Accepted Manuscript

Title: A Headspace Needle-Trap Method for the Analysis of Volatile Organic Compounds in Whole Blood

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 PII:
 S0021-9673(12)01003-5

 DOI:
 doi:10.1016/j.chroma.2012.06.083

 Reference:
 CHROMA 353387

To appear in: Journal of Chromatography A

 Received date:
 18-4-2012

 Revised date:
 21-6-2012

 Accepted date:
 23-6-2012

Please cite this article as: M. Alonso, M. Castellanos, E. Besalú, J.M. Sanchez, A Headspace Needle-Trap Method for the Analysis of Volatile Organic Compounds in Whole Blood, *Journal of Chromatography A* (2010), doi:10.1016/j.chroma.2012.06.083

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Highlights:

Headspace NTD sampling to determine VOCs in whole blood is studied.

Matrix effect is very significant in complex biological matrices such as blood.

LODs at ng·L⁻¹ are easily achieved by concentration with active HS-NTD sampling.

HS-NTD is a robust, sensitive and simple methodology for VOC analysis.

A Headspace Needle-Trap Method for the

2 Analysis of Volatile Organic Compounds in

3 Whole Blood

4

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17

18 Abstract

19	Needle trap devices (NTDs) are a relatively new and promising tool for headspace (HS)
20	analysis. In this study, a dynamic HS sampling procedure is evaluated for the
21	determination of volatile organic compounds (VOCs) in whole blood samples. A full
22	factorial design was used to evaluate the influence of the number of cycles and
23	incubation time and it is demonstrated that the controlling factor in the process is the
24	number of cycles. A mathematical model can be used to determine the most appropriate
25	number of cycles required to adsorb a prefixed amount of VOCs present in the HS
26	phase whenever quantitative adsorption is reached in each cycle. Matrix effect is of
27	great importance when complex biological samples, such as blood, are analyzed. The
28	evaluation of the salting out effect showed a significant improvement in the
29	volatilization of VOCs to the HS in this type of matrices. Moreover, a 1:4 (blood:water)
30	dilution is required to obtain quantitative recoveries of the target analytes when external
31	calibration is used. The method developed gives detection limits in the 0.020-0.080
32	$\mu g \cdot L^{-1}$ range (0.1-0.4 $\mu g \cdot L^{-1}$ range for undiluted blood samples) with appropriate
33	repeatability values (RSD<15% at high level and <23% at LOQ level). Figure of merits
34	of the method can be improved by using a smaller phase ratio (i.e., an increase in the
35	blood volume and a decrease in the HS volume), which lead to lower detection limits,
36	better repeatability values and greater sensibility. Twenty-eight blood samples have
37	been evaluated with the proposed method and the results agree with those indicated in
38	other studies. Benzene was the only target compound that gave significant differences
39	between blood levels detected in volunteer non-smokers and smokers.

- 40 **Keywords:** Needle trap, Headspace analysis, Blood, Volatile organic compounds,
- 41 Matrix effect

42

43 1. Introduction

44 Volatile organic compounds (VOCs) are a group of contaminants of great interest as 45 they are encountered in the workplace, in daily routines, widely used consumer 46 products, and are ubiquitous in both outdoor and indoor air. Inhalation of VOCs is the 47 most common route of exposure [1,2], but they can also be absorbed through the skin 48 [3-5] and, in some cases, oral uptake may be of considerable importance [6]. In order to 49 evaluate the individual exposure of a person to VOCs and the resulting health risk, it is 50 necessary to determine the internal exposure by analyzing biological fluids. Different 51 occupational studies have revealed that levels of VOCs and their metabolites in blood 52 tend to correlate highly with the corresponding air levels [7]. 53 In normal healthy subjects many VOCs are detected in blood at very small concentrations (tens to hundreds of $ng \cdot L^{-1}$) [8-13], except acetone (few $mg \cdot L^{-1}$) [8]. 54 55 Measuring such low levels in human biological fluids accurately and reproducibly 56 presents a complex analytical problem that requires special techniques and great care 57 [14,15]. In forensic analytical toxicology, the separation of organic compounds from 58 biological matrices is one of the most important and complex aspects of the entire 59 analytical procedure. Another difficulty observed is that some volatile substances are present at concentrations below the detection limits of the available instrumentation 60 61 [16].

Headspace (HS) analysis is the most common technique for the determination of VOCs
in biological fluids [17]. Conventional HS-GC is a routine technique for VOCs present
at higher concentrations in blood (mainly methanol and ethanol) [18-22], with LODs in
the 0.2-20 mg·L⁻¹ range. The use of HS-GC with large volume collection from the

