Snibe Diagnostic

CE REF 130256008M:100 tests/kit
130656008M: 50 tests/kit
130756008M: 30 tests/kit

MAGLUMI® D-Dimer (CLIA)

INTENDED USE

The kit is an *in vitro* chemiluminescence immunoassay for the quantitative determination of D-Dimer in human plasma using the MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer and Biolumi series Integrated System, and the assay is used for an aid in diagnosis the exclusion of individuals with suspected or confirmed deep venous thromboembolism (DVT) and disseminated intravascular coagulation (DIC), and aid in monitoring the therapy for thrombolysis patients.

SUMMARY

D-Dimer is a plasmin-derived soluble degradation product of cross-linked fibrin[1]. The in vivo formation of fibrin and its subsequent secondary fibrinolytic digestion yields a variety of crosslinked fibrin degradation products (XL/FnDP), one of these is known as D-Dimer[2]. Generation of D-Dimer requires the sequential activity of 3 enzymes: thrombin, activated factor XIII (factor XIIIa), and plasmin[1]. D-Dimer might be a useful marker of cardiovascular disease and risk (arterial as well as venous) in the general population, being a marker of intravascular fibrin formation[3]. Since the introduction of D-Dimer assays numerous studies have shown increased D-Dimer levels in patients with clinical conditions that relate to enhanced fibrin formation, reflecting the lysis of in vivo formed crosslinked fibrin[4]. These conditions include disseminated intravascular coagulation, deep venous thrombosis (DVT), pulmonary embolism (PE), postoperative states, trauma and preeclampsia[4]. D-Dimer levels may also be increased by a variety of nonthrombotic disorders including recent major surgery, hemorrhage, trauma, or sepsis[5].Therefore, D-Dimer assays are, in general, sensitive but nonspecific markers for venous thromboembolism. A positive D-Dimer result is not useful to "rule in" the diagnosis of venous thromboembolism rather the potential value is for a negative test result to exclude the diagnosis[5]. Levels of D-Dimer are typically elevated in patients with acute venous thromboembolism[5]. Testing for the absence of D-Dimer levels in the blood of patients with suspected deep venous thrombosis and pulmonary embolism can assist in ruling out these illnesses. Some highly sensitive D-Dimer assays have sufficient specificity to assist in the exclusion of venous thrombus embolism (VTE) disease[6]. D-Dimer can provide additional information in the diagnostic procedure of suspected PE[7]. During fibrinolytic therapy of PE with streptokinase, D-Dimer could serve as an early prognostic parameter of successful thrombolysis[7]. D-Dimer is a valuable adjunct for the laboratory diagnosis of DIC but is most appropriately used as a confirmatory test for the very sensitive fibrinogen degradation products (FDP) test[8]. Testing for D-Dimer in pregnant women could be useful for the diagnosis and prediction of a venous thromboembolic event and for monitoring antithrombotic treatment[9].

TEST PRINCIPLE

Sandwich chemiluminescence immunoassay.

The sample, ABEI labeled with D-Dimer monoclonal antibody, buffer and magnetic microbeads coated with D-Dimer monoclonal antibody are mixed thoroughly and incubated, reacting to form sandwich complexes. After precipitation in a magnetic field, the supernatant is decanted and then a wash cycle is performed. Subsequently, the Starter 1+2 are added to initiate a chemiluminescent reaction. The light signal is measured by a photomultiplier as relative light units (RLUs), which is proportional to the concentration of D-Dimer present in the sample.

REAGENTS

Kit Contents

Component	Description	100 tests/kit	50 tests/kit	30 tests/kit
Magnetic Microbeads	Magnetic microbeads coated with D-Dimer monoclonal antibody (~8.00 μg/mL) in PBS buffer, NaN_3 (<0.1%).	2.5 mL	1.5 mL	1.0 mL
Calibrator Low	A low concentration of D-Dimer antigen in PBS buffer, NaN_3 (<0.1%).	1.0 mL	1.0 mL	1.0 mL
Calibrator High	A high concentration of D-Dimer antigen in PBS buffer, NaN_3 (<0.1%).	1.0 mL	1.0 mL	1.0 mL
Buffer	Tris-HCl buffer, NaN_3 (<0.1%).	6.5 mL	4.0 mL	3.0 mL
ABEI Label	ABEI labeled with D-Dimer monoclonal antibody (~0.313 μg/mL) in Tris-HCl buffer, NaN_3 (<0.1%).	7.5 mL	4.5 mL	3.3 mL
Control 1	A low concentration of D-Dimer antigen (0.500 μg FEU/mL) in PBS buffer, NaN_3 (<0.1%).	1.0 mL	1.0 mL	1.0 mL
Control 2	A high concentration of D-Dimer antigen (20.0 μg FEU/mL) in PBS buffer, NaN_3 (<0.1%).	1.0 mL	1.0 mL	1.0 mL
All reagents are provided ready-to-use.				

