Human chorionic gonadotropin and β subunit CLIA Kit

Chemiluminescence Immunoassay for the quantitative determination of Human chorionic gonadotropin and eta subunit in human serum

REF SKT-021 € (VD) * \$\forall 100, 150 \cdot \forall 2 \forall 2

INTENDED USE

Human chorionic gonadotropin and β subunit CLIA Kit is a Chemiluminescence Immunoassay (CLIA) intended for the quantitative measurement of human chorionic gonadotropin and β subunit concentration in serum.

For in-vitro diagnostics purposes only

SUMMARY OF PHYSIOLOGY

Human chorionic gonadotropin (HCG) is a glycoprotein with two non-covalently bound subunits. Its α subunit resembles the α subunit of luteinizing hormone (LH), follicle stimulating hormone (FSH), and thyroid stimulating hormone (TSH). 1.2

The β subunit of human chorionic gonadotropin is different from other pituitary glycoprotein hormones and has unique biochemical and immunological properties. Human chorionic gonadotropin (HCG) is produced by cells in the placenta and maintains luteal function during pregnancy. It can be detected up to a week after conception.

Human chorionic gonadotropin levels rise exponentially during pregnancy and continue until approximately 8 to 10 weeks after the last menstruation. Later in pregnancy, around 12 weeks after conception, human chorionic gonadotropin levels begin to drop as the placenta begins to produce steroid hormones.

Elevated human chorionic gonadotropin levels are seen in patients with germ cell, ovary, bladder, pancreas, stomach, lung, and liver tumors.^{3,4} Decreased human chorionic gonadotropin level indicates abortion, ectopic pregnancy, pregnancy-induced toxemia, etc.

ASSAY PRINCIPLE

The human chorionic gonadotropin and β subunit CLIA Kit is designed, developed, and produced for the quantitative measurement of HCG+ β level in serum samples. The assay utilizes a two-site "sandwich" technique with two antibodies that bind to different epitopes of HCG+ β .

Assay calibrators, controls, or patient serum samples are added directly to a reaction vessel together with magnetic particles antibody. The magnetic particles capture the HCG+ β in the form of "magnetic particles–HCG+ β antibody–HCG+ β –acridinium ester HCG+ β antibody" . Materials bound to the solid beads are held in a magnetic field while unbound materials are washed away. Then trigger solutions are added to the reaction vessel, and light emission is measured with the ECL100 or ECL 25 analyzer. The relative light units (RLU) are proportional to the concentration of a HCG+ β in the sample. The amount of analyte in the sample is determined from a stored, multi-point calibration curve and reported in serum HCG+ β concentration.

REAGENTS: PREPARATION AND STORAGE

This test kit must be stored at $2-8^{\circ}\text{C}$ 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. It can be stored for 1 month at $2^{\circ}\text{C} \sim 8^{\circ}\text{C}$ after kit opening.

1. HCG+ Magnetic Particle Solution (02101)

Qty: 6.0mL (100/kit), 8.5mL (150/kit)

Storage: $2 - 8^{\circ}$ C Preparation: Ready to Use

2. Acridinium ester HCG+ β antibody (02103)

Qty: 6.0mL (100/kit), 8.5mL (150/kit)

Storage: $2 - 8^{\circ}$ C Preparation: Ready to Use

3.HCG+ \$\beta\$ Calibrators (02106-02108)

Qty: 3 x vials Storage: $2 - 8^{\circ}$ C Preparation: Ready to Use

After the first use, it is recommended to storage at $2 - 8^{\circ}C$ and can be used within one month. Do not freeze.

4.HCG+ \$\beta\$ Controls (02109-02110)

Qty: 2 x vials Storage: $2 - 8^{\circ}$ C Preparation: Ready to Use

After the first use, it is recommended to storage at $2 - 8 ^{\circ}C$ and can be used within one month. Do not freeze.

SAFETY PRECAUTIONS

The reagents must be used in a professional laboratory environment and are for in vitro diagnostic use. Source material which contains reagents of bovine serum albumin was derived in the New Zealand. 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. Exercise Good Laboratory Practices.

MATERIALS REQUIRED BUT NOT PROVIDED

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

The instrument must operate using materials supplied by Epitope Biotechnology, Co., Ltd. or Epitope Diagnostics, Inc. When materials are sourced from third-party suppliers are being used, Epitope Biotechnology, Co., Ltd. and Epitope Diagnostics, Inc. takes no responsibility of the validity for obtained results. Materials are available to purchase from Epitope Biotechnology, Co., Ltd. and Epitope Diagnostics, Inc. Please contact your distributor for more information.

SPECIMEN COLLECTION AND PREPARATION

Blood sample should be collected under sterile conditions.

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- 2. For human serum samples only; other body fluids and samples may not yield accurate results.
- 3. Clinical samples should be tested within 2 hours after collection. If the measurement cannot be completed within 2 hours, please store under the following conditions:
 - Store at low temperature and away from light (2°C~8°C) for 7 days,
 - Store at -20°C or below for 30 days.
 - Freeze and thaw three times.
- 4. Avoid heat-inactivated samples. Mixed, contaminated and hemolysis samples should be discarded.
- Samples should be restored to room temperature before testing. Frozen samples should be completely melted and mixed evenly before use. Due to possible volatilization, samples, calibrators and controls on the ECL platform should be tested within 2 hours.
- Some substances in the samples will interfere with the test results. The common interfering substances and maximum allowable concentrations are as follows:

bilirubin: 10 mg/dL
triglyceride: 1800 mg/dL
hemoglobin: 500 mg/dL

7. A single test of this assay requires 10 μL sample. This quantity does not include the amount of dead volume in the sample container, the capacity required for retesting, or 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. Calibration is required for the first time use of a reagent lot and every 28 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. Quality control results that do not fall within acceptable ranges may indicate invalid test results.