66	headspace [23], sometimes with cryogenic oven trapping [24,25] and cryo-focussing
67	[26], has been used to improve sensitivity (LODs at $ng \cdot L^{-1}$ level). However, this
68	technique does not permit the evaluation of the presence of VOCs that can be used as
69	endogenous or exogenous markers.
70	The determination of VOCs by purge-and-trap (PT) makes it possible to significantly
71	reduce the LODs to the $ng \cdot L^{-1}$ level [8,9,12,27,28]. Unfortunately, PT-GC is not suitable
72	for blood samples as it results in foaming and the clogging up of the gas flow routes.
73	The use of an antifoam agent, added at a level that is high enough to prevent foaming, is
74	essential in the PT analysis of blood samples [15], but can lead to sample contamination
75	unless the antifoaming agent is heated under vacuum [8,29].
76	The most common concentration technique for the determination of minority VOCs in
77	blood is solid-phase microextraction (SPME). HS-SPME allows LODs to be obtained at
78	$ng\cdot L^{-1}$ without the foaming problem [10,11,16,21,30-32].
79	HS sampling is heavily dependent on the sample matrix and so results can vary
80	significantly [19,20,33]. Blood is very complex and varies from one person to another,
81	and it has a strong matrix effect due to its rich protein content [19]. It is therefore
82	necessary to compensate the matrix affect in HS blood analysis to obtain reliable
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	quantitative results. A well-established and accepted method in forensic medicine for
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84 85 86	quantitative results. A well-established and accepted method in forensic medicine for this purpose is to use an internal standard (IS) based matrix-matched calibration method [19-22], although it has been found that the use of an IS in itself does not generally eliminate the matrix effect and systematic errors may still occur [19,34].
84 85 86 87	quantitative results. A well-established and accepted method in forensic medicine for this purpose is to use an internal standard (IS) based matrix-matched calibration method [19-22], although it has been found that the use of an IS in itself does not generally eliminate the matrix effect and systematic errors may still occur [19,34]. The dilution of blood with water is the simplest method to reduce matrix effects as it (i)
84 85 86 87 88	quantitative results. A well-established and accepted method in forensic medicine for this purpose is to use an internal standard (IS) based matrix-matched calibration method [19-22], although it has been found that the use of an IS in itself does not generally eliminate the matrix effect and systematic errors may still occur [19,34]. The dilution of blood with water is the simplest method to reduce matrix effects as it (i) minimizes the effect of matrix proteins, which can bind analytes, and (ii) reduces the

90	efficiency. The main drawback of dilution is that it leads to an increase in detection
91	limits. The most common dilution ratio used in blood analysis is 1:1 with water or an
92	aqueous solution of an IS [16-18,22-24,27]. Some authors have indicated that 1:1
93	dilution avoids matrix interference by endogenous compounds in blood [16,18].
94	Unfortunately, there are no common criteria for the evaluation of the effect of dilution
95	on the matrix effect and some authors suggest greater dilution (e.g., 1:5 [21] and 1:2
96	[31]). On the other hand, in many other cases blood samples are analyzed directly
97	without dilution [8-11,26,28].
98	In HS analysis, the addition of salts has a greater influence on the distribution of highly
99	hydrophilic components towards the gas phase than temperature [35]. Moreover,
100	compensation of the salting-out effect is essential in biological fluids where the ionic
101	strength, which influences solubility, may vary considerably from one sample to another
102	[36]. In this situation, the added salt compensates for any ionic-strength effect. Houte et
103	al. [27] found a dramatic improvement in the recovery of VOCs when a salting-out
104	substance was used. Gottzein et al. [31] reported no influence of adding salts by SPME
105	analysis, but the amount of salt added was very small and was insufficient to
106	compensate for random salt concentrations in different biological samples. As in the
107	case of sample dilution, there are no agreed criteria for the salting-out effect. Some
108	studies have taken into account the salting-out effect [16,21,22,27] whereas others have
109	not [8-11,18-20,23,31].
110	Another parameter to considerer in HS sampling is the temperature applied during the
111	equilibration of VOCs in the gas phase. Although the distribution coefficient of
112	hydrophilic compounds is favored at increased temperatures in HS, protein denaturation

113 takes place at T>43°C. Therefore, HS temperatures below this value are recommended

114 for VOC analysis in blood samples [16]. Higher temperatures can result in undesired 115 changes to the blood samples caused by thermal stress within the heated vial. 116 It is necessary to develop simple and sensitive methods for managing difficult biological matrices such as blood. In this study, we have evaluated the behavior of 117 118 needle trap devices (NTDs) for this purpose. This is a relatively new, simple and robust 119 methodology that has shown promising results in the analysis of VOCs from aqueous 120 solutions [37]. Different effects (e.g., dilution and salting-out) have been evaluated in order to find the best experimental conditions to obtain quantitative recoveries of all the 121 122 target compounds.

123

124 2. Experimental

125 2.1. Materials

Carboxen 1000 (60/80 mesh, specific surface area of 1200 $\text{m}^2 \cdot \text{g}^{-1}$ and a density of 0.47 126 $g \cdot mL^{-1}$) and Tenax TA (60/80 mesh, specific surface area of 35 m²·g⁻¹ and a density of 127 0.25 g·mL⁻¹) were used as sorbent materials (Supelco, Bellefonte, PA, USA). Reagents 128 129 (purity >97%, Table 1) were supplied by Sigma-Aldrich (Steinheim, Germany). 130 22-gauge (22G, O.D. 0.71 mm, I.D. 0.41 mm, 51 mm length) stainless steel (metal hub) 131 needles with point style 5 were from Hamilton (Bonaduz, Switzerland). Gold wire of 132 100 µm diameter (Supelco) was used to prepare the spiral plugs and hold sorbent 133 particles inside the needles. 20 mL crimp-cap HS vials, Teflon/silicone septum and caps 134 were purchased from Fisher Scientific Spain (Madrid). 135 Stock solutions were freshly prepared daily by spiking milli-Q water (Millipore Iberica, 136 Barcelona, Spain) with 50 μ L of a methanolic solution containing the compounds at

