Blood Alcohol Analysis
Original Adoption Date: February 22, 2010

1. Introduction ................................................................. 2
2. Personnel ................................................................. 2
3. Evidence Control .......................................................... 2
4. Validation ............................................................... 3
5. Analytical Procedures .................................................... 6
6. Equipment Calibration and Maintenance ................................. 14
7. Reports ................................................................. 16
8. Safety ................................................................. 20
9. Proficiency/Competency Testing ........................................ 20
10. Outsourcing .......................................................... 20
11. Glossary ............................................................. 20
12. References ........................................................... 21
13. Appendices .......................................................... 21
14. Abbreviations .......................................................... 25
15. Revision History ......................................................... 26

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1. Introduction
The purpose of the Blood Alcohol Procedures Manual is to describe procedures for the analysis of ethanol in biological fluids or other liquid matrices using headspace gas chromatography with dual capillary columns and flame ionization detectors. One column is used for quantification, while the other is used for confirmation.

2. Personnel
Personnel qualifications are addressed in the Quality Manual.

3. Evidence Control

3.1. Sample Identification (unique number)
All blood collection tubes or other items of evidence submitted by the Scottsdale Police Department for headspace gas chromatographic analysis will have a unique item number assigned by the ILEADS system before reaching the laboratory. This number will be used to refer to specific test items and their results in the analyst’s notes and report.

Blood collection tubes or other items of evidence submitted by agencies other than the Scottsdale Police Department for headspace gas chromatographic analysis may not have a pre-assigned unique number for each item. If this is the case, the analyst will sub-itemize the received item and give a unique number within the case to the item(s) to be tested. This number will be used to refer to that specific item and its result(s) in the analyst’s notes and report.

3.2. Chain of Custody
Chain of custody procedures are addressed in the Quality Manual.

3.3. Sample Storage
General sample storage procedures are addressed in the Quality Manual. In addition, all samples in the custody of an analyst in the Toxicology section will be maintained in a refrigerated condition whenever access is not required for part of the analysis process.

3.3.1. Short term sample storage
Short term storage of test items in the Toxicology section will be in the refrigerator inside the toxicology examination room.

3.3.2. Long term sample storage
For long term storage, items will be returned to Property and Evidence or the submitting agency.

3.4. Sample Security
Samples will be handled consistent with good forensic practice. Samples may only be left unattended in a secure area. If a visitor or service technician is present in an area that has unsecured evidence, samples must be attended or locked in a secure area.

4. Validation
The term validation is used in this manual to refer to the process of verifying that a method, reference material, solution, or test result is appropriate for its intended use.

4.1. Method Validation
Method validation is addressed in the Quality Manual

4.2. Reference Material Validation (Controls and Calibrators)
All externally acquired reference materials in water or whole blood matrix will be verified before use by analyzing in duplicate in a run incorporating all of the quality assurance measures outlined in this manual. Analyzed concentrations must be within ± 3% or 0.003 g/dL, whichever is greater, of the target value (supplied by the manufacturer) for the reference materials to be put in to use. Verifications of this validation will be maintained by the laboratory. Reference materials are presumed to remain valid until the manufacturer-supplied expiration date.

4.3. Internal Standard Solution Validation
Newly prepared internal standard (ISTD) solutions will be evaluated by preparing and analyzing a blank sample using 2500 µl of the ISTD and 250 µl of water and demonstrating absence of any interfering compounds and an n-propanol area count within ± 20% of the current ISTD lot. The individual preparing the ISTD is responsible for testing that lot of ISTD in duplicate and ensuring that it meets the criteria. The chromatograms and examiners initials and date prepared will be maintained in the Blood Alcohol “ISTD Verification” binder.
If the internal standard does not meet this requirement, it will be discarded and re-prepared. If there has been a significant change to the method or instrument such that this criterion cannot be met, it will be explained in the ISTD log.

4.4. Volatile Mixture (resolution test solution) Validation
The volatile mixture is used to establish qualitatively the ability of the method to separate a variety of volatile compounds which may be reasonably expected to appear occasionally in a blood sample from a living human. Quantitative accuracy of the preparation is not required; however, the presence of a peak in the expected retention time window for each compound expected to be in the solution must be detected in the chromatogram of a newly prepared solution of the volatile mixture. If the volatile mixture does not meet this criterion, it will be discarded and re-prepared. The newly prepared solution may be verified for retention time against an externally prepared solution or the existing validated volatile mixture solution to check for the presence of all compounds.

4.5. Test Result Validation
Analysis of samples for ethanol is typically done as a batch process. Reporting a test result in a case requires acceptable batch quality assurance data and acceptable case specific quality assurance data for the case.

4.5.1. Batch Quality Assurance Data

4.5.1.1. Calibration Curve
The calibration curve must have an $R^2$ value of $\geq 0.995$ or data obtained using that calibration curve will not be reported. The calibration curve will be calculated based on the data points for the 0.02 g/dL, 0.10 g/dL, 0.20 g/dL, and 0.40 g/dL calibrators. The calibration curve will be valid for up to forty-eight hours.

