a cartridge includes sensors for both pH and ***P***CO_2, bicarbonate (HCO_3), total carbon dioxide (TCO_2) and base excess (BE) are calculated. [13]

  log HCO_3 = pH + log ***P***CO_2 - 7.608
  TCO_2 = HCO_3 + 0.03***P***CO_2
  BE_{ecf} = HCO_3 - 24.8 + 16.2(pH-7.4)
  BE_b = (1 - 0.014*Hb) * [HCO3 - 24.8 + (1.43 * Hb + 7.7) * (pH - 7.4)]

sO_2

- sO_2 (oxygen saturation) is the amount of oxyhemoglobin expressed as a fraction of the total amount of hemoglobin able to bind oxygen (oxyhemoglobin plus deoxyhemoglobin).
- sO_2 is calculated from measured ***P***O_2 and pH and from HCO_3 calculated from measured ***P***CO_2 and pH. However, this calculation assumes normal affinity of oxygen for hemoglobin. It does not take into account erythrocyte diphosphoglycerate (2,3-DPG) concentrations which affect the oxygen dissociation curve. The calculation also does not take into account the effects of fetal hemoglobin or dysfunctional hemoglobins (carboxy-, met-, and sulfhemoglobin). Clinically significant errors can result from incorporation of such an estimated sO_2 value for oxygen saturation in further calculations, such as shunt fraction, or by assuming the value obtained is equivalent to fractional oxyhemoglobin.

$$sO_2 = 100 \frac{(X^3 + 150X)}{X^3 + 150X + 23400}$$

where $X = PO_2 \bullet 10^{(0.48(pH-7.4)-0.0013(HCO_3-25))}$

See below for information on factors affecting results. Certain substances, such as drugs, may affect analyte levels in vivo. [14] If results appear inconsistent with the clinical assessment, the patient sample should be retested using another cartridge.

REAGENTS

Contents

Each i-STAT cartridge contains one reference electrode, sensors for the measurement of specific analytes, and a buffered aqueous calibrant solution that contains known concentrations of analytes and preservatives. A list of reactive ingredients relevant for the i-STAT CG4+ cartridge is indicated below:

Sensor	Reactive Ingredient	Biological Source	Minimum Quantity
pH	Hydrogen Ion (H^+)	N/A	6.66 pH
PCO_2	Carbon Dioxide (CO_2)	N/A	25.2 mmHg
Lactate	Lactate	N/A	1.8 mmol/L
	Lactate Oxidase	*Aerococcus viridans*	0.001 IU

Warnings and Precautions

- For *in vitro* diagnostic use.
- Cartridges are intended for single-use only. Do not reuse.
- Refer to the i-STAT 1 System Manual for all warnings and precautions.

Storage Conditions

- Refrigerated at 2-8°C (35-46°F) until expiration date.
- Room Temperature at 18-30°C (64-86°F). Refer to the cartridge box for shelf life.

INSTRUMENTS

The i-STAT CG4+ cartridge is intended for use with the i-STAT 1 analyzer REF 04P75-01 (Model 300-G) and REF 03P75-06 (Model 300W).

SPECIMEN COLLECTION AND PREPARATION FOR ANALYSIS

Specimen Types

Arterial, venous or capillary whole blood.
Sample Volume: 95 µL

Blood Collection Options and Test Timing (time from collection to cartridge fill)

Analyte	Syringes	Test Timing	Evacuated Tubes	Test Timing	Capillary	Test Timing
Lactate	Without anticoagulant	Immediately	Without anticoagulant	Immediately	With balanced heparin anticoagulant	Immediately

Analyte	Syringes	Test Timing	Evacuated Tubes	Test Timing	Capillary	Test Timing
	With balanced heparin anticoagulant or lithium heparin anticoagulant (syringe must be filled per manufacturer's recommendation) • Mix thoroughly before filling cartridge.		With lithium heparin anticoagulant (tubes must be filled per manufacturer's recommendation) • Mix thoroughly before filling cartridge.		With lithium heparin if labeled for the measurement of electrolytes	
pH ***P***CO_2 ***P***O_2	Without anticoagulant	3 minutes	Without anticoagulant	3 minutes	With balanced heparin anticoagulant	3 minutes
	With balanced heparin anticoagulant or lithium heparin anticoagulant (syringe must be filled per manufacturer's recommendation) • Maintain anaerobic conditions. • Remix thoroughly before filling cartridge.	10 minutes	With lithium heparin anticoagulant (tubes must be filled per manufacturer's recommendation) • Maintain anaerobic conditions. • Remix thoroughly before filling cartridge	10 minutes	With lithium heparin if labeled for the measurement of electrolytes	3 minutes

PROCEDURE FOR CARTRIDGE TESTING

Each cartridge is sealed in a foil pouch for protection during storage--do not use if pouch has been punctured.