 $320-590 \text{ mg} \cdot \text{L}^{-1}$. These solutions were transferred to HS vials, filling them to avoid any 137 138 remaining headspace. The vials were then closed and stored at 4°C. Working solutions 139 were prepared by the appropriate dilution of the stock solution in milli-Q water. In order 140 to prevent VOC losses during the preparation of the solutions and samples, glass 141 syringes (Hamilton) were used for sample transfer avoiding the formation of any gas 142 space in the syringe [38]. 143 144 2.2. Sampling by needle-trap device 145 Each NTD was prepared by taking a 51-mm long, 22G, stainless steel needle and filling 146 it with the sorbent materials The protocol used to immobilize sorbent particles inside the 147 needle has been previously described [37,39]. Each NTD was conditioned in the GC 148 injector at 300°C for 2-3 hours with a permanent helium flow to remove impurities. 149 Finally, the tip end was sealed with the help of a Teflon septum and the upper part of 150 the needle was closed with a push-button syringe valve (SGE Europe Ltd, Milton

151 Keynes, UK) to prevent contamination during storage.

152 Sample extraction was performed with a bi-directional syringe pump (New Era Pump

153 System Inc., Farmingdale, NY, USA). The pump was programed to complete 1 mL

154 sampling cycles at $2 \text{ mL} \cdot \text{min}^{-1}$. The air drawn from the vial was injected back through

155 the NTD at 2 mL·min⁻¹ to maintain the pressure conditions inside the vial.

156 Desorption and transfer of VOCs into the GC column was performed taking advantage

157 of the desorptive flow produced by the internal air expansion inside the needle at the hot

- 158 desorption temperatures of the GC injector [39]. The NTD was inserted into the
- 159 injection port in the splitless mode for one minute. After opening the split valve, the
- 160 needle was kept in the hot injector for one minute. Blank runs were carried out every

- 161 five samples, analyzing the NTD just after a desorption step and before sampling again,
- 162 and no carry over was observed.
- 163

164 2.3 GC-MS analysis

- 165 Component separation was achieved by the use of a 30 m long TR-Meta.VOC column
- 166 with 0.25 mm I.D. and 1.5 μm film thickness (Teknokroma, Barcelona, Spain). A Focus
- 167 GC (Thermo Scientific, Waltham, MA, USA) with a mass spectrometer detector (DSQ
- 168 II, Thermo Scientific) was used.

The injector (desorption) temperature was maintained at 300°C to ensure complete and
fast desorption of target VOCs [39-41]. The oven temperature program was 40°C for 4

171 min, then ramped at 5°C·min⁻¹ to 150°C, followed by a ramp at 10°C·min⁻¹ to 225°C and

held for 2 min. Helium carrier gas was used with a constant inlet flow of 0.8 mL \cdot min⁻¹

173 after purification for water vapor, hydrocarbons and oxygen. MS analyses were carried

174 out in full-scan mode, with a scan range of 40-250 uma, electron impact ionization was

applied at 70 eV, and the transfer line was maintained at 230°C. Chromatographic data

176 was acquired by means of Xcalibur software (v. 1.4, Thermo Electron).

177

178 2.4. Blood samples

179 Whole blood samples were collected by venipuncture into vacutainers containing EDTA

180 as the anticoagulant (BD Vacutainer, Trenton, NJ, USA). Whole blood samples were

181 refrigerated at 4°C within 10 minutes [8,15,32]. Freezing blood samples is not

182 recommended as it lyses the red cells and may change the equilibrium within the matrix

183 [15,32]. All measurements were performed within 14 days of collection [8,32].

184	For the VOC measurements, 0.5 mL blood was mixed with 2.0 mL water and 0.4 g
185	NaCl (i.e., 0.16 g·mL ⁻¹ salt content) in the HS vials. Vials were first incubated for 5
186	minutes in a dry bath at 30°C (Model FB15101, Fisher Scientific, Loughborough, UK).
187	Afterwards, 20 cycles (a total volume of 20 mL) were programed to collect the VOCs
188	on the sorbents. All samples were determined three times.
189	
190	2.6. Experimental design and statistical analysis
191	A full factorial design was performed to evaluate the influence of the parameters on the
192	extraction of VOCs from blood samples with the NTDs. This allowed us to determine
193	the influence of the experimental variables studied and also to ascertain the interactions
194	between them. For each analyte, we considered two variable factors that can affect the

195 extraction yield: volume of gas sample passed through the NTD quantified as the

196 number of cycles (n) and the equilibration time before starting the sorption process (t).

197 We then selected a 2^2 full factorial design. Table 2 shows the experimental range for

198 each factor. The central point (10 cycles, 25 min) was also measured and considered as

an experiment. All experiments were duplicated randomly, except for the central point

that was triplicated. Minitab v14 software was used for data manipulation and

201 calculations [42]. SPSS for Windows (v. 15.0) was used for other statistical analyses.

202

203 3. Results and discussion

204 3.1. Sampling methodology

The evaluation of different HS sampling methodologies with NTDs [37] showed that this methodology can reach limits of detection (LODs) at the $ng \cdot L^{-1}$ level. A dynamic

sampling procedure was applied in the present study. Eom et al. [43] compared three

208 syringe pump assisted dynamic HS procedures for collecting a fixed volume of 209 headspace sample. They found that using various sorption cycles and returning the 210 extracted gas volume to the vial after each cycle resulted in a significant improvement 211 in the sensitivity compared to a conventional purge-and-trap method. They suggest that 212 the increase in the amount extracted was due to the minimum dilution effect resulting 213 from recycling the air. Therefore, a similar recycling system was used in the present 214 study. Instead of returning the filtered air through a separate channel, our system 215 recycles it back through the sorbent bed, eliminating the need for a distribution valve so 216 simplifying the instrumentation required. The binding of the analytes to the bed is 217 sufficiently strong as to avoid any analyte loss when recycling a small volume of gas 218 through it [44].

