HUMAN ALPHA-1 ANTITRYPSIN BINDARID® RADIAL IMMUNODIFFUSION KIT

For *in vitro* diagnostic use only

Product Code: RN034.3

Product manufactured by:
The Binding Site Group Ltd., 8 Calthorpe Road, Edgbaston, Birmingham, B15 1QT, UK.
www.bindingsite.co.uk
Telephone: +44 (0)121 456 9500
Fax: +44 (0)121 456 9749
e-mail: info@bindingsite.co.uk

FDA (USA) Information
Analyte ID Code: 0421
Test System ID Code: 61079
Complexity Cat: High

CE

1 INTENDED USE

This kit is intended for measuring human Alpha-1 Antitrypsin in serum as an aid in the diagnosis of several conditions including juvenile and adult cirrhosis of the liver. In addition, Alpha-1 Antitrypsin deficiency has been associated with pulmonary emphysema.

2 SUMMARY AND EXPLANATION

Alpha-1 Antitrypsin (α1AT) is a 54 kD serum glycoprotein that is synthesised by hepatocytes and to a lesser extent by mononuclear phagocytes. It is a serine protease inhibitor, acting principally on neutrophil elastase, thereby protecting the lung from degradation by this enzyme. Reduced serum levels of α1AT are associated with liver disease and also occur in early childhood, old age and with hereditary deficiency. This can cause an imbalance between the neutrophil elastase in the lung and the anti-elastases that are responsible for protecting the lung which can lead to the clinical condition emphysema (refs 1-3).

Radial immunodiffusion (RID) is a technique that is routinely used for measuring the concentration of various soluble antigens in biological fluids. It is principally derived from the work of Fahey & McKelvey (ref. 4) and Mancini *et al*. (refs. 5 & 6).

3 PRINCIPLE OF THE ASSAY

The method involves antigen diffusing radially from a cylindrical well through an agarose gel containing an appropriate mono-specific antibody. Antigen-antibody complexes are formed which, under the right conditions, will form a precipitin ring. The ring size will increase until equilibrium is reached between the formation and breakdown of these complexes, this point being termed 'completion'. At this stage, a linear relationship exists between the square of the ring diameter and the antigen concentration. By measuring the ring diameters produced by a number of samples of known concentration, a calibration curve may be constructed. The concentration of the antigen in an unknown sample may then be determined by measuring the ring diameter produced by that sample and reading off the calibration curve.

There are three different procedures that may be used with this kit (see Section 8.4). Procedures ONE and TWO require that rings are measured at completion. A linear calibration curve is constructed for Procedure TWO, whereas for Procedure ONE a reference table (based upon the ideal linear calibration curve) is provided, which converts ring diameters directly to protein concentrations. Using Procedure THREE, ring diameters are measured before completion; the calibration curve produced will be non-linear.

4 REAGENTS

4.1 RID plates. (Supplied in foil pouches). These contain monospecific antibodies to α1AT in agarose gel. Up to fourteen samples can be run per plate (including calibrators). Preservatives: 0.099% sodium azide, 0.1% E-amino-n-caproic acid (EACA), 0.01% benzamidine.

4.2 Calibrator. This is supplied in stabilised liquid form. The concentration of α1AT given on the vial label has been obtained by comparison with the DA470k International Reference Material. Preservatives: 0.099% sodium azide, 0.1% EACA, 0.01% benzamidine.

4.3 7% Bovine Serum Albumin (BSA) solution. This is supplied in stabilised liquid form and is included for use as a diluent. Preservative: 0.099% sodium azide, 0.1% EACA, 0.01% benzamidine.

4.4 Control. This is supplied in stabilised liquid form. The expected α1AT concentration is marked on the bottle label. Preservatives: 0.099% sodium azide, 0.1% EACA, 0.01% benzamidine.

