

MAGLUMI FT4 (CLIA)



130203004M



100



**Shenzhen New Industries
Biomedical Engineering Co., Ltd**
4F, Wearnes Tech Bldg,
Science & Industry Park,
Nanshan, Shenzhen, 518057 CHINA
Tel. + 86-755-86028224
Fax. + 86-755-26654850



Lotus Global Co., Ltd
15 Alexandra Road
London
NW8 0DP
UK
Tel. + 44-20-75868010
Fax. + 44-20-79006187



FOR PROFESSIONAL USE ONLY

Store at 2...8 °C



COMPLETELY READ THE INSTRUCTIONS BEFORE
PROCEEDING



SYMBOLS EXPLANATIONS



Authorized Representative in Europe



Manufacturer



Attention. See Instructions For Use



Contents of kit



In vitro diagnostic medical device
(In vitro diagnostic use)



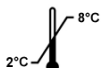
Lot number



Catalogue Code



Expiry date (Use by...)



Temperature limitation
(store at 2...8 °C)



Number of tests



Keep away from sunlight



Keep upright

INTENDED USE

The kit has been designed for the quantitative determination of Free Thyroxine (FT4) in human serum.

The method can be used for samples over the range of 0-120 pg/ml.

The test has to be performed on the MAGLUMI chemiluminescence immunoassay (CLIA) fully auto analyzer (Including MAGLUMI 1000, MAGLUMI 2000, MAGLUMI 2000 Plus and new developed models).

SUMMARY AND EXPLANATION OF THE TEST

The thyroid secretes thyroxine (T4) into the bloodstream, where over 99.9% of the hormones are bound to transport proteins. However, it is only the free T4 fraction which is physiologically active.

FT4 induces metabolic stimulation and acts as a control feedback to the hypothalamic-pituitary-thyroid axis. Other than total T4, measurement of FT4 is independent of binding proteins (TBG, TBPA, albumin). Due to its higher sensitivity and specificity for thyroid dysfunction, FT4 should, therefore, always be determined in patients with binding protein anomalies.

Binding protein anomalies may be:

congenital, e.g. familiar dysalbuminaemic hyperthyroxinaemia (FDH syndrome), prealbumin-associated hyperthyroxinaemia; congenital TBG deficiency.

physiological; e.g. pregnancy, perinatal state.

drug-related; e.g. contraceptives, salicylates, heparin.

Due to severe underlying conditions (NTI = non-thyroidal illness); e.g. chronic renal insufficiency, myocardial infarction, acute hepatitis, hepatic cirrhosis, anorexia nervosa, severe infections, postoperative and posttraumatic states.

FT4 clinically distinguishes euthyroid hyperthyroxinaemias from hyperthyroidism and euthyroid hypothyroxinaemias from hypothyroidism.

PRINCIPLE OF THE TEST

Competitive immunoluminometric assay:

Use an anti-T4 monoclonal antibody to label ABEI, and use a purified T4 antigen to label FITC. Sample, Calibrator, or Control with ABEI Label, FITC Label and nano magnetic microbeads coated with sheep anti-FITC are mixed thoroughly and incubated at 37 °C for 10 minutes.

Antigen-antibody complexes after sediment in a magnetic field, decant the supernatant, then cycle washing it for 1 time. Subsequently, the starter reagents are added and a flash chemiluminescent reaction is initiated. The light signal is measured by a photomultiplier as RLU within 3 seconds and is proportional to the concentration of FT4 present in controls or samples.



KIT COMPONENTS

Material Supplies

Reagent Integral for 100 determinations	
Nano magnetic microbeads: TRIS buffer, 1.2% (W/V), 0.2%NaN ₃ , coated with sheep anti- FITC polyclonal antibody.	2.5ml
Calibrator Low: bovine serum, 0.2%NaN ₃	2.5ml
Calibrator High: bovine serum, 0.2%NaN ₃	2.5ml
FITC Label: purified T4 antigen labeled FITC, containing BSA, 0.2%NaN ₃ .	6.5ml
ABEI Label: anti-T4 monoclonal antibody labeled FITC, containing BSA, 0.2%NaN ₃ .	6.5ml
All reagents are provided ready-to-use.	