219 The percentage of analyte trapped in each cycle can be determined by a simple

220 preliminary calculation. If a 15 mL HS volume (V_{HS}) is used and each cycle collects 1

221 $mL(V_c)$ of this volume through the trap, the amount of the analyte retained in each

222 cycle will be 6.7% of the VOC content present in the HS (assuming that all the VOCs

223 present in the volume passed through the trap are adsorbed):

$$\frac{100 \times V_e}{V_{HS}} = \frac{100 \times 1 \ mL}{15 \ mL} = 6.7\%$$
(eq. 1)

Therefore, it can be determined that the percentage of analyte remaining in the HS after each cycle ($C_{i,HS}$) is:

$$C_{i,HS} = C_{i-1,HS} \left(1 - \frac{V_o}{V_{HS}} \right)$$
(eq. 2)

and the percentage of analyte retained by the sorbent trap $(C_{i,T})$ after each cycle is:

$$\boldsymbol{C}_{i,\mathcal{T}} = \boldsymbol{C}_{i-1,\mathcal{T}} + \frac{\boldsymbol{V}_{e}}{\boldsymbol{V}_{HS}} \boldsymbol{C}_{i-1,HS}$$
(eq. 3)

227 In these conditions, 34 cycles will be required to transfer 90% of the analytes in the HS 228 to the trap (Figure 1). A preliminary study was performed to determine the percentage 229 of compound extracted at different numbers of cycles for the target compounds 230 evaluated. As can be seen in Figure 1, the experimental retention percentages found for 231 all VOCs fitted with the proposed model, which confirms that no-breakthrough took 232 place and that quantitative adsorption was obtained in each cycle. 233 The sampling temperature also has a significant effect on the sorption mechanism of the 234 volatile compounds by NTDs [37,43]. Although an increase in the temperature increases 235 the partition of volatile compounds through the gas phase, breakthrough was observed 236 for benzene at sampling temperatures above 40°C [43]. Increase in the headspace 237 temperature results in a competitive desorption of the most volatile compounds from the 238 sorbent, which is more important when a large volume of gas phase is transported 239 through the material [37]. Moreover, temperatures <47°C are required when 240 determining VOCs from blood samples [16]. A temperature of 30±0.1 °C was selected 241 for the measurements. The use of low temperatures reduces the formation of water 242 vapor in the gas phase, which would otherwise compete with the VOCs for the sorption sites of the carbon molecular sieves (Carboxen 1000) [45]. 243 244

245 3.2. Study of the sampling conditions

246 An experimental domain was defined to ascertain the influence of incubation time and

the number of cycles on the extraction of the target compounds from aqueous solutions

248 (Table 2). A full two-level factorial design was implemented to check for the presence

of interactions and evidence of curvature effects that could not be detected using a

250	classical procedure based on the evaluation of each variable individually. Absolute peak
251	areas were analyzed and the results obtained are summarized in Table 3 with <i>p</i> -values.
252	The sign next to each variable name indicates the optimal level to maximize the
253	response. The results obtained show that no statistically relevant interactions occurred
254	between the variables evaluated in any compound. The corresponding <i>p</i> -values for
255	single interactions are always much smaller than those for the double interaction, even
256	in the cases of 2,5-dimethylfuran, o-xylene and 1,2-dichlorobenzene, where the double
257	interactions are significant by themselves but are not when compared with the single
258	ones. In all the cases, the factor that clearly controls the process is the number of cycles
259	(see Supplementary Materials for the complete results). For a fixed number of cycles,
260	factor time does not have a significant effect. Clearly relevant curvature effects were not
261	detected, except the small interaction found in Furan.
262	Although 40 cycles are theoretically required to retain >90% of VOCs in the conditions
263	used (17.5 mL HS and 1 mL cycle), the number of cycles was fixed at 20 (expected
264	total extraction \sim 70%) and the incubation time chosen was 5 minutes to reduce the total
265	analysis time. In these conditions, a total sampling time of 25 minutes (5 min
266	incubation, and 30 seconds for sampling and 30 seconds for recycling in each cycle) is
267	required for each analysis. This allows sufficient time to condition the NTD and
268	perform a new sorption while a prior analysis is run.
269	
270	3.3. Salting-out effect

271 As indicated in the introduction section, compensation of the salting-out effect is

272 necessary in biological fluids as the ionic strength of blood may vary considerably from

- 273 one sample to another [36]. Furthermore, the effect of the ionic-strength in fortified
- blood samples was evaluated to determine whether adding a salt improves the extraction

efficiency of the NTDs. Sodium chloride was added to the samples in order to obtain

 $0.16 \text{ g} \cdot \text{mL}^{-1}$ of salt content. The extraction efficiency of all compounds improved

