EPITOPE DIAGNOSTICS, INC.

EDI™ Human Pepsinogen II CLIA Kit

Chemiluminescence Immunoassay (CLIA) for the quantitative measurement of Human Pepsinogen II in Serum.

REF CL0811R RUO ☀ ∇ 100,150,250 ₊₂⌈⁺⁸°c ⌂

INTENDED USE
This Chemiluminescence Immunoassay (CLIA) kit is intended for the quantitative determination of human Pepsinogen II levels in serum using the ECL100 or ECL25 Immunoassay analyzer.

For Research Use Only

SUMMARY OF PHYSIOLOGY
Pepsinogen II consists of a single polypeptide chain of 375 amino acids with an average molecular weight of 42 kDa. This zymogen is synthesized at the gastric chief cells, mucous neck cells, and the clear mucous cells of antrum and Brunner's glands. It is activated by the hydrochloric acid from the gastric acid released from the parietal cells in the stomach lining and acts as a proenzyme for Pepsin[3]. Clinical applications may include aiding in the diagnosis of atrophic gastritis[1, 6], stomach cancer[1, 7, 8], and duodenal ulcers[4, 5].

ASSAY PRINCIPLE
This CLIA is designed, developed, and produced for the quantitative measurement of human Pepsinogen II level in serum samples. The assay utilizes a two-site "sandwich" technique with two antibodies that bind to different epitopes of Pepsinogen II.

Assay calibrators, controls, or patient samples are added directly to a reaction vessel containing streptavidin coated magnetic particles. Simultaneously, an acridinium ester antibody and a biotin antibody are added. The magnetic particles capture the biotin antibody as well as an immuno complex in the form of "magnetic particles – biotin pepsinogen II antibody – pepsinogen II – acridinium ester pepsinogen II antibody".

The materials bound to the solid phase are held in a magnetic field while unbound materials are washed away. Then, the trigger solution is added to the reaction vessel and light generated by the reaction is measured with the ECL100 or ECL25 analyzer. The relative light units (RLU) are proportional to the concentration of pepsinogen I in the sample. The amount of analyte in the sample is determined from a stored, multi-point calibration curve and reported in serum pepsinogen I concentration.

REAGENTS: PREPARATION AND STORAGE
This test kit must be stored at 2 – 8°C upon receipt. For the expiration date of the kit refer to the label on the kit box. All components are stable until this expiration date.

1. Pepsinogen II Magnetic Particle Solution (L0201)
Qty: 2 x 2.7 mL (100/kit), 3 x 2.7 mL (150/kit), 5 x 2.7 mL (250/kit)
Storage: 2 – 8°C
Preparation: Ready to Use.

2. Biotin Pepsinogen II Antibody (L0202)
Qty: 1 x 6 mL (100/kit), 1 x 9 mL (150/kit), 1 x 14 mL (250/kit)
Storage: 2 – 8°C
Preparation: Ready to Use.

3. Acridinium Ester Pepsinogen II Antibody (L0203)
Qty: 1 x 6 mL (100/kit), 1 x 9 mL (150/kit), 1 x 14 mL (250/kit)
Storage: 2 – 8°C
Preparation: Ready to Use.

4. Pepsinogen II Calibrators (L0204 – L0205)
Lyophilized human pepsinogen II in a bovine serum albumin-based matrix with a non-azide preservative. Refer to vials for exact concentration.
Qty: 2 x vials
Storage: 2 – 8°C before reconstitution, <-20°C after reconstitution; Do not exceed 6 freeze-thaw cycles.
Preparation: Must be reconstituted with 0.5 mL of demineralized water and then mixed by inversions or gentle vortexing. Make sure that all solids are dissolved completely and there are no air bubbles prior to use.