- A cartridge should not be removed from its protective pouch until it is at room temperature (18-30 °C or 64-86 °F). For best results, the cartridge and analyzer should be at room temperature.
- Since condensation on a cold cartridge may prevent proper contact with the analyzer, allow refrigerated cartridges to equilibrate at room temperature for 5 minutes for a single cartridge and 1 hour for an entire box before use.
- Use a cartridge immediately after removing it from its protective pouch. Prolonged exposure may cause a cartridge to fail a Quality Check.
- Do not return unopened, previously refrigerated cartridges to the refrigerator.
- Cartridges may be stored at room temperature for the time frame indicated on the cartridge box.

Filling and Sealing the Cartridge (after cartridge has been equilibrated and blood sample has been collected)

1. Place the cartridge on a flat surface.

2. Mix the sample thoroughly. Invert a lithium heparin blood collection tube at least 10 times. If sample was collected into a syringe, invert syringe for 5 seconds then roll the syringe between the palms (hands parallel to the ground) for 5 seconds, flip and roll for an additional 5 seconds. The blood in the hub of the syringe will not mix, therefore expelling 2 drops before filling a cartridge is desired. Note that it may be difficult to properly mix a sample in a 1.0 mL syringe.
3. Fill the cartridge immediately after mixing. Direct the hub of syringe or tip of the transfer device (capillary tube, pipette or dispensing tip) into the sample well of the cartridge.
4. Slowly dispense sample into the sample well until the sample reaches the fill mark indicated on the cartridge. Cartridge is properly filled when the sample reaches the 'fill to' mark and a small amount of sample is in the sample well. The sample should be continuous, no bubbles or breaks (see System Manual for details).
5. Fold the snap closure of the cartridge over the sample well.

Performing Patient Analysis

1. Press the power button to turn on the handheld.
2. Press 2 for *i-STAT Cartridge*.
3. Follow the handheld prompts.
4. Scan the lot number on the cartridge pouch.
5. Continue normal procedures for preparing the sample, and filling and sealing the cartridge.
6. Push the sealed cartridge into the handheld port until it clicks into place. Wait for the test to complete.
7. Review the results.

For additional information for cartridge testing, refer to the i-STAT 1 System Manual located at www.pointofcare.abbott.

Analysis Time

Approximately 130–200 seconds

Quality Control

The i-STAT quality control regimen has four aspects, resting on the foundation of a system design, which reduces the opportunity for the type of error which traditional quality control regimens are designed to detect:

1. A series of automated, on-line quality measurements that monitor the sensors, fluidics and instrumentation each time a test is performed.
2. A series of automated, on-line procedural checks monitors the user each time a test is performed.
3. Liquid materials are available to be used to verify the performance of a batch of cartridges when they are first received or when storage conditions are in question. The performance of this procedure is not a manufacturer's system instruction.
4. Traditional quality control measurements verify the instrumentation using an independent device, which simulates the characteristics of the electrochemical sensors in a way which stresses the performance characteristics of the instrumentation.

For additional information on Quality Control, refer to the i-STAT 1 System Manual located at www.pointofcare.abbott.

Calibration Verification

Calibration Verification is a procedure intended to verify the accuracy of results over the entire measurement range of a test. The performance of this procedure is not a manufacturer's system instruction. However, it may be required by regulatory or accreditation bodies. While the Calibration Verification Set contains five levels, verification of the measurement range could be accomplished using the lowest, highest and mid-levels.