4.5.1.2. Positive Controls
The measured ethanol concentration in all reference materials used as positive controls must be within $\pm 5\%$ of the target value provided by the manufacturer. If one or more valid reference material test returns a value of greater than 5% outside the target value, the reason will be assessed.
The retention time of ethanol in a chromatogram from a batch must be within 0.04 minutes of that of the calibration standards for the batch. If this criterion is not met the peak may not be reported as ethanol.

4.5.1.3. Blank
The chromatogram for the blank sample must not show the presence of any substance that could interfere with the quantification of ethanol. If any such substance is detected, results from the run will not be reported.

4.5.1.4. Volatile Mixture
The chromatogram for the volatile mixture in a run must show separation of the five components and the internal standard. If peaks from all the volatiles known to be in the mix are not present in the chromatogram, results from the run cannot be reported until the cause is identified and addressed.

4.5.2. Case Specific Quality Assurance Data

4.5.2.1. Duplicate Test Agreement
Results of duplicate case samples must be within 2% or 0.0020 g/dL, whichever is greater, of the mean of the two results. If sample duplicates are not within tolerance, then the case sample will be analyzed again by either using the original calibration curve and analyzing newly prepared case samples at the end of the original sequence run followed by at least 2 controls, or analyzing newly prepared case samples using a new calibration curve and controls. The results of all analyses will be recorded in the analysts’ notes.

4.5.2.2. Ethanol Identification
The retention time of ethanol in case samples must be within 0.04 minutes of that of the calibrators for the batch. If this criterion is not met, the peak in the case sample may not be reported as ethanol. Ethanol must be identified on both columns in the analysis for ethanol to be reported.
5. **Analytical Procedures**

Analysis of liquid samples for ethanol content employs headspace gas chromatography with dual capillary columns and flame ionization detectors. One column is used for quantification, while the other is used as the confirming column. Only an established, validated method will be used for analysis for ethanol by headspace gas chromatography.

5.1. **Deficient Samples**

Submitted cases containing less than 2 milliliters of liquid will not be examined.

5.2. **Sample Selection**

If more than one blood collection tube or other container of liquid related to the same subject is submitted for ethanol testing in one case, either item may be selected by the analyst. The analyst may select the item either randomly, or by evaluating volume or other physical properties which may make one item preferable to another. The tube selected for analysis will be listed in the notes as tube #1 unless otherwise documented in the notes.

5.3. **Sample Types**

The samples in a batch include quality assurance samples, case samples, and occasionally other samples (e.g. proficiency samples or controls requiring validation).

5.3.1. **Calibrators**

The calibrators are aqueous solutions purchased from an outside vendor having known ethanol concentrations. The following calibration levels will be used: 0.02, 0.10, 0.20 and 0.40 g/dL ethanol.

5.3.2. **Controls**

The controls are solutions containing ethanol at different concentration either in water or blood. At least ten percent of the samples in a batch will be positive controls and at least two control samples will be whole blood controls. Two controls will be high-level controls (ethanol concentration ≥ 0.30 g/dL). Two controls will be low-level controls (ethanol concentrations ≤ 0.06 g/dL). The remaining controls will be mid-level controls (ethanol concentrations > 0.06 g/dL and < 0.30 g/dL). The controls will be distributed throughout the sequence such that one high-level control, one low-level control, and one mid-level control are evaluated before any case samples and also after all case samples. At least one of
these pre-case and post-case controls will be a whole blood control. Controls will be placed in a batch such that every five cases are bracketed by a control.

5.3.3. Blank (negative control)
A blank serves as a negative ethanol control. Blank sample will consist of 2500 μl n-propanol (ISTD) and 250 μl of ultrapure water. A blank will be analyzed near the beginning of a batch and at the end of a batch.

5.3.4. Volatile mixture
The volatile mixture serves as a resolution test. The volatile mixture contains acetaldehyde, methanol, ethanol, isopropyl alcohol, and acetone.

5.3.5. Biological case samples
Case samples will be analyzed in duplicate. Biological samples include blood, serum and plasma samples.

5.3.6. Non-biological case samples
Case samples will be analyzed in duplicate. Remove cap and determine if scent of liquid indicates alcohol. If not, the sample may be handled neat in the same way as a blood sample. If yes, then the sample should be diluted by a factor of 50 or 100 (or another reasonable factor) in purified water.

5.4. Sample Preparation
The sampling procedure for the analysis of whole blood or other liquid samples requires that the sample be homogeneous before removal of aliquots. Homogeneity will be achieved by allowing all liquid samples to reach room temperature followed by thorough mixing. Blood samples will be visually inspected for clots. Clotted blood samples will be ground as necessary to homogenize prior to sampling. For serum or plasma samples, the supernatant will be separated from the cellular material prior to mixing the sample. The quality assurance and case samples should also be approximately the same temperature when sampled. Accordingly, all material to be used for a batch should be removed from the refrigerator at the same approximate time.

5.4.1. Headspace vial preparation
Headspace vials will be labeled for each sample that will be analyzed. For each case sample, label two headspace vials with DR# (Departmental Record number)
and subject's last name and vial number. For each quality assurance sample, label one headspace vial with the sample name and vial number. The labeled headspace vials should be placed in racks according to vial number.

