information we have received from Boehringer Mannheim, they now recommend Sarstedt tubes instead of the Microtainer Tubes they previously supplied.

We thank Boehringer-Mannheim Aust. Pty. Ltd. for kindly supplying the HDL-cholesterol strips.

References

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A representative of Boehringer Mannheim comments:

To the Editor:

We agree with Bais et al. that proper sample collection is very important for all laboratory analyses, including the Reftrotone HDL test. Anyone collecting samples must be cognizant of fingerstick/venous collection techniques. Individuals performing fingersticks must be aware of conditions that lead to inaccurate results: squeezing the finger, capillary blood clotting, insufficient volume collected, etc. If any of these occur, the results should not be used and another sample collected. For collection of anticoagulated venous samples, volume is especially critical. An excess of EDTA falsely increases the HDL results, as stated in the 1990 Reftrotone HDL package insert. It is unclear from the study of Bais et al. what size Vacutainer Tube was used during sample collection. If the tubes were underfilled, then there would be an excess of EDTA.

Bais et al. also evaluated the Reftrotone system with LiHeparin. LiHeparin when used as the anticoagulant decreases the results. As stated in the Reftrotone HDL package insert, only EDTA plasma should be used.

The method comparison involved assay of only 24 samples. The results would have been more convincing if a greater number of specimens had been tested, with values spread throughout the range. The scatter shown was probably attributable to collection technique, as mentioned by the authors. Low recovery was due to the different methods used. The Reftrotone uses dextran sulfate precipitation with no dilution and is calibrated to the phosphotungstate method of Boehringer Mannheim, whereas the method used by Bais et al. incorporated polyethylene glycol precipitation.

Others have evaluated the Reftrotone HDL (y) against the Boehringer Mannheim phosphotungstate method (x) for EDTA-anticoagulated specimens and found excellent results for a large number of samples:

<table>
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<th>n</th>
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<th>Intercept</th>
<th>r</th>
<th>Ref.</th>
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References

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Improved Stability of the Hitachi 717 Voltammetry Unit

To the Editor:

In an earlier technical note (1) we described the problems encountered with the electrolyte module of our Hitachi 717 automatic analyzer. During this first period (Figure 1, period 1), we noted a steady increase in the mean of patients' serum values and of control serum concentrations (Monitrol I-X; Baxter, Dübblingen, Switzerland) during the life of each ion-selective electrode (ISE); meanwhile, the slope of the calibration line decreased, compromising the sensitivity of the measurements. We hypothesized that a thin layer of protein was gradually building up on the electrode membranes as they contacted more samples, and expressed doubts that the ISE Compensator albumin solution (Boehringer Mannheim, Mannheim, F.R.G.) would behave like human serum, given this phenomenon.

At first, therefore, we decided to replace this albumin solution with a control serum (Seronorm; Nycomed, Oslo, Norway), to more closely approx-