5 CAUTION

All donors of human serum supplied in this kit have been serum tested and found negative for hepatitis B surface antigen (HBsAg) and antibodies to human immunodeficiency virus (HIV1 and HIV2) and hepatitis C virus. The assays used were either approved by the FDA (USA) or cleared for *in vitro* diagnostic use in the EU (Directive 98/79/EC, Annex II); however, these tests cannot guarantee the absence of infective agents. Proper handling and disposal methods should be established as for all potentially infective material including (but not limited to) users wearing suitable protective equipment and clothing at all times. Only personnel fully trained in such methods should be permitted to perform these procedures.

WARNING: This product contains sodium azide and must be handled with caution; suitable gloves and other protective clothing should be worn at all times when handling this product. Do not ingest or allow contact with the skin (particularly broken skin or open wounds) or mucous membranes. If contact does occur wash with a large volume of water and seek urgent medical advice. Explosive metal azides may be formed on prolonged contact of sodium azide with lead and copper plumbing; on disposal of reagent, flush with a large volume of water to prevent azide build up.

This product should only be used by suitably trained personnel for the purposes stated in the Intended Use. Strict adherence to these instructions is essential at all times.

Reagents from different batch numbers of kits are **NOT** interchangeable. If large numbers of tests are performed care should be taken to ensure that all the reagents are from the same batch.

6 STORAGE AND STABILITY

The unopened kits should be stored at 2-8°C and can be used until the expiry date given on the kit box label. DO NOT FREEZE. The expiry dates of individual components are given on the component labels. RID plates should be stored at 2-8°C and are damaged by temperature extremes. Freezing will destroy the gel, therefore RID plates should be kept away from cooling elements in refrigerators. High temperatures should also be avoided as this will result in moisture loss from the gel, affecting performance. Unopened plates should be stored flat and upside down (pouch label uppermost) to prevent condensation accumulating in the wells. Handle plates with care to prevent gel damage.

Unopened calibrator and control should be stored at 2-8°C. Once opened they are stable for at least one week at 2-8°C, but for longer storage they should be aliquoted and frozen (-20°C or below). All other reagents should be stored at 2-8°C.

7 SPECIMEN COLLECTION AND PREPARATION

Use fresh or deep frozen (-20°C or below) serum samples. Microbially contaminated, haemolysed and very lipaemic serum and samples containing particulate matter should not be used. Blood samples should be collected by venepuncture, allowed to clot naturally and the serum separated as soon as possible to prevent haemolysis. The serum may be stored at 2-8°C for up to 48 hours prior to assay, or for prolonged storage, aliquoted and kept at -20°C or below. Repeated freezing and thawing should be avoided.

The BSA included in the kit should be used as diluent when required, as this will maintain the viscosity of the material. Results can therefore be accurately compared with the calibrator which has a similar viscosity to normal serum.

8 METHODOLOGY

A summary of the entire procedure is given at the end of this instruction leaflet.

8.1 Contents

8.1.1 3 x *Human Alpha 1 Antitrypsin NL Bindarid* (radial immunodiffusion plates in foil pouches)
8.1.2 8 x *Gel Dividers*
8.1.3 1 x *Human α- 1 Antitrypsin Calibrator*
8.1.4 1 x 5mL *7% BSA Solution*
8.1.5 1 x *Human α1 Antitrypsin Control Serum*
8.1.6 1 x instruction leaflet, including RID reference table

8.2 Materials required but not provided

8.2.1 Equipment for collection and preparation of test samples, e.g. sample tubes, centrifuge etc.
8.2.2 Pipettes for accurate dilution of samples, when required.
8.2.3 Micropipettes for sample application. These should be capable of accurately delivering 5µL volumes. Binding Site Micropipettes (code AD041) or 'Hamilton' syringes are recommended.
8.2.4 Jeweller's Eyepiece (Code AD040) electronic RID reader for magnifying and accurately measuring the precipitin ring diameters to 0.1mm.

