



**INTENDED USE**

The test is applied for the quantitative determination of Protein HS-Microprotein concentration in urine and cerebrospinal fluid (CSF).

**TEST SUMMARY AND PROCEDURE** <sup>1,2,3,4,5</sup>

Proteins combine with pyrogallol red to form a color complex, the absorbance of which is measured at 600 nm. Sodium dodecylsulphate is added to increase accuracy in measuring proteins other than albumin (Watanabe).

**TEST PARAMETERS**

Method : Colorimetric, Endpoint, Increasing Reaction, Biuret  
Wavelength : Hg 600 nm (580- 620)  
Linearity : 350 mg/dL

**REAGENT COMPONENTS**

Succinate buffer ≤ 0.08 M pH 2.50,  
Pyrogallol red ≤ 0.06 mM,  
Sodium molybdate ≤ 0.15 mM,  
Sodium oxalate ≤ 1.2 mM,  
Sodium benzoate ≤ 0.37 mM,  
SDS ≤ 0.12 mM.

**Material required but not provided**

This assay requires the use of a MicroProtein Control Level I-II / MicroProtein Calibrator

**REAGENT PREPARATION**

Reagents are ready for use.

**REAGENT STABILITY AND STORAGE**<sup>6</sup>

Reagents are stable at 2-8°C until the expiration date stated on the label which is only for closed vials.

Once opened vials are stable for 30 days at 2-8°C in optimum conditions. On board stability is strongly related to auto analyzers' cooling specification and carry-over values.

Reagent stability and storage data have been verified by using Clinical and Laboratory Standards Institute (CLSI) EP25-A protocol.

**SAMPLE**

It can be used for both urine and cerebrospinal fluid.

A rapid sample collection is not required but a decrease in lipemia is necessary. Hemolysis should be avoided.

Samples that have been frozen and thawed should be thoroughly mixed before assay.

For sample collection and preparation, only use suitable tubes or collection containers. Only the samples listed below were tested and found acceptable:

**Urine:** Use random or 24-hour urine specimens. Use no preservatives. Refrigerate the sample during collection.

**Cerebrospinal Fluid (CSF):** No special additives are required. Blood in a CSF specimen invalidates the protein value. Samples for urinary/CSF protein should be collected before fluorescein is given or at least 24 hours later.

When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer. Centrifuge samples containing precipitates before performing the

assay. Non centrifuged samples may produce elevated results.

**Stability:**

<b>Urine</b>	1 day at 20 - 25°C	7 days at 2 - 8°C	1 month at -20°C
<b>CSF</b>	1 day at 20 - 25°C	6 days at 2 - 8°C	1 year at -20°C

**Unit Conversion:**

mg/dL x 10 = mg/L

**REFERENCE INTERVAL (NORMAL VALUES)** <sup>1,2,3,7</sup>

**Expected Values:**

Urine :24 hour : < 140 mg/24 h  
Random : < 150 mg/dL

**Values Obtained from Centrifuged Samples:**

CSF: Reference Interval According to Tietz: 150-450 mg/L

It is recommended that each laboratory establish its own normal range. Reference interval has been verified by using CLSI EP28-A3c protocol.

**CALIBRATION AND QUALITY CONTROL**

Commercially available control material with established values determined by this method may be used.

**Calibration Stability:** It strongly depends on the application characteristics of in-use auto analyzer and capacity of cooling. Calibration stability is 15 days.

If controls are not within acceptable limits, calibration is required, and each laboratory should establish its own Quality Control diagrams and corrective and preventive action procedures.

Daily quality control testing is recommended. Calibration is not recommended if quality control values are acceptable. Reagent should be calibrated after lot changes.

**PROCEDURE**

Test Name:	CSF/Urine Protein	R1:	150
Full Name:	CSF/Urine Protein	R2:	0
Pri. Wave:	578 nm	Sample volume:	8
Sec. Wave:	700 nm	Calibration Type:	Spline
Assay/ Point:	1 Point End	K Value:	/
Start - End:	1 - 15	Point:	5
Decimal place:	2	Blank Type:	Reagent
Unit:	mg/dL	Point 0 (Blank) Con.:	0.0
Linearity Range:	1.00 - 350.00	Point 1 (STD) Con:	Standard/Calibrator
Correlation Factor:	1.0000 - 0.0000	Point 2 (STD) Con:	Standard/Calibrator
		Point 3 (STD) Con:	Standard/Calibrator
		Point 4 (STD) Con:	Standard/Calibrator

## PERFORMANCE CHARACTERISTICS

**Limit of Detection (LoD):** The limit of the test detection is 1 mg/dL.

**Limit of Quantitation (LoQ)** [LoQ values are based on Coefficient of Variation Percentage (CV)  $\leq 20\%$ ]<sup>8</sup> : 7 mg/dL.

LoD and LoQ values have been verified by using CLSI EP17-A protocol.

**High Linearity:** The method is linear up to 350 mg/dL

For values above high linearity, dilute sample with 0.9% saline, repeat the test and multiply the result by the dilution factor.

Linearity may vary considerably depending on the instrument used.