5. Pepsinogen II Controls (L0206 – L0207)
Lyophilized human pepsinogen II in a bovine serum albumin-based matrix with a non-azide preservative. Refer to vials for exact concentration.
Qty: 2 x vials
Storage: 2 – 8°C before reconstitution, <-20°C after reconstitution; Do not exceed 6 freeze-thaw cycles.
Preparation: Must be reconstituted with 0.5 mL of demineralized water and then mixed by inversions or gentle vortexing. Make sure that all solids are dissolved completely and there are no air bubbles prior to use.

SAFETY PRECAUTIONS
The reagents must be used in a professional laboratory environment and are for research use only. Source material which contains reagents of bovine serum albumin was derived in the contiguous 48 United States. It was obtained only from healthy donor animals maintained under veterinary supervision and found free of contagious diseases. Wear gloves while performing this assay and handle these reagents as if they were potentially infectious. Avoid contact with reagents containing hydrogen peroxide. Do not get in eyes, on skin, or on clothing. Do not ingest or inhale fumes. On contact, flush with copious amounts of water for at least 15 minutes. Use Good Laboratory Practices.

MATERIALS REQUIRED BUT NOT PROVIDED

The instrument only uses materials supplied by Epitope Diagnostics, Inc. When materials available from third-party suppliers are used, Epitope Diagnostics, Inc. takes no responsibility for the validity of results obtained. Material is available for purchase from Epitope Diagnostics, Inc. Please contact your distributor for more information.

1. ECL100 Immunoassay Analyzer or ECL25 Immunoassay Analyzer
2. CL011 Cuvettes (for ECL100) or CL010 Cuvettes (for ECL25)
3. Wash Reagent (P-594)
4. Trigger Solutions A and B (P-595)

SPECIMEN COLLECTION AND PREPARATION

Only 50 µL of human serum is required for human pepsinogen I measurement in duplicate. No special preparation of individual is necessary prior to specimen collection. However, a 10 hour fasting serum sample is recommended for the test. Samples should not be taken from patients taking biotin-containing multivitamins or dietary supplements at least 48 hours prior to specimen collection. Whole blood should be collected and must be allowed to clot for minimum 30 minutes at room temperature before the serum is separated by centrifugation (850 – 1500xg for 10 minutes). The serum should be separated from the clot within three hours of blood collection and transferred to a clean test tube. Serum samples should be stored at 15-25°C for three days, 2-8°C for five days, and –20°C or below for three months. Avoid more than three freeze-thaw cycles of specimen.

Some substances in the samples will interfere with the test results. The common interfering substances and maximum allowable concentrations are as follows:

- bilirubin 60 mg/dL
- triglycerides 1500 mg/dL
- hemoglobin 900 mg/dL
- biotin 200 nmol/L
- For patients receiving high-dose biotin therapy (5 mg/ day), samples must be collected 8 hours after taking the last dose of biotin

A single assay of this item requires 100 µL sample. This quantity does not include the amount of dead volume in the sample container, the capacity required for retesting, and other measurement items. For the definition of minimum required sample size, refer to the equipment manual.

CALIBRATION

An active calibration curve is required for all tests. For the assay, calibration is required for the first time use of a reagent lot and every 14 days thereafter or when either kit control is out of range. Refer to appropriate system manuals for configuring calibrators.

QUALITY CONTROL

The characteristics of patient samples are simulated through controls and are critical to validate the performance of CLIA assays due to the random access format. Use of controls is left to the discretion of the user, based on good laboratory practices, requirements, and applicable laws. We suggest performing a control test once every day. Quality control results that do not fall within acceptable ranges may indicate invalid test results.