8.3 Reagent preparation

8.3.1 RID Plate(s)

To avoid contamination of the gel, plates should be used in a dust-free environment. Take the plate from the foil pouch and remove the lid. If condensation is visible the plate should be kept upside down until the lid has been removed to prevent droplets falling onto the gel. Check the plate to ensure that no damage has occurred in storage or transit e.g. splits in the gel. Leave the plate open for 10-15 minutes (or longer if necessary) at room temperature to allow any condensation in the wells or on the gel surface to evaporate. Samples should never be applied to wells in which moisture is still visible.

Plate partitioning: The plates may be partitioned into up to four sections using the gel dividers provided prior to use. Each divider should be positioned carefully on the gel, cutting edge downward, with the stabilising arm resting on the central plate label. Press firmly on the arm to cut the gel and leave in position.

Plate partitioning is recommended if only part of the plate is to be used initially or when measuring suspected high concentration samples which could (by diffusing over a wide area) result in antibody depletion occurring elsewhere on the plate. After initial use, partitioned plates should be resealed in their foil pouches and stored at 2-8°C with the gel divider(s) in place. Store partitioned plates right side up and use within four weeks.

8.3.2 Calibrator

The calibrator is prediluted and should be mixed gently before use. It should be applied to the plates neat. Dilutions of the calibrator must be made if a calibration curve is required (as for Procedures TWO and THREE). These dilutions should normally be a medium dilution (60%, ie 6 parts in 10) and a low dilution (10%, ie 1 part in 10). It is recommended that 120µL of calibrator is mixed with 80µL of the diluent provided (7% BSA) for a 60% dilution, and 25µL of calibrator is mixed with 225µL of the diluent for a 10% dilution.

8.3.3 Control

The liquid control serum should be applied to the plates undiluted, mixing gently immediately before use.

8.3.4 Sample

Samples should not normally require dilution. If samples containing very high α1AT concentrations are to be measured, dilution will be necessary. In such cases it is suggested that to obtain adequate accuracy a minimum volume of 20µL of test sample is mixed with the appropriate volume of BSA. For samples having α1AT concentrations below the detection limits of the plates, one of the following is recommended:

(i) Concentrate the sample.
(ii) Make a double fill of the well (see Section 8.5)

8.4 Procedures

8.4.1 Procedure ONE: RID Reference table

This method does not require the construction of a calibration curve – sample concentrations corresponding to each ring diameter are read directly off the RID Reference Table. Rings must be allowed to develop to completion which will require a minimum diffusion time of 72 hours. The neat calibrator should be run on each plate used to ensure all are performing correctly.

8.4.2 Procedure TWO: Calibration curve at completion

In this method, all three calibrator concentrations are used to produce a linear calibration curve. Rings must be allowed to develop to completion which will require a minimum diffusion time of 72 hours. To conserve wells, one calibration curve can be used for several plates of the same batch used concurrently. In such cases, the neat calibrator should be run on each plate used to ensure all are performing correctly.

8.4.3 Procedure THREE: Calibration curve prior to completion

In this method, all three calibrator concentrations are used to produce a calibration curve which is non-linear, as the rings are measured before completion. The minimum recommended diffusion time is 18 hours. It is advisable that a separate calibration curve is constructed for each plate used.

8.5 Application of calibrators and samples

The calibrator, control and test samples should be gently mixed immediately before use. Fill the required number of wells with 5µL of the neat calibrator using a micropipette. If Procedure TWO or THREE is being followed fill the required number of wells with the medium and low calibrator dilutions as well. The remaining wells should then be filled with 5µL of appropriately diluted test samples and controls. Plates should not be left open for long periods during calibrator/test sample application, as this will cause excessive drying of the gel.

Note: For those samples suspected of containing low concentrations of α1AT, a 'double fill' of the well may be made. The well is initially filled with 5µL of the sample and this is allowed to completely diffuse into the gel, which can take up to 30 minutes. The lid should be kept in place during this period. The second fill (again using 5µL) may then be made, and the plate incubated as normal. Results obtained must be corrected for the double sample volume and will be less accurate than those obtained by the normal 'single fill' procedure.

