

MININEPH™ HUMAN HAPTOGLOBIN KIT

For *in vitro* diagnostic use

Product Code: ZK058.R

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

MININEPH™ and MININEPHPLUS™ are registered trademarks of The Binding Site Group Limited (Birmingham, UK) in certain countries.



1 INTENDED USE

This kit is designed for the *in vitro* measurement of human haptoglobin in serum using the MININEPH or MININEPH PLUS* as an aid in the diagnosis of haemolytic diseases related to the formation of haemoglobin-haptoglobin complexes. When using the recommended dilution the approximate measuring range is 0.24-3.89g/L. The sensitivity limit is 0.11g/L when using a 1/5 sample dilution.

The MININEPHPLUS analyser is not available in the USA.

2 SUMMARY AND EXPLANATION

Haptoglobin is an acid α_2 acute-phase plasma glycoprotein and binds specifically to free plasma oxy-haemoglobin. The high molecular weight complex thus formed prevents filtering of haemoglobin by the kidneys (ref. 1). Low levels of haptoglobin are associated with haemolytic anaemias and liver disease (ref. 2 & 3).

3 PRINCIPLE OF THE ASSAY

The determination of soluble antigen concentration by nephelometric methods involves a reaction with specific antiserum to form insoluble complexes. When light is passed through the suspension formed, a portion of the light is scattered and detected by a photodiode. The amount of light scattered is directly proportional to the specific protein concentration in the test sample. Concentrations are automatically calculated by reference to a calibration curve stored within the instrument.

4 REAGENTS

- 4.1 MININEPH HUMAN HAPTOGLOBIN ANTISERUM**
This has been adsorbed to monospecificity for haptoglobin and is supplied in stabilised liquid form. It contains 0.099% sodium azide, 0.1% EACA and 0.01% benzamidine as preservatives.
- 4.2 MININEPH HAPTOGLOBIN SWIPE CARD**
This is encoded with details of the reaction curve specific to the respective lot of antiserum. This card is antiserum lot specific and must be used only with this lot of antiserum. The curve on this card has been prepared using secondary calibration materials that have been evaluated against DA470k.
- 4.3 MININEPH HAPTOGLOBIN BUFFER**
For use with this lot of haptoglobin reagent only. Contains 0.099% sodium azide as a preservative.
- 4.4 MININEPH HUMAN HAPTOGLOBIN HIGH AND LOW CONTROLS**
These consist of pooled normal human serum and are supplied in stabilised liquid form. They contain 0.099% sodium azide, 0.1% EACA and 0.01% benzamidine as preservatives. The acceptable ranges of haptoglobin concentrations are stated on the Quality Control Certificate included in the kit. The lot number quoted on the Quality Control Certificate should be identical to the kit lot number.

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 cleared 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. Results are likely to be invalid if parameters other than those stated in these instructions are used.

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 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 buffer should be allowed to equilibrate to room temperature prior to use. Once opened the antiserum and controls should be stored at 2-8°C and the buffer at room temperature. Opened antisera and buffer are stable for 3 months and opened controls are stable for 1 month when stored as recommended. The On-Board Buffer 1 should be stored at room temperature. Opened On-Board Buffer 1 is stable for 4 weeks when stored as recommended.

7 SPECIMEN COLLECTION AND PREPARATION

Use serum samples. Blood samples should be collected by venepuncture, allowed to clot naturally and the serum separated as soon as possible to prevent haemolysis. Sera may be stored at 2-8°C for up to two days, otherwise aliquot and freeze at -20°C or below; do not freeze and thaw sera more than once. Sample dilutions should be freshly prepared on the day of assay. Some types of sera are not suitable for MININEPH assay – see section 10.1.

8 METHODOLOGY

8.1 MATERIALS PROVIDED

- 8.1.1 1 x 1mL MININEPH Human Haptoglobin Antiserum
8.1.2 1 x 14mL MININEPH Haptoglobin Buffer
8.1.3 1 x 0.5mL MININEPH Human Haptoglobin High Control
8.1.4 1 x 0.5mL MININEPH Human Haptoglobin Low Control
8.1.5 Magnetic swipe card containing lot specific calibration information
8.1.6 Quality Control Certificate
8.1.7 Instruction leaflet

8.2 MATERIALS REQUIRED BUT NOT PROVIDED (MININEPH)

- 8.2.1 MININEPH instrument (AD200)
8.2.2 MININEPH printer (AD210) (optional)
8.2.3 MININEPH reagent accessory pack (ZK500.R)
8.2.4 Electronic pipette (e.g. AD205)
8.2.5 Pipette (5 – 40 μ L)
8.2.6 Equipment for the collection and preparation of test samples

8.3 MATERIALS REQUIRED BUT NOT PROVIDED (MININEPHPLUS)

- 8.3.1 MININEPHPLUS instrument (AD500 .C/D/E)
8.3.2 MININEPHPLUS PRINTER (AP1310DPK1T63) (optional)
8.3.3 Bar Code Reader (optional)
8.3.4 MININEPH reagent accessory pack (ZK500.R)
8.3.5 Pipette (5-1000 μ L)
8.3.6 Equipment for the collection and preparation of test samples
8.3.7 MININEPHPLUS On-Board Buffer 1 (SN107)
8.3.8 Pipette tips for use with the MININEPHPLUS – refer to MININEPHPLUS User Guide.