5.4.2. Kit examination
Kits will be examined one at a time and notes as described in section 7.1.1 will be taken contemporaneously. As part of this process, one tube from each case will be selected for analysis and placed with the corresponding labeled headspace vials.

5.4.3. Sample pipetting
Only one blood collection tube or other submitted container holding liquid for alcohol analysis will be open at the analyst’s work area at any time. Before preparing each case sample, check that the DR# and name on both vials correspond with DR# and name on blood tube. Before preparing each quality assurance sample, check that the sample identity on the headspace vial matches that on the solution container. Using the pipette diluter, 2500 μl of the n-propanol internal standard solution and 250 μl of the sample will be dispensed into a 20-mL headspace vial. The headspace vial will then be capped and crimped using a pneumatic or hand-held crimper. The prepared vials will be returned to their location in the rack prior to preparation of the next samples. Prior to loading the headspace vials on the autosampler, the vials should be gently swirled to ensure homogeneity of the sample and internal standard mixture within the headspace vial. Prepared headspace vials will be placed into pre-assigned locations on the auto sampler. The vial sequence on the auto sampler should be checked before and after analysis. Samples should be pipetted in the order in which they will be analyzed on the instrument except if multiple samples of aqueous control will be pipetted from a single ampoule.

5.4.4. Each headspace vial will contain 250 μl of the sample and 2500 μl of the n-propanol internal standard solution. The same lot of internal standard that was used for the calibrators will be used for all samples analyzed based on those calibrators. Samples will be prepared using the following settings:

<table>
<thead>
<tr>
<th>Setting</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left syringe size (μl):</td>
<td>2500</td>
</tr>
<tr>
<td>Right syringe size (μl):</td>
<td>250</td>
</tr>
<tr>
<td>Dilute method</td>
<td></td>
</tr>
<tr>
<td>Ratio 1:</td>
<td>10.0</td>
</tr>
<tr>
<td>Dilution 1:</td>
<td>11.0</td>
</tr>
</tbody>
</table>
Left diluent volume (μl): 2500.0
Right air gap volume (μl): 5.0
Right sample volume (μl): 250.0
Final volume: 2750
Syringe fill speed, left: 3
Syringe aspirate speed, right: 2
Syringe dispense speed, left: 4
Syringe dispense speed, right: 2
Syringe fill mode: Auto
Air gap mode: Auto
Air gap delay: 0.1
Wash volume (μl): 1250.0
Left fill speed: 3
Left dispense speed: 2

5.5. Analysis Sequence
A standard sequence containing 45 cases is analyzed on the gas chromatograph in the following order:

Vial 1: 0.02 g/dL Calibrator
Vial 2: 0.10 g/dL Calibrator
Vial 3: 0.20 g/dL Calibrator
Vial 4: 0.40 g/dL Calibrator
Vial 5 and last vial: Blank
Vial 6: Volatile Mixture
Vial 7, 8, 9, and last 3 vials before ending blank: Each set will have one high-level control, one low-level control, and one mid-level control.
Vials 20, 31, 42, 53, 64, 75, 86, and 97 mid-level controls.
Adjustments will be made for batches containing less than the 45 cases.

5.6. Gas Chromatograph Parameters

5.6.1. Perkin Elmer Gas Chromatograph Parameters
The gas chromatograph is equipped as follows:

a. Model Clarus 500 Gas Chromatograph serial number 650N9042002.
b. TurboMatrix 110 Headspace Sampler
c. Total Chrom software version 6.3.2 or higher, to include TurboMatrix driver.
d. Quantitative method ‘method2002A’ for the A column and ‘method2002B’ for the B column or equivalent.
e. Capillary Columns:
   Quantitative Column: PE Elite BAC 1, 30m x 0.32mm.
   Confirmation Column: PE Elite BAC 2, 30m x 0.32mm.

5.6.2. The gas chromatograph operating conditions are as follows:

a. Clarus 500 GC:
   FID A and B:
      Set hydrogen to 45.0 ml/min flow.
      Set Air to 450.0 ml/min flow.
   GC conditions:
      Detectors A and B: 250° C
      Injector: 150° C
      GC Oven: 38° C
      Split Ratio: 10.0 ml/min
      Run time: 4.00 min.

b. TurboMatrix 110 Autosampler:
   Needle: 70°C
   Transfer line: 80°C
   Vial Oven: 60°C
   Pressurization time: 1.0 min
   Injection time: 0.03 min
   Withdrawal time: 0.2 min
   Thermostat time: 22.0 min
   Cycle time: 4.0 min
   Column head pressure: 16 psi
   Inject Mode: Time
   HS Mode: Constant
5.6.3. Agilent Gas Chromatograph Parameters

5.6.4. The gas chromatograph is equipped as follows:
   b. Headspace sampler 7697A serial number CN14160045.
   c. OpenLAB software version C.01.06 or higher.
   d. Quantitative method ‘ethanol quant’.
   e. Capillary Columns:
      Quantitative Column: DB-ALC1 30 m x 320 μm x 1.8 μm
      Qualitative Column: DB-ALC2 30 m x 320 μm x 1.8 μm

