

REF A11A01696

REAGENT 1 x 5 mL

IVD **CE**



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ABX Pentra Orosomuroid

- **ABX Pentra 400**

Diagnostic reagent for quantitative *in vitro* determination of orosomuroid in serum or plasma by immunoturbidimetry.

Application Release

Serum, plasma: Oroso2 (not for use in the USA)

2.xx

Intended Use (not for use in the USA)

ABX Pentra Orosomuroid reagent is intended for the quantitative *in vitro* diagnostic determination of Orosomuroid in serum and plasma by turbidimetry. Measurement of specific alpha-1-glycoproteins may aid in the diagnosis of collagen (connective tissue) disorders, tuberculosis, infections, extensive malignancy, and diabetes.

Clinical Interest (1, 2)

High concentrations of orosomuroid are observed in rheumatic and vascular inflammations, Hodgkin's Disease and bacterial infections, especially in the newborn.

Method

Human serum or plasma is mixed with the antibody solution. The resulting immune complexes are measured by turbidimetry. The signal generated is in direct correlation with the concentration of orosomuroid in the sample.

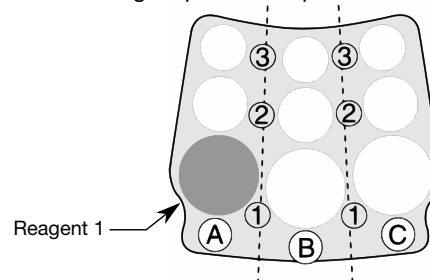
The concentration of orosomuroid in the sample is calculated by comparison of the results on a standard curve.

Reagents

- **ABX Pentra Orosomuroid** is ready-to-use. It is a fraction of purified immunoglobulins from rabbit serum. It contains 15 mM NaN₃ as stabiliser.
- **Immunogen:** Orosomuroid isolated from a pool of human sera.
- **ABX Pentra Orosomuroid** should be used according to this notice. The manufacturer cannot guarantee its performance if used otherwise.

Handling

1. Place the reagent directly in position 1 of one available sector using a specific adapter.



2. If present, remove foam by using a plastic pipette.
3. Place the reagent rack into the refrigerated ABX Pentra 400 reagent compartment. After the tests, recap immediately the reagent vial and place it in a refrigerator.
4. Place the **ABX Pentra Accelerator I CP** (A11A01655) and **ABX Pentra Sample Diluent CP** (A11A01662) cassettes in the refrigerated ABX Pentra 400 reagent compartment.

ABX Pentra Orosomuroid

Calibrator

For calibration, use:

ABX Pentra Protein Cal (A11A01698) (not included)
4 x 1 mL

Control ^a

For internal quality control, use:

- **ABX Pentra Protein Control L/H** (A11A01700) (not included)
2 x 1 mL + 2 x 1 mL (Only the low control is titrated)
or
- **ABX Pentra N MultiControl** (1300054414) (not included)
10 x 5 mL (lyophilisate)
- **ABX Pentra P MultiControl** (1300054415) (not included)
10 x 5 mL (lyophilisate)

Each control should be assayed daily and/or after a calibration.

The frequency of controls and the confidence intervals should correspond to laboratory guidelines and country-specific directives. You should follow federal, state and local guidelines for testing quality control materials. The results must be within the range of the defined confidence limits. Each laboratory should establish a procedure to follow if the results exceed these confidence limits.

Materials Required but not Provided ^a

- Automated clinical chemistry analyzer: ABX Pentra 400
- Calibrator: **ABX Pentra Protein Cal** (A11A01698)
- Controls:
ABX Pentra Protein Control L/H (A11A01700)
or
ABX Pentra N MultiControl (1300054414)
ABX Pentra P MultiControl (1300054415)
- **ABX Pentra Sample diluent CP** (A11A01662), 99 mL
- **ABX Pentra Accelerator I CP** (A11A01655), 99 mL
- Standard laboratory equipment.

Specimen

- Serum.
- Plasma in EDTA.

Anticoagulants other than those listed have not been tested by HORIBA Medical and are therefore not recommended for use with this assay.

Stability:

- At 2-8°C: 1 week
- At -20°C: 1 week

Freeze only once!

Reference Range (3)

Each laboratory should establish its own reference ranges. The values given here are used as guidelines only.
Adults: 0.5 - 1.2 g/L based on CRM 470.
Newborns: 0.25 - 0.5 g/L (3).

Storage and Stability

Stability before opening:

Stable up to the expiry date on the label if stored at 2-8°C.

Stability after opening:

Stable up to the expiry date on the label if stored at 2-8°C, closed immediately and contamination is avoided.

Waste Management

- Please refer to local legal requirements.
- This reagent contains less than 0.1% of sodium azide as a preservative. Sodium azide may react with lead and copper to form explosive metal azides.

General Precautions

- This reagent is for professional *in vitro* diagnostic use only.
- For prescription use only.
- This reagent is classified as non-hazardous in compliance with regulation (EC) N°.1272/2008.
- **Warning:** This reagent is obtained from substances of animal origin. Consequently, it should be treated as potentially infectious and handled with the appropriate cautions in accordance with good laboratory practices (4).

^aModification: new control.