8.4 TEST PROCEDURE FOR MININEPH ANALYSER

- 8.4.1 Summary of reagent volumes added to the cuvette:

| Reagent | Volume added |
|-----------------------------------|--------------|
| Sample (1/11 dilution) | 30 μ L |
| MININEPH Haptoglobin Buffer | 400 μ L |
| MININEPH Hu Haptoglobin Antiserum | 40 μ L |

- 8.4.2 Switch the analyser and printer (if attached) on.
8.4.3 Enter chemistry number. Enter the chemistry number (haptoglobin = 58) and press **enter**.
- 8.4.4 Swipe chemistry card. This message will only be displayed if this chemistry has never been used before or you wish to change antiserum lot number. Pass the swipe card through the swipecard reader moving from the front of the instrument to the back. The magnetic strip should be at the bottom facing left.
- 8.4.5 Check reagent lot number. Press **enter**.
- 8.4.6 HAPTO lot xxxx. OK? 1=Y 2=N. Compare the details displayed with those on the antiserum label. If the lot number displayed is identical to that printed on the antiserum vial, select YES (**press 1**) and continue to step 8.4.7. If the vial lot number is different from that displayed select NO (**press 2**) and return to step 8.4.4 to allow the details of the correct batch to be entered.
- 8.4.7 Prepare dilutions of controls and samples using the MININEPH Sample Diluent supplied in the MININEPH Reagent Accessory Pack (ZK500.R). The recommended sample dilution for haptoglobin is 1/11 (e.g. using the electronic pipette dispense 400 μ L of sample diluent and 40 μ L of sample into a sample dilution tube).
- 8.4.8 Prepare one MININEPH cuvette for each sample to be assayed. Using the forceps provided with the MININEPH place a stirring bar in each cuvette and then using a pipette add 30 μ L of diluted sample carefully to the bottom of each cuvette.
- 8.4.9 Enter sample ID. Enter an identity code (e.g. 1) for the first sample to be assayed then press **enter** to continue (refer to user manual for choice of identity codes).
- 8.4.10 Sample dilution 1/11. Accept the recommended dilution by pressing **enter**, or type in a new dilution factor if an alternative dilution is to be used.
- 8.4.11 Place cuvette in chamber. Place a cuvette containing a stirring bar and 30 μ L of diluted sample in the cuvette chamber. Press the cuvette down gently until it reaches the bottom of the chamber. The cuvette will be detected automatically.
- 8.4.12 Add reagent. Fill an electronic pipette with 400 μ L of MININEPH Haptoglobin Buffer and 40 μ L of MININEPH Hu Haptoglobin Antiserum and dispense its contents into the cuvette. The MININEPH will detect the addition followed by movement of the stirring bar and the assay will begin. It is not necessary to press **enter**. After a 10 second blanking time the assay will take 60 seconds to complete, the result will then be displayed and printed automatically (if a printer is connected).
- 8.4.13 If the instrument indicates the result is higher than the intended measuring range, reassay the sample at a higher dilution of 1/121 (400 μ L MININEPH Sample Diluent + 40 μ L sample diluted 1/11). The sample dilution should be entered as 1/121 (see section 8.4.10).
- 8.4.14 If the instrument indicates the result is lower than the intended measuring range, reassay the sample at a lower dilution of 1/5 (160 μ L MININEPH Sample Diluent + 40 μ L sample). The sample dilution should be entered as 1/5 (see section 8.4.10).
- 8.4.15 On completion of the assay remove the cuvette and press **enter** to perform the next assay.
- 8.4.16 When all assays for the chosen chemistry have been completed press escape (**esc**) and select the chemistry number for the next set of assays.

8.5 TEST PROCEDURE FOR MININEPHPLUS ANALYSER

- 8.5.1 Summary of reagent volumes added to the cuvette:

| Reagent | Volume added |
|-----------------------------------|--------------|
| Sample (1/11 dilution) | 30 μ L |
| MININEPH Haptoglobin Buffer | 400 μ L |
| MININEPH Hu Haptoglobin Antiserum | 40 μ L |

- 8.5.2 Ensure that an empty waste pot is placed at the back of the MININEPHPLUS.
8.5.3 Attach a new pipette tip on the end of the MININEPHPLUS hand held pipette.
8.5.4 Check there is sufficient On-Board buffer 1 (SN107) in the drawer. There needs to be at least 10mL. Refer to the MININEPHPLUS User Guide for instructions on replenishing the buffer.
8.5.5 Switch on the analyser and printer (if attached).