277	significantly with the addition of salt (p <0.05, t-test, one-side), except for carbon
278	tetrachloride ($p=0.167$) (Figure 2). In the case of the two most polar compounds, ethyl
279	acetate was not detected and acetone was detected close to its detection limit without the
280	addition of salt, but they were both clearly detected once salt was added. Therefore, the
281	salting-out effect is required for the HS-NTD methodology to improve the sensitivity of
282	the method and to compensate the different ionic strengths of blood samples.
283	
284	3.4. Matrix effect
285	The complexity of blood requires the evaluation of matrix effects. The use of external
286	calibration is the simplest and fastest quantification method. However, this can be
287	strongly affected by matrix effects. This problem can often be overcome with complex
288	biological samples by diluting the sample.
289	A pool of different blood samples was used as a matrix solution for recovery studies.
290	Recoveries were calculated by analyzing both the pooled blood sample, with the
291	dilution ratio required in each case, and the same sample fortified at a fixed mass for
292	each compound. The recovery percentage was determined as the ratio between the
293	calculated mass difference obtained and the spiked mass in the fortified sample.
294	Figure 3 shows the recoveries obtained with different diluting rates. There are strong
295	interactions between the target compounds and the matrix components as none of the
296	compounds evaluated yielded quantitative recoveries without dilution of the blood
297	sample or with a 1:1 (blood:water) dilution. The results indicate that the greater the

volatility of the compound, the lower the interaction with the matrix. Most volatile

compounds evaluated (furan, carbon tetrachloride and benzene) yielded quantitative	
recoveries with a 1:2 dilution. Intermediate volatiles (2,5-dimethylfuran, 1,2-	
dichloropropane and toluene) gave reasonable recoveries (>75%) with a 1:3 dilution.	
Other less volatile compounds (ethylbenzene, xylenes and styrene) required a 1:4	
dilution to obtain good recoveries. The least volatile compound evaluated (1,2-	
dichlorobenzene) did not yield adequate recoveries in any of the dilutions. The tendency	
observed suggests that this compound suffers a strong matrix effect that cannot be	
solved simply by dilution. Therefore, 1:4 dilution is required to analyze target VOCs,	
except 1,2-dichlorobenzene. The use of blood dilution has the disadvantage of	
increasing the detection limits of VOCs in blood.	
3.4. Figures of merit of the HS-NTD methodology	
Calibration standard mixtures (n=6, each measured twice) in the 0.2 to 50 μ g·L ⁻¹ range	
for each compound were analyzed (corresponding to concentrations in the undiluted	
blood samples in the 1 to 250 μ g·L ⁻¹ range). Acetone, hexane, ethyl acetate, chloroform,	
and carbon tetrachloride were excluded from the calibrations due to blank	
contamination as they are solvents that are commonly used in adjacent laboratories.	
Table 4 shows the figure of merits obtained in these experiments. LODs were calculated	
by analyzing a standard at 0.05-0.1 μ g·L ⁻¹ (n=5) with the SD obtained being taken as the	
SD of the blank [46,47]. The 3SD _{blank} criterion was then applied to calculate LODs.	
Positive detection was confirmed by preparing standards and fortified blood samples at	
the calculated values and then measuring them with the HS-NTD method. When the	
conventional signal-to-noise ratio (S/N=3) was used, the LODs obtained were one order	
-	
	compounds evaluated (furan, carbon tetrachloride and benzene) yielded quantitative recoveries with a 1:2 dilution. Intermediate volatiles (2,5-dimethylfuran, 1,2- dichloropropane and toluene) gave reasonable recoveries (>75%) with a 1:3 dilution. Other less volatile compounds (ethylbenzene, xylenes and styrene) required a 1:4 dilution to obtain good recoveries. The least volatile compound evaluated (1,2- dichlorobenzene) did not yield adequate recoveries in any of the dilutions. The tendency observed suggests that this compound suffers a strong matrix effect that cannot be solved simply by dilution. Therefore, 1:4 dilution is required to analyze target VOCs, except 1,2-dichlorobenzene. The use of blood dilution has the disadvantage of increasing the detection limits of VOCs in blood. 3.4. Figures of merit of the HS-NTD methodology Calibration standard mixtures (n=6, each measured twice) in the 0.2 to 50 μ g·L ⁻¹ range for each compound were analyzed (corresponding to concentrations in the undiluted blood samples in the 1 to 250 μ g·L ⁻¹ range). Acetone, hexane, ethyl acetate, chloroform, and carbon tetrachloride were excluded from the calibrations due to blank contamination as they are solvents that are commonly used in adjacent laboratories. Table 4 shows the figure of merits obtained in these experiments. LODs were calculated by analyzing a standard at 0.05-0.1 μ g·L ⁻¹ (n=5) with the SD obtained being taken as the SD of the blank [46,47]. The 3SD _{blank} criterion was then applied to calculate LODs. Positive detection was confirmed by preparing standards and fortified blood samples at the calculated values and then measuring them with the HS-NTD method. When the conventional signal-to-noise ratio (S/N=3) was used, the LODs obtained were one order

323	However, these values only correspond to the instrumental detection limit and do not
324	take into account blank contaminants, which are a ubiquitous problem with some
325	compounds at $ng \cdot L^{-1}$ level (see Figure S1 in Supplementary Materials). We decided to
326	use the first method as it takes into account blank contamination and repeatability at low
327	concentrations. Blank analyses always gave values below LODs when this procedure
328	was applied.
329	Limit of quantification (LOQ) values in Table 4 correspond to the first calibration
330	standard used that gave a signal >10SD _{blank} [46,47]. Linearity was confirmed in the
331	range of LOQ to 50 μ g·L ⁻¹ by evaluating residual distribution. Good fits were achieved
332	for all compounds (\mathbb{R}^2 >0.983, except for styrene).
333	Recoveries were evaluated from blood samples fortified at the levels indicated in Table
334	5. The results obtained were adequate for all compounds, except for
335	1,2-dichlorobenzene, which yielded a 30% recovery. Precision (repeatability) was
336	determined at high and LOQ levels. All compounds gave repeatability values within the
337	precision limits suggested by the ICH (precision not to exceed 15% except for the LOQ
338	level, where it should not exceed 20%) [46,47].
339	The trueness of the achieved results was determined by evaluating five blood samples in
340	triplicate with the proposed NTD methodology and a conventional SPME method to
341	analyze VOCs in blood. The same compounds were identified in each sample for both
342	methods. A paired t-test was performed for those compounds giving concentration
343	values above LOQs and no significant differences were obtained in any of the
344	comparisons (p >0.1).
345	The large phase ratio (β =7) used in this study is a disadvantage for the detection of most

