

UMA CO., LTD.

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Matsudo, Chiba, Japan

**MEASURE T-Bil**

Reagent for determination of Total Bilirubin

Enzymatic Method

2 - 8°C

IVD *In vitro* Diagnostics**QUALITY MANAGEMENT SYSTEM (BY TUV)**❄ **DO NOT** freeze

☞ 18 months/block from light

ISO 13485:2016**1. PURPOSE OF USE**

Providing a quantitative in vitro assay for the Total Bilirubin (T-Bil) concentration in serum or plasma.

2. GENERAL INSTRUCTION

- For in vitro diagnostics use only.
- Diagnosis should be made in a comprehensive manner, in accordance with other related test results and clinical symptoms by the doctor in attendance.
- For guaranteed results, usage of this product must comply with the instruction in this manual.
- If you use automatic analyzers, follow their instructions carefully.

SUMMARY

As discussed with normal metabolism, bilirubin is a product of heme breakdown. It exists in conjugated (water soluble) and unconjugated (lipid soluble) forms, which are reported imprecisely as the direct and indirect fractions, respectively. Serum bilirubin is usually less than 1 mg/dL and primarily unconjugated. Elevated serum levels occur in most significant liver diseases; degree of elevation correlates with prognosis in primary biliary cirrhosis, alcoholic hepatitis, and fulminant liver failure. The appearance of conjugated bilirubin in the blood is thought to be caused by reflux from the hepatocyte, but this does not discriminate between obstructive and parenchymal causes. Other causes of elevated bilirubin include Gilbert's syndrome, increased production (e.g., hemolysis, ineffective erythropoiesis, hematoma resorption), and inherited disorders of bilirubin transport.

3. MATERIALS REQUIRED BUT NOT INCLUDED

- Saline 0.9 % and high grade purified water
- Micropipet and other basic laboratory equipment.
- BIL Calibrator and MEASURE Human Lyo L-1 and MEASURE Human Lyo L-2

4. REAGENT COMPOSITION & PREPARATION

- Reagent R-1: Cholic acid, Ascorbate oxidase
Reagent R-1 is ready for use
- Reagent R-2: Tartaric acid, Bilirubin Oxidase (BOD)
Reagent R-2 is ready for use
- Once open, Reagent stored on board the instrument is stable for 30 days with Hitachi 7180 Analyzers.
- Applicable to various automated analyzers.
- Calibrator (separately sold): Put 2 mL of purified water to the vials of Calibrator (BIL Calibrator), leave at room temperature for 20 minutes and sometimes gently invert the vial before use. After reconstituting, Calibrator can be used without dilution.
- Controls MEASURE Human Lyo L-1 and MEASURE Human Lyo L-2 (separately sold): Put 5 mL of purified water to the vials of controls (Lyo L-1 and Lyo L-2); leave at room temperature for 45 minutes and sometimes gently invert the vial before use. After reconstituting, controls can be used without dilution.

5. SAMPLE PREPARATION & STORAGE

- Serum: Wait until the sample is completely coagulated. Take the supernatant to use as specimens.
- Plasma: Treat blood sample by anticoagulant (Li-heparin and K2-EDTA plasma); leave it to stand for 3 hours or centrifuge at 2000 rpm for 2 minutes; take the plasma layer (supernatant) and use as specimens.
- Analyze samples soon after collection.
- Stability:
 - 1 day at 15 - 25°C
 - 7 days at 2 - 8°C
 - 6 months at < -20°C
- See interferences section for details about possible sample interferences.

6. MEASUREMENT PRINCIPLE

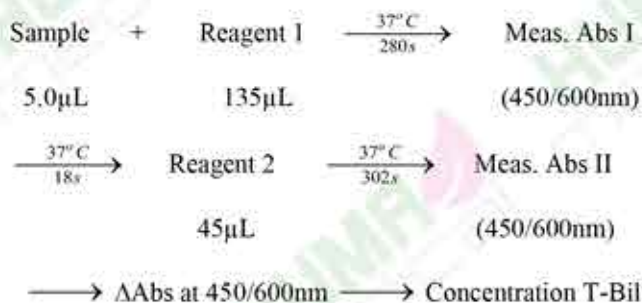
Total Bilirubin is oxidized by Bilirubin oxidase (BOD) and absorbance of Bilirubin will decrease.

Total Bilirubin quantity can be obtained by measuring decreased absorbance.



7. ASSAY PROCEDURE

This product is compatible with various types of clinical analyzer. An example of the assay procedure is indicated below.