EXPECTED VALUES

TEST	UNITS *	REPORTABLE RANGE	REFERENCE RANGE *(arterial)*	REFERENCE RANGE *(venous)*
MEASURED				
pH		6.50 - 8.20	7.35 - 7.45 [15]	7.31 - 7.41**
PO_2	mmHg	5 - 800	80 - 105 [16]***	
	kPa	0.7 – 106.6	10.7 - 14.0 [16]***	
PCO_2	mmHg	5 - 130	35 - 45 [15]	41 - 51
	kPa	0.67 – 17.33	4.67 - 6.00	5.47 - 6.80
Lactate/Lac	mmol/L	0.30 - 20.00	0.36 - 1.25 [2]****	0.90 - 1.70 [2]****
	mg/dL	2.7 – 180.2	3.2 - 11.3 [2]****	8.1 - 15.3 [2]****
CALCULATED				
Bicarbonate/ HCO_3	mmol/L (mEq/L)	1.0 – 85.0	22 – 26**	23 – 28**
TCO_2	mmol/L (mEq/L)	5 - 50	23 - 27	24 - 29
Base Excess/BE	mmol/L (mEq/L)	(-30) – (+30)	(-2) – (+3) [15]	(-2) – (+3) [15]
sO_2	%	0-100	95 - 98	

***** The i-STAT System can be configured with the preferred units. Not applicable for pH test.

****** Calculated from Siggard-Andersen nomogram. [1]

******* The reference ranges shown are for a healthy population. Interpretation of blood gas measurements depend on the underlying condition (e.g., patient temperature, ventilation, posture and circulatory status).

******** The i-STAT reference ranges for whole blood listed above are similar to reference ranges derived from serum or plasma measurements with standard laboratory methods.

Unit Conversion

- ***P*O_2 and *P*CO_2:** To convert ***P***O_2 and ***P***CO_2 results from mmHg to kPa, multiple the mmHg value by 0.133.
- **Lactate/Lac:** To convert a Lactate result from mmol/L to mg/dL, multiply the mmol/L value by 9.01.

The reference ranges programmed into the analyzer and shown above are intended to be used as guides for the interpretation of results. Since reference ranges may vary with demographic factors such as age, gender and heritage, it is recommended that reference ranges be determined for the population being tested.

METROLOGICAL TRACEABILITY

The measured analytes in the i-STAT CG4+ cartridge are traceable to the following reference materials or methods. The i-STAT System controls and calibration verification materials are validated for use only with the i-STAT System and assigned values may not be commutable with other methods.

pH

The i-STAT System test for pH measures the hydrogen ion amount-of-substance concentration in the plasma fraction of arterial, venous or capillary whole blood (expressed as the negative logarithm of the relative molal hydrogen ion activity) for *in vitro* diagnostic use. pH values assigned to the i-STAT System controls and calibration verification materials are traceable to the U.S. National Institute of Standards and Technology (NIST) standard reference materials SRMs 186-I, 186-II, 185, and 187.

***P*O₂**

The i‑STAT System test for oxygen partial pressure measures oxygen partial pressure in arterial, venous or capillary whole blood (dimension kPa) for *in vitro* diagnostic use. ***P*O₂** values assigned to the i‑STAT System controls and calibration verification materials are traceable to U.S. National Institute of Standards and Technology (NIST) standard reference materials via commercially available certified specialty medical gas standards.

***P*CO₂**

The i‑STAT System test for carbon dioxide partial pressure measures carbon dioxide partial pressure in arterial, venous or capillary whole blood (dimension kPa) for *in vitro* diagnostic use. ***P*CO₂** values assigned to the i‑STAT System controls and calibration verification materials are traceable to U.S. National Institute of Standards and Technology (NIST) standard reference materials via commercially available certified specialty medical gas standards.

Lactate/Lac

The i-STAT System test for lactate measures L-lactate amount-of-substance concentration in the plasma fraction of arterial, venous or capillary whole blood (dimension mmol L^{-1}) for *in vitro* diagnostic use. Presently, no international conventional reference measurement procedure or international conventional calibrator for lactate is available. Lactate values assigned to the i-STAT System controls and calibration verification materials are traceable to i-STAT System working calibrator prepared from sodium L-lactate (Sigma-Aldrich Fluka, >99 % purity).

Additional information regarding metrological traceability is available from Abbott Point of Care Inc.

PERFORMANCE CHARACTERISTICS

The typical performance data summarized below was collected in health care facilities by health care professionals trained in the use of the i-STAT System and comparative methods.

Precision

Precision data for the i-STAT pH, ***P*O₂**, ***P*CO₂**, and Lactate tests as part of the i-STAT 1 System were collected in multiple sites as follows: Duplicates of each control fluid were tested in the morning and in the afternoon on five days for a total of 20 replicates. The averaged statistics are presented below.