Reagent Vials in kit box

Internal Quality Control: containing BSA, 0.2%NaN ₃ . (target value refer to Quality Control Information date sheet)	2.0ml
--	-------

Accessories Required But Not Provided

MAGLUMI Reaction Module	REF: 630003
MAGLUMI Starter 1+2	REF: 130299004M
MAGLUMI Wash Concentrate	REF: 130299005M
MAGLUMI Light Check	REF: 130299006M



Preparation of the Reagent Integral

Before the sealing is removed, gentle and careful horizontal shaking of the Reagent Integral is essential (avoid foam formation!) Remove the sealing and turn the small wheel of the magnetic microbeads compartment to and fro, until the colour of the suspension has changed into brown. Place the Integral into the reagent area and let it stand there for 30 min. During this time, the magnetic microbeads are automatically agitated and completely resuspended.

Do not interchange integral component from different reagents or lots!

Storage and Stability

- Sealed: Stored at 2-8 °C until the expiry date.
- Opened: Stable for 4 weeks. To ensure the best kit performance, it is recommended to place opened kits in the refrigerator if it's not going to be used on board during the next 12 hours.



- Keep upright for storage.



- Keep away from direct sunlight.

CALIBRATION AND TRACEABILITY

1) Traceability

To perform an accurate calibration, we have provided the test calibrators check by ID-GC/MS (isotope dilution gas chromatography mass spectrometry) on various control materials.

2) 2-Point Recalibration

Via the measurement of calibrators, the predefined master curve is adjusted (recalibrated) to a new, instrument-specific measurement level with each calibration.

3) Frequency of Recalibration

- After each exchange of lots (Reagent Integral or Starter Reagents).
- Every week and/or each time a new Integral is used (recommendation).
- After each servicing of the MAGLUMI Fully Auto analyzer.
- If controls are beyond the expected range.

SPECIMEN COLLECTION AND PREPARATION

Sample material: serum

Collect samples using standard procedures.

Store at 2-8
below -20 °C

Avoid repeated freezing and thawing cycles, stored samples should be thoroughly mixed prior to use (Vortex mixer).

Please ask local representative of SNIBE for more details if you have any doubt.

Vacuum Tubes

- Blank tubes are recommended type for collecting samples.
- Please ask SNIBE for advice if special additive must be used in 004120605-v1.0-EN

sample collecting.

Specimen Conditions

- Do not use specimens with the following conditions:
 - heat-inactivated specimens;
 - Cadaver specimens or body fluids other than human serum;
 - Obvious microbial contamination.
- Use caution when handling patient specimens to prevent cross contamination. Use of disposable pipettes or pipette tips is recommended.
- Inspect all samples for bubbles. Remove bubbles with an applicator stick prior to analysis. Use a new applicator stick for each sample to prevent cross contamination.
- Serum specimens should be free of fibrin, red blood cells or other particulate matter.
- Ensure that complete clot formation in serum specimens has taken place prior to centrifugation. Some specimens, especially those from patients receiving anticoagulant or thrombolytic therapy, may exhibit increased clotting time. If the specimen is centrifuged before a complete clot forms, the presence of fibrin may cause erroneous results.

Preparation for Analysis

- Patient specimens with a cloudy or turbid appearance must be centrifuged prior to testing. Following centrifugation, avoid the lipid layer (if present) when pipetting the specimen into a sample cup or secondary tube.
- Specimens must be mixed **thoroughly** after thawing by **low** speed vortexing or by gently inverting, and centrifuged prior to use to remove red blood cells or particulate matter to ensure consistency in the results. Multiple freeze-thaw cycles of specimens should be avoided.
- All samples (patient specimens or controls) should be tested within 3 hours of being placed on board the MAGLUMI System. Refer to the SNIBE service for a more detailed discussion of onboard sample storage constraints.

Storage

- If testing will be delayed for more than 8 hours, remove serum or plasma from the serum or plasma separator, red blood cells or clot. Specimens removed from the separator gel, cells or clot may be stored up to 24 hours at 2-8°C.
- Specimens can be stored up to 30 days frozen at -20°C or colder.

Shipping

- Before shipping specimens, it is recommended that specimens be removed from the serum or plasma separator, red blood cells or clot. When shipped, specimens must be packaged and labeled in compliance with applicable state, federal and international regulations covering the transport of clinical specimens and infectious substances. Specimens must be shipped frozen (dry ice). Do not exceed the storage time limitations identified in this section of the package insert.