- 8.5.6 Enter chemistry number. Enter the chemistry number (Haptoglobin = 58) and press **enter**.
- 8.5.7 Swipe chemistry card. This message will only be displayed if this chemistry has never been used before or when changing antiserum lot number. Pass the swipe card through the swipe card reader moving in a left to right direction across the front of the MININEPHPLUS with the magnetic strip facing upwards.
- 8.5.8 Check reagent lot number. Press **enter**.
- 8.5.9 HAPTO lot xxxx. OK? 1=Y 2=N. Compare the details displayed with those on the antiserum label. If the lot number displayed is identical to that printed on the antiserum vial, select YES (**press 1**) and continue to step 8.5.12. If the vial lot number is different from that displayed select NO (**press 2**) and return to step 8.5.8 to allow the details of the correct batch to be entered.
- 8.5.10 Prime? 1=Y 2=N. Prime the analyser to expel air bubbles in the plastic tube leading from the On-Board buffer bottle to the hand-held pipette. This is done by pressing button 1 when prompted. Excess On-Board buffer will be expelled into the waste pot. When priming has finished press 2. Note that a prime will always be performed when starting a T1 assay that follows a T2 assay.
- 8.5.11 Pipette Y/N: Block Y/N. There is a short period when the MININEPHPLUS stabilises its temperature.
- 8.5.12 Prepare dilutions of controls and samples using the MININEPH Sample Diluent supplied in the MININEPH Reagent Accessory Pack (ZK500.R). The recommended sample dilution for Haptoglobin is 1/11 (e.g. dispense 400µL of sample diluent and 40µL of sample into a sample dilution tube).
- 8.5.13 Prepare one MININEPH cuvette for each sample to be assayed. Using the forceps provided with the MININEPHPLUS place a stirring bar in each cuvette and then using a pipette add 30µL of diluted sample carefully to the bottom of each cuvette.
- 8.5.14 Enter sample ID. Enter an identity code (e.g. 1) for the first sample to be assayed then press **enter** to continue (refer to user manual for choice of identity codes).
- 8.5.15 Sample dilution 1/11. Accept the recommended dilution by pressing **enter** or type in a new dilution factor if an alternative dilution is to be used.
- 8.5.16 Place cuvette in chamber. Place a cuvette containing a stirring bar and 30µL of diluted sample in the cuvette chamber. Press the cuvette down gently until it reaches the bottom of the chamber. The cuvette will be detected automatically.
- 8.5.17 Supplementary buffer. Using the MININEPHPLUS hand-held pipette, aspirate 400µL of MININEPH Haptoglobin buffer.
- 8.5.18 Air Gap. Using the MININEPHPLUS hand-held pipette, aspirate an air gap.
- 8.5.19 Aspirate Reagent Using the MININEPHPLUS hand-held pipette, aspirate 40µL of MININEPH Human Haptoglobin antiserum.
- 8.5.20 Add Reagent. Dispense the aspirated reagents into the cuvette. The stirring bar will rotate and the assay will begin. After a 10 second blanking time the assay will take 58 seconds to complete. The result will be displayed. Results will be automatically printed if a printer is connected.
- 8.5.21 If the instrument indicates the result is higher than the intended measuring range, reassay the sample at a higher dilution of 1/121 (400µL MININEPH Sample Diluent + 40µL sample diluted 1/11). The sample dilution should be entered as 1/121 (see section 8.5.15).
- 8.5.22 If the instrument indicates the result is lower than the standard measuring range, reassay the sample at a lower dilution of 1/5 (160µL MININEPH sample diluent + 40µL sample). The sample dilution should be entered as 1/5 (see section 8.5.15).
- 8.5.23 On completion of the assay remove the cuvette and press **enter** to perform the next assay.
- 8.5.24 When all assays for the chosen chemistry number have been completed press **esc** and select the chemistry number for the next set of assays.
- 8.5.25 Empty waste pot and discard the pipette tip from the hand held pipette.

8.6 QUALITY CONTROL

As with all good laboratory practice, users should run controls with every batch of samples.

9 INTERPRETATION OF RESULTS

- 9.1 Results are calculated by the instrument and displayed in g/L. If a printer is attached the result is automatically printed out together with the patient identification code and the sample dilution. Further calculations are not necessary.
- 9.2 The assay range is limited to that stated under Intended Use. Sample concentrations up to at least 7.8g/L will not result in antigen excess. Higher concentrations may give misleading results; if this is suspected, samples should be reassayed at a 1/121 dilution (400µL MININEPH Sample Diluent + 40µL sample diluted 1/11).