5.6.5. The gas chromatograph operating conditions are as follows:

7890B gas chromatograph
GC oven 40° C
GC run time 2.8 minutes
GC cycle time 4.0 minutes
Carrier gas hydrogen
Front inlet temperature 110° C
Pressure 10 PSI
Septum purge flow 3 ml/min
Split ratio 10:1
FID temperature 300° C
FID hydrogen flow 30 ml/min
FID air flow 400 ml/min
FID nitrogen flow 25 ml/min

7697A headspace sampler
Vial pressurization gas nitrogen
Loop size 1 ml
Oven temperature 60° C
Loop temperature 60° C
Transfer line temperature 90° C
Vial equilibration 22 minutes
Injection duration 0.5 minutes
Vial fill pressure 15 psi
Loop ramp rate 30 psi/min
Loop final pressure 1.5 psi
Loop equilibration time 0.05 minutes
5.7. Handling Reference Materials
Reference materials will not be used past their provided expiration date. Directions for storage and use provided by the manufacturer will be followed when handling reference materials. For reference materials received in 1-ml ampoules, any remaining reference material will be discarded after that batch is prepared. For reference materials received in ampoules greater than 1 ml in size, the remainder may be transferred to an appropriate vial for storage and reuse.

5.8. Measurement Traceability
The traceability for this measurement process is established through the calibrators used to generate the calibration curve. The calibrators used for the analysis will be purchased from an accredited reference material provider and meet the requirements of certified reference materials.

The equipment routinely used for this analysis that requires calibration from an external vendor is the pipette diluter. In addition, the analytical balances that are used as part of the internal performance check of the pipette diluter require calibration from an external vendor. The vendors who perform these calibrations will be accredited to ISO/IEC 17025:2005.

5.9. Measurement Assurance
Measurement assurance encompasses the practices put in place to monitor the testing process and to ensure the calibration status of equipment and reference materials used in the measurement process. These quality assurance procedures are documented throughout the protocol and are summarized in this section.

a. Analysts performing the tests are competency tested prior to beginning casework and complete an annual external proficiency test.

b. The method used for testing was validated prior to use in casework.

c. The gas chromatograph is maintained by an external technician.

d. The gas chromatograph is calibrated using external certified reference materials using a four-point calibration before cases are tested.
e. An internal standard is used in the testing process.

f. A blank sample is run.

g. Instrument resolution is tested using a volatile mixture.

h. Reference materials are tested to ensure that they are appropriate for their intended use prior to use and handled consistent with manufacturer’s recommendations.

i. Reference materials purchased from external vendors in whole blood and aqueous matrices are used as controls. The blood matrix control is used as a quality assurance sample to confirm that the method can accurately and adequately measure alcohol in a whole blood matrix.

j. At least ten percent of the samples in a batch are controls. These controls cover the high, middle, and low ends of the calibration curve.

k. Cases are tested in duplicate.

l. All cases go through technical and administrative review.

m. The pipette diluter used for preparation of samples and the balance used to performance check the pipette diluter are calibrated annually by an accredited external provider. The internal checks of the analytical balance by laboratory personnel are carried out using NIST-traceable weights.

n. The pipette diluter precision is checked internally on at least a quarterly basis.

5.10. Uncertainty of Measurement
A full explanation and information concerning the uncertainty of measurement is maintained as a separate document. The general outline is as follows:
Only data collected on the current instruments has been used to calculate the uncertainty of measurement. Quality control standards in whole blood were used to assess measurement process reproducibility. Using the Root Sum Squares technique, the combined uncertainty (Uc) was determined to be 1.4. Using the Student’s t-table for n ≥ 100 measurements, the coverage factor (k) is 3 at a 99.73% confidence interval (CI). To calculate the expanded uncertainty (Ue) the combined uncertainty (Uc = 1.4) is multiplied by the coverage factor (k=3) to arrive at 4.3 for a CI = 99.73.

The statistical predictive value indicates that the true value of any test sample will be within 5% of the reported test value more than 99.73% of the time, or 9,973 times out of 10,000. The exact statistical prediction at 5% cannot be made at this time, however, a value of ± 5% will continue to be reported.

The expanded uncertainty will be reported to at most two significant figures. The rounding method used for the expanded uncertainty is to always round up. The rounded expanded uncertainty will be reported to the same level of significance as the mean value of the duplicate test.

Uncertainty will be observed on an ongoing basis but recalculated at least once per year. If the expanded uncertainty remains less than 5%, no changes will be in the reporting methodology.

6. Equipment Calibration and Maintenance
The equipment used in the section will be maintained and performance checked to ensure that it is operating properly.

6.1. Gas Chromatograph

6.1.1. Calibration
The instrument will be calibrated using external certified reference materials prior to casework analysis. The calibration curve will be calculated based on the data points generated for the 0.02 g/dl, 0.10 g/dl, 0.20 g/dl, and 0.40 g/dL calibrators. The calibration curve will be valid for up to forty-eight hours.

6.1.2. Maintenance and maintenance schedule
The gas chromatographs will be maintained on a preventative basis by a representative of the manufacturer. Any repairs or maintenance required outside of the regular schedule will be performed as needed by a representative of the manufacturer. All repairs and maintenance records will be kept in the BA Maintenance Logs binder.