WARNING AND PRECAUTIONS FOR USERS



- For use in *IN-VITRO* diagnostic procedures only.
- Package insert instructions must be carefully followed. Reliability of assay results cannot be guaranteed if there are any deviations from the instructions in this package insert.

Safety Precautions

CAUTION: This product requires the handling of human specimens.

- The calibrators in this kit are prepared from bovine serum products. However, because no test method can offer complete assurance that HIV, Hepatitis B Virus or other

infectious agents are absent; these reagents should be considered a potential biohazard and handled with the same precautions as applied to any serum or plasma specimen.

- All samples, biological reagents and materials used in the assay must be considered potentially able to transmit infectious agents. They should therefore be disposed of in accordance with the prevailing regulations and guidelines of the agencies holding jurisdiction over the laboratory, and the regulations of each country. Disposable materials must be incinerated; liquid waste must be decontaminated with sodium hypochlorite at a final concentration of 5% for at least half an hour. Any materials to be reused must be autoclaved using an overkill approach (USP 24, 2000, p.2143). A minimum of one hour at 121 °C is usually considered adequate, though the users must check the effectiveness of their decontamination cycle by initially validating it and routinely using biological indicators.
- It is recommended that all human sourced materials be considered potentially infectious and handled in accordance with the OSHA Standard on Bloodborne Pathogens 13. Biosafety Level 214 or other appropriate biosafety practices should be used for materials that contain or are suspected of containing infectious agents.
- This product contains Sodium Azide; this material and its container must be disposed of in a safe way.
- Safety data sheets are available on request.

Handling Precautions

- Do not use reagent kits beyond the expiration date.
- Do not mix reagents from different reagent kits.
- Prior to loading the Reagent Kit on the system for the first time, the microbeads requires mixing to re-suspend microbeads that have settled during shipment.
- For microbeads mixing instructions, refer to the KIT COMPONENTS, Preparation of the Reagent Integral section of this package insert.
- To avoid contamination, wear clean gloves when operating with a reagent kit and sample.
- Over time, residual liquids may dry on the kit surface, please pay attention the silicon film still exists on the surface of the kit.
- For a detailed discussion of handling precautions during system operation, refer to the SNIBE service information.

TEST PROCEDURE

To ensure proper test performance, strictly adhere to the operating instructions of the MAGLUMI Fully Auto analyzer. Each test parameter is identified via a RFID tag on the Reagent Integral. For further information please refer to the MAGLUMI Chemiluminescence Analyzer Operating Instructions.

40µl	Sample, calibrator or controls
+40µl	ABEI label
+40µl	FITC label
+20µl	Nano magnetic microbeads
15 min	Incubation
400µl	Cycle washing
3 s	Measurement

DILUTION

Sample dilution by analyzer is not available in this reagent kit. Samples with concentrations above the measuring range can be diluted manually. After manual dilution, multiply the result by the dilution factor. Please choose applicable diluents or ask SNIBE for advice before manual dilution must be processed.

QUALITY CONTROL

- Observe quality control guidelines for medical laboratories
- Use suitable controls for in-house quality control. Controls

should be run at least once every 24 hours when the test is in use, once per reagent kit and after every calibration. The control intervals should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined ranges. Each laboratory should establish guidelines for corrective measures to be taken if values fall outside the range.

LIMITATIONS OF THE PROCEDURE

1) Limitations

Under euthyroid conditions, both T4 and binding protein levels are simultaneously decreased or elevated while free thyroxine is within the normal range. Hypothyroidism, however, is always associated with decreased values of free thyroxine, while the reverse is true for hyperthyroidism. In these conditions, binding protein anomalies may be caused either by shifts in the concentrations of TBG, TBPA and TBA or by alterations in the binding affinity of these proteins. Therefore, clinical findings should always take into consideration all physiological, pathological or drug-related alterations in binding conditions/capacities of such proteins.

FT4 serum levels alone give no evidence of the presence or absence of thyroid disease. They must always be interpreted in context with the clinical picture and other diagnostic procedures.