10 LIMITATIONS OF PROCEDURE

10.1 SPECIFIC TEST LIMITATIONS

- 10.1.1 Nephelometric assays are not suitable for measurement of highly lipaemic or haemolysed samples or samples containing high levels of circulating immune complexes (CICs) due to the unpredictable degree of non-specific scatter these sample types may generate. Unexpected results should be confirmed using an alternative assay method.
- 10.1.2 Diagnosis cannot be made and treatment must not be initiated on the basis of haptoglobin measurements alone. Clinical history and other laboratory findings must also be taken into account.

10.2 TROUBLE SHOOTING

| Problem | Possible Causes(s) | Suggested Action(s) |
|---|---|--|
| Error message "Blank too high – reassay" displayed. | Very high analyte concentration. | Reassay sample at a higher dilution. |
| | Lipaemic, turbid or haemolysed samples. | Try alternative assay method. |
| Controls out of range. | Product deterioration. | Check expiry date. |
| | Operator error. | Repeat assay with the correct sample dilution. |
| Test sample giving unexpectedly low result. | Antigen excess. | Repeat assay at higher dilution. Check if the two results agree. |

11 EXPECTED RESULTS

The following haptoglobin results were obtained with normal adult donor sera on the MININEPH. Concentrations are in g/L. We recommend local reference ranges are generated.

| Number | Mean | Median | 95 Percentile Range |
|--------|-------|--------|---------------------|
| 49 | 0.909 | 0.950 | 0.334 – 1.532 |

12 PERFORMANCE CHARACTERISTICS

12.1 PRECISION

12.1.1 Precision - MININEPH

| | Haptoglobin Precision Summary | | | |
|---------|-------------------------------|-------------------------|-------------------------|--------------------------------|
| | Mean g/L | Intra batch CV% (n=30*) | Day to day CV% (n=30**) | Inter instrument CV% (n=15***) |
| Serum 1 | 1.64 | 2.73 | 3.15 | 6.2 |
| Serum 2 | 0.53 | 2.56 | 4.07 | 3.2 |

12.1.2 Precision –MININEPH PLUS

| | Haptoglobin Precision Summary | | | |
|---------|-------------------------------|-------------------------|-------------------------|--------------------------------|
| | Mean g/L | Intra batch CV% (n=30*) | Day to day CV% (n=30**) | Inter instrument CV% (n=15***) |
| Serum 1 | 1.636 | 4.46 | 4.69 | 4.60 |
| Serum 2 | 0.558 | 3.57 | 4.50 | 3.35 |

*These data represent the average coefficient of variation (CV) of three within-batch measurements repeated ten times at each concentration.

**Ten within-batch measurements were performed on three separate occasions and the overall CV for the thirty results at each concentration calculated.

***Assays were performed three times at each concentration on five instruments. The overall CV of the fifteen results at each concentration was calculated.

12.2 COMPARISON STUDY

12.2.1 MININEPH

A correlation study was performed on approximately 50 normal and 50 clinical serum samples using this kit on a MININEPH and a Behring haptoglobin kit on a BN™A analyser. The study demonstrated a good agreement yielding the following linear regression equation and correlation coefficient.

$$y = 1.007x - 0.212 \text{ g/L} \quad (y = \text{MININEPH Haptoglobin})$$

$$(x = \text{BNA Haptoglobin})$$

correlation coefficient $r = 0.984$

BN™ is a trademark of Siemens Healthcare Diagnostics Inc.

12.2.2 MININEPH PLUS

29 normal adult sera and 20 clinical adult sera were tested on the MININEPH and MININEPHPLUS. The study demonstrated a good agreement yielding the following Passing & Bablok equation and linear regression correlation coefficient:

$$y = 1.00x + 0.00\text{g/L} \quad (y = \text{MININEPH PLUS Haptoglobin})$$

$$(x = \text{MININEPH Haptoglobin})$$

correlation coefficient $r = 0.994$

13 REFERENCES

- Protein Reference Unit Handbook of Clinical Immunochemistry (1999) Ed. A Milford-Ward, PG Riches, R Fifield, AM Smith. Publ. PRU Publications, Sheffield, UK p123-124.
- Bowman, BH *et al.* (1988). Haptoglobin. Methods in Enzymol. 163, 452-474.
- Eastham, RD (1984). Clinical Haematology. Publ. Wright, Bristol., pp32-34.

US Distributor: The Binding Site Inc, 5889 Oberlin Drive#101, San Diego, CA 92121. Tel: 800 633 4484.