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- Do not pipette by mouth.
- Do not replenish the reagents.
- Do not swallow. Avoid contact with skin and mucous membranes.
- Observe the standard laboratory precautions for use.
- The reagent vials are disposable and should be disposed of in accordance with the local legal requirements.
- Please refer to the SDS associated with the reagent.
- Do not use the product if there is visible evidence of biological, chemical or physical deterioration.
- It is the user's responsibility to verify that this document is applicable to the reagent used.

Performance on ABX Pentra 400

Serum, plasma

The performance data listed below have been obtained on the ABX Pentra 400 analyzer.

Number of tests: approximately 438 tests

Sample volume: 15 µL/test

Detection Limit

The detection limit is determined according to the Valtec protocol (5) and equals 0.10 g/L.

Accuracy and Precision

Repeatability (within-run precision)

Repeatability according to the recommendations found in the Valtec protocol (5) with samples tested 20 times:

- 2 controls
- 3 specimens (low / medium / high levels)

	Mean value g/L	CV %
Control specimen 1	0.65	2.40
Control specimen 2	1.58	1.52
Specimen 1	0.36	3.30
Specimen 2	0.87	2.86
Specimen 3	1.52	1.46

Reproducibility (total precision)

Reproducibility according to the recommendations found in the CLSI (NCCLS), EP5-A protocol (6) with samples tested in duplicate for 20 days (2 series per day):

- 2 controls
- 2 specimens (low / high levels)

	Mean value g/L	CV %
Control specimen 1	0.63	3.51
Control specimen 2	1.60	2.45
Specimen 1	0.85	2.48
Specimen 2	1.92	2.37

Measuring Range

The assay confirmed a measuring range from 0.10 g/L to the highest calibration point.

The reagent linearity has been assessed up to 3.25 g/L according to the recommendations found in the CLSI (NCCLS), EP6-P protocol (7).

Correlation

Number of patient samples: 98

Specimens are correlated with a commercial reagent taken as reference according to the recommendations found in the CLSI (NCCLS), EP9-A2 protocol (8).

The equation for the allometric line obtained using Passing-Bablok regression procedure (9) is:

$$Y = 1.00 X + 0.06 \text{ (g/L)}$$

with a correlation coefficient $r^2 = 0.986$.

Interferences

Haemoglobin: No significant influence is observed up to 267 µmol/L (460 mg/dL).

Triglycerides: No significant influence is observed up to an Intralipid® concentration (representative of lipemia) of 7 mmol/L (612.5 mg/dL).

Total Bilirubin: No significant influence is observed up to 353 µmol/L (20.7 mg/dL).

Direct Bilirubin: No significant influence is observed up to 368 µmol/L (21.5 mg/dL).

Other limitations are given by Young as a list of drugs and preanalytical variables known to affect this methodology (10, 11).

Prozone Effect

No antigen excess has been detected up to a concentration of 14.4 g/L.

Calibration Stability

The reagent is calibrated on Day 0. The calibration stability is checked by testing 2 control specimens.

The calibration stability is 23 days.

Note: A recalibration is recommended when reagent lots change, and when quality control results fall outside the range established.

ABX Pentra Orosomucoid

Reference

1. Lazar P, Brezin C, Oudin J. Classification of 29 Hodgkin's disease patients as a function of the concentration of 22 serum antigens, *Ann Biol Clin* (1975) **33**(1): 35-40.
2. Jonhson AM. Amino Acids, Peptides and Proteins. In: *Tietz Textbook of Clinical Chemistry and Molecular Diagnostics*. 4th Ed. Burtis CA, Ashwood ER, Bruns DE (Elsevier Saunders eds., St Louis, USA) (2006): 549-550.
3. Biochot P, Schirrer J, Menget A, Raffi A. Orosomucoid in the neonatal period. Study in healthy and infected new infants. *Pediatric* (1980) **35** (7): 577-588.
4. Council Directive (2000/54/EC). Official Journal of the European Communities. No. L262 from October 17, 2000: 21-45.
5. Vassault A, Grafmeyer D, Naudin C et al. Protocole de validation de techniques (document B). *Ann. Biol. Clin.* (1986) **44**: 686-745.
6. Evaluation of Precision Performance of Clinical Chemistry Devices. Approved Guideline, CLSI (NCCLS) document EP5-A (1999) **19** (2).
7. Evaluation of the Linearity of Quantitative Analytical Methods. Proposed Guideline, CLSI (NCCLS) document EP6-P (1986) **6** (18).
8. Method Comparison and Bias Estimation Using Patient Samples. Approved Guideline, 2nd ed., CLSI (NCCLS) document EP9-A2 (2002) **22** (19).
9. Passing H, Bablock W. A new biometrical procedure for testing the equality of measurements from two different analytical methods. *J. Clin. Chem. Clin. Biochem.* (1983) **21**: 709-20.
10. Young DS. Effects of Drugs on Clinical Laboratory Tests. 4th Edition, Washington, DC, AACC Press (1997) **3**: 143-163.
11. Young DS. Effects of Preanalytical Variables on Clinical Laboratory Tests. 2nd Edition, Washington, DC, AACC Press (1997) **3**: 120-132.