

# CHIMICA ANALITICA CLINICA

*Prof. Elisa Michelini- Dipartimento di Chimica “Giacomo Ciamician” (4 CFU, II Ciclo)*

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# Conoscenze e abilità da conseguire

Al termine del corso lo studente possiede

- le conoscenze di base relative ai più comuni metodi di analisi chimico-clinica
- ed è in grado di selezionare la metodica più adatta alla risoluzione di un dato problema clinico e
- è in grado di valutare in senso critico il dato analitico ottenuto.

# **Modalità di verifica dell'apprendimento**

La verifica dell'apprendimento avviene attraverso l'esame finale, che accerta l'acquisizione delle conoscenze e delle abilità attese tramite una prova orale.

# Foreword

Health care delivery and the practice of medicine and clinical laboratory science have undergone exponential change in the last decade. There have been, and continue to be, many factors contributing to that change. Rising costs and concern regarding unequal access to health care and the growing number of uninsured have made health care one of the top issues for this country. Politicians and regulators are faced with the need to provide accessible health care while trying to control costs. Policy makers and payers have increased influence over medical and diagnostic decisions through managed care. Consumers and payers alike expect easy access and the highest quality of care with the most economic prices. Reports on medical errors have raised the visibility for the need for enhanced patient safety and quality initiatives. Emphasis has shifted from simply diagnosing and treating disease to identifying and controlling disease risk factors and maintaining health. **There is increased concern about public health issues and bioterrorism as well as environmental effects on health.** As a result of these and other factors, laboratory testing is expanding and playing an increasingly valuable and prominent role in health care delivery.

**Technological advances have dramatically changed the way we practice clinical laboratory science. Molecular diagnostic testing is allowing earlier detection of disease. Advances in biotechnology including the “omics”—genomics, proteomics, and pharmacogenomics—have given rise to the advent of personalized medicine.** We can now determine inherited predisposition to disease, identify protein profiles associated with disease status, and tailor treatment options based on genetic make-up. Testing techniques have shifted from test tubes, beakers, and large, automated analyzers to microanalytic systems (“**lab on a chip**”) that allow reduced sample size, fewer reagents, and smaller instruments. The walls of the laboratory are disappearing, with increasing numbers of tests that can be performed at the “**point of care.**”

The demographics of health care are also changing. As a result of the **aging population** and longer life expectancy, we are seeing an increase in **chronic disease**, which is impacting the health care system. These demographics not only affect the number and types of indi-

viduals accessing the health care system, but also the workforce that is delivering the care. There is a growing shortage of educated and trained clinical laboratory professionals. This is a result of many factors, including the aging workforce, reduction in educational programs, and competing career opportunities.

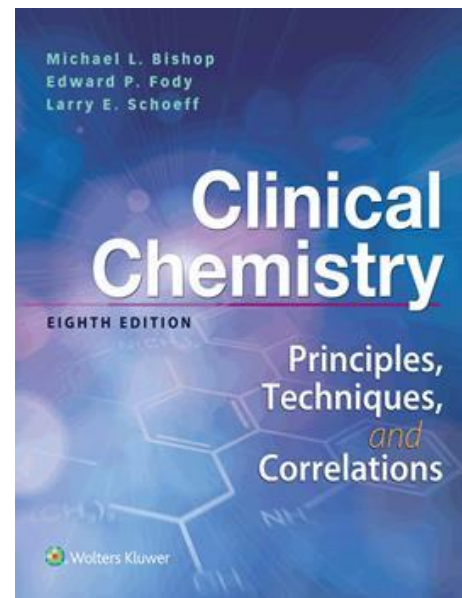
As a result of all of these issues, the role of clinical laboratory practitioners is changing. We can no longer afford to be simply analysts that perform, report, and assure the quality of laboratory test results. Clinicians recognize and acknowledge the need for help in test selection and result interpretation. It is essential that laboratory professionals work with physicians in helping them understand testing options and optimize clinical outcomes. In order to do this, clinical laboratory practitioners must be educated and trained not only in test performance and utilization but also in pathophysiology, differential diagnosis, and how diagnostic information contributes to patient care and outcomes.