2) Interfering Substances

No interference with test results is seen by concentrations of bilirubin<0.125mg/ml, haemoglobin<16mg/dl or triglycerides<12.5mg/ml.

3) HAMA

Patient samples containing human anti-mouse antibodies (HAMA) may give falsely elevated or decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentrations may occasionally influence results.

RESULTS

1) Calculation of Results

- The analyzer automatically calculates the FT4 concentration in each sample by means of a calibration curve which is generated by a 2-point calibration master curve procedure. The results are expressed in pg/ml. For further information please refer to the MAGLUMI Chemiluminescence Analyzer Operating Instructions.
- Conversion factor: 1 pg/ml = 1.287 pmol/L

2) Interpretation of Results

- Results of study in clinical centers with group of individuals, 95% of the results were:8.9-17.2pg/ml.
- Results may differ between laboratories due to variations in population and test method. If necessary, each laboratory should establish its own reference range.

PERFORMANCE CHARACTERISTICS

1) Precision

Intra-assay coefficient of variation was evaluated on 3 different levels of control serum repeatedly measured 20 times in the same run, calculating the coefficient of variation.

Intra-assay precision			
Control	Mean(pg/ml)	SD(pg/ml)	CV%
Level 1	15.25	1.21	7.93%
Level 2	21.35	1.31	6.14%
Level 3	42.39	1.87	4.41%

Inter-assay coefficient of variation was evaluated on three batches of kits. Repeatedly measured 3 different levels of control serum 21 times, calculating the coefficient of variation.

Inter-assay precision			
Control	Mean(pg/ml)	SD(pg/ml)	CV%
Level 1	14.01	1.24	8.85%
Level 2	24.56	1.68	6.84%
Level 3	41.52	2.95	7.11%

2) Analytical Sensitivity

The sensitivity is defined as the concentration of FT4 equivalent to the mean RLU of 20 replicates of the zero standard plus two standard deviations corresponding to the concentration from the standard curve. The sensitivity is typically less than 1.0pg/ml.

3) Specificity

The specificity of the FT4 assay system was assessed by measuring the apparent response of the assay to various potentially cross reactive analytes.

Compound	Concentration	Cross reactivity
T3	10 ng/ml	0.2%
rT3	10 ng/ml	0.2%

4) Recovery

Consider calibrator high of known concentration as a sample, dilute it by 1:2 ratio with diluents, and measure its diluted concentration for 10 times. Then calculate the recovery of measured concentration and expected concentration. The recovery should be within 90% -110%.

Expected	Mean Measuring	Recovery
71.93pg/ml	73.58pg/ml	102%

5) Linearity

Use FT4 calibrator to prepare the six-point standard curve, measuring all points' RLU except point A, and then do four-parameter linear fitting in double logarithm coordinate, the absolute linear correlation coefficient(r) should be bigger than 0.9800.

Calibrator Point	Concentration pg/ml	Absolute linear correlation coefficient (r)
A	0	
B	4	r=0.9850
C	10	
D	20	
E	50	
F	120	

6) Method comparison

A comparison of MAGLUMI FT4(y) with a commercially available FT4(x) using clinical samples gave the following correlations(pg/ml):

Linear regression

$$y=0.97x+14.2$$

$$r=0.952$$

$$S_{y,x}=28.2$$

Number of samples measured:200

The sample concentrations were between 3.0-108pg/ml

REFERENCES

1. Fisher DA: Physiological variations in thyroid hormones: physiological and pathophysiological considerations. Clin Chem 1996;42(1):135-139
2. Hay ID&Klee GG: Linking Medical Needs and Performance Goals: Clinical and Laboratory Perspectives on Thyroid Disease Clin Chem 1993;39(1):135-139
3. Keffer JH. Preanalytical considerations in testing thyroid function. Clin. Chem 1996; 42(1): 125-134
4. Nelson- JC & Wilcox RB: Analytical performance of free and total thyroxine assays. Clin Chem 1996; 42 (1): 146-154
5. Robbins J: Thyroxine transport and the Free Hormone Hypothesis. Endocrinology 1992; 131 (2):546-547
6. Rooman RP, Du Caju MVL, Op De Beek L, Docx M, Van Reempts P, Van Acker KJ; Low thyroxinaemia occurs in the majority of very preterm newborns. Eur J Pediatr 1996;