6.1.3. Software upgrades will be made only by a service representative. The new version of the software will be noted in the service report and all other appropriate locations.

6.2. Pipette Diluter Performance Checks
The performance of the pipette diluter will be checked internally and by an external vendor.

6.2.1. Precision Check
The pipette diluters will be assessed internally on a quarterly basis, or more frequently if needed. This assessment will consist of accessing the method used for casework and weighing 10 aliquots of room temperature purified water and determining the mean and coefficient of variation of those measurements. Results will be charted and maintained in the BA Maintenance Logs binder. Additional evaluations using other dispensing volumes may be performed as needed. The coefficient of variation must be less than or equal to 1 percent and the weights of each individual measurement must be within ± 0.5 percent of the mean weight for the ten measurements. Any check outside that will necessitate the pipette diluter being taken from service and repaired.

6.2.2. Calibration Check
The pipette diluters will have their calibration checked at least annually by an external vendor accredited to ISO/IEC 17025:2005.

6.3. Refrigerator Performance Checks
The Toxicology section relies on refrigerators for the storage of reference materials, solutions, and subject samples in the laboratory. The temperature inside of these refrigerators will be evaluated on a weekly basis. The temperature logs will be collected when complete and maintained in the appropriate maintenance log binder. The temperature for the refrigerators will be maintained above freezing and below 8°C. If the temperature is outside of the acceptable range but is still cold, the analyst will adjust the temperature manually. If the appropriate range is still not attainable, the analyst will take the refrigerator out of service and move the samples or blood alcohol
standards to another refrigerator within the lab which has an acceptable temperature as read on the thermometer. If the refrigerator is not cooling, it is to be immediately taken out of service and the blood or blood alcohol standards moved to a suitable refrigerator. Any time the refrigerator needs to be taken out of service, it will be recorded on the refrigerator log sheet.

7. Reports
This section addresses documentation of the testing process, how test results are to be reported, and the review process for test reports. Additional requirements for case documentation are found in the Quality Manual.

7.1. Case Documentation
Since most alcohol analyses are done as part of a batch, there is both case specific documentation and batch analysis documentation. Case specific documentation will be stored in the individual case files and batch data will be stored in a central location accessible to all examiners on the Y: drive.

7.1.1. Case Notes
Case notes for each blood alcohol case are taken directly into JusticeTrax contemporaneously with the opening of the item. In the event that JusticeTrax is unavailable, notes may be taken by hand and later transferred into JusticeTrax by scanning in the handwritten notes and also transferring the data to the electronic sheet. This is necessary due to report generation requirements related to the electronic worksheet. The blood alcohol section has a set worksheet to fill out for each case. Additional information may be entered in the notes or comments areas of the worksheet.

7.1.2. Blood Alcohol Facesheet
A summary of the quality assurance data for each batch of samples will be recorded on the currently approved Blood Alcohol Facesheet. All of the appropriate data fields will be filled out on the Facesheet. In addition, a comment, such as, “All testing proceeded as expected.” will be added under the “notes” section summarizing the run if no additional notation is required. Additional notation would be necessary if there was anything that affected the batch run, such as the automation not running to completion or concerns with any of the batch quality assurance data. Additionally, if anything happened during the
run that resulted in the reanalysis of a case or hand correction of any computer generated data, documentation of the occurrence will appear on the Facesheet.

7.2. Case Results

Case results should be reported in a uniform manner to facilitate their interpretation by customers. For results that are reported as a numerical value, the mean of the duplicate test results will be reported along with the associated uncertainty in the test report. The mean will be determined using the measured values to the ten-thousandths place. The reported mean will be truncated to the thousandths place. The mean value will be reported with an expanded uncertainty that includes the coverage probability. The expanded uncertainty, calculated as the product of the truncated mean value and 0.05, will be reported to at most two significant figures. The rounding method used for the expanded uncertainty is to always round up. The mean value and the rounded expanded uncertainty will be reported to the same level of significance.

The uncertainty of measurement on the test report will be reported as 5% at a level of confidence greater than 99.73%. This uncertainty of measurement has been administratively set and is greater than the actual calculated uncertainty of measurement at that level. The uncertainty will be reported in the same units of measure as that used to report the measured quantity value.

The final report must contain the signature of the analyst, information about the analyst’s permit, and information about the disposition of the evidence after analysis is complete. Test reports documenting that no analysis was conducted do not require information about the analyst’s permit.

Additional requirements for reported information are addressed in the Quality Manual.

7.2.1. Whole Blood
7.2.2. Samples with a measured value greater than or equal 0.020 g/dL and less than or equal to 0.400 g/dL will be reported as outlined previously in this section. Samples with a measured value less than 0.020 g/dL and greater than or equal to 0.010 g/dL will be reported as trace ethanol was detected or other similar phrasing. Samples with a measured value less than 0.010 g/dL will be reported as ethanol not detected. Samples with a measured value greater than 0.400 g/dL will be reported as greater than 0.400 or other similar phrasing.
7.2.3. Serum or Plasma

Serum or plasma samples may be reported as the sample is improper and no determination of blood alcohol concentration will be made. If the analyst chooses to analyze the sample, only the presence or absence of ethanol will be reported. Samples having a measured value less than 0.010 g/dL will be reported as ethanol was not detected in the serum or plasma. Samples having a measured value greater than or equal to 0.010 g/dL will be reported as ethanol was detected in the serum or plasma. If a quantitative report must be issued, the analyst may either report the serum or plasma analyzed concentration and make it abundantly clear by the wording (e.g. use of all bold face capital letters) that the numerical value does not refer to whole blood. The analyst may also perform an appropriate conversion calculation and add it to the case notes.

