

130216004M: 100 tests  
130616004M: 50 tests

# MAGLUMI™ IL-6 (CLIA)

## INTENDED USE

The kit is an *in vitro* chemiluminescence immunoassay for the quantitative determination of IL-6 in human serum and plasma using the MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer (including Maglumi 600, Maglumi 800, Maglumi 1000, Maglumi 2000, Maglumi 2000 Plus, Maglumi 4000, Maglumi 4000 Plus and MAGLUMI X8).

## SUMMARY AND EXPLANATION OF THE TEST

Interleukin-6 (IL-6) is a pleiotropic cytokine, which has a wide variety of biological functions<sup>1</sup>. It is also known as B cell stimulation factor 2 (BSF-2), B cell stimulatory factor (BCSF), hybridoma growth factor (HGF), hepatocyte stimulatory factor (HSF) and many others<sup>2</sup>. IL-6 is produced from a single gene encoding a product of 212 amino acids, which is cleaved at the N-terminus to produce a 184 amino acid peptide with a molecular weight between 22-27 kDa<sup>3</sup>. It is produced by fibroblasts, monocytes, macrophages, T-cells, B-cells, epithelial cells, keratinocytes, and a variety of neoplastic cells<sup>4</sup>. Interleukin-1, tumor necrosis factor-alpha (TNF- $\alpha$ ), platelet-derived factor (PDGF), and virus infections can induce IL-6 production in normal cells<sup>5</sup>. IL-6 can stimulate the proliferation and differentiation of immune cells. IL-6 shows activities not only on B-cells but also on T-cells, hematopoietic stem cells, hepatocytes and brain cells<sup>6</sup>.

IL-6 production is rapidly induced in the course of acute inflammatory reactions associated with injury, trauma, stress, infection, brain death, neoplasia, and other situations<sup>8-9</sup>. IL-6 reaches peak concentrations in bacteraemic patients several hours before the rise in CRP and PCT concentration occurs. It can be used to assist early diagnosis of acute infections<sup>10-12</sup>.

Sequential measurements of IL-6 in serum or plasma of patients admitted to the ICU (intensive care unit) showed to be useful in evaluating the severity of SIRS (systemic inflammatory response syndrome), sepsis and septic shock and to predict the outcome of these patients<sup>13-14</sup>. IL-6 is also useful as an early alarm marker for the detection of neonatal sepsis<sup>15-16</sup>.

## PRINCIPLE OF THE TEST

The IL-6 assay is a sandwich chemiluminescence immunoassay.

The sample (or calibrator/control, if applicable), buffer, ABEI labeled with anti-IL-6 monoclonal antibody and magnetic microbeads coated with another anti-IL-6 monoclonal antibody are mixed thoroughly and incubated, forming sandwich complexes. After precipitation in a magnetic field, the supernatant is decanted and then a wash cycle is performed. Subsequently, the Starter 1+2 are added to initiate a chemiluminescent reaction. The light signal is measured by a photomultiplier as relative light unit (RLUs), which is proportional to the concentration of IL-6 present in the sample (or calibrator/control, if applicable).

## KIT COMPONENTS

### Material Provided

Components	Contents	100 tests (REF: 130216004M)	50 tests (REF: 130616004M)
<b>Magnetic Microbeads</b>	Magnetic microbeads coated with anti-IL-6 monoclonal antibody (mouse), containing BSA, NaN <sub>3</sub> (<0.1%).	2.5 mL	2.0 mL
<b>Calibrator Low</b>	Containing IL-6 antigen (recombinant) and BSA, NaN <sub>3</sub> (<0.1%).	2.0 mL	1.5 mL
<b>Calibrator High</b>	Containing IL-6 antigen (recombinant) and BSA, NaN <sub>3</sub> (<0.1%).	2.0 mL	1.5 mL
<b>Buffer</b>	Containing BSA, NaN <sub>3</sub> (<0.1%).	8.5 mL	5.5 mL
<b>ABEI Label</b>	Anti-IL-6 monoclonal antibody (mouse) labeled with ABEI, containing BSA, NaN <sub>3</sub> (<0.1%).	8.5 mL	5.5 mL
<b>Diluent</b>	0.9% NaCl.	15.0 mL	10.0 mL
<b>Control 1</b>	Containing IL-6 antigen (recombinant) and BSA, NaN <sub>3</sub> (<0.1%).	2.0 mL	2.0 mL
<b>Control 2</b>	Containing IL-6 antigen (recombinant) and BSA, NaN <sub>3</sub> (<0.1%).	2.0 mL	2.0 mL

All reagents are provided ready-to-use.