ASSAY PROCEDURE

1. Reagents from different kit lot numbers should not be combined or interchanged. Make sure that there are no air bubbles in any reagents, calibrator and control vials.
2. Reagent Preparation
2.1 Remove reagent cartridges from packaging and replace the solid caps with the provided soft caps for ECL100. For ECL25, carefully remove the aluminum foil seal on each container on the cartridges.
2.2 For the ECL100, take out the Magnetic Particle bottle make sure to roll between hands and gently but thoroughly mix until the magnetic particle solution is homogenous. The solution should be uniform with no clumps of magnetic particles visible; this step is vital for assay performance. For ECL25, mix the magnetic beads by moving back and forth the bottom part of the cartridge at upright position. Make sure to look inside the cartridge until the solution is uniform with no clumps of magnetic particles visible and no air bubbles. Recap the bottle. Open the top soft cap of all reagent bottles, leaving only the hollow soft rubber. The reagents are now ready to be loaded into the ECL100 or ECL25 for calibration.

3. Assay Program
   The following table illustrates the protocol used by the ECL100 or ECL25 for instrument operation.

Component	Quality Control Hole (µL)	Sample Hole (µL)
Pepsinogen II Controls (L0204-L0205)	100	-
Samples	-	100
Biotin Pepsinogen II Antibody (L0202)	50	50
Acridinium Ester Pepsinogen II Antibody (L0203)	50	50
Pepsinogen Magnetic Particle Solution (L0201)	50	50
Incubation Period 1		
Wash the reaction cup 3 times with the wash solution.		
Trigger Solution A (P-595)	200	200
Trigger Solution B (P-595)	200	200

The assay total incubation time is less than 25 minutes.

INTERPRETATION OF RESULTS

The chemiluminescence analyzer calculates the concentration values of the sample and the control by a standard curve (fitting method: four parameters or point-to-point) and the measured RLU. Values are compared with the range of the marked value. If it exceeds the indicated quality control range, it indicates that the test is unqualified and needs to be re-tested.

Due to methodological differences or antibody specificity, there may be deviations between the test results of reagents from different manufacturers. Therefore, direct comparisons should not be made to avoid false interpretation.

EXPECTED VALUES

Pepsinogen II concentrations were measured in serum samples collected from 125 apparently healthy adults using the EDI™ Human Pepsinogen II CLIA Kit. The observed range of pepsinogen I is summarized in the table below.

	Pepsinogen II Concentration
Normal	2 - 23 ng/mL
Positive	>23 ng/mL

It is highly recommended that each laboratory should establish their own normal range for Pepsinogen II based on local populations.

LIMITATIONS OF THE PROCEDURE

1. This product is for use on the ECL100 or ECL25 Immunoanalyzer only. Refer to the appropriate system manuals and/or Help system for a specific description of installation, start-up, operation, system performance, instructions, calibration, precautions, hazards, maintenance, and troubleshooting.
2. Reagents from different lots cannot be mixed.
3. Test results from this product should not be the sole basis for clinical diagnosis.
4. If the test sample result is higher than the upper limit of the calibration curve, it is recommended to re-measure after dilution according to a certain ratio. The measurement result is recalculated according to the dilution ratio to ensure the accuracy of the result.

PERFORMANCE CHARACTERISTICS
Hook Effect
The assay shows no hook effect up to 2,000 ng/mL.

Limit of Blank
The limit of blank (LoB) was determined by using 60 replicates blank samples. LoB: 0.058 ng/mL.

Limit of Detection
The limit of detection (LoD) was determined using 60 replicates low-level samples. LoD 0.33 ng/mL.

Limit of Quantification
The limit of quantification (LoQ) was determined using 60 replicates of low-level samples. LoQ: 0.59 ng/mL.

Linearity
Linearity was determined by three replicates of each of the standards used to generate the multi-point calibration curve.

Standard	Average Concentration (ng/mL)	Theoretical Concentration (ng/mL)	CV (%)	R
1	0.9	0.0	2.9	
2	15.6	14.6	2.5	
3	27.9	29.2	2.8	
4	43.1	43.8	0.4	0.99
5	54.3	58.4	3.6	
6	75.9	73.0	4.7	

Repeatability
Reproducibility was determined by measuring ten replicates of controls.

