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# C39-A

## A Designated Comparison Method for the Measurement of Ionized Calcium in Serum; Approved Standard

This document provides a designated comparison method to standardize the measurement of ionized calcium made by ion-selective electrode (ISE) potentiometry. This system can be used to assign ionized calcium concentrations to a commercially available, serum-based material to improve the traceability and transferability of results for the measurement of ionized calcium in the clinical laboratory.

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## A Designated Comparison Method for the Measurement of Ionized Calcium in Serum; Approved Standard

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### Abstract

CLSI document C39-A *A Designated Comparison Method for the Measurement of Ionized Calcium in Serum; Approved Standard* provides a candidate designated comparison method to standardize the measurement of ionized calcium made by ion-selective electrode (ISE) potentiometry. This system can be used to assign ionized calcium concentrations to a commercially available, serum-based material to improve the traceability and transferability of results for the measurement of ionized calcium in the clinical laboratory. This standard addresses the principle of the test, the assignment of ionized calcium concentrations to NIST Standard Reference Material 956a, the materials and methods used, and the results and conclusions of an interlaboratory study to assign the ionized calcium concentrations.

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## Foreword

The measurement of ionized calcium in whole blood and serum is performed routinely as a service test in many clinical chemistry laboratories. A variety of manufacturers provides modern instrumentation, which allows the rapid measurement of ionized calcium in whole blood and serum with ion-selective membrane electrodes. These instruments, while highly sophisticated, differ in many ways from one manufacturer to another. All of these differences are known to affect the final ionized calcium result.

The purpose of developing this standard is to provide a candidate designated comparison method to standardize the measurement of ionized calcium made by ion-selective electrode (ISE) potentiometry and further, to use this system to assign ionized calcium concentrations to a commercially available, serum-based material to improve the traceability and transferability of results for the measurement of ionized calcium in the clinical laboratory. Development of this standard builds upon both clinical and industrial experience in laboratories around the world and is the result of many years of study of the analytical aspects of  $i\text{Ca}^{2+}$  measurements.

The designated comparison method described in Appendix A of this document may be used to measure the concentration of ionized calcium in serum, not whole blood. The measurement of ionized calcium in whole blood by ISE potentiometry is known to be affected by the presence of erythrocytes. This effect is also present in commercial systems for the measurement of ionized calcium and is variable from one commercial system to another. This document does not address this problem. However, by standardizing the measurement of ionized calcium to a serum based reference material with concentrations assigned by the DCM, the interlaboratory variability for whole blood measurements of ionized calcium would be improved as well.

## Key Words

Designated comparison method, ionized calcium, ion-selective electrode, potentiometry, SRM 956a





## A Designated Comparison Method for the Measurement of Ionized Calcium in Serum; Approved Standard

### 1 Introduction

Ionized calcium ( $iCa^{2+}$ ) has long been recognized as a better indicator of the physiological calcium status in human blood than total calcium.<sup>1-11</sup> The lack of a reference system for  $iCa^{2+}$  has been recognized for several years.<sup>12-15</sup> As expected in the absence of a standardization procedure, reference intervals vary from location to location, even for the same type of commercial analyzer, because of differences among instruments, and from one type of commercial analyzer to another. The purpose of developing this standard is to provide a candidate designated comparison method (DCM) to standardize the measurement of ionized calcium made by ion-selective electrode (ISE) potentiometry; and further, to use this method to assign ionized calcium concentrations to a commercially available, serum-based material to improve the traceability and transferability of results for the measurement of ionized calcium in the clinical laboratory. Development of this method was based on both clinical and industrial experience in laboratories around the world, and is the result of many years of study of the analytical aspects of  $iCa^{2+}$  measurements.<sup>6,16-19</sup>

### 2 Scope

This document emphasizes the use of stable, deep-frozen (-50 °C), pooled serum (NIST SRM 956a) with  $iCa^{2+}$  values assigned by a designated comparison method (DCM) as the key material which transfers accuracy for the measurement of ionized calcium. The substance concentration of  $iCa^{2+}$  in this human serum-based material is determined on the basis of potentiometric comparison to defined standard solutions made from high-purity reference materials. These standards are aqueous solutions whose compositions are established by convention to contain known concentrations of ionized calcium at an ionic strength of 0.160 mol/kg. In general, preparation of these standards follows the recommendations of the Working Group on Selective Electrodes of the International Federation of Clinical Chemistry (IFCC).<sup>15</sup>

The results of a multisite, interlaboratory study using NIST SRM 956a are reported. The objectives of this study were: 1) to show compatibility of the material with various commercial ionized calcium analyzers; and 2) to show usefulness of SRM 956a for providing uniformity to the measurement of ionized calcium in the clinical laboratory.

This document likewise provides specifications for the data acquisition hardware and software components of the ionized calcium DCM. Detailed information is included on the design of the potentiometric ISE and reference half-cells, liquid-liquid junction, and fabrication of tubular, calcium ion-selective membranes. Operating steps for system calibration, sample measurement, and data reduction are also described. Analytical specifications are described in terms of intralaboratory "within-run" and "day-to-day" imprecision to be expected when this technology is mastered.

### 3 Standard Precautions

Because it is often impossible to know what might be infectious, all human blood specimens are to be treated as infectious and handled according to "standard precautions." Standard precautions are new guidelines that combine the major features of "universal precautions and body substance isolation" practices. Standard precautions cover the transmission of any pathogen and thus are more comprehensive than universal precautions which are intended to apply only to transmission of blood-borne pathogens. Standard precaution and universal precaution guidelines are available from the U.S. Centers for Disease Control and Prevention (Guideline for Isolation Precautions in Hospitals, Infection Control and Hospital Epidemiology, CDC, Vol 17;1:53-80.), [MMWR 1987;36(suppl 2S):2S-18S] and (MMWR 1988;37:377-