Test	Units	Aqueous Control	Mean	SD (Standard Deviation)	CV (%) [Coefficient of Variation (%)]
pH		Level 1	7.165	0.005	0.08
		Level 3	7.656	0.003	0.04
***P*O₂**	mmHg	Level 1	65.1	3.12	4.79
		Level 3	146.5	6.00	4.10
***P*CO₂**	mmHg	Level 1	63.8	1.57	2.5
		Level 3	19.6	0.40	2.0
Lactate*	mmol/L	Level 1	6.35	0.08	1.21
		Level 3	0.81	0.03	3.27

* Precision data were collected using CLSI guideline EP5-A.[17] Duplicates of each level of control were tested on three lots of cartridges over 20 days for a total of 120 replicates.

Method Comparison

Method comparison data were collected using CLSI guideline EP9-A.[18]

Deming regression analysis[19] was performed on the first replicate of each sample. In the method comparison table, n is the number of specimens in the data set, Sxx and Syy refer to estimates of imprecision based on the duplicates of the comparative and the i-STAT methods respectively, Sy.x is the standard error of the estimate, and r is the correlation coefficient.*

Method comparisons will vary from site to site due to differences in sample handling, comparative method calibration and other site-specific variables.

* The usual warning relating to the use of regression analysis is summarized here as a reminder. For any analyte, "if the data is collected over a narrow range, the estimate of the regression parameters are relatively imprecise and may be biased. Therefore, predictions made from these estimates may be invalid". [19] The correlation coefficient, r, can be used as a guide to assess the adequacy of the comparative method range in overcoming this problem. As a guide, the range of data can be considered adequate if r>0.975.

pH		IL BGE	Radiometer ICA 1	Nova STAT Profile 5	Radiometer ABL500
Venous blood samples were collected in evacuated tubes and arterial samples were collected in blood gas syringes with lithium heparin anticoagulant. All samples were analyzed in duplicate on the i-STAT System and on the comparative methods within 10 minutes of each other. Arterial blood samples were collected from hospital patients in 3 mL blood gas syringes and were analyzed in duplicate on the i-STAT System and the comparative method within 5 minutes of each other.	n	62	47	57	45
	Sxx	0.005	0.011	0.006	0.004
	Syy	0.009	0.008	0.008	0.008
	Slope	0.974	1.065	1.058	1.0265
	Int't	0.196	-0.492	-0.436	-0.1857
	Sy.x	0.012	0.008	0.010	0.0136
	Xmin	7.210	7.050	7.050	----
	Xmax	7.530	7.570	7.570	----
	r	0.985	0.990	0.9920	0.986

Oxygen Partial Pressure/PO_2 (mmHg)		Radiometer ABL500	Radiometer ABL700	Bayer 845
Arterial blood samples were collected from hospital patients in 3 cc blood gas syringes and were analyzed in duplicate on the i-STAT System and the comparative method within 5 minutes of each other.	n	45	29	30
	Sxx	3.70	2.04	3.03
	Syy	2.78	2.64	3.28
	Slope	1.023	0.962	1.033
	Int't	-2.6	1.2	-2.9
	Sy.x	2.52	3.53	3.44
	Xmin	----	39	31
	Xmax	----	163	185
	r	0.996	0.990	0.996

Carbon Dioxide Partial Pressure/ PCO_2 (mmHg)		IL BGE	Radiometer ABL500
Venous blood samples were collected in blood gas syringes. All samples were analyzed in duplicate on the i-STAT System and on the comparative methods within 10 minutes of each other. Arterial blood samples were collected from hospital patients in 3 cc blood gas syringes and were analyzed in duplicate on the i-STAT System and the comparative method within 5 minutes of each other.	n	62	29
	Sxx	0.69	0.74
	Syy	1.24	0.53
	Slope	1.003	1.016
	Int't	-0.8	1.1
	Sy.x	1.65	0.32
	Xmin	30.4	28
	Xmax	99.0	91
	r	0.989	0.999