### Accessories Required But Not Provided

MAGLUMI Series:

Reaction Module	REF: 630003
Starter 1+2	REF: 130299004M, 130299012M, 130299027M
Wash Concentrate	REF: 130299005M
Light Check	REF: 130299006M
Reaction Cup	REF: 130105000101

Please order accessories from Shenzhen New Industries Biomedical Engineering Co., Ltd. (SNIBE) or our authorized representatives.

## CALIBRATION

Traceability: This method has been standardized against the NIBSC, CODE: 89/548.

Test of assay specific calibrators allows the RLU values to adjust the assigned master curve. Results are determined via a calibration curve which is instrument-specifically generated by 2-point calibration and a master curve (10 calibrations) provided via the reagent Radio Frequency Identification (RFID) CHIP.

Recalibration is recommended if any of the following conditions occurs:

- After each exchange of lots (Reagent or Starter 1+2).
- Every week and/or each time a new reagent kit is used (recommended).
- After instrument service is required.
- If controls lie outside the expected range.

## QUALITY CONTROL

Follow government regulations or accreditation requirements for quality control frequency.

Internal quality control is only applicable with MAGLUMI system. For instructions for use and target value refer to **IL-6 (CLIA) Quality Control Information**. User needs to judge results with their own standards and knowledge.

For detailed information about entering quality control values, refer to the operating instructions of MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer.

To monitor system performance and chart trends, commercially available quality control materials are required. Treat all quality control samples the same as patient samples. A satisfactory level of performance is achieved when analyte values obtained are within the acceptable Control Range for the system or within your range, as determined by an appropriate internal laboratory quality control scheme. If the quality control results do not fall within the Expected Values or within the laboratory's established values, do not report results. Take the following actions:

- Verify that the materials are not expired.
- Verify that required maintenance was performed.
- Verify that the assay was performed according to the instructions for use.
- Rerun the assay with fresh quality control samples.
- If necessary, contact your local technical support provider or distributor for assistance.

## SPECIMEN COLLECTION AND PREPARATION

- Serum collected using standard sampling tubes or tubes containing separating gel could be applied to the assay. For plasma samples, the anticoagulant EDTA-2K has been verified and could be applied to the assay. Heparin plasma is not suitable for this assay. Collect blood aseptically following the universal precautions for venipuncture.
- Ensure that complete clot formation in specimens has taken place prior to centrifugation. Some serum specimens, especially those from patients receiving anticoagulant or thrombolytic therapy, may exhibit increased clotting time.
- If the specimen is centrifuged before a complete clotting, the presence of fibrin may cause erroneous results. Specimens must be free of fibrin and other particulate matter.
- Do not use hemolyzed or grossly lipemic specimens as well as specimens containing particulate matter or exhibiting obvious microbial contamination. Inspect all specimens for bubbles, and remove bubbles before analysis for optimal results.
- Avoid repeated freezing and thawing. The specimens can be frozen and thawed for only one time. Stored samples should be thoroughly mixed prior to use (Vortex mixer). Frozen specimens must be mixed THOROUGHLY after thawing by LOW speed vortexing.
- Centrifuged specimens with a lipid layer on the top must be transferred to a sample cup or a secondary tube. Care should be taken to transfer only the clarified specimen without the lipemic material.
- All samples (patient specimens and controls) should be tested within 3 hours when placed on board the MAGLUMI System. Refer to the SNIBE service for more detailed discussion of onboard sample storage constraints.
- Specimens removed from the separator, cells or clot may be stored up to 24 hours at 2-8°C, and stored up to 12 weeks frozen at -20°C or colder.
- Before shipping specimens, it is recommended that specimens be removed from the separator, red blood cells or clot. When shipped, specimens should be packaged and labeled in compliance with applicable state, federal and international regulations covering the transport of clinical specimens and infectious substances. Specimens should be shipped frozen.
- The sample volume required for a single determination of IL-6 is 100 µL.

## WARNING AND PRECAUTIONS FOR USERS

- **IVD**
- For *In Vitro* Diagnostic Use.
- Follow the package insert carefully. Reliability of assay results cannot be guaranteed if there are any deviations from the instructions in this package insert.

### Safety Precautions

- **CAUTION:** This product requires the handling of human specimens. It is recommended that all human sourced materials be considered potentially infectious and handled in accordance with the 29 CFR 1910.1030 Occupational exposure to bloodborne pathogens. Biosafety Level 2 or other appropriate biosafety practices should be used for materials that contain or are suspected of containing infectious agents.
- All samples, biological reagents and materials used in the assay should be considered potentially able to transmit infectious agents. They should therefore be disposed of in accordance with the practices of your institution. Discard all materials in a safe and acceptable manner and in compliance with prevailing regulatory requirements.
- This product contains Sodium Azide. Dispose of contents and containers must be in accordance with all local, regional and national regulations.
- Refer to safety data sheets, which are available on request.