8.6 Incubation

After sample application, the lid is tightly closed and the plate stored flat at room temperature (approximately 20-24°C). It is essential that the gel is not allowed to dry out during incubation. To minimise evaporation, it is suggested that plates should either be resealed in their foil pouches or stored in a moist box (a sealed plastic box containing damp tissue paper) during incubation. The minimum incubation time for Procedure THREE is 18 hours and for complete diffusion (Procedures ONE and TWO) is 72 hours. Final ring diameters may be affected by temperature; the expected ring size for the neat calibrator is 9mm (±0.3mm) when incubated at 20-24°C. Extremes of temperature should be avoided.

8.7 Quality control

The control serum should be treated exactly like a test sample. Values obtained for the control should be within ±10% of the concentration stated on the vial label.

9 RING MEASUREMENT AND RESULT PROCESSING

After the required diffusion time, ring diameters should be measured to the nearest 0.1mm, using a jeweller's eyepiece or RID plate reader. When reading with an eyepiece, use bright side lighting and a dark background. If difficulties are experienced, view the plate macroscopically and mark the edges of the rings on the back of the plate using a needle. The distance between these marks may then be more easily measured.

Note: For Procedures ONE and TWO ring diameters must have developed to completion. If there is any doubt, rings should be remeasured after a further 24 hours to ensure there has been no increase in their diameters. The neat calibrator should give a ring diameter of 9.0mm ± 0.3mm at completion. If the ring diameter is outside this range, see Trouble Shooting (Section 10.3).

Procedure ONE

The concentration of α1AT in each test sample can be read directly from the RID Reference Table, **providing it has been applied neat as recommended**.

Concentrations obtained for samples giving ring diameters greater than the high calibrator should be regarded as approximate, due to the possibility of incomplete diffusion. Such samples may also cause local antibody depletions thereby affecting adjacent ring sizes; they should preferably be diluted appropriately and retested. Samples giving ring diameters below the lower limit on the RID Reference Table should be retested in a more concentrated form (see Section 8.3.4). Any change from the recommended sample dilution (ie neat) must be taken into account when calculating the results.

Example:

Test sample	Dilution	Ring diameter (mm)	Table value (mg/L)	Original sample conc. (mg/L)
α1AT Sample A	Neat	6.4	1220	1220
α1AT Sample B	Neat	> 11	> 4370	> 4370
α1AT Sample B (repeat)	1/2	8.6	2520	5040*

* Calculated as follows: Table value x Recommended Diln./Actual Diln., ie 2520mg/L x (1)/(1/2).

Procedure TWO

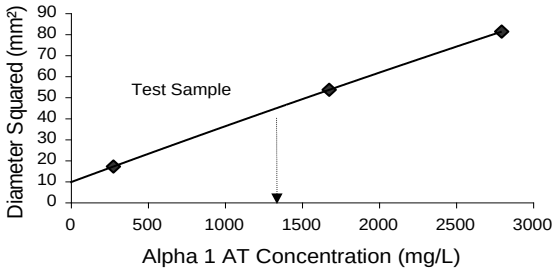
Plot the square of the diameters of the precipitin rings formed by three calibrator dilutions versus their α1AT concentrations (given on the calibrator vial labels). α1AT concentrations should be along the horizontal (x) axis, ring diameters squared along the vertical (y) axis. A line of best of fit is drawn through the three points; the y-intercept should be in range 10-12mm^2. The α1AT concentration is determined from the calibration curve; remember to adjust the sample concentration obtained by any dilution factor used.

Sample calculation:

α1AT calibrator gave the following ring diameters on an α1AT test plate at completion:

Calibrator	Conc. (mg/L)	Diameter (D) of ring (mm)	D squared (mm^2)
Neat	2800	9.0	81.0
Medium	1680	7.3	53.3
Low	280	4.1	16.8

A calibration curve was plotted using these results:



An unknown sample, applied neat as recommended, gave 6.6mm diameter ring on this plate. From the above curve, this corresponds to an α1AT concentration of 1300mg/L.