Warnings and Precautions

- For *in vitro* diagnostic use.
- For professional use only.
- Exercise the normal precautions required for handling all laboratory reagents.
- Personal protective measures should be taken to prevent any part of the human body from contacting samples, reagents, and controls, and should comply with local operating requirements for the assay.
- A skillful technique and strict adherence to the package insert are necessary to obtain reliable results.
- Do not use kit beyond the expiration date indicated on the label.
- Do not interchange reagent components from different reagents or lots.
- Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).
- All waste associated with biological samples, biological reagents and disposable materials used for the assay should be considered potentially infectious and should be disposed of in accordance with local guidelines.
- This product contains sodium azide. Sodium azide may react with lead or copper plumbing to form highly explosive metal azides. Immediately after disposal, flush with a large volume of water to prevent azide build-up. For additional information, see Safety Data Sheets available for professional user on request.

Note: If any serious incident has occurred in relation to the device, please report to Shenzhen New Industries Biomedical Engineering Co., Ltd. (Snibe) or our authorized representative and the competent authority of the Member State in which you are established.

Reagent Handling

- To avoid contamination, wear clean gloves when operating with a reagent kit and sample. When handling reagent kit, replace the gloves that have been in contact with samples, since introduction of samples will result in unreliable results.
- Do not use kit in malfunction conditions; e.g., the kit leaking at the sealing film or elsewhere, obviously turbid or precipitation is found in reagents (except for Magnetic Microbeads) or control value is out of the specified range repeatedly. When kit in malfunction conditions, please contact Snibe or our authorized distributor.
- To avoid evaporation of the liquid in the opened reagent kits in refrigerator, it is recommended that the opened reagent kits to be sealed with reagent seals contained within the packaging. The reagent seals are single use, and if more seals are needed, please contact Snibe or our authorized distributor.
- Over time, residual liquids may dry on the septum surface. These are typically dried salts and have no effect on assay efficacy.
- Use always the same analyzer for an opened reagent integral.
- For magnetic microbeads mixing instructions, refer to the Preparation of the Reagent section of this package insert.
- For further information about the reagent handing during system operation, please refer to Analyzer Operating Instructions.

Storage and Stability

- Do not freeze the integral reagents.
- Store the reagent kit upright to ensure complete availability of the magnetic microbeads.
- Protect from direct sunlight.

Stability of the Reagents	
Unopened at 2-8°C	until the stated expiration date
Opened at 2-8°C	6 weeks
On-board	4 weeks

Stability of Controls	
Unopened at 2-8°C	until the stated expiration date
Opened at 10-30°C	6 hours
Opened at 2-8°C	6 weeks
Frozen at -20°C	3 months
Frozen and thawed cycles	no more than 3 times

SPECIMEN COLLECTION AND PREPARATION

Specimen Types

Only the specimens listed below were tested and found acceptable.

Specimen Types	Collection Tubes
Plasma	K2-EDTA, Sodium Citrate (1:9)

- The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. Follow tube manufacturers' instructions carefully when using collection tubes.

Specimen Conditions

- Do not use heat-inactivated samples or grossly hemolyzed/hyperlipidaemia specimens and specimens with obvious microbial contamination.
- Samples must be free of fibrin and other particulate matter.
- To prevent cross contamination, use of disposable pipettes or pipette tips are recommended.

Preparation for Analysis

- Inspect all specimens for foam. Remove foam with an applicator stick before analysis. Use a new applicator stick for each specimen to prevent cross contamination.
- Frozen specimens must be completely thawed before mixing. Mix thawed specimens thoroughly by low speed vortexing or by gently inverting. Visually inspect the specimens. If layering or stratification is observed, mix until specimens are visibly homogeneous. If specimens are not mixed thoroughly, inconsistent results may be obtained.
- Specimens should be free of fibrin, red blood cells, or other particulate matter. Such specimens may give reliable results and must be centrifuged prior to testing. Transfer clarified specimen to a sample cup or secondary tube for testing. For centrifuged specimens with a lipid layer, transfer only the clarified specimen and not the lipemic material.
- The sample volume required for a single determination of this assay is 20 μL.

Specimen Storage

Specimens removed from the separator, red blood cells or clot may be stored up to 8 hours at 10-30°C, or 4 days at 2-8°C, or 6 months frozen at -20°C. Frozen specimens subjected to up to 3 freeze/thaw cycles have been evaluated.

Specimen Shipping

- Package and label specimens in compliance with applicable local regulations covering the transport of clinical specimens and infectious substances.
- Do not exceed the storage limitations listed above.