346 volatile compounds as their concentrations in the gas phase are reduced due to the large

volume in this phase. Some experiments were performed using a higher volume of sample ($V_s=10 \text{ mL}$, $\beta=1.0$). In these conditions, the percentage of extraction is expected to increase from ~69% to ~88% (calculated from eq. 1, 2 and 3). The results obtained confirmed a significant increase in the extraction efficiency of the NTDs (slope in the calibration curves increased by a factor of between 1.4 and 2.1). An improvement in the precision and the detection limits were also observed (Table S1 in Supplementary Materials).

354 Two IS were evaluated (d-furan and d-benzene) to see whether the precision and 355 calibration response could be improved. Determination coefficients in the calibration 356 curves measured for the two phase ratios indicated previously ($\beta=7$ and $\beta=1$) showed a 357 significant improvement for the most volatile compound (furan) when d-furan was used as the IS (\mathbb{R}^2 increased from 0.985 to 0.994 with a β =7 and from 0.968 to 0.995 with a 358 359 β =1). No other compound showed any improvement with any of the IS evaluated. This 360 seems to indicate that the use of an IS with NTDs is important for the most volatile 361 compounds. It should be noted that only the target VOC that cannot be quantitatively 362 retained by the hydrophobic Tenax TA sorbent (furan), and which we would expect to 363 be retained by the stronger sorbent (Carboxen 1000, a carbon molecular sieve), showed 364 an improvement in the results with the use of an IS. This effect could be attributed to 365 the fact that the distance that this compound has to travel inside the NTD after thermal 366 desorption is relatively large, and so there may be a less reproducible desorption process 367 and slow transport to the GC column. The use of an IS with the same 368 sorption/desorption characteristics seems to be useful in avoiding these reproducibility 369 problems.

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371 3.5. Analysis of blood samples

Twenty-eight samples from different individuals (12 non-smokers, 7 ex-smokers and 9 smokers) were evaluated with the developed HS-NTD methodology. The method with the lower phase ratio (β =7) was chosen for the analysis of samples as there were some difficulties in obtaining large volumes of blood from some of the volunteers. Figure 4 shows the chromatogram obtained for a sample from a smoker.

377 Three of the target compounds (furan, 2,5-dimethylfuran and 1,2-dichloropropane) were 378 not detected in any of the samples. In the case of benzene, two samples gave outlying 379 results and were excluded from the analysis. This compound was detected in 17 samples 380 (65.4%). Toluene was detected in all samples (100%). Ethylbenzene was detected in 15 381 samples (53.6%). p-xylene was detected in 19 samples (68%). o-xylene was detected in 382 7 samples (25.0%). Styrene was detected in 21 samples (75.0%). Ethylbenzene, 383 o-xylene and styrene were always detected below LOQs. Table 6 shows the summary of 384 the results obtained together with those obtained in other studies where blood levels in 385 non-exposed individuals were evaluated [7-9,48-51]. As can be seen, the results agree

- 386 with those found in previous studies.
- 387 Despite the limited number of samples, a preliminary statistical evaluation of the data

388 was performed to evaluate the possible existence of differences between smokers,

former smokers and non-smokers. For statistical analysis, a value of $(LOD/\sqrt{2})$ was

used in the case of non-detected compounds. Benzene was the only compound that gave

- 391 significant differences between the three sub-groups evaluated (p=0.005, ANOVA test,
- Figure 5). All other target compounds gave non-significant differences (p>0.05). In the
- 393 case of benzene, the use of a post-hoc test (Tukey B) showed that the smokers group
- 394 gave significantly higher levels than non-smokers (p=0.005) and ex-smokers (p=0.030),
- and that these two non-smoking groups did not differ between them (p=0.888).

396

397 4. Conclusions

398 The NTD methodology has been evaluated for its use in the analysis of VOCs from 399 blood samples of unexposed individuals. The complexity of blood samples results in a 400 significant matrix effect that can be eliminated by the dilution of the blood samples, 401 although this leads to an increase in the detection limits. The LODs obtained in the 402 conditions evaluated are relatively large for an adequate quantification of VOCs in unexposed individuals. This problem can be overcome by decreasing the phase ratio 403 404 during the HS process (i.e., increasing the volume of the sample) or by increasing the 405 number of cycles for the sorption process. The results obtained show that the HS-NTD 406 technique is a good alternative to conventional SPME methods for the analysis of VOCs 407 in complex biological matrices. It can be easily automated and it is very robust. More 408 than 200 consecutive analyses have been performed with the same needle trap without 409 any significant variation in the precision and sensitivity.

410

411 Acknowledgements

M Alonso acknowledges the Spanish Ministry of Education for her research grant
(AP2008-01628). The authors would like to thank A. Hughes for his help in the writing
and proof reading of the paper.

