Alere Cholestech LDX® System
Screening process best practices

• Have patient sit in chair

• Ensure materials are correct
  • 21g lancet, 1.8mm depth
  • Proper cassette is out and at room temperature at the time of the test
  • Correct capillary tube is being used for the fingerstick (40 µL for all lipid cassettes and ALT•AST, and 50 µL for hsCRP). It is best to prepare the capillary tube beforehand by inserting a plunger into the capillary tube.

• Open the foil pouch and remove a test cassette

• Take the desiccant pack off of the cassette, if stuck, and set the cassette down on a flat stable surface.

• Prepare the patient’s finger by cleaning with an alcohol pad. Dry the finger with gauze. Ensure the fingernail crevice is thoroughly cleaned so as not to add any residual soaps or lotions to the sample.

• Poke the finger using a 21g 1.8mm lancet

• Wipe off the first drop of blood

• Grasp the capillary tube and hold it parallel to the ground

• Gently touch the tip of the capillary tube to the blood drop

• Gently apply pressure to the finger to initiate blood flow into the capillary tube

• After the capillary tube is completely filled, give the patient a gauze pad to hold pressure on their puncture site until the following steps are completed.

• Open the tray of the instrument by pressing the “RUN” button.

• Once the tray is open, apply the sample to the sample well area of the cassette by pressing the plunger down, towards the sample well.

• Once the sample is applied - pick the cassette up by the sides of the cassette and put into the tray of the instrument.

• Once the cassette is in the tray press “RUN”

• Bandage the patient’s finger and wait for the results.

Note: From the time the cassette is open to the time the “RUN” button is pressed to begin the test, should ideally be less than 2 minutes.
Do:  Apply gentle pressure to the finger when filling the cap tube. Applying pressure, then releasing pressure, then reapplying pressure is acceptable.

Don’t: Milk the finger. Milking the finger is squeezing the finger and pulling the blood towards the puncture site. Milking the finger can cause interstitial fluid to get into the sample and potentially cause inaccurate results.

Do:  Touch the capillary tube to the edge of the blood drop. The capillary tube will draw up the blood automatically.

Don’t: Touch the capillary tube to the skin. Touching the capillary tube to the skin can result in excess blood getting on the outside of the capillary tube and could cause a clot in the sample well.

Do:  Ensure the capillary tube is filled in about 10-15 seconds

Don’t: Continue to try to fill the cap tube if the fill time is excessive. The capillary tube is coated with heparin to help prevent clotting inside the capillary tube, but it cannot prevent a clot that has already started. To ensure the blood does not clot before getting in the capillary tube it is important the capillary tube is filled quickly.

Do:  Hold the capillary tube parallel to the ground, or as close to parallel as possible.

Don’t: Hold the capillary tube at a descending or ascending angle. Holding the capillary tube at an ascending angle could increase the amount of time it takes to fill the capillary tube and thus lead to clots. Holding the capillary tube at a descending angle increases the likelihood of the sample causing an air bubble or even spilling down the side of the capillary tube.

Additional Don’ts
• If an air bubble is noticed in the capillary tube, discard the sample and re-stick the patient. Air bubbles can cause a short sample situation where the test cassette may not be able to perform properly.

• Don’t attempt to re-use the same cassette if it gave you an error in the first instrument. This could lead to inaccurate results.

Additional Do’s
• Call technical support if there are any errors in testing, results or questions about this card or best practices in general. We have a well qualified technical service specialist on call 24/7. The contact phone number is 1-877-308-8289
  • Additionally, if any abnormal or questionable results are obtained by the Alere Cholestech LDX® instrument, it is a best practice to run liquid controls to verify the system functionality.