Lactate/Lac (mmol/L)		Radiometer ABL 725 (whole blood vs. whole blood)	Hitachi 917 (i-STAT whole blood vs. Hitachi plasma)
Venous blood samples, collected in sodium heparin Vacutainer® tubes, and arterial blood samples, collected in blood gas syringes, were analyzed in duplicate on the i-STAT System. In the plasma study, a portion of each specimen was centrifuged, and the separated plasma was analyzed on the comparative method.	n	47	47
	Sxx	0.123	0.084
	Syy	0.136	0.079
	Slope	1.02	1.06
	Int't	0.12	-0.32
	Sy.x	0.18	0.17
	Xmin	0.80	1.77
	Xmax	14.20	14.24
	r	0.998	0.997

FACTORS AFFECTING RESULTS

The following substances were evaluated in plasma for relevant analytes at the test concentrations recommended in CLSI guideline EP7-A2 [20] unless otherwise noted. For those identified as an interferant the interference is described.

Substance	Test Concentration (mmol/L)	Analyte	Interference (Yes/No)	Comment
Acetaldehyde	0.045 [21]	Lactate	No	
Acetaminophen	1.32	Lactate	No	
Acetylcysteine	10.2	Lactate	No	
Ascorbate	0.34	Lactate	No	
Bromide	37.5	Lactate	Yes	Decreased results. Use another method.
Bromide (therapeutic)	2.5 [22 23 24]	Lactate	No	
Dopamine	0.006	Lactate	No	
Formaldehyde	0.133 [21]	Lactate	No	
Glycolic Acid	10.0 [21]	Lactate	Yes	Increased i-STAT lactate results. Use another method.
Hydroxyurea	0.92	Lactate	Yes	Increased i-STAT lactate results. Use another method.
β-Hydroxybuterate	6.0 [25]	Lactate	No	
Pyruvate	0.31	Lactate	No	
Salicylate	4.34	Lactate	No	
Uric Acid	1.4	Lactate	No	

The degree of interference at concentrations other than those reported above might not be predictable. It is possible that interfering substances other than those tested may be encountered.

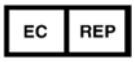
- Relevant comments regarding interference of Bromide, Glycolic acid and Hydroxyurea are noted below:
    - Bromide has been tested at two levels: the CLSI recommended level and a therapeutic plasma concentration level of 2.5 mmol/L. The latter is the peak plasma concentration associated with halothane anesthesia, in which bromide is released. APOC has not identified a therapeutic condition that would lead to levels consistent with the CLSI recommended level. Bromide at a concentration of 37.5 mmol/L decreased i-STAT lactate results, while a therapeutic range of bromide (2.5 mmol/L) did not significantly interfere with i-STAT lactate results.
    - Glycolic acid is a product of ethylene glycol metabolism. Unexpected increased lactate concentrations caused by glycolic acid may be a clue to the possibility of ethylene glycol ingestion as the cause of an otherwise unknown high anion gap metabolic acidosis. [26 27] In a study of 35 patients who had ingested ethylene glycol, initial glycolic acid concentrations of 0 to 38 mmol/L corresponded to ethylene glycol levels of 0.97 – 130.6 mmol/L. [27]
    - Hydroxyurea has been shown to interfere with Lactate. Hydroxyurea is a DNA synthesis inhibitor used in the treatment of various forms of cancer, sickle cell anemia, and HIV infection. This drug is used to treat malignancies including melanoma, metastatic ovarian cancer, and chronic myelogenous leukemia. It is also used in the treatment of polycythemia vera, thrombocythemia, and psoriasis. At typical doses ranging from 500 mg to 2 g/day, concentrations of hydroxyurea in patients' blood may be sustained at approximately 100 to 500 µmol/L. Higher concentrations may be observed soon after dosing or at higher therapeutic doses.