Procedure THREE

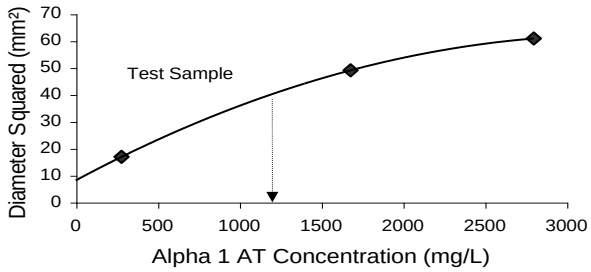
Plot the calibration curve as for procedure TWO. The graph will not be a straight line but a curve, the gradient of which decreases with increasing protein concentration. The y-intercept should be as indicated for Procedure TWO. Test sample protein concentrations are read off the calibration curve; remember to adjust the sample concentration obtained by any dilution factor used.

Sample calculation:

α1AT calibrator gave the following ring diameters on an α1AT plate after 18 hours:

Calibrator	Conc. (mg/L)	Diameter (D) of ring (mm)	D squared (mm^2)
Neat	2800	7.8	60.8
Medium	1680	7.0	49.0
Low	280	4.1	16.8

A calibration curve was plotted using these results:



An unknown sample, applied neat as recommended, gave a 6.2mm ring on this plate. From the above curve, this corresponds to an α1AT concentration of 1240mg/L.

10 LIMITATIONS OF PROCEDURE

10.1 For Procedure ONE, results generated from ring diameters greater than the neat calibrator ring diameter (i.e. 9mm) should be regarded as approximate (see Section 9). For Procedure TWO and THREE, accurate results are limited to the calibration curve between the neat and low calibrator values – extrapolation beyond these points is not valid. Samples giving results outside these ranges must be diluted or concentrated as appropriate and retested (see Section 8.3.4).

10.2 FDA (USA) Information – see front page

10.3 TROUBLE SHOOTING

Problem	Possible causes(s)	Suggested action(s)
A. No ring for:		
1. Calibrator(s)	Calibrator omitted.	Repeat assay.
2. Test sample	i) Sample omitted.	Repeat assay.
	ii) Concentration too high/low.	Dilute/concentrate and reassay.
3. Calibrator(s) and test samples	Plate deterioration.	a) Storage damage. Repeat assay using new plate.
		b) Product expired. Repeat assay using new plate/kit.
B. Oversize rings for:		
1. Neat calibrator (more than 9.3mm)	i) Inaccurate ring measurement.	Remeasure using eyepiece or RID plate reader.
	ii) Incorrect volume applied.	Check 5µL volume applied.
	iii) Inaccurate volume applied	a) Micropipette malfunction – check operation and repeat assay
		b) Poor technique – repeat assay
	iv) Partial evaporation of calibrator on storage	Repeat assay using new calibrator/kit
	v) Plate deterioration	a) Storage damage. Repeat assay using new plate
		b) Product expired. Repeat assay using new kit
	vi) Local antibody depletion due to adjacent high concentration test samples	Dilute the sample(s) responsible and repeat assay using new plate
	vii) Incubation temperature too high (see Section 8.6)	Repeat assay, incubating at 20-24°C
2. Test samples (above acceptable range – see Section10.1)	i) Concentration too high	Dilute and reassay
	ii) Incorrect volumes applied	Check 5µL volume applied