The sixth edition of *Clinical Chemistry: Techniques, Principles, Correlations* was written with these changing needs in mind. The text provides a comprehensive view of pathophysiology as it relates to clinical chemistry diagnostic testing. It emphasizes the preanalytical, analytical, and post-analytical aspects of diagnostic testing. This text not only provides comprehensive information but also includes case studies and other strategies that will enhance critical thinking and problem-solving skills. Furthermore, Web-based support is provided with the text. Utilization of the text and supportive materials will enhance theoretical, technical, and consultative skill development. This text is not only an excellent resource for clinical laboratory and medical students, but also for clinical laboratory practitioners, clinicians, and other health care providers.

Paula Garrott, Ed.M. CLS(NCA)  
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College of Liberal Arts and Sciences  
Chair and Associate Professor Emeritus  
Clinical Laboratory Science Department  
University of Illinois at Springfield  
Springfield, Illinois

## Some keywords

Public health issues  
Environmental effects on health  
Bioterrorism  
Molecular diagnostics  
Omics  
Personalized medicine  
Lab on a chip/point of care  
Chronic disease management  
Biomarker  
Microbiota



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## IL PROCESSO ANALITICO NEL LABORATORIO CHIMICO-CLINICO

Come per tutte le analisi, anche nelle analisi chimico-cliniche è possibile definire un **processo analitico**, in cui ogni fase deve svolgersi correttamente per garantire l'attendibilità del risultato finale.



Fase preanalitica  
extra laboratorio

Fase preanalitica  
intra laboratorio

Fase  
analitica

Fase post  
analitica di  
laboratorio

Risultati

45% e il 70% degli errori in fase pre-analitica

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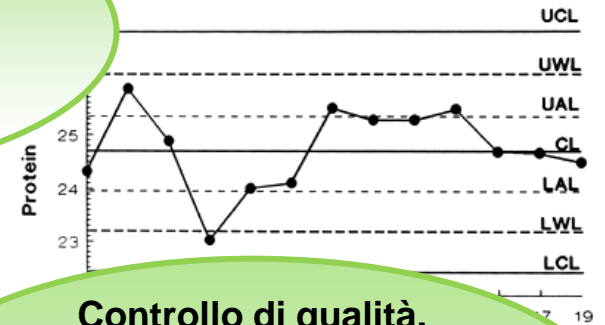


## Matrice del campione

Principalmente fluidi biologici facilmente prelevabili → **sangue, urina**, ma anche altri fluidi, feci, capelli, biopsie, ecc.

## Natura degli analiti

Analiti presenti a basse concentrazioni e di varia natura → **gas, ioni, piccole molecole organiche, zuccheri, lipidi, proteine, enzimi, DNA**



## Problematiche nella chimica analitica clinica

### Controllo di qualità.

Necessità di garantire la validità del risultato analitico → **validazione** delle procedure, **controllo di qualità** intra- ed interlaboratorio