Specimen Dilution

- Samples, with D-Dimer concentrations above the analytical measuring interval, can be diluted with manual dilution procedure. The recommended dilution ratio is 1:5. The concentration of the diluted sample must be >20 μg FEU/mL.
- For manual dilution, multiply the result by the dilution factor.
- Please choose applicable diluents or ask Snibe for advice before manual dilution.

PROCEDURE

Materials Provided

D-Dimer (CLIA) assay, control barcode labels.

Materials Required (But Not Provided)

- General laboratory equipment.
- Fully-auto chemiluminescence immunoassay analyzer Maglumi 600, Maglumi 800, Maglumi 1000, Maglumi 2000, Maglumi 2000 Plus, Maglumi 4000, Maglumi 4000 Plus, MAGLUMI X8, MAGLUMI X 3, MAGLUMI X6 or Integrated System Biolumi 8000, Biolumi CX8.
- Additional accessories of test required for the above analyzers include Reaction Module, Starter 1+2, Wash Concentrate, Light Check, Tip, and Reaction Cup. Specific accessories and accessories' specification for each model refer to corresponding Analyzer Operating Instructions.
- Please use accessories specified by Snibe to ensure the reliability of the test results.

Assay Procedure

Preparation of the Reagent

- Take the reagent kit out of the box and visually inspect the integral vials for leaking at the sealing film or elsewhere. If there is no leakage, please tear off the sealing film carefully.
- Open the reagent area door; hold the reagent handle to get the RFID label close to the RFID reader (for about 2s); the buzzer will beep; one beep sound indicates successful sensing.
- Keeping the reagent straight insert to the bottom along the blank reagent track.
- Observe whether the reagent information is displayed successfully in the software interface, otherwise repeat the above two steps.
- Resuspension of the magnetic microbeads takes place automatically when the kit is loaded successfully, ensuring the magnetic microbeads are totally resuspended homogenous prior to use.

Assay Calibration

- Select the assay to be calibrated and execute calibration operation in reagent area interface. For specific information on ordering calibrations, refer to the calibration section of Analyzer Operating Instructions.
- Execute recalibration according to the calibration interval required in this package insert.

Quality Control

- When new lot used, check or edit the quality control information.
- Scan the control barcode, choose corresponding quality control information and execute testing. For specific information on ordering quality controls, refer to the quality control section of the Analyzer Operating Instructions.

Sample Testing

- After successfully loading the sample, select the sample in interface and edit the assay for the sample to be tested and execute testing. For specific information on ordering patient specimens, refer to the sample ordering section of the Analyzer Operating Instructions.

To ensure proper test performance, strictly adhere to Analyzer Operating Instructions.

Calibration

Traceability: This method has been standardized against the Snibe internal reference standard.

Test of assay specific calibrators allows the detected relative light unit (RLU) values to adjust the master curve.

Recalibration is recommended as follows:

- Whenever a new lot of Reagent or Starter 1+2 is used.
- Every 28 days.
- The analyzer has been serviced.
- Control values lie outside the specified range.

Quality Control

Controls are recommended for the determination of quality control requirements for this assay and should be run in singlicate to monitor the assay performance. Refer to published guidelines for general quality control recommendations, for example Clinical and Laboratory Standards Institute (CLSI) Guideline C24 or other published guidelines[10].

Quality control is recommended once per day of use, or in accordance with local regulations or accreditation requirements and your laboratory's quality control procedures, quality control could be performed by running the D-Dimer assay:

- Whenever the kit is calibrated.
- Whenever a new lot of Starter 1+2 or Wash Concentrate is used.

Controls are only applicable with MAGLUMI and Biolumi systems and only used matching with the same top seven LOT numbers of corresponding reagents. For each target value and range refer to the label.

The performance of other controls should be evaluated for compatibility with this assay before they are used. Appropriate value ranges should be established for all quality control materials used.

Control values must lie within the specified range, whenever one of the controls lies outside the specified range, calibration should be repeated and controls retested. If control values lie repeatedly outside the predefined ranges after successful calibration, patient results must not be reported and take the following actions:

- Verify that the materials are not expired.
- Verify that required maintenance was performed.
- Verify that the assay was performed according to the package insert.
- If necessary, contact Snibe or our authorized distributors for assistance.

If the controls in kit are not enough for use, please order D-Dimer (CLIA) Controls (REF: 160201461MT) from Snibe or our authorized distributors for more.

RESULTS

Calculation

The analyzer automatically calculates the D-Dimer 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 μg FEU/mL. For further information please refer to the Analyzer Operating Instructions.

Conversion factor: μg FEU/mL×1=mg FEU/L

μg FEU/mL×1000=ng FEU/mL

Interpretation of Results

The expected range for the D-Dimer assay was obtained by testing 602 apparently healthy individuals in China, gave the following expected value:

≤0.5 μg FEU/mL (95th percentile).