Problem	Possible causes(s)	Suggested action(s)
C. Undersized rings for:		
1. Neat calibrator (less than 8.7mm)	i) Inaccurate ring measurement	As for B1 above
	ii) Incorrect volume applied	
	iii) Inaccurate volume applied	
	iv) Calibrator deterioration	a) Storage damage. Repeat assay using new calibrator.
		b) Product expired. Repeat assay using new kit
	v) Incubation temperature too low (see Section 8.6)	Repeat assay, incubating at 20-24°C
2. Test samples (below acceptable range – see Section 10.1).	i) Concentration too low	See section 8.3.4 and repeat assay
	ii) Incorrect volume applied	Check 5µL volume applied
D. Double/Multiple rings	i) Non-specific precipitation close to well (due to PEG in gel)	Read outer ring
	ii) Poor sample application.	Repeat assay
	iii) Calibrator deterioration.	a) Storage damage. Repeat assay using new calibrator.
		b) Product expired. Repeat assay using new kit.
	iv) Sample deterioration.	Reassay using fresh sample.
E. Non-circular rings	i) Poor sample application.	Repeat assay.
	ii) Gel dried out before use.	a) Storage damage. Repeat assay using new plate
		b) Product expired. Repeat assay using new plate/kit
	iii) Gel dried out during sample application or incubation	Repeat assay minimising the time the plate is left open. Incubate with lid on tight in a moist box or sealed foil pouch
	iv) Local antibody depletion (due to high concentration samples on the plate)	Dilute samples and repeat assay
F. Cloudy gel	i) Plate has been frozen	Repeat assay using new plates. Review storage.
	ii) Gel dried out before use	As for E(ii) above
	iii) Gel dried out during sample application or incubation	As for E(iii) above
G. Weak, pitted gel	Plate has been frozen	Repeat using new plate. Review storage
H. Poor calibration curve:		
1. Curve non-linear (Procedure TWO)	i) Incomplete diffusion	Incubate for further 24 hours and remeasure the rings
	ii) Calibrator rings under/oversize	As for B1 or C1 above. (Similar explanations apply to the medium and low calibrators)
	iii) Calibration curve constructed incorrectly.	Check calibration curve construction.
2. y-intercept out-of range (Section 9)	i) Calibrator rings under/oversize	As for B1 or C1 above. (Similar explanations apply to the medium and low calibrators)
	ii) Calibration curve constructed incorrectly	Check calibration curve construction

10.4 Diagnosis cannot be made and treatment must not be initiated on the basis of α1AT measurements alone. Clinical history and other laboratory findings must be taken into account.

10.5 If an unexpected result is obtained, the assay should be repeated, preferably with a fresh sample.

If a problem cannot be resolved, please refer to supplier.

11 EXPECTED VALUES

The following results were obtained using this kit:

	Mean (mg/L)	SD (n-1)	Median (mg/L)	95 Percentile range (mg/L)	No. of samples
Normal Male	1093	162	1113	777-1384	64
Normal Female	1287	294	1282	785-1881	60

Normal male and female results were obtained using sera from normal adult blood donors. The data provided has been generated from limited numbers of British blood donors and is intended for guidance purposes only. It is strongly recommended that each user should generate his/her own α1AT concentration ranges for appropriate clinical conditions.

12 PERFORMANCE CHARACTERISTICS

12.1 Precision

The precision (repeatability) of this kit is expressed as the mean and the percentage coefficient of variation (CV) which had been determined using human serum preparations containing neat, medium and low concentrations of α1AT. All analyses were performed in our laboratory. Each value was calculated from 10 measurements (duplicate determinations on five separate plates from a typical batch) unless otherwise stated. For Procedures ONE and TWO, rings were measured after 72 hours. For Procedure THREE, rings were read after 18 hours.

Sample Pool	Procedure ONE		Procedure TWO		Procedure THREE	
α1AT	Mean Conc. (mg/L)	CV	Mean Conc. (mg/L)	CV	Mean Conc. (mg/L)	CV
Neat	2425	1.1%	2542	1.6%	2437	2.9%
Medium	1499	2.8%	1556	6.5%	1507	3.0%
Low	568	4.7%	518	6.1%	496	0.1%

12.2 Within-plate and inter-batch variation

The within plate variation is expressed as the mean ± standard deviation of determinations of CV made using 3 plates from separate batches. Six measurements of a single preparation were made per plate.