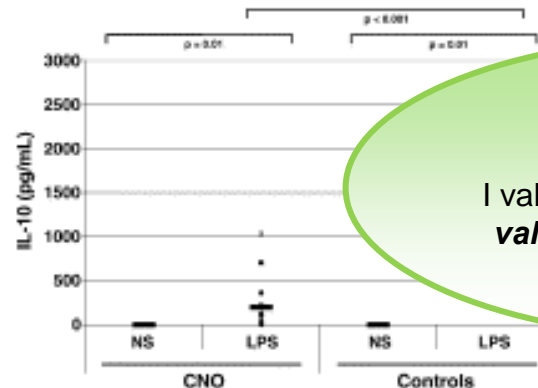


## Campionamento

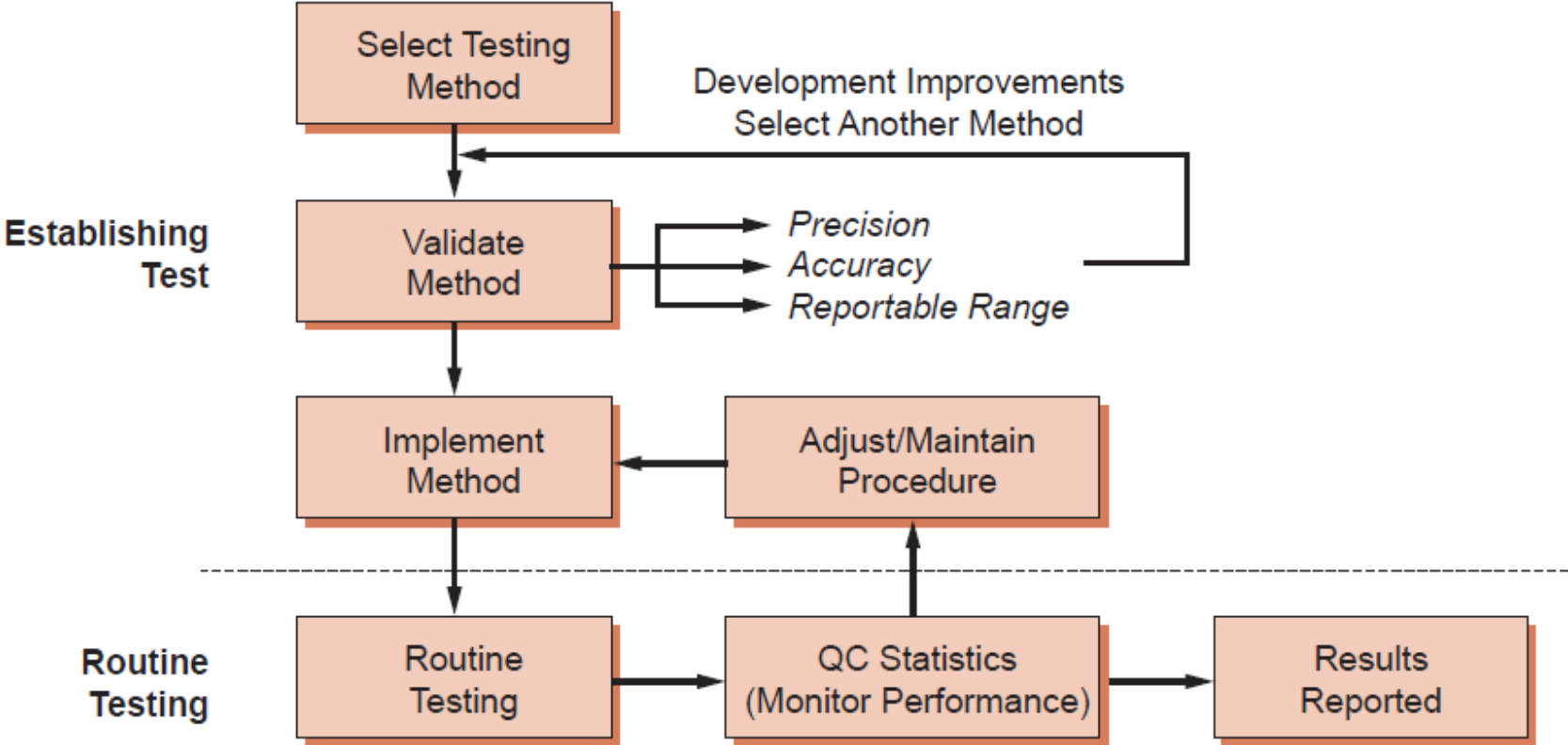
Preparazione del paziente, modalità di prelievo dei campioni, trattamento e conservazione dei campioni

### Interpretazione del risultato

I valori fisiologici sono variabili → **valori "normali", sensibilità e specificità**