Perform the assay according to the instructions for operating the automated analyzer Hitachi models. Refer to the **13. INFORMATION FOR AUTOANALYZERS** for the details of the assay method. Contact **HUMA MEDICAL CO., LTD.** for information about the parameters for other automated analyzers.

8. CALCULATION & UNIT CONVERSION

Calculation

- Calculate ΔAbs of specimen & standards vs blank
- Plot a calibration curve $\text{T-Bil} = f(\Delta\text{Abs})$
- Calculate T-Bil in specimen using the curve
(doing same procedure for Controls)

Unit conversion

$$\text{mg/dL} \times 17.1 = \mu\text{mol/L}$$

9. PERFORMANCE & CORRELATION TEST

a. Measuring range

- The assay is linear within an T-Bil concentration range in serum/plasma less than $513 \mu\text{mol/L}$.
- If the concentration of sample exceeds assay range, dilute the sample with saline and repeat the measurement.

b. Detection Limit

| | | |
|-----------------------------|---|------------------------|
| Limit of Blank (LoB) | = | $0.15 \mu\text{mol/L}$ |
| Limit of Detection (LoD) | = | $0.75 \mu\text{mol/L}$ |
| Limit of Quantitation (LoQ) | = | $0.75 \mu\text{mol/L}$ |

The LoB, LoD and LoQ were determined in accordance with CLSI EP17-A2 requirements.

The LoB is the highest apparent analyte concentration expected to be found when replicates of a blank sample containing no analyte are tested. The LoB corresponds to the concentration below which analyte-free samples are found with a probability of 95%.

The LoD is determined based on the LoB and standard deviation of low concentration samples. The LoD corresponds to the lowest analyte concentration which can be detected (value above the LoB with a probability of 95%).

The LoQ is the lowest analyte concentration that can be reproducibly measured with a total error of 20%. It has been determined using low concentration samples.

c. Performance

- Sensitivity: Change in absorbance when measuring purified water as sample ranges from 0.001 to 0.050 and when measuring standard solution (total bilirubin $171 \mu\text{mol/L}$) as sample ranges from -0.25 to -0.04 Abs.
- Accuracy: When measuring a control sample, the result is within $\pm 15\%$ of assigned value.

d. Precision (on Biolis 30i / SK300)

Representative performance data on the analyzers are given below.

Results obtained in individual laboratories may differ.

Precision was determined using controls followed the CLSI Approved Guideline EP5-A2 with repeatability, reproducibility and total precision (1 aliquot per run, 2 run per day, 20 days). The following results were obtained.

Criterion: CV of Repeatability (aka. Within-run precision) is less than 5% and Total Precision is less than 8%.

| Repeatability | Mean $\mu\text{mol/L}$ | SD $\mu\text{mol/L}$ | CV % |
|-----------------|---------------------------|-------------------------|---------|
| Control Lyo L-1 | 16.88 | 0.29 | 1.70 |
| Control Lyo L-2 | 79.43 | 0.78 | 0.98 |

| Reproducibility | Mean $\mu\text{mol/L}$ | SD $\mu\text{mol/L}$ | CV % |
|-----------------|---------------------------|-------------------------|---------|
| Control Lyo L-1 | 16.88 | 0.47 | 2.80 |
| Control Lyo L-2 | 79.43 | 1.38 | 1.74 |

| Total precision | Mean μmol /L | SD μmol /L | CV % |
|-----------------|-----------------|---------------|---------|
| Control Lyo L-1 | 16.88 | 0.51 | 3.05 |
| Control Lyo L-2 | 79.43 | 1.49 | 1.87 |

e. Correlation Test

Same measurement principle (n = 100)

Regression equation: $y = 1.049x + 0.443$

Correlation coefficient: $r = 0.9999$

(y: Value obtained from using this method)

Reference Materials for Calibration

NIST SRM916

10. EXPECTED VALUES

3.4 - 17.1 μmol/L

Reference range should be established at each facility and judgement should be based on measurement results in a comprehensive manner together with clinical symptoms and other measurement results.

11. INTERFERENCES

- Hemolysis: No significant interference of hemoglobin concentration in hemolyzed samples up to 180 mg/dL
- Lipemia (Intralipid): No significant interference triglycerides concentration up to 3000 FTU
- Ascorbic Acid: No significant interference of ascorbic acid concentration up to 50 mg/dL
- For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings. Please use another methods if the result is affected by any factors

12. HANDLING, USAGE & DISPOSAL

Handling

1. Specimen can be potentially positive for infectious agents including hepatitis B virus and HIV. Wear glove and goggle when needed.
2. In case reagents got into skin, eye or mouth by mistake, wash it immediately with plenty of water and consult the doctor if needed.