The interbatch variation is expressed as the CV of mean diameter values obtained from recent batches of plates. The mean diameter for each batch was calculated using the ring diameter at completion obtained using a preparation applied to three plates from each batch (six ring measurements per plates).

	Within-plate variation	Inter-batch variation
	Mean CV % ± SD	CV %
α1AT	0.96 +/- 0.07 (N=3)	0.91 (N=3)

13 BIBLIOGRAPHY

13.1 Protein Reference Unit Handbook of Clinical Immuno Chemistry (1990) Ed. A Milford Ward, Publ. PRU Publications, Sheffield, 63-65.

13.2 Carrell RW (1986). α1-Antitrypsin: Molecular pathology, leukocytes and tissue damage. J. Clin. Inv. **78**, 1427-1431.

13.3 Stroller JK (1989). α1-Antitrypsin deficiency and augmentation therapy in emphysema. Cleve Clin. J. Med. **56**, 686-689.

13.4 Fahey, JL & McKelvey, EM (1965). Quantitative determination of serum immunoglobulins in antibody-agar plates. J. Immunol,. **94**, 84-90.

13.5 Mancini, G, Vaerman, J P et al. (1964). Protides of the biological fluids (XI colloquium). Peters H. (ed), Publ. Elsevier Publishing Co., Amsterdam p370.

13.6 Mancini, G, Carbonara, A O et al (1965). Immunochemical quantitation of antigens by single radial immunodiffusion. Immunochem, **2**, 235-254.

14 SUMMARY OF PROCEDURE

14.1 Select Procedure ONE, TWO or THREE. Procedure THREE must be used if results are required quickly.

14.2 Prepare sample dilutions; this is only required for samples with known high α1AT concentrations.

14.3 Allow condensation to evaporate from RID plate(s).

14.4 Apply calibrator(s), control and samples to RID plate(s) in 5µL volumes.

14.5 Replace lid and incubate at room temperature (approximately 20-24°C) for fixed time period (minimum 18 hours) (Procedure THREE) or until rings are complete (minimum 72 hours) (Procedure ONE and TWO).

14.6 Measure the ring diameters.

14.7 Read results off RID Reference Table (Procedure ONE) or plot calibration curve and read off results (Procedures TWO and THREE).

15 RID REFERENCE TABLE

RID Reference Table for Human α1 Antitrypsin Concentrations in mg/L

Diameter of ring (mm)	Conc.
4.0	237
4.1	269
4.2	302
4.3	336
4.4	370
4.5	403
4.6	440
4.7	476
4.8	515
4.9	552
5.0	591
5.1	630
5.2	672
5.3	714
5.4	756
5.5	798
5.6	843
5.7	888
5.8	932
5.9	974
6.0	1030
6.1	1070
6.2	1120
6.3	1170
6.4	1220
6.5	1270
6.6	1320
6.7	1380
6.8	1430
6.9	1480
7.0	1540
7.1	1590
7.2	1650
7.3	1710
7.4	1760
7.5	1820
7.6	1880
7.7	1940
7.8	2000
7.9	2060
8.0	2130
8.1	2190
8.2	2260
8.3	2320
8.4	2390
8.5	2460
8.6	2520
8.7	2590
8.8	2660
8.9	2730
9.0	2800
9.1	2880
9.2	2940
9.3	3020
9.4	3080
9.5	3160
9.6	3250
9.7	3310
9.8	3390
9.9	3470
10.0	3560
10.1	3640
10.2	3700
10.3	3780
10.4	3860
10.5	3950
10.6	4030
10.7	4120
10.8	4200
10.9	4280
11.0	4370

Note: The above values assume that test samples are applied undiluted in 5µL volumes. The neat calibrator should give a ring diameter of 9.0 ± 0.3mm at completion when incubated at 20-24°C.