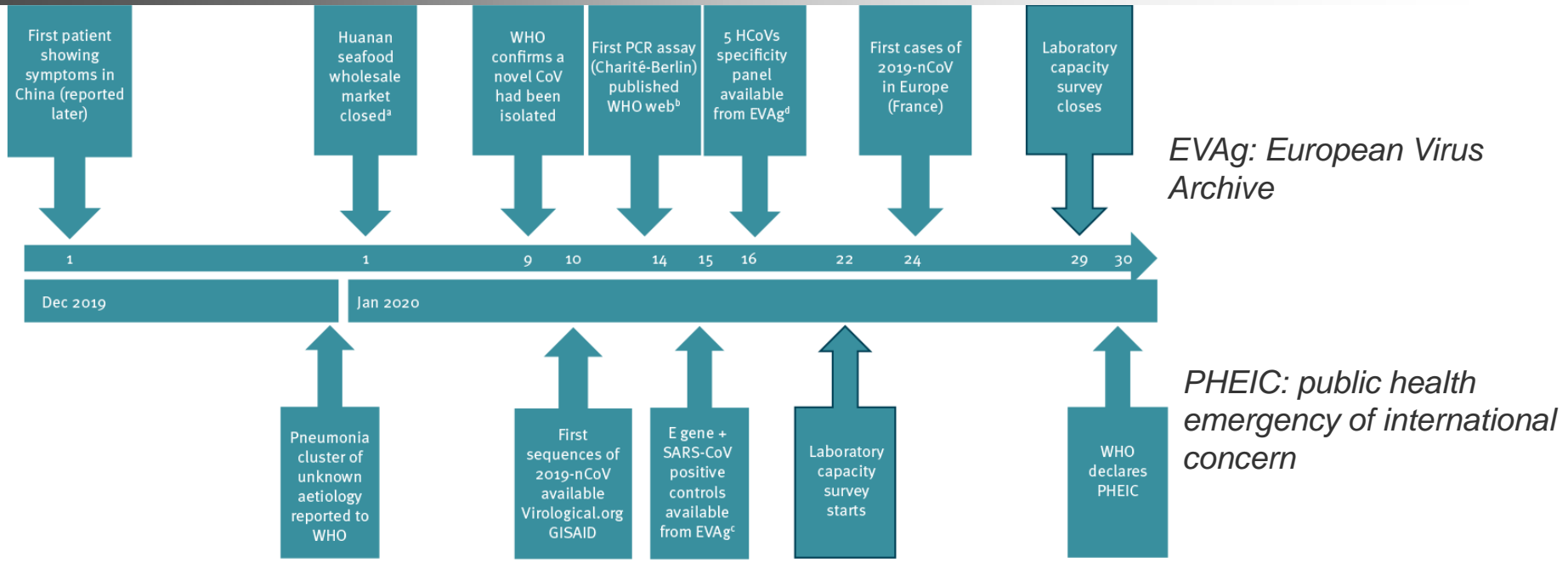


# PRESTAZIONI DI UNA TECNICA ANALITICA



**FIGURE 3-10** A flowchart on the process of method selection, evaluation, and monitoring. (Adapted from Westgard JO, Quam E, Barry T. *Basic QC Practices: Training in Statistical Quality Control for Healthcare Laboratories*. Madison, WI: Westgard Quality Corp.; 1998.)

# METHOD VALIDATION: COVID-19 example



The full genome of the novel coronavirus was published on January 10 of this year, just weeks after the disease was first identified in Wuhan, China. A week later, a group of researchers led by German scientists released the first diagnostic protocol for COVID-19 using swabbed samples from a patient's nose and throat; this PCR-based protocol has since been selected by the World Health Organization (WHO).

Not all countries have adopted the WHO's recommended diagnostic, including the US. The test detects the presence of SARS-CoV-2's E gene, which codes for the envelope that surrounds the viral shell, and the gene for the enzyme RNA-dependent RNA polymerase.

Reusken Chantal et al. Laboratory readiness and response for novel coronavirus (2019-nCoV) in expert laboratories in 30 EU/EEA countries, January 2020. Euro Surveill. 2020;25(6)



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## Metodi elettrochimici e sensori

- Elettrodi selettivi per pH/ioni
- Sensori per gas (O<sub>2</sub> e CO<sub>2</sub>)



## Metodi per la misura dell'attività enzimatica

- Metodi basati su substrati cromogenici, fluorogenici, chemiluminescenti



## Tecniche separative

- Gascromatografia & cromatografia liquida
- Tecniche elettroforetiche

## *Tecniche di analisi*




## Metodi immunometrici

- Metodi immunochimici
- Metodi di immunodiffusione
- Metodi ELISA



## Emocromocitometria

- "Coulter counters"
- Cito(fluro)metria a flusso
- Analisi d'immagine



## Metodi di biologia molecolare e omiche

- PCR qualitativa e quantitativa, real time
- Proteomica



## Strumentazione portatile

- Analizzatori portatili (es. glucometri)
- "Lateral Flow immunoassays"

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## Analisi del sangue

Gas disciolti, elettroliti, esame emocromocitometrico, parametri di coagulazione, tipizzazione.



## Analisi immunologiche

Antigeni, proteine, farmaci, ecc.