Standard	Average Concentration (ng/mL)	CV (%)
1	11.2	5.1
2	33.5	5.2

Accuracy
Accuracy was determined by three replicates of one of the middle standards used to generate the multi-point calibration curve.

Standard	Average Concentration (ng/mL)	Target Value ± 15% (ng/mL)
4	14.5	12.3 – 16.7

WARRANTY
This product is warranted to perform as described in its labeling and literature when used in accordance with all instructions. Epitope Diagnostics, Inc. DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, and in no event shall Epitope Diagnostics, Inc. be liable for consequential damages. Replacement of the product or refund of the purchase price is the exclusive remedy for the purchaser. This warranty gives you specific legal rights and you may have other rights, which vary from state to state.

REFERENCES
1. Agkoc, M., Dursun, H., Albayrak, F., Yilmaz, O., Kiziltunc, A., Yilmaz, A., & Gundogdu, C. (2010). Usefulness of serum pepsinogen levels as a screening test for atrophic gastritis and gastric cancer. *The Eurasian journal of medicine*, *42*(1), 15–18. doi:10.5152/eajm.2010.05
2. Fernandez R, Vizoso F, Rodriguez JC, Merino AM, Gonzalez LO, Quintela I, Andicoechea A, Truan N, Diez MC. (2000) Expression and prognostic significance of pepsinogen C in gastric carcinoma. Ann Surg Oncol. Aug;7(7):508-14.
3. Joseph S Fruton, (2002) "A History of Pepsin and Related Enzymes," The Quarterly Review of Biology 77, no. 2 127-147.https://doi.org/10.1086/340729
4. Rotter, J. I., Sones, J. Q., Samloff, I. M., Richardson, C. T., Gursky, J. M., Walsh, J. H., & Rimoin, D. L. (1979). Duodenal-Ulcer Disease Associated with Elevated Serum Pepsinogen II. *New England Journal of Medicine*, *300*(2), 63–66. doi: 10.1056/nejm197901113000203
5. Samloff IM and Taggart RT. (1987) Pepsinogens, pepsins, and peptic ulcer. Clinical and Investigative Medicine;10:215-221.
6. Sipponen P, Harkonen M, Alanko A, Suovaniemi O. (2002) Diagnosis of atrophic gastritis from a serum sample. Clin Lab.48(9-10):505-15. Review.
7. Tabata H, Fuchigami T, Kobayashi H, Sakai Y, Nakanishi M, Tomioka K, Nakamura S, Matsumoto T, Fujishima M. (2001). Difference in degree of mucosal atrophy between elevated and depressed types of gastric epithelial tumors. Scand J Gastroenterol.;36(11):1134-40.
8. Varis K, Sipponen P, Laxen F, Samloff IM, Huttunen JK, Taylor PR, Heinonen OP, Albanes D, Sande N, Virtamo J, Harkonen M.
(2000). Implications of serum Pepsinogen II in early endoscopic diagnosis of gastric cancer and dysplasia. Helsinki Gastritis Study Group. Scand J Gastroenterol. 35(9):9

TECHNICAL ASSISTANCE AND CUSTOMER SERVICE
For technical assistance or place an order, please contact Epitope Diagnostics, Inc. at (858) 693-7877 or fax to (858) 693-7678.

This product is manufactured by
Epitope Diagnostics, Inc.
7110 Carroll Road
San Diego, CA 92121, US

Please visit our website at www.epitopediagnostics.com to learn more about our products and services.

EC | REP   MDSS GmbH
Schiffgraben 41,
30175 Hannover, Germany

GLOSSARY OF SYMBOLS (EN 980/ISO 15223)

IVD
In Vitro Diagnostic Device

RUO
For Research Use Only

LOT
Lot Number

REF
Catalog Number

Read instructions before use

Number of Tests

Store at

Use by

Keep away from heat and direct sun light

Manufacturer

EC | REP
Authorized Representative in Europe

CE
European Conformity