

- ✓ Records of recalibration or other appropriate corrective action when calibration verification is unacceptable

CALIBRATION AND VERIFICATION PROCESSES – NONWAIVED TESTS

The remaining requirements in this checklist on CALIBRATION, CALIBRATION VERIFICATION, and ANALYTIC MEASUREMENT RANGE (AMR) VERIFICATION do not apply to waived tests.

This introduction discusses the processes of calibration, calibration verification, and AMR verification.

CALIBRATION: *The process of adjusting an instrument or test system to establish a relationship between the measurement response and the concentration or amount of the analyte that is being measured by the test procedure.*

CALIBRATION VERIFICATION: *The process of confirming that the current calibration settings for each analyte remain valid for a test system.*

Each laboratory must define limits for accepting or rejecting results of the calibration verification process. Calibration verification can be accomplished in several ways. If the manufacturer provides a calibration validation or verification process, it must be followed. Other techniques include (1) assay of the current calibration materials as unknown specimens, and (2) assay of matrix-appropriate materials with target values that are specific for the method.

ANALYTICAL MEASUREMENT RANGE (AMR): *The range of analyte values that a method can directly measure on the specimen without any dilution, concentration, or other pretreatment that is not part of the usual assay process.*

LINEARITY AND THE AMR

Linearity is a fundamental characteristic of many analytic measurement methods, whereby there is a straight-line relationship between “true” analyte concentrations and measured concentrations. In this context, linearity refers to the relationship between the predicted and observed measurement results and not to the relationship between instrument signal output and analyte concentration. For most assays, this relationship is linear within the AMR.

AMR VERIFICATION

Laboratories are required to verify that the appropriate relationship is maintained over the AMR. Laboratories may verify and use an AMR that is narrower than the range defined by the manufacturer. This may be appropriate when materials available for method validation and/or AMR verification are not available to verify the full range claimed by the manufacturer, or reporting values across the full range defined by the manufacturer is not clinically relevant. For many assays, results beyond the AMR can be reported through dilution or concentration studies (see CHM.13710 & CHM.13720). AMR verification is not required for calculated test results (refer to the Definition of Terms in the All Common Checklist) as long as the individual results contributing to the calculation have AMR verification.

Minimum requirements for AMR verification can be met by using matrix appropriate materials, which include low, mid and high concentration or activity range of the AMR with recovery of results that fall within a defined range of the target value. Records of AMR verification must be available.

CLOSENESS OF SAMPLE CONCENTRATIONS OR ACTIVITIES TO THE UPPER AND LOWER LIMITS OF THE AMR

When verifying the AMR, it is required that materials used are near the upper and lower limits of the AMR. Factors to consider in verifying the AMR are the expected analytic imprecision near the limits, the clinical impact of errors near the limits, and the availability of test specimens near the limits. It may be difficult to obtain specimens with values near the limits for some analytes. In such cases, reasonable procedures should be

adopted based on available specimen materials. The closeness of sample concentrations or activities to the upper and lower limits of the AMR are defined at the laboratory director's discretion. The method manufacturer's instructions for verifying the AMR must be followed, when available. The laboratory director must define limits for accepting or rejecting verification tests of the AMR.

CHM.13000 Calibration Procedure**Phase II**

The laboratory calibrates each test system as defined and reviews the calibration records for acceptability.

NOTE: Calibration of FDA-cleared/approved methods must be performed following the manufacturer's instructions, at minimum, including the number, type, and concentration of calibration materials, frequency of calibration, and criteria for acceptable performance. Calibration procedures are typically specified in the manufacturer's instructions but may also be established by the laboratory.

REFERENCES

- 1) Department of Health and Human Services, Centers for Medicare & Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register*. 1992(Feb 28):7165 [42CFR493.1217]
- 2) Department of Health and Human Services, Centers for Medicare & Medicaid Services. Medicare, Medicaid and CLIA Programs; Laboratory Requirements Relating to Quality Systems and Certain Personnel Qualifications; final rule. *Fed Register*. 2003(Jan 24):3707 [42CFR493.1255]
- 3) Clinical and Laboratory Standards Institute (CLSI). *Evaluation of Matrix Effects*. 4th ed. CLSI document EP14. Clinical and Laboratory Standards Institute, Wayne, PA; 2022.
- 4) Miller WG. Quality control. In: Henry's Clinical Diagnostic and Management by Laboratory Methods, 21st Edition, , ed McPherson RA, Pincus MR. Saunders Elsevier. 2007: 99-111

CHM.13100 Calibration and Calibration Verification Materials**Phase II**

High quality materials with test system and matrix-appropriate target values are used for calibration and calibration verification whenever possible.

NOTE: Calibration and calibration verification must have defined analyte target values and appropriate matrix characteristics for the clinical specimens and specific assay method. Many instrument systems require calibration materials with system-specific target values to produce accurate results for clinical specimens.

Suitable materials for calibration verification include, but are not limited to:

1. Calibrators used to calibrate the analytical system
2. Materials provided by the manufacturer for the purpose of calibration verification
3. Previously tested unaltered patient/client specimens
4. Primary or secondary standards or reference materials with matrix characteristics and target values appropriate for the method
5. Third party general purpose reference materials that are suitable for verification

In general, routine control materials and proficiency testing materials are not suitable for calibration verification, except in situations where the material has been shown to be suitable (eg, specifically designated by the method manufacturer) or no other materials are available.

Evidence of Compliance:

- ✓ Records of calibration and calibration verification

REFERENCES

- 1) ISO 17511:2020 In vitro diagnostic medical devices, Requirements for establishing metrological traceability of values assigned to calibrators, trueness control materials and human samples. International Organization for Standardization. 2020.

CHM.13125 Calibration Materials - Non-FDA Cleared/Approved Assays**Phase II**

The quality of all calibration materials used for non-FDA cleared or approved assays is evaluated and recorded.