3. If reagents are spilled, dilute with water and wipe it out. If specimen is spilled, spray 80% of alcohol over the specimen and wipe it out.

Usage

1. Store reagents under specified condition. Do not use after expiration date.
2. Do not use the container and auxiliaries included in this kit for other purposes.
3. Do not mix reagents of different lot for use.
4. Do not add to the reagent being used even if it is the same lot number.

Disposal

1. All specimens, as well as all instruments (e.g. test tubes) that come in contact with the specimens, must be treated by the following methods, or they must be treated according to the manual for infectious medical waste provided in each facility.

- Sterilize with an autoclave, subjecting them to high pressure saturated steam at 121 °C for more than 20 minutes. Do not process waste containing sodium hypochlorite solution with an autoclave.

- Immerse at least one hour in sodium hypochlorite solution (active chloride concentration of over 1000 ppm).

2. This reagent contains sodium azide. Sodium azide can react with lead pipe and/or steel pipe and can generate explosive metal azide. Make sure to use plenty of water at disposal. Concentration of sodium azide in R-2 is 0.05%.

13. INFORMATION FOR AUTOANALYZERS

❖ For Hitachi Model

| Calculation Method | | Two point |
|---------------------|----------|-----------|
| Temperature | | 37°C |
| Volume (μL) | Specimen | 5 |
| | R1 | 135 |
| | R2 | 45 |
| Wavelength (nm) | Main | 450 |
| | Sub | 600 |
| Measurement (cycle) | Point 1 | 10 |
| | Point 2 | 16 |
| | Point 3 | 34 |
| Calibration type | | Linear |
| Unit | | mg/dL |

14. OTHER INSTRUCTIONS AND CAUTION

- Results may differ depending on the sample/reagent ratio. Adjust parameters for different analyzer.
- Prepare the calibration curve on the day of determination.

15. PACKING AND KIT CONFIGURATION

| Code | Package | Test/Kit* | Test/Kit** |
|----------|----------------|-----------|------------|
| 11B012A | 1x60mL; 1x20mL | 310 | 540 |
| 11B012A2 | 2x60mL; 2x20mL | 620 | 1080 |
| 11B012A3 | 3x60mL; 3x20mL | 930 | 1620 |
| 11B012A4 | 4x60mL; 4x20mL | 1240 | 2160 |
| 11B002A | 5x60mL; 5x20mL | 1550 | 2700 |
| 11B012A6 | 6x60mL; 6x20mL | 1860 | 3240 |
| 11B012 | 1x90mL; 1x30mL | 470 | 810 |
| 11B012-2 | 2x90mL; 2x30mL | 940 | 1620 |
| 11B002 | 3x90mL; 3x30mL | 1410 | 2430 |
| 11B012-4 | 4x90mL; 4x30mL | 1880 | 3240 |
| 11B012-5 | 5x90mL; 5x30mL | 2350 | 4050 |

* For middle-scale automatic analyzers such as: SK300; BS series; BA200; BA400. Chemwell Series; Dirui Series; Biolyzer series, HumanStar 300, Erba Series; Bioelab Series, BX 3010; Pictus P500;...

** For large-scale automatic analyzers such as: CA800; CA400; Randox Imola; Randox Modena+; BM 6010; Biolis50i; SK500; AU Series; Pictus P700; C series; Ci series; HumanStar 600; Kenolab series ...

The above-mentioned test's number are calculated base on technical specifications of each analyzer. The real number of test per kit may higher than the calculation's number.

The above-mentioned test's number cover the loss of the dead volume of reagent bottles but not cover the loss of Calibrator and Control.

Please feel free to contact authorized distributor for further confirmation.

16. REFERENCES

1. Anahat Dhillon MD, Randolph H. Steadman MD, in Anesthesia and Uncommon Diseases (Sixth Edition), 2012
2. CLSI/NCCLS Evaluation of Precision Performance of Clinical Chemistry Devices, EP05-A2, 2004

3. CLSI EP17 - Evaluation of Detection Capability for Clinical Laboratory Measurement Procedures, 2nd Edition, 2017

4. In house data, UMA Diagnostics

17. MANUFACTURER

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