

## METHOD VALIDATION OF THE CDC GROSS GAMMA SCREEN

Carl Verdon<sup>1</sup>  
[CVerdon@cdc.gov](mailto:CVerdon@cdc.gov)

Danielle Stukes<sup>1,2</sup>  
Robert L. Jones<sup>1</sup>

<sup>1</sup>Inorganic and Radiation Analytical Toxicology Branch  
Centers for Disease Control and Prevention  
4770 Buford Hwy., MS S110-5, Atlanta, GA 30341, USA

<sup>2</sup>Battelle Memorial Institute, 505 King Ave., Columbus, OH, 43201, USA

### ABSTRACT

The NaI Gross Gamma Screen (GGS-NaI) analytical method is a component of the CDC Urine Radio-Bioassay Screen and provides a rapid pass/fail screen for gamma emitters in patient samples collected in the aftermath of a nuclear or radiological (nuc/rad) emergency. Large-scale nuc/rad emergencies and incidents may require >100,000 individuals to be screened for internal contamination. A small sub-set of that population will have an intake of radionuclides. In order to effectively prioritize scarce medical countermeasures in these scenarios, we developed a rapid GGS-NaI method using full-spectrum counting for the detection of gamma emitters in urine from potentially contaminated patients. Samples with a GGS-NaI measurement above the normal urine population background will be sent for analysis by the High Purity Germanium (HPGe) method to provide radionuclide identification and quantification.

The CDC GGS-NaI method prioritizes accuracy and efficiency. CDC collaborated with ORTEC to develop the GammaScreen-8, an array of 8 NaI(Tl) Well radiation detectors in a single lead shield. Also, CDC collaborated with Hopewell Designs, Inc. to develop a sample tube changing robotics system (autosampler), with a sample tray capacity of 425 tubes. From timing experiments, we conclude that the sample throughput capacity, with four concurrently running GGS-NaI and sample changer systems, averages ~30 seconds per sample.

This analytical method was developed and validated using Cs-137, a count time of five minutes per sample, and a sample geometry of 10 mL urine in a 15 mL centrifuge tube. We have validated the method as fit-for-purpose by evaluating accuracy, precision, limit of detection, the population background reference, and identifying limitations such as “cross-talk.”

### Disclaimer

The findings and conclusions in this study are those of the authors and do not necessarily represent the views of the U.S. Department of Health and Human Services or the Centers for Disease Control and Prevention. Use of trade names and commercial sources is for identification only and does not constitute endorsement by the U.S. Department of Health and Human Services or the Centers for Disease Control and Prevention. The authors declare that they have no competing financial interest.