### Handling Precautions

- Do not use reagent kits beyond the expiration date.
- Do not interchange reagent components from different reagents or lots.
- Prior to loading the reagent kits on the system for the first time, the reagent kits requires mixing to re-suspend magnetic microbeads that have settled during shipment.
- For magnetic microbeads mixing instructions, refer to the Preparation of the reagent section of this package insert.
- To avoid contamination, wear clean gloves when operating with a reagent kit and sample.
- Over time, residual liquids may dry on the septum surface. These are typically dried salts which have no effect on assay efficacy.
- For detailed discussion of handling precautions during system operation, refer to the SNIBE service information.

## STORAGE AND STABILITY

- Sealed: Stored at 2-8°C until the expiration date.
- Opened at 2-8°C: Minimum stability is 6 weeks.
- On-board: Minimum stability is 4 weeks.
- To ensure the best kit performance, it is recommended to place opened kits in the refrigerator after the end of the intraday test work. It is still possible to keep on using the kit beyond the opened or on-board period if the controls are found within the expected ranges.
- Keep upright for storage to facilitate later proper resuspension of magnetic microbeads.
- Keep away from sunlight.

## TEST PROCEDURE

### Preparation of the Reagent

- Resuspension of the magnetic microbeads takes place automatically when the kit is loaded successfully, ensuring the magnetic microbeads are totally resuspended homogenous prior to use.
- To ensure proper test performance, strictly adhere to the operating instructions of MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer. Each test parameter is identified via a RFID CHIP on the Reagent. For further information please refer to the operating instructions of MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer.

## DILUTION

Samples with concentrations above the measuring range may be diluted automatically by analyzers or manually. The recommended dilution is 1:9.

After manual dilution, multiply the result by the dilution factor. After dilution by the analyzers, the software automatically takes the dilution into account when calculating the sample concentration.

The automatic sample dilution is available after dilution settings are done in the MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer user software. Please refer to the operating instructions of MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer.

### High-Dose Hook

For the IL-6 assay, no high dose hook effect was observed when samples containing IL-6 up to 200,000 pg/mL.

## LIMITATIONS

- A skillful technique and strict adherence to the instructions are necessary to obtain reliable results.
- Bacterial contamination or heat inactivation of the specimens may affect the test results.
- A result within the expected range does not rule out the presence of disease and should be interpreted together with the patient's clinical picture and other diagnostic procedures.
- Test results are reported quantitatively. However, diagnosis of a disease should not be based on the result of a single test, but should be determined in conjunction with clinical findings in association with medical judgement.
- Any therapeutical decision should also be taken on a case-by-case basis state.
- Patient samples containing human anti-mouse antibodies (HAMA) may give falsely elevated or decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentrations may occasionally influence results.

## RESULTS

### Calculation of Results

The analyzer automatically calculates the concentration in each sample by means of a calibration curve which is generated by a 2-point calibration master curve procedure. The results are expressed in pg/mL. For further information please refer to the operating instructions of MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer.

### Interpretation of Results

The expected range for the IL-6 assay was obtained by testing 275 healthy individuals in China, and gave the following expect value:

≤7.00 pg/mL (95<sup>th</sup> percentile).

Results may differ between laboratories due to variations in population and test method. It is recommended that each laboratory should establish its own reference range.

## PERFORMANCE CHARACTERISTICS

### Precision

Precision for IL-6 assay was determined as described in the CLSI EP5-A2. 2 controls and 3 human serum pools containing different concentration of analyte were assayed in duplicate at two independent runs per day for 20 testing days. The result is summarized in the following table:

Sample	Mean (pg/mL) (N=80)	Within-Run		Between-Run		Total	
		SD(pg/mL)	%CV	SD(pg/mL)	%CV	SD(pg/mL)	%CV
Serum Pool 1	14.5	0.64	4.39	0.74	5.08	0.97	6.71
Serum Pool 2	102	4.7	4.63	3.13	3.07	5.7	5.56
Serum Pool 3	2038	33.5	1.65	56.8	2.79	65.9	3.23
Control 1	38.9	2.06	5.30	1.54	3.97	2.58	6.63
Control 2	248	8.4	3.38	9.51	3.84	12.7	5.11

### Limit of Blank (LoB)

The LoB for IL-6 assay is 0.5 pg/mL.

### Limit of Detection (LoD)

The LoD for IL-6 assay is 1.5 pg/mL.

### Limit of Quantitation (LoQ)

It is defined as the concentration of IL-6 that can be measured with an inter assay CV of 20%. The LoQ for IL-6 assay is 3.0 pg/mL.