OTHER FACTORS AFFECTING RESULTS

Factor	Analyte	Effect
Exposing the sample to air	***P***O_2	Exposure of the sample to air will cause an increase in ***P***O_2 when values are below 150 mmHg and a decrease in ***P***O_2 when values are above 150 mmHg (approximate ***P***O_2 of room air).
	pH	Exposing the sample to air allows CO_2 to escape which causes ***P***CO_2 to decrease and pH to increase and HCO_3 and TCO_2 to be under-estimated.
	PCO_2	
	HCO_3	
	TCO_2	
Venous stasis	pH	Venous stasis (prolonged tourniquet application) and forearm exercise may decrease pH due to localized production of lactic acid.
Hemodilution	pH	Hemodilution of the plasma by more than 20% associated with priming cardiopulmonary bypass pumps, plasma volume expansion or other fluid administration therapies using certain solutions may cause clinically significant error on sodium, chloride, ionized calcium and pH results. These errors are associated with solutions that do not match the ionic characteristics of plasma. To minimize these errors when hemodiluting by more than 20%, use physiologically balanced multi-electrolyte solutions containing low-mobility anions (e.g., gluconate).
Cold temperature	***P***O_2	Do not ice samples before testing - ***P***O_2 results may be falsely elevated in cold samples. Do not use a cold cartridge - ***P***O_2 results may be falsely decreased if the cartridge is cold.
Sample collection	Lactate	Special collection procedures are necessary to prevent changes in lactate both during and after the blood is drawn. For steady state lactate concentrations, patients should be at rest for 2 hours and fasting. Venous samples should be obtained without the use of a tourniquet or immediately after the tourniquet is applied. Both venous and arterial samples may be collected into heparinized syringes.
Allowing blood to stand (without exposure to air)	pH	pH decreases on standing anaerobically at room temperature at a rate of 0.03 pH units per hour. [1]
	PO_2	Standing anaerobically at room temperature will decrease ***P***O_2 at a rate of 2–6 mmHg per hour. [1]
	PCO_2	Standing anaerobically at room temperature will increase ***P***CO_2 by approximately 4 mmHg per hour.
	HCO_3	Allowing blood to stand (without exposure to air) before testing allows ***P***CO_2 to increase and pH to decrease, which will cause HCO_3 and TCO_2 to be over-estimated, due to metabolic processes.
	TCO_2	
	Lactate	Samples for lactate should be analyzed immediately on drawing as lactate increases by as much as 70% within 30 minutes at 25 ºC as a result of glycolysis. [2]
Under fill or partial draw	***P***CO_2	The use of partial draw tubes (evacuated tubes that are adjusted to draw less than the tube volume, e.g., a 5 mL tube with enough vacuum to draw only 3 mL) is not recommended due to the potential for decreased ***P***CO_2, HCO_3 and TCO_2 values. Underfilling blood collection tubes may also cause decreased ***P***CO_2, HCO_3 and TCO_2 results. Care must be taken to eliminate "bubbling" of the sample with a pipette when filling a cartridge to avoid the loss of CO_2 in the blood.
	HCO_3	
	TCO_2	
Method of calculation	sO_2	Calculated sO_2 values from a measured ***P***O_2 and an assumed oxyhemoglobin dissociation curve may differ significantly from the direct measurement. [13]
Clinical conditions	HCO_3	Causes of primary metabolic acidosis (decrease calculated HCO_3) are ketoacidosis, lactate acidosis (hypoxia), and diarrhea. Causes of primary metabolic alkalosis (increase calculated HCO_3) are vomiting and antacid treatment.
Propofol (Diprivan®) or thiopental sodium	***P***CO_2	The use of CG4+ cartridge is recommended, which is free from clinically significant interference at all relevant therapeutic doses.

Factor	Analyte	Effect
PO_2 sensitivity	PCO_2	In patient samples where the PO_2 is > 100 mmHg above the normal range (80-105 mmHg), an increase in PCO_2 of approximately 1.5 mmHg (with a range of 0.9 to 2.0 mmHg) may be observed for every 100 mmHg increase in PO_2. For example, if an oxygenated patient has a measured PO_2 of 200 mmHg, and a normal PO_2 is 100 mmHg, the impact to the PCO_2 result may be increased by approximately 1.5 mmHg.

KEY TO SYMBOLS

Symbol	Definition/Use
	2 months room temperature storage at 18-30^{0}C
	Use by or expiration date. An expiration date expressed as YYYY-MM-DD means the last day the product can be used.
	Manufacturer's lot number or batch code. The lot number or batch will appear adjacent to this symbol.
	Sufficient for <n> tests
	Authorized representative for Regulatory Affairs in the European Community.
	Temperature limitations. The upper and lower limits for storage are adjacent to upper and lower arms.
	Catalog number, list number, or reference
	Do not reuse.
	Manufacturer
	Consult instructions for use or see System Manual for instructions.
	*In vitro* diagnostic medical device
	Compliance to the European directive on *in vitro* diagnostic devices (98/79/EC)
	For prescription use only.

Additional Information: To obtain additional product information and technical support, refer to the company website at www.pointofcare.abbott.

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