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501

502 **Figure Captions**

Figure 1. Increase in the sorption of VOCs with the number of cycles (1 mL HS sampling each cycle) using the proposed dynamic HS-NTD system (calculated from eq. 3). Experimental values obtained for furan (\blacklozenge), benzene (\blacksquare) and toluene (\times). Model evaluated for a phase ratio $\beta=3$ (5 mL sample and 15 mL HS). Three replicates for each value.

Figure 2. Salting-out effect on the adsorption of VOCs with the dynamic HS-NTD system. Black blocks without the addition of salt, white blocks with an $0.16 \text{ g} \cdot \text{mL}^{-1}$

510 NaCl content. Three replicates each.

511 **Figure 3.** Recoveries obtained without blood dilution and different blood:water dilution

ratios to assess matrix effects. Pooled blood sample fortified in the range 15-20 μ g·L⁻¹

513 range for each VOC, β =7, 0.16 g·mL⁻¹ NaCl, 20 cycles. Three replicates each.

- Figure 4. Extracted chromatogram (m/z= 57,63,68,71,78,83,91,96,104,106,117,146) obtained in the analysis of a blood sample from a smoker. Numbers by peaks correspond to the compound numbers in Table 1.
- **Figure 5.** Box plots of data obtained for benzene. The bottom and top of the box are 25th and 75th percentiles, the line inside the box is the median (50th percentile), and the whiskers indicate the lowest and highest data within the 1.5 interquartile range.

520

Compound name Characteristic masses^a # **Retention time (min)** 1 4.1 68 Furan 2 Acetone 4.2 43,58 3 Hexane 7.4 57,69,85 43,71,86 4 Ethyl acetate 8.0 5 Chloroform 8.2 83,85 117,119 6 Carbon tetrachloride 9.6 77,**78** 7 Benzene 10.0 2,5-dimethylfuran 8 81,95,96 11.5 1,2-dichloropropane 9 11.8 **63**,112 **91**,92 10 Toluene 14.4 Ethylbenzene **91**,106 11 18.4 91,105,**106** *m*-, *p*-xylene 12 18.6 13 o-xylene 19.8 91,105,**106** 14 Styrene 19.9 78,104 1,2-dichlorobenzene 25.9 15 111, **146**, 148

521 **Table 1.** List of volatile compounds evaluated

522 ^a Quantification masses in bold

523

523

524 **Table 2.** Factor levels considered in optimizing the experimental design.

Variable	Low level (-)	Medium level (0)	High level (+)
Number of cycles (n)	1	10	20
Equilibration time (t, min)	5	25	45

526 Table 3. Statistical results for the experimental design. Significance *p*-values are given for main effects, double interactions and for curvature 527 evidence. Relevant single and double variable terms effects are also shown (the signs indicate the optimal variable level). When the double 528 interaction is relevant, the *p*-values attached to each single interaction are also given.

	Sin	gle variable effects	Double va	riable effects	<i>p</i> -value for
Compound	<i>p</i> -value	Most significant terms (p-value)	<i>p</i> -value	Significant terms	curvatu¥e0 evidence
Furan	< 0.001	+n	0.102		0.024 ⁵³¹
Carbon tetrachloride	0.008	+n	0.895		0.354
Benzene	0.001	+n	0.895		0.400 ⁵³²
2,5-dimethylfuran	< 0.001	+n(<0.001) $+t(<0.001)$	0.001	+nt	0.509
1,2-dichloropropane	< 0.001	+n	0.305		0.508 ⁵³³
Toluene	< 0.001	+n	0.452		0.654
Ethylbenzene	< 0.001	+n	0.346		0.887 ⁵³⁴
<i>m</i> -, <i>p</i> -xylene	< 0.001	+n	0.241		0.943
o-xylene	< 0.001	+n(<0.001) $+t(0.019)$	0.044	+nt	0.292 ⁵³⁵
Styrene	< 0.001	+n	0.252		0.716
1,2-dichlorobenzene	< 0.001	+n(<0.001) $+t(0.007)$	0.021	+nt	0.832536

- 537 **Table 4.** Linearity parameters, determination coefficients (R^2) and limits of detection
- 538 (LOD) and quantification (LOQ) for the target VOC with the HS-NTD methodology
- 539 (method with β =7).

Compound	slope (SD)	\mathbf{R}^2	LOD ^a	LOQ ^a
	(·10 ⁴)		$(\mu g \cdot L^{-1})$	$(\mu g \cdot L^{-1})$
Furan	194 (8)	0.985	0.04 (0.2)	0.20 (1.0)
Benzene	1067 (33)	0.995	0.08 (0.4)	0.24 (1.2)
2,5-dimethylfuran	448 (27)	0.983	0.02 (0.1)	0.28 (1.4)
1,2-dichloropropane	223 (12)	0.987	0.04 (0.2)	0.36 (1.8)
Toluene	1519 (79)	0.987	0.04 (0.2)	0.28 (1.4)
Ethylbenzene	1528 (113)	0.989	0.04 (0.2)	0.28 (1.4)
<i>m</i> -, <i>p</i> -xylene	525 (36)	0.987	0.06 (0.3)	0.26 (1.3)
o-xylene	637 (28)	0.991	0.04 (0.2)	0.26 (1.3)
Styrene	589 (47)	0.970	0.02 (0.1)	0.28 (1.4)
1,2-dichlorobenzene	541 (42)	0.990	0.05 (0.25)	0.28 (1.4)