7.2.4. Non-biological Liquids

The results of the examination of a non-biological liquid for the presence of ethanol will be reported as ethanol was detected in the liquid or ethanol was not detected in the liquid. Samples having a measured value less than 0.010 g/dL will be reported as ethanol was not detected in the liquid. Samples having a measured value greater than or equal to 0.010 g/dL will be reported as ethanol was detected in the liquid.

7.2.5. Deficient samples

Submitted cases containing less than 2 milliliters of liquid will not be examined. The test report for such cases will indicate that the item was not tested because the item contained insufficient sample size to be tested using the Laboratory’s current protocol.

7.3. Case Review

All cases will undergo technical and administrative review before a report is issued.

7.3.1. Technical Review

Technical review will only be done by qualified approved staff.

7.3.1.1. Qualifications of the technical reviewer.

The technical reviewer must have been previously qualified to conduct blood alcohol analyses within a forensic laboratory through performing casework. Authorization to technically review cases in any specific...
section will be given and documented by the Forensic Laboratory Manager.

7.3.1.2. Elements of technical review.
The first phase of technical review will consist of ensuring that the batch quality assurance data meet quality expectations that have been established in this manual to indicate that the instrument was functioning properly during the testing process. The technical reviewer will signify that the batch quality assurance data has met the criteria presented in this manual by initialing the face sheet for the sequence.

The second phase of technical review will consist of ensuring that the case specific quality assurance data meet the expectations established in this manual. Each case is reviewed individually. The technical reviewer will signify that both the batch quality assurance data and the case quality assurance data meet the criteria presented in this manual by setting the milestone in JusticeTrax resulting in the application of the reviewer’s initials on the test report. The technical reviewer will also ensure that all attachments to the case file are identified with a unique identifier of either the DR number or the L number. The technical reviewer will also review the analyst’s notes, results, and report for accuracy.

7.3.1.3. Discrepancies
Any discrepancies between the technical reviewer and the examiner which cannot be reconciled between them may be brought to the attention of the Technical Leader or the Quality Manager for evaluation of compliance with current standards and practices.

7.3.2. Administrative Review
The majority of the administrative review is performed during the technical review in this section. The remaining task is performed by the individual performing the administrative review and consists of finalizing the report by setting the milestone in JusticeTrax and ensuring that the appropriate signatures and initials show on the final report. Administrative review may not be conducted by the author of the test report. Administrative Review is also addressed in the Quality Manual.
8. Safety
   General laboratory safety procedures are addressed in the Laboratory Safety Manual.

   8.1. The following section specific safety procedures should be followed when handling potentially infectious material:

   Disposable plastic apron and/or other barrier cover(s), single or double disposable gloves, face shield or disposable mask, along with eye protection will be worn when working with blood or other biological samples.

   All transferring of any potentially hazardous raw biological samples from one vial to another will be performed under a safety hood.

   All disposable protective clothing and used headspace vials containing blood samples will be disposed of by placing them in the biological waste container which in turn will be removed from the lab on a regular basis for proper disposal.

9. Proficiency/Competency Testing
   All analysts in the Toxicology Section performing blood alcohol analysis will be competency tested prior to beginning casework. All analysts will be proficiency tested on an annual basis in coordination with renewing their permits.

   Proficiency and competency testing are further addressed in the Quality Manual.

10. Outsourcing
    Outsourcing is addressed in the Quality Manual.

11. Glossary
    
    **Calibrator** – (VIM 5.12) measurement standard used in calibration.
    
    **Calibration Curve** - (VIM 4.31) - expression of the relation between indication and corresponding quantity value.
    
    **Blank** - An ethanol-free sample (also known as a negative control).
Certified Reference Material - (VIM 5.14) Reference material, accompanied by documentation issued by an authoritative body and providing one or more specified property values with associated uncertainties and traceabilities, using valid procedures.

Reference material - Material, sufficiently homogenous and stable with respect to one or more specified properties, which has been established to be fit for its intended use in a measurement process.

Control (positive) – Any ethanol and water or blood mixture of a known concentration which is used for the purpose of verifying the validity of the calibration curve.

12. References

  o Hamilton Microlab ® 500B/C Series User’s Manual © 1996 by Hamilton Company. Part Number 69176 (Rev. C)

12.1.1.

13. Appendices

Preparation of all solutions will be recorded in the appropriate log book. Label all working and stock solutions with the contents, lot number, and date prepared. Solutions may be prepared in volumes other than those listed in this appendix.

13.1.1. Internal Standard Solution
The concentration of the internal standard solutions is not critical for analytical accuracy. Therefore, the concentration only needs to be approximate.