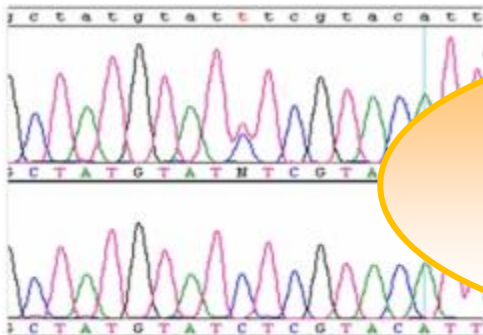
## Funzionalità di organi

Valutazione della funzionalità di organi (es. epatica) mediante determinazione di proteine ed enzimi nel sangue

## Analisi chimico-cliniche

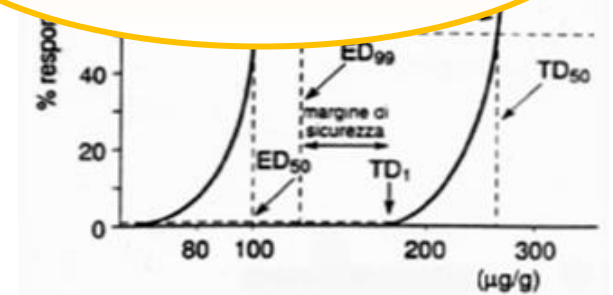
## Diagnosi molecolare

Diagnosi di malattie infettive e genetiche, identificazione di mutazioni e di oncogeni



## Monitoraggio terapeutico

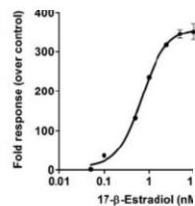
Misure di farmacocinetica, misura della concentrazione di farmaco in circolo durante la terapia



# CHIMICA ANALITICA CLINICA

## SIMULAZIONE «IN SILICO» DI UN METODO CHIMICO-CLINICO

	1	2	3	4	5	6	
A	St <sub>1</sub>	St <sub>1</sub>	St <sub>1</sub>	St <sub>1</sub>	C <sub>1</sub>	C <sub>1</sub>	
B	St <sub>2</sub>	St <sub>2</sub>	St <sub>2</sub>	St <sub>2</sub>	C <sub>2</sub>	C <sub>2</sub>	
C	St <sub>3</sub>	St <sub>3</sub>	St <sub>3</sub>	St <sub>3</sub>	C <sub>3</sub>	C <sub>3</sub>	
D	St <sub>4</sub>	St <sub>4</sub>	Bianco	0,086	0,067	0,090	0,069
E	St <sub>5</sub>	St <sub>5</sub>	St <sub>1</sub>	0,159	0,155	0,157	0,156
F	St <sub>6</sub>	St <sub>6</sub>	St <sub>2</sub>	0,238	0,245	0,236	0,226
G	St <sub>7</sub>	St <sub>7</sub>	St <sub>3</sub>	0,378	0,404	0,389	0,391
H	St <sub>8</sub>	St <sub>8</sub>	St <sub>4</sub>	0,519	0,495	0,532	0,525
			St <sub>5</sub>	0,659	0,644	0,692	0,647
			St <sub>6</sub>	0,873	0,852	0,846	0,874
			St <sub>7</sub>	1,			
CQ				0,			



Sig. XXXXXXXXXX Nata il XXXXXXXXXX  
 Residenza XXXXXXXXXX  
 Tessera Sanitaria Numero XXXXXXXXXX

**Presidio Ospedaliero**  
**martedì**  
**Anatomia Patologica CI**

Data di XXXXXXXXXX  
 Data di XXXXXXXXXX  
 Data di XXXXXXXXXX  
 Data di XXXXXXXXXX  
 Data di XXXXXXXXXX

**ELENCO PRESTAZIONI** Prestazione Numero XXXXXXXXXX

1. **17-β-Estradiolo** - Estradiolo (per ciascun campione) (873)  
 2. **17-β-Estradiolo** - Estradiolo (per ciascun campione) (873)

**Preparazione:**  
**17-β-ESTRADIOLO**

Per gli usi di **17-β-Estradiolo** (Farmaco) - Dosaggio: **17-β-Estradiolo** (1 mg/ml) - 1 mg/ml del solvente può contenere fino a 20 mg/ml di alcool etilico e benzilalcol.