ASSAY PROCEDURE

- Reagents from different kit lot numbers must 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 ECL 25 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)	
HCG+β Controls (02109- 02110)	10	1	
Samples	-	10	
Acridinium ester HCG+β antibody (02103)	50	50	
HCG+β Magnetic Particle Solution (02101)	50	50	
Incubate at 37°C for 20 minutes			
Wash the reaction cuvette 3 times with wash reagent.			
Trigger Solution A (P-595)	100-200	100-200	
Trigger Solution B (P-595)	100-200	100-200	

NOTE FOR ASSAY PROCEDURE

All the reagents in this kit are ready-to-use. Make sure that there is no air bubble in any reagents, calibrator and control vials. Reagents from different kit lot numbers must not be combined or interchanged.

Please read the reagent instructions and equipment instructions carefully before using this kit and perform the test according to relevant requirements. When reagents are loaded, the equipment will automatically stir the magnetic particles to resuspend them. Allow the regent to mix for minimum 15 min before starting the assay program.

INTERPRETION OF RESULTS

- 1. The default unit for the HCG+ β project is mIU/mL (or IU/L)
- Due to methodological differences or antibody specificity, there may be deviations between the test results of reagents from different manufacturers, so direct comparisons should not be made to avoid false interpretation.
- 3. When the concentration of HCG+ β in the sample exceeds 10000 mIU/mL, the sample can be diluted (100 times is recommended) before detection.
- 4. When the sample concentration of HCG+ β is lower than the detection lower limit, the test result can be reported as < 0.500 mIU/mL. When the sample concentration is higher than the detection upper limit, it can be reported as > 10000 mIU/mL.

EXPECTED VALUES

Patients		Reference range (mIU/mL)
Female	Healthy non-pregnant premenopausal women	5.3

Note: each Laboratory is recommended to determine and establish its own reference range with local population.

LIMITATIONS OF THE PROCEDURE

 This product is for use on the ECL100 Immunoassay Analyzer or ECL 25 Immunoassay Analyzer only. Refer to the appropriate system manuals and/or Help system for a

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- specific description of installation, start-up, operation, system performance, instructions, calibration, precautions, hazards, maintenance, and troubleshooting.
- Reagents from different kit lot numbers should not be combined or interchanged.
- Test results obtained from the proposed kit should not be served as a sole basis for clinical diagnosis or patient management.
- 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 measured value is recalculated according to the dilution ratio to ensure the accuracy of the result.

PERFORMANCE CHARACTERISTICS

- **Hook Effect:**
 - The assay showed no hook effect up to 200000 mIU/mL.
- **Limit of Detection (LoD):**
 - 0.500 mIU/mL.
- Linearity:
 - 0.500 mIU/mL to 10000 mIU/mL,
 - linearity correlation coefficient R ≥0.990.
- **Accuracy:**
- relative deviation within $\pm 10\%$.
- Precision:
 - Intra-assay repeatability: CV≤8%;
 - Inter-assay reproducibility: CV≤15%.

NOTES

- Read the instructions carefully and gently but thoroughly mix the reagent before use. Remove any air bubbles before loading the reagents onto the equipment.
- Keep the reagent in storage conditions indicated in this IFU and on the reagent label. Do not freeze reagents.
- Avoid contact with skin, eyes and mucous membrane. Upon contact, flush the area with clean water immediately.
- All patient samples must be treated as potential infectious material.
- Components of different kits cannot be mixed.
- All waste must be disposed of in compliance with local regulations and laws

WARRANTY

This product is warranted to perform as described in its labeling and literature when used in accordance with all instructions. Epitope Biotechnology Co,Ltd and its distributors DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, and in no event shall Epitope Biotechnology Co. Ltd., 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.

REFERENCE

1.Russell PT. Pregnancy and fetal function. In: Kaplan LA, Pesce AJ, editors. Clinical chemistry: theory, analysis, and correlation. 2nd ed. St. Louis: CV Mosby, 1989, 572. 2. Kaplan LA. Human chorionic gonadotropin. In: Kaplan LA, Pesce AJ, editors. Clinical chemistry: theory, analysis, and correlation. 2nd ed. St. Louis: CV Mosby, 1989, 938 - 944. 3.Sturgeon CM, McAllister EJ. Analysis of hCG: clinical applications and assay requirements. Ann Clin Biochem, 1998, 35: 460-491.

4. Marcillac I, T roalen F, Bidart JM, et al. Free human chorionic gonadotropin β subunit in gonadal and nongonadal neoplasms. Cancer Res, 1992, 52: 3901-3907.

TECHNICAL ASSISTANCE AND CUSTOMER SERVICE

For technical assistance or to place an order, please contact Epitope Diagnostics, Inc. in USA at +1 858-693-7877 or email to cs@epitopediagnostics.com



Epitope Biotechnology, Co.,Ltd. 599 Yazhong Rd. 3-4F, Jiaxing Zhejiang 314006, China



This product is marketed by **Epitope Diagnostics, Inc.** 7110 Carroll Rd San Diego, CA 92121 United States www.epitopediagnotics.com



MDSS GmbH Schiffgraben 41, 30175 Hannover, Germany

GLOSSARY OF SYMBOLS (EN 980/ISO 15223)

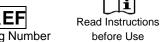


In Vitro Diagnostic Device

European Conformity











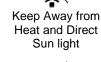






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Distributor

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