13.1.1.1. Internal standard stock solution
Prepare 100 ml of a 15% w/v n-propanol stock solution by transferring 15 grams of n-propanol into a 100-ml volumetric flask partially filled with ultrapure water. Dilute the mixture in the volumetric flask to the line with ultrapure water. Mix the solution. The solution will expire one year after preparation. The solution will be stored in a refrigerator.

13.1.1.2. Internal standard working solution
Prepare 5 L of 0.015% w/v working internal standard solution by pipetting 5 ml of the 15% w/v n-propanol stock solution into approximately 5 L of ultrapure water. Mix the solution. Validate the solution using the procedure outlined in this manual. The solution will expire one year after preparation.

13.1.2. Volatile Mixture (resolution test solution)
The concentration of the volatile compounds in the volatile mixture is not critical. Therefore, the concentrations only need to be approximate.

13.1.3. The volatile mixture consists of 0.02% w/v acetaldehyde, 0.02% w/v acetone, 0.08% w/v isopropyl alcohol, 0.08% w/v methanol, and 0.079% w/v ethanol. Prepare the volatile mixture by pipetting the following volumes into a 100-ml volumetric flask partially filled with ultrapure water:

<table>
<thead>
<tr>
<th>Chemical</th>
<th>(µl)</th>
</tr>
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<tbody>
<tr>
<td>Acetaldehyde</td>
<td>25</td>
</tr>
<tr>
<td>Acetone</td>
<td>25</td>
</tr>
<tr>
<td>Ethanol</td>
<td>100</td>
</tr>
</tbody>
</table>
Isopropyl alcohol  100
Methanol  100

Note: Acetaldehyde must be pipetted while the acetaldehyde is cold.

Dilute the mixture in the volumetric flask to the line with ultrapure water. Validate the solution using the procedure outlined in this manual. The solution will be stored in the refrigerator.

13.2. Corrective Quality Control and Non-conforming Work
This appendix addresses how to handle the infrequent occurrences when testing does not meet the quality requirements specified in this document or when testing cannot proceed using the specified protocol.

13.2.1 Corrective Quality Assurance
The quality assurance program put into place per this manual is very effective at ensuring the overall quality of reported test results. This section of the manual addresses how to handle some instances in which the quality criteria are not met. Issues not addressed in this section will be addressed on a case by case basis.
Whenever possible, the root cause of the issue should be identified and addressed.

- Issue: Ethanol is detected in the blank sample.
  Correction: Identify and use an ethanol-free blank and reanalyze the entire batch.

- Issue: One or more control is outside of the ± 5% target range.
  Correction: Identify and use a valid control and reanalyze the entire batch.

- Issue: The calibration curve has an $R^2$ less than 0.995.
  Correction: identify and use a valid set of calibrators and reanalyze the entire batch.

- Issue: Duplicate case samples do not agree within 2% or 0.0020 g/dL, whichever is greater, of the mean of the two results.
  Correction: Analyze the case samples again by either using the original calibration curve and analyzing newly prepared case samples at the end of the original sequence run followed by at least 2 controls, or analyzing newly prepared case samples using a new calibration curve and controls.
- Issue: Loose cap. A loose cap may be identified post-analysis as a sample having an internal standard area count more than 25% lower than the average internal standard area count measured for the controls analyzed in that batch.
Correction: The sample is not a valid analysis. Corrective action varies depending on if the sample is a case sample or quality assurance sample.

13.2.1. Non-conforming work
There are times when the exact analytical protocol cannot be followed. In these cases the resultant casework is considered ‘nonconforming’ testing. Nonconforming testing is not inherently incorrect; it merely falls outside the bounds of the standard protocol. In the event that nonconforming testing is to be undertaken, it requires preapproval from the Toxicology Technical Leader or, in the absence of the Toxicology Technical Leader, the Quality Manager. A written memo explaining the nonconforming test proposal will be submitted and approved prior to the release of results for nonconforming work. Work itself may proceed on verbal approval from the Technical Leader or, in the absence of the Toxicology Technical Leader, the Quality Manager or their designee. A copy of the approval memo will go in the case file and also be filed with the Quality Manager.

13.2.2. Minor method modifications
Minor method modifications may be required on an infrequent basis due to changes in instrument performance as equipment ages. These modifications may be made by the Technical Leader as necessary and the instrument will be tested with at least one set of standards prior to and after the modification to determine efficacy. If appropriate, the changes will be made to the SOP and a memo will be generated and signed by members of the section to indicate that they are aware of the modification(s) and will follow the amended protocol.
14. Abbreviations

Abbreviations commonly used when recording blood alcohol notes are listed in this section. Abbreviations may appear as capital or lower-case and with or without periods when used. However, the abbreviations IS and US, which spell actual words, must appear as capital letters when used.

