Human Cancer Antigen 50 CLIA Kit

Chemiluminescence Immunoassay for the quantitative determination of Cancer Antigen 50 in human serum

REF SKT-067C€IVD 🗱 🟹 100, 150 *2 🖧 🖽

INTENDED USE

The Human Cancer Antigen 50 CLIA Kit is a Chemiluminescence Immunoassay (CLIA) intended for the quantitative measurement of human Cancer Antigen 50 concentration in serum.

For in-vitro diagnostics purposes only

SUMMARY OF PHYSIOLOGY

The increase of serum CA50 levels was related with the clinical stage, recurrence and metastasis of colorectal cancer. ¹⁻

Serum CA50 levels was positively correlated with those of CEA. It is suggested that CA50 be considered as one of the indicators in diagnosis and classification of the clinical stage of colorectal cancer, and values of serumal CA50 may be helpful for estimating the development of disease and prognosis for patients with colorectal cancer.^{5-8.}

ASSAY PRINCIPLE

The Human Cancer Antigen 50 CLIA Kit is designed, developed, and produced for the quantitative measurement of human CA50 level in serum samples. The assay utilizes a twosite "sandwich" technique with two antibodies that bind to different epitopes of CA50.

Assay calibrators, controls, or patient serum samples are added directly to a reaction vessel together with magnetic particles antibody. The magnetic particles capture the CA50 in the form of "magnetic particles–CA50 antibody–CA50– acridinium ester CA50 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 CA50 in the sample. The amount of analyte in the sample is determined from a stored, multi-point calibration curve and reported in serum CA50 concentration.

REAGENTS: PREPARATION AND STORAGE

This test kit must be stored at $2 - 8^{\circ}$ 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° C- 8° C after kit opening.

1. CA50 Magnetic Particle Solution (06701)

Qty:	6.0mL (100/kit), 8.5mL (150/kit)
Storage:	2 – 8°C
Preparation:	Ready to Use

2. Acridinium ester CA50 antibody (06703)

Qty: 6.0mL (100/kit), 8.5mL (150/kit) Storage: 2 – 8°C Preparation: Ready to Use

3. CA50 Calibrators (06706-06708)

Qty:	3 x vials
Storage:	2 – 8°C
Preparation:	Ready to Use
-	After the first use, it is recommended to

4. CA50 Controls (06709-06710)

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2 x vials
2 – 8°C
Ready to Use
After the first use, it is recommended to
storage at 2 - 8 $^\circ\!\mathrm{C}$ 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 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

- 1. ECL100 Immunoassay Analyzer (ECL100) or ECL25 Immunoassay Analyzer (ECL25)
- 2. 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 sourced from third-party suppliers are being used, Epitope Biotechnology, Co.,Ltd. and Epitope Diagnostics, Inc. takes no responsibility for the validity of 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

- 1. Blood sample should be collected under sterile conditions.
- 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:
 - storage at low temperature and away from light (2°C~8°C) for 7 days,
 - storage at -20°C or below for 30 days
 - Freeze and thaw only once
- 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 well before use. Due to possible volatilization, samples, calibrators and controls on the ECL platform should be tested within 2 hours.

- 6. Some substances in the samples will interfere with the test results. The common interfering substances and maximum allowable concentrations are as follows:
 - bilirubin 50 mg/dL
 - triglycerides 2000 mg/dL
 - hemoglobin 500 mg/dL
- A single assay of this item requires 20 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. 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 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, the cartridges come with soft caps and removable lids.
 - 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)		
CA50 Controls (06708-06709)	20	-		
Samples	-	20		
CA50 Magnetic Particle Solution (06701)	50	50		
Acridinium ester CA50 antibody (06703)	50	50		
Incubate at 37°C for 10 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

INTERPRETION OF RESULTS

1. The default unit for the project is U/ml.

2. 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 cancer Antigen 50 concentration in the sample exceeds 500 U/ml, a sample dilution could be performed before the test.

4. Any result below the minimum detection limit will be reported as <2.50U/ml; any result above the maximum detection limit will be reported as >500.0U/ml.

EXPECTED VALUES

Results of study in clinical centers with group of individuals, 95% of the results were :< 25U/ml.

Each laboratory should evaluate the applicability of this reference range through experiments and establish their own reference range if necessary.

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 specific description of installation, start-up, operation, system performance, instructions, calibration, precautions, hazards, maintenance, and troubleshooting.
- 2. 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.
- 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 measured value is recalculated according to the dilution ratio to ensure the accuracy of the result.

PERFORMANCE CHARACTERISTICS

- I. Hook Effect:
 - The assay showed no hook effect up to 10000 U/ml.

2. Limit of Detection (LoD):

- ≤2.50U/ml
- 3. Linearity:
 - 2.50U/ml to 500 U/ml
 - linearity correlation coefficient R \geq 0.990
- 4. <u>Accuracy:</u>
 - relative deviation within ±10%
- 5. Precision:
 - Intra-assay repeatability: CV <> 8%
 - Inter-assay reproducibility: CV <15%

NOTES

- 1. Read the instructions carefully and gently but thoroughly mix the reagent before use. Remove any air bubbles before loading the reagents onto the equipment.
- 2. Keep the reagent in the storage conditions indicated in this IFU and on the reagent label. Do not freeze reagents.
- 3. 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 4. material.
- 5. Components in different kits cannot be mixed.
- All waste must be disposed of in compliance with local 6. 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

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REFERENCE

- GrankviskK, LinngbergB, Rasmuson T. Evaluation of five 1 glycoprotein tumor marks (CEA, CA50, CA19-9, CA125, CA 15-3) for the prognosis of renal cell carcinoma. Int J Cancer, 1997, 74: 233-236.
- Diagnostic Value of Determination of Serum CEA, CA50 2. and CA19-9 in Gastrointestinal Cancers Medical Journal of Commu- nications 195-203.
- 3. Diagnostic efficacy of free to total ratio of prostate-specific antigen and prostate-specific antigen velocity, singly and in combination, in detecting prostate cancer in patients with total serum prostate-specific antigen between 4 and 10ng/ml. IntUrolNephrol. 2007 Jul 6 34-85.
- Anion exchange fractionation of serum proteins versus 4. albumin elimination. Anal Biochem. 2007 Jun 8 20-25.
- Values for free/total prostate-specific antigen ratio as a 5 function of age: necessity of reference validation in a Turkishpopu- lation.ClinChem Lab Med. 2007; 45(7):912-6 26-30.
- Spontaneous mammary tumors differ widely in their 6. inherent sensitivity to adoptively transferred T cells. Cancer Res. 2007 Jul 1; 67(13):6442-6450.
- 7. Prognostic factors after preoperative irradiation and surgery for locally advanced rectal cancer; Eur J SurgOncol. 2007 Jul 3 30-35.
- Expression of Cancer-Testis Antigen CT7 (MAGE-C1) in 8. Breast Cancer: An ImmunohistochemicalStudy with Emphasis on Prognostic Utility. Athol Oncol Res. 2007; 13(2):91-6. Epub 2007 Jul 3 56-69.

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



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GLOSSARY OF SYMBOLS (EN 980/ISO 15223)

FOR REFERENCE USE ONLY









Store at

Manufacturer

i **Read Instructions** before Use



Σ

Keep Away from Heat and Direct Sun light

Number of Tests



Authorized Representative in Europe

Use by

EC



REP