### Precision Studies : <sup>9</sup>

#### Repeatability (Within Run) (Intra-Assay)

Mean Concentration	SD	CV%	n
37.1 mg/dL	0.74	2.00	40
103.7 mg/dL	1.27	1.20	40

#### Repeatability (Day to Day) (Inter-Assay)

Mean Concentration	SD	CV%	n
38.01 mg/dL	0.79	2.00	40
100.09 mg/dL	2.46	2.00	40

\*SD: Standard Deviation

Precision Studies data have been verified by using CLSI EP05-A3 protocol.

### Method Comparison:<sup>10, 11</sup>

Correlation with a comparative method is:  $r = 0.978$

According to Passing-Bablok Fit:

Slope: 0.97,

Intercept: -0.54

### Interference:<sup>3, 4, 12</sup>

No significant interactions were observed for ascorbic acid up to the interferent concentration given.

Ascorbic Acid :  $\leq 200$  mg/dL

The acceptable interference limit is set 10% below the highest interference concentration within  $\pm 10\%$  recovery of the target.

Interferences may affect the results due to medication or endogenous substances.

These performance characteristics have been obtained by using an analyzer. Results may vary if a different instrument or a manual procedure is used.

## WARNINGS AND PRECAUTIONS

IVD: For in Vitro Diagnostic use only. Do not use expired reagents. Reagents with two different lot numbers should not be interchanged. For professional use.

Follow Good Laboratory Practice (GLP) guidelines.

CAUTION: Human source samples are processed with this product. All human source samples must be treated as potentially infectious materials and must be handled in accordance with OSHA standards.

## REFERENCES :

1. Tietz, N.W., Fundamentals of Clinical Chemistry, p. 940, W.B. Saunders Co., Philadelphia, 1987.
2. Tietz NW. Clinical Guide to Laboratory Tests. 2nd ed. Philadelphia, PA: WB Saunders Company; 1995,52.
3. Tietz NW. Clinical Guide to Laboratory Tests. 3rd ed. Philadelphia, PA: WB Saunders Company; 1995:88- 91.
4. Tietz NW, ed. Clinical Guide to Laboratory Tests. 3rd ed. Philadelphia: WB Saunders 1995:919.
5. Tietz Fundamentals of Clinical Chemistry. 5th ed. Burtis CA, Ashwood ER, eds. Philadelphia, PA: WB Saunders Company;

2001:605.

6. Clinical and Laboratory Standards Institute (CLSI). Evaluation of Stability of In Vitro Diagnostic Reagents; Approved Guideline. CLSI Document EP25-A. Wayne, PA: CLSI; 2009.
7. Clinical and Laboratory Standards Institute (CLSI). Defining, Establishing and Verifying Reference Intervals in the Clinical Laboratory; Approved Guideline– Third Edition. CLSI Document EP28-A3c. Wayne, PA: CLSI; 2010.
8. Clinical and Laboratory Standards Institute (CLSI). Protocols for Determination of Limits of Detection and Limits of Quantitation; Approved Guideline. CLSI Document EP17-A. Wayne, PA: CLSI; Vol. 24 No. 34.
9. Clinical and Laboratory Standards Institute (CLSI). Evaluation of Precision of Quantitative Measurement Procedures; Approved Guideline – Third Edition. CLSI Document EP05-A3. Wayne, PA: CLSI; 2014
10. Passing-Bablok W et al. A General Regression Procedure for Method Transformation. J Clin Chem Clin Biochem 1988;26:783-79.
11. Clinical and Laboratory Standards Institute (CLSI). Method Comparison and Bias Estimation Using Patient Samples; Approved Guideline—Second Edition; Approved Guideline. CLSI Document EP09-A2. Wayne, PA: CLSI; Vol. 22 No. 19.
12. Clinical and Laboratory Standards Institute (CLSI). Interference Testing in Clinical Chemistry; Approved Guideline. CLSI Document EP07. Wayne, PA: CLSI; 3rd Edition. CHERIAN G., SOLDIN ST. Clin. Chem. 27/5:748-752 (1981)
13. Wu, Alan H.B. Tietz Clinical Guide to Laboratory Tests. 4th ed. Saunders Elsevier, St. Louis, MO: 2006, 880- 885.
14. Tietz Textbook of Clinical Chemistry, Second Edition, Burtis-Ashwood (1994)
15. Young DS. Effects of Drugs on Clinical Laboratory Tests. 3rd ed. Washington: AACC Press; 1990.
16. Clinical and Laboratory Standards Institute (formerly NCCLS). Evaluation of Precision Performance of Quantitative Measurement Methods; Approved Guideline - Second Edition. Wayne, PA: Clinical and Laboratory Standards Institute; 2004. NCCLS Document EP05-A2.
17. White, A., Handler, P. and Smith, E.L., Principles of Bio-chemistry, 5th Ed., 111-112, McGraw-Hill BookCo., N.Y., 1973.
18. Kaplan, A. and Szabo, J., Clinical Chemistry: Interpretation and Techniques, 2nd Ed., 157, Lea & Febiger, Philadelphia, PA, 1983.
19. Flack C.P. and Woollen J.W. - Clin.Chem. 30, 559 (1984).
20. Eisenman G. Glass Electrodes for Hydrogen and Other Cations, Principles and Practice. New York: Marce Dekker Inc.; 1967:2.

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