<table>
<thead>
<tr>
<th>Abbreviation number</th>
<th>Abbreviation</th>
<th>Meaning</th>
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<tr>
<td>1</td>
<td>b#</td>
<td>badge number</td>
</tr>
<tr>
<td>2</td>
<td>bkz</td>
<td>benzalkonium chloride</td>
</tr>
<tr>
<td>3</td>
<td>c / ctg</td>
<td>containing</td>
</tr>
<tr>
<td>4</td>
<td>coc</td>
<td>chain of custody</td>
</tr>
<tr>
<td>5</td>
<td>ee</td>
<td>evidence envelope</td>
</tr>
<tr>
<td>6</td>
<td>gtt</td>
<td>grey top tube</td>
</tr>
<tr>
<td>7</td>
<td>init</td>
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</tr>
<tr>
<td>8</td>
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<td>internal standard</td>
</tr>
<tr>
<td>9</td>
<td>lg</td>
<td>large</td>
</tr>
<tr>
<td>10</td>
<td>los</td>
<td>label over seal</td>
</tr>
<tr>
<td>11</td>
<td>m</td>
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<tr>
<td>12</td>
<td>mas</td>
<td>marked across seal</td>
</tr>
<tr>
<td>13</td>
<td>mos</td>
<td>marked on seal</td>
</tr>
<tr>
<td>14</td>
<td>ofc</td>
<td>officer</td>
</tr>
<tr>
<td>15</td>
<td>pi / p-i</td>
<td>povidone-iodine</td>
</tr>
<tr>
<td>16</td>
<td>pl</td>
<td>plastic</td>
</tr>
<tr>
<td>17</td>
<td>rs</td>
<td>remedially sealed</td>
</tr>
<tr>
<td>18</td>
<td>s</td>
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<td>19</td>
<td>sm</td>
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<td>20</td>
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<tr>
<td>21</td>
<td>sn</td>
<td>subject name</td>
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<tr>
<td>22</td>
<td>t</td>
<td>taped</td>
</tr>
<tr>
<td>23</td>
<td>ttbk</td>
<td>tri-tech blood kit</td>
</tr>
<tr>
<td>24</td>
<td>um</td>
<td>unmarked</td>
</tr>
<tr>
<td>25</td>
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<td>unsealed</td>
</tr>
<tr>
<td>26</td>
<td>ns</td>
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</tr>
<tr>
<td>27</td>
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15. Revision History

Revision History – SPD Crime Lab Toxicology, Blood Alcohol Section

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<tr>
<td>MRaines B1466</td>
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Extensive revision of entire SOP undertaken to match the new format required by the SPD Crime Lab, and the newly formatted document carries a new version number. There are only 2 substantive changes. The first is that items q-x were added to the abbreviation table, which is now contained in section 14. The second is that section 12, the reference section, has been added and was not previously contained in the SOP. Table of contents. Space added between “other” and “liquids” for clarity section III.2.B

Clarified section on unique numbering. Replaced all references to specific sections in the Quality Manual. Changed sample handling section to sample storage and moved biological safety portion to the safety section of the manual. Revised validation section to reflect verification process. Removed method modification section from validation and placed it into an appendix. Removed all references to internally prepared calibrators. Replaced references to mixed standard with volatile mixture. Added test result validation to validation section. Changed requirements for controls to be ±5% throughout the range of controls. No longer acceptable to use expired controls. Specified that ethanol must be detected on both columns to report as ethanol. Revised analytical procedures section. Added section on deficient samples. Specified that the blank will be internal standard solution and water. Added section on handling reference materials. Added section on Measurement traceability. Added section on measurement assurance. Updated information in the uncertainty of
The revisions involve changing > 0.30 to ≥ 0.30 and < 0.06 to ≤ 0.06 in 5.4.4.1 with reference to high-level controls and low-level controls, respectively. In addition, it was made clear in section 5.4 that only one blood tube was to be open at a time. In section 7.2.1, d/dL was changed to g/dl. A statement was added to section 7.2 specifying that the uncertainty is calculated as the product of the truncated mean value and 0.05. The pipettor-diluter precision check was changed from using the MAINT program to the BA110 program. The parameters for passing the precision check were changed from a standard deviation less than 0.033 to a coefficient of variation of less than or equal to 1% and each of the recorded weights must be within ± 0.5 percent of the mean weight for the ten measurements.

Changed short term storage location. Changed requirements for duplicate test agreement. Extensive reorganizing of the analytical procedures section. Added recommendation that all batch

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<td>PAK B1255</td>
<td>08/05/15</td>
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material be removed from refrigerator at the same time. Moved loose cap data to corrective quality assurance section. Changed placement of controls within the run. Added an additional blank sample. Removed use of refrigerator in evidence vault and changed temperature checking requirements. Volumes for some solutions were changed. Added Agilent instrument. Specified ISTD validation samples include 250 µl of water. Changed requirements for reference material validation from run against established calibration curve to run in a batch incorporating all quality assurance procedures outlined in this manual. Added a second blank at the end of the run. Added recommendation that filled headspace vials be swirled gently prior to loading on autosampler. Removed instrument 650N9042003. Added expiration dates for the internal standard stock solution and working solution. Added storage conditions for the internal standard stock solution, working solution, and volatile mixture. Changed TR authorization from QM to FLM.

| Changed Corrective Quality Assurance Section to reflect current requirement for duplicate test agreement. | Modified by: PAK B1255 | Date: 08/27/15 |