^a Limit values in undiluted blood samples are given between brackets

	Fortified	Recovery (SD)	Repeatability (RSD, %) (n=5)			543 Reproducibility^c (RSD, %) (n=5) 544		
Compound	level	, (,						
	$(\mu g \cdot L^{-1})$	(%) (n=3)	high level ^a	LOQ level	blood samples ^b	high level ^a	545	
Furan	15	99 (9)	7	15	ND	13	F 4 4	
Benzene	14	117 (9)	10	14	4-22 (15)	15	546	
2,5-dimethylfuran	14	109 (12)	9	18	ND	14	547	
1,2-dichloropropane	18	115 (14)	10	21	ND	17	548	
Toluene	14	109 (15)	12	12	4-20 (11)	18	549	
Ethylbenzene	14	97 (13)	11	23	<loq< td=""><td>17</td><td>550</td></loq<>	17	550	
<i>m</i> -, <i>p</i> -xylene	14	93 (12)	9	20	6-23 (14)	15	550	
o-xylene	14	90 (11)	10	22	<loq< td=""><td>16</td><td>551</td></loq<>	16	551	
Styrene	14	75 (8)	12	11	<loq< td=""><td>18</td><td>552</td></loq<>	18	552	
1,2-dichlorobenzene	21	29 (2)	8	20	ND	16	553	

542 **Table 5.** Recoveries and repeatability obtained with the HS-NTD methodology proposed.

^a repeatability obtained with a spiked sample at a concentration equal to the value indicated in the "fortified level" column

^b range of repeatabilities obtained in the measure of blood samples. Mean RSD obtained from all quantified blood samples is indicated between
 brackets

^c Measured in five consecutive days

Mean	Median	Minimum	Maximum	n	LOD	Reference
			benzene			
<loo< td=""><td><loo< td=""><td>ND</td><td>2.610</td><td>26</td><td>0.400</td><td>This study</td></loo<></td></loo<>	<loo< td=""><td>ND</td><td>2.610</td><td>26</td><td>0.400</td><td>This study</td></loo<>	ND	2.610	26	0.400	This study
0.176	0.102	0.032	0.728	287	0.024	7
0.072				12	0.032	8
0.262	0.194	ND	2.241	431	0.015	9
0.094	0.062	0.033	0.487	61	0.016	48
0.226	0.106	0.046	1.187	25	0.016	49
	0.062		1.880	796	0.030	50
	<loq< td=""><td></td><td>0.480/0.320</td><td>837/1345</td><td>0.024</td><td>51</td></loq<>		0.480/0.320	837/1345	0.024	51
		2,5-	dimethylfuran			
ND	ND	ND	ND	28	100	This study
0.029	0.002		0.373	61		48
	ND		180	1221	12	51
			toluene			
1.543	1.150	<l00< td=""><td>3.100</td><td>28</td><td>0.200</td><td>This study</td></l00<>	3.100	28	0.200	This study
0.442	0.234	ND	4 880	292	0.025	7
1 200				13	0.088	8
1 100	0 559	0.120	6 040	25	0.043	49
	0.281		6.767	575	0.092	50
	0.160/0.096		1.430/0.880	954/1336	0.025	51
		e	thylbenzene			
<1.00	<1.00	ND	0 690	28	0 200	This study
<1.00	<l00< td=""><td>ND</td><td>0.949</td><td>251</td><td>0.024</td><td>7</td></l00<>	ND	0.949	251	0.024	7
0.120				13	0.012	8
0.231	0.145	ND	0.596	25	0.022	49
	<loo< td=""><td></td><td>3.731</td><td>606</td><td>0.020</td><td>50</td></loo<>		3.731	606	0.020	50
	<loq< td=""><td></td><td>0.180/0.120</td><td>879/1299</td><td>0.024</td><td>51</td></loq<>		0.180/0.120	879/1299	0.024	51
			n-, p-xylene			
<1.00	<1.00	ND	1 750	28	0 300	This study
0.261	0.174	ND	5 300	285	0.034	7
0.540				13	0.010	8
0.719	0 457	<1.00	1 713	25	0.052	49
	0.117	~L0Q 	33 057	1018	0.032	50
	0.150/0.130		0.890/0.400	962/1346	0.034	51
			o-xvlene			
<l00< td=""><td>ND</td><td>ND</td><td><1.00</td><td>28</td><td>0.200</td><td>This study</td></l00<>	ND	ND	<1.00	28	0.200	This study
<l00< td=""><td><l00< td=""><td>ND</td><td>2.260</td><td>298</td><td>0.024</td><td>7</td></l00<></td></l00<>	<l00< td=""><td>ND</td><td>2.260</td><td>298</td><td>0.024</td><td>7</td></l00<>	ND	2.260	298	0.024	7
0.350	~ <u>~</u> ~~~			13	0.024	8
	0.101		3.487	628	0.040	50
	ND		0.180/ <loo< td=""><td>981/1365</td><td>0.049</td><td>51</td></loo<>	981/1365	0.049	51
			stvrene			
<1.00	<1.00	ND	0.600	28	0 100	This study
0.050	~LOQ 			13	0.010	8
0.050				10	0.010	0

558 **Table 6.** Main statistical parameters of blood concentrations of target VOCs ($\mu g \cdot L^{-1}$).

		<loq ND</loq 	 4.006 0.260/0.130	624 950/1245	0.019 0.030	50 51
559 560	ND: <l< td=""><td>OD</td><td></td><td></td><td></td><td></td></l<>	OD				
				4		



Figure 2







