

# MAGLUMI FT3 (CLIA)



130203005M



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)



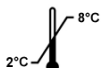
Lot number



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 Triiodothyronine (FT3) in human serum.

The method can be used for samples over the range of 0-50 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

In healthy subject, the thyroid secretes approx. 5-10 µg triiodothyronine per day. Circulating T3 is, however, for the most part produced by peripheral deiodination so that the overall daily secretion rate of total T3 amounts to approx. 20ug. In serum, the thyroid hormones are bound to carrier proteins, and only their free fraction is physiologically active.

Both total T3 and Free Triiodothyronin (FT3) are good biochemical indicators of the severity of thyrotoxicity in hyperthyroidism. The advantage of FT3 compared with T3 is that the assay should correct for alterations in the T3-binding proteins. The major clinical significance for FT3 (orT3) measurements is for the identification of patients with thyrotoxicosis whose T4 and FT4 concentrations are normal, while T3 titres are elevated. Determination of FT3 is also useful to identify patients with subclinical hyperthyroidism who have suppressed serum TSH and normal FT4 and FT3 levels. Pregnancy or the use of oral contraceptives or estrogens may increase total T3 levels, while concentrations of free T3 remain basically unchanged.

## PRINCIPLE OF THE TEST

Competitive immunoluminometric assay:

Use an anti-T3 monoclonal antibody to label ABEI, and use a purified T3 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, forming antibody-antigen 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 FT3 present in controls or samples.



## KIT COMPONENTS

### Material Supplies

<b>Nano magnetic microbeads:</b> TRIS buffer, 1.2% (W/V), 0.2%NaN <sub>3</sub> , coated with sheep anti- FITC polyclonal antibody.	2.5ml
<b>Calibrator Low :</b> bovine serum, 0.2%NaN <sub>3</sub>	2.5ml
<b>Calibrator High :</b> bovine serum, 0.2%NaN <sub>3</sub>	2.5ml
<b>FITC Label:</b> purified T3 antigen labeled FITC, containing BSA, 0.2%NaN <sub>3</sub> .	6.5ml
<b>ABEI Label:</b> anti-T3 monoclonal antibody labeled ABEI, containing BSA, 0.2% NaN <sub>3</sub> .	6.5ml
All reagents are provided ready-to-use.	

### Reagent Vials in kit box

<b>Internal Quality Control:</b> containing BSA, 0.2%NaN <sub>3</sub> . (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 lot (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 °C 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 sample collecting.

### Specimen Conditions

- Do not use specimens with the following conditions:
  - heat-inactivated specimens;
  - Cadaver specimens or body fluids other than human serum;

(c) 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.

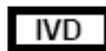
### Storage

- 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 resuspend 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

Severe non-thyroidal conditions (e.g. expressed as low T3 syndrome) as well as medication with certain drugs (e.g. glucocorticoids) can lead to decreased FT3 values.

Serum FT3 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 FT3 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 = 1.54 pmol/L

#### 2) Interpretation of Results

- Results of study in clinical centers with group of individuals, 95% of the results were: 1.21-4.18 pg/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	7.29	0.40	5.49%
Level 2	9.01	0.63	6.99%
Level 3	12.51	0.55	4.43%

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	5.10	0.45	8.83%
Level 2	8.32	0.78	8.79%
Level 3	11.82	1.09	9.22%

#### 2) Analytical Sensitivity

The sensitivity is defined as the concentration of FT3 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 0.38 pg/ml.

#### 3) Specificity

The specificity of the FT3 assay system was assessed by measuring the apparent response of the assay to various potentially cross reactive analytes.

Compound	Concentration	Cross reactivity
----------	---------------	------------------

T4	300 ng/ml	0.3%
rT3	100 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
32.256 pg/ml	32.826 pg/ml	102%

#### 5) Linearity

Use FT3 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	r=0.9885
B	1.5	
C	4.5	
D	9.0	
E	18	
F	36	

#### 6) Method comparison

A comparison of MAGLUMI FT3(y) with a commercially available FT3(x) using clinical samples gave the following correlations(pg/ml):

Linear regression

$$y=0.95x+5.6$$

$$r=0.956$$

$$S_{y,x}=12.3$$

Number of samples measured:200

The sample concentrations were between 0.91-45.2pg/ml

#### REFERENCES

- 1.Kaplan MM. Assessment of Thyroid Function During Pregnancy. Thyroid 1992;2(2):57-61.
- 2.Keffer JH. Preanalytical considerations in testing thyroid function. Clin. Chem 1996: 42(1): 125-134.
- 3.Klee GG. Clinical usage recommendations and analytic performance goals for total and free triiodothyronie measurements. Clin Chem 1996: 41 (1): 155-159.
- 4.Lindstedt G, Berg G., Jansson S,Torring O, Valdemarsson S, Warin B, Nystrom E. Clinical Use of Laboratory Thyroid Tests end Investigations. JIFCC 1994: 6 (4): 136-141.
- 5.Piketty ML, D'Herbomez M, Le Guillouzic D. Lebtahi R. Cosson E, Dumont A. Dilouya A.Helal BO. Clinical comparison of three labeled-antibody immunoassays of free triiodothyronie. Clin Chem 1996:42 (6): 933-941.
- 6.White GH. Recent Advances in Routine Thyroid Function Testing. CRC Critical Reviews of Clinical Laboratory Sciences 1997: 24 (4): 315- 362.
- 7.Pagana, K. D. & Pagana, T. J. (© 2011). Mosby's Diagnostic and Laboratory Test Reference 10th Edition: Mosby, Inc., Saint Louis, MO. Pp 976-977.
- 8.Thomas, Clayton L., Editor (1997). Taber's Cyclopedic Medical Dictionary. F.A. Davis Company, Philadelphia, PA [18th Edition].