Results may differ between laboratories due to variations in population and test method. It is recommended that each laboratory establish its own reference interval.

LIMITATIONS

- Results should be used in conjunction with patient's medical history, clinical examination and other findings.
- If the D-Dimer results are inconsistent with clinical evidence, additional testing is needed to confirm the result.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with *in vitro* immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed[11].
- Bacterial contamination or heat inactivation of the specimens may affect the test results.

SPECIFIC PERFORMANCE CHARACTERISTICS

Representative performance data are provided in this section. Results obtained in individual laboratories may vary.

Precision

Precision was determined using the assay, samples and controls in a protocol (EP05-A3) of the CLSI (Clinical and Laboratory Standards Institute): duplicates at two independent runs per day for 5 days at three different sites using three lots of reagent kits (n = 180). The following results were obtained:

Sample	Mean (μg FEU/mL) (n=180)	Within-Run		Between-Run		Reproducibility	
		SD (μg FEU/mL)	%CV	SD (μg FEU/mL)	%CV	SD (μg FEU/mL)	%CV
Plasma Pool 1	0.485	0.016	3.30	0.006	1.24	0.022	4.54
Plasma Pool 2	5.049	0.126	2.50	0.047	0.93	0.189	3.74
Plasma Pool 3	9.872	0.196	1.99	0.113	1.14	0.359	3.64
Control 1	0.504	0.017	3.37	0.006	1.19	0.021	4.17
Control 2	20.141	0.279	1.39	0.100	0.50	0.405	2.01

Linear Range

0.250-100 μg FEU/mL (defined by the Limit of Quantitation and the maximum of the master curve).

Reportable Interval

0.150-500 μg FEU/mL (defined by the Limit of Detection and the maximum of the master curve×Recommended Dilution Ratio).

Analytical Sensitivity

Limit of Blank (LoB) =0.050 μg FEU/mL.

Limit of Detection (LoD) =0.150 μg FEU/mL.

Limit of Quantitation (LoQ) =0.250 μg FEU/mL.

Analytical Specificity

Interference

Interference was determined using the assay, three samples containing different concentrations of analyte were spiked with potential endogenous and exogenous interferents in a protocol (EP7-A2) of the CLSI. The measurement deviation of the interference substance is within ±10%. The following results were obtained:

Interference	No interference up to	Interference	No interference up to
Hemoglobin	600 mg/dL	Biotin	0.5 mg/dL
Bilirubin	20 mg/dL	Heparin	100 IU/mL
Intralipid	3000 mg/dL	Digoxin	5.0 ng/mL
HAMA	40 ng/mL	Erythromycin	6.0 mg/dL
Antinuclear antibodies	398 AU/mL	Ethanol	400 mg/dL
Rheumatoid Factor	1500 IU/mL	Furosemide	6.0 mg/dL
Creatinine	30 mg/dL	Gentamycin	12 mg/dL
Human Albumin	12 g/dL	Ibuprofen	50 mg/dL
Cholesterol	315 mg/dL	Phenobarbital	10 mg/dL
Urea	500 mg/dL	Phenytoin sodium	5.0 mg/dL
Uric acid	20 mg/dL	Propoxyphene	0.2 mg/dL
IgG	5 g/dL	Bupranolol	0.5 mg/dL
Sodium citrate	200 mg/mL	Valproic acid	50 mg/dL
K2-EDTA	22.75 μmol/mL	Warfarin	11 mg/dL

Cross-Reactivity

Cross-reactivity was determined using the assay, three samples containing different concentrations of analyte were spiked with potential cross-reactant in a protocol (EP7-A2) of the CLSI. The measurement deviation of the interference substance is within ±10%. The following results were obtained:

Cross-reactant	No interference up to	Cross-reactant	No interference up to
Fibrinogen	10 g/L	cTnI (Cardiac Troponin I)	50 μg/mL

High-Dose Hook

No high-dose hook effect was seen for D-Dimer concentrations up to 1000 μg FEU/mL.

Method Comparison

A comparison of the D-Dimer assay with a commercially available immunoassay, gave the following correlations (μg FEU/mL):

Number of samples measured:118

Passing-Bablok: y=0.9954x-0.0033, τ=0.972.

The clinical specimen concentrations were between 0.251 and 98.84 μg FEU/mL.

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SYMBOLS EXPLANATIONS

	Consult instructions for use		Manufacturer
8°C 2°C	Temperature limit (Store at 2-8°C)		Use-by date
Σ	Contains sufficient for<n> tests		Keep away from sunlight
	This way up	EC REP	Authorized representative in the European Community
IVD	*In vitro* diagnostic medical device	CONTENTS	Kit component
REF	Catalogue number	LOT	Batch code
CE	CE marking		

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