Gentile Signora, la informiamo che con il presente documento è possibile ottenere il proprio referto medico grazie al servizio online **Info in Farmacia** del territorio **USL8 A**.  
 è consultabile via **INTERNET** collegandosi al sito: [WWW.USL8A.CALABRIA.IT](http://WWW.USL8A.CALABRIA.IT) e digitando il codice: **2246522900**

Qual è il mio codice di farmacia? Il mio codice farmacia è **XXXXXXXXXX** (il numero di farmacia è presente sul tagliando di ogni confezione).  
 Non è più necessario recarsi in farmacia per il referto **USL8 A**.  
 La Direzione **USL8 A**



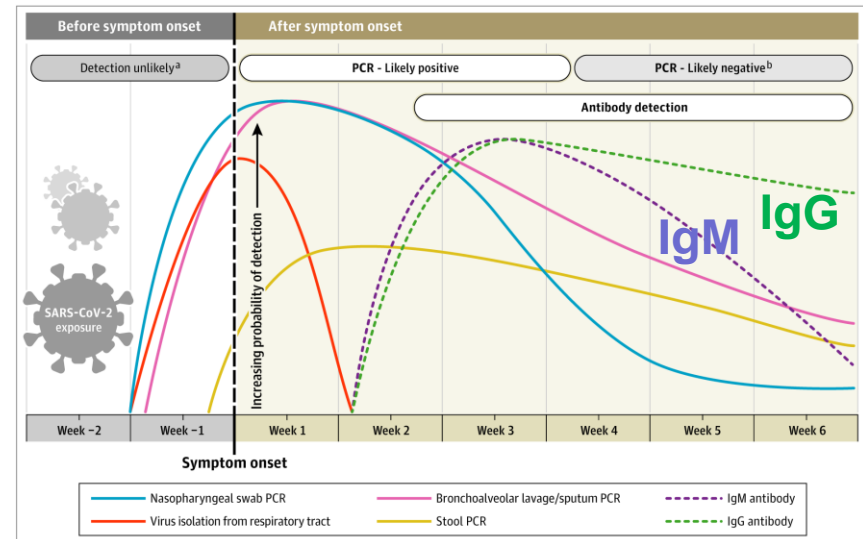
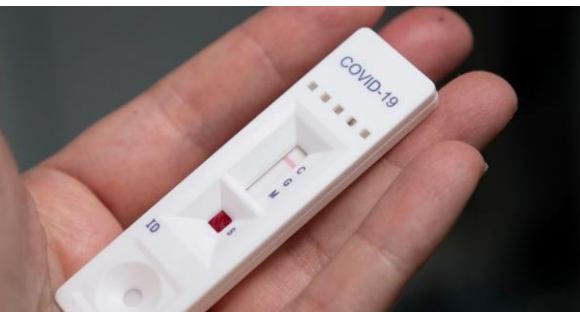
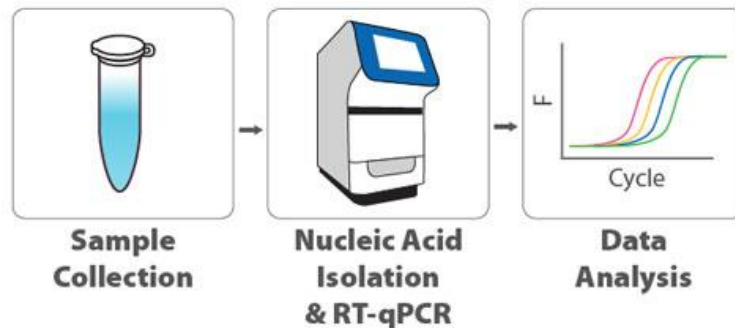
# Diagnostics: COVID-19

Two kinds of traditional methods for pathogen detection are **nucleic acid testing (NAT)** and **serological testing**.

Among all available testing methods, NAT plays a pivotal role in the public health response to SARS-CoV-2. It is the most sensitive method combined with high specificity and high efficiency.

Traditional serological testing for specific IgM, IgG, or viral antigens, such as ELISA, CLIA, and rapid serological testing should not be neglected.

Real-time RT-PCR assays for SARS-CoV-2 (Institut Pasteur)



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- *Introduzione*
- *Raccolta, trattamento e conservazione dei materiali biologici*
- *Il risultato nel laboratorio chimico-clinico (valori di riferimento, utilità di un test diagnostico e parametri che la definiscono, controllo di qualità)*
- *Analisi generiche (es. sangue e urine)*
- *Tecniche di analisi enzimatica*
- *Tecniche immunologiche*
- *Tecniche per la diagnosi molecolare*
- *Monitoraggio terapeutico*
- *Automazione nel laboratorio chimico-clinico*
- *Strumentazione portatile per analisi cliniche ("Point-of-Care Testing", POCT)*
- *Omiche per medicina di precisione*

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