### Measuring Range

0.5-5000 pg/mL. (defined by the limit of blank and the maximum of the master curve). Values below the limit of blank are reported as <0.5 pg/mL. Values above the measuring range are reported as >5000 pg/mL.

### Linearity

The assay is linear between 1.5 pg/mL and 5000 pg/mL based on a study performed with guidance from CLSI EP6-A. Nine equally distributed levels of samples were prepared by blending a serum sample containing IL-6 5500 pg/mL with a serum sample containing IL-6 1.5 pg/mL. The mean sample recovery ranged from 90% to 110%.

### Method Comparison

A total of 125 samples in the range of 3.497 to 2797.010 pg/mL were tested by IL-6 assay (y) and a commercially available immunoassay (x). The data from the resulting linear regressions are summarized as:  $y=0.9906x+11.184$ ,  $r^2=0.9866$ .

### Analytical Specificity

The substances up to the following concentrations did not interfere with the assay:

Compound	Concentration
IL-1 $\alpha$	50 ng/mL
IL-1 $\beta$	50 ng/mL
IL-2	50 ng/mL
IL-3	50 ng/mL
IL-4	50 ng/mL
IL-8	50 ng/mL
IFN- $\gamma$	50 ng/mL
TNF- $\alpha$	50 ng/mL

### Endogenous Interference

Substances up to the following concentrations did not interfere with the assay:

- Bilirubin 40 mg/dL
- Hemoglobin 2000 mg/dL
- Triglyceride 1000 mg/dL
- ANA 5 (S/CO)
- RF 1500 IU/mL
- HAMA 40 ng/mL

Note: ANA concentration is measured with ANA screen test kit (ELISA) from EUROIMMUN.

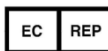
### REFERENCES

1. Kishimoto T. IL-6: from its discovery to clinical applications[J]. International immunology, 2010, 22(5): 347-352.
2. Van Damme J, Van Beeumen J, Decock B, et al. Separation and comparison of two monokines with lymphocyte-activating factor activity: IL-1 beta and hybridoma growth factor (HGF). Identification of leukocyte-derived HGF as IL-6[J]. The Journal of Immunology, 1988, 140(5): 1534-1541.
3. Wood N C, Symons J A, Dickens E, et al. In situ hybridization of IL-6 in rheumatoid arthritis[J]. Clinical & Experimental Immunology, 1992, 87(2): 183-189.
4. Yamanaka R, Tanaka R, Yoshida S. Effects of irradiation on cytokine production in glioma cell lines.[J]. Neurol Med Chir, 1993, 33(11):744-748.
5. Breen E C, Rezai A R, Nakajima K, et al. Infection with HIV is associated with elevated IL-6 levels and production[J]. The Journal of Immunology, 1990, 144(2): 480-484.
6. Kishimoto T, Hirano T. A new interleukin with pleiotropic activities[J]. Bioessays, 1988, 9(1): 11-15.
7. Giannoudis P V, Harwood P J, Loughenbury P, et al. Correlation between IL-6 levels and the systemic inflammatory response score: can an IL-6 cutoff predict a SIRS state?[J]. Journal of Trauma, 2008, 65(3):646-652.
8. Tschoeke S K, Hellmuth M, Hostmann A, et al. The early second hit in trauma management augments the proinflammatory immune response to multiple injuries[J]. Journal of Trauma, 2007, 62(6):1396.
9. Giannoudis P V, Harwood P J, Loughenbury P, et al. Correlation between IL-6 levels and the systemic inflammatory response score: can an IL-6 cutoff predict a SIRS state?[J]. Journal of Trauma, 2008, 65(3):646-652.
10. Lacour A G, Gervais A, Zamora S A, et al. Procalcitonin, IL-6, IL-8, IL-1 receptor antagonist and C-reactive protein as identifiers of serious bacterial infections in children with fever without localising signs[J]. European journal of pediatrics, 2001, 160(2): 95-100.
11. Toikka P, Irjala K, Juvén T, et al. Serum procalcitonin, C-reactive protein and interleukin-6 for distinguishing bacterial and viral pneumonia in children[J]. The Pediatric infectious disease journal, 2000, 19(7): 598-602.
12. Kocabas E, Sarikcioglu A, Aksaray N, et al. Role of procalcitonin, C-reactive protein, interleukin-6, interleukin-8 and tumor necrosis factor-[alpha] in the diagnosis of neonatal sepsis[J]. The Turkish journal of pediatrics, 2007, 49(1): 7.
13. Pinsky M R, Vincent J L, Deviere J, et al. Serum cytokine levels in human septic shock. Relation to multiple-system organ failure and mortality.[J]. Chest, 1993, 103(2):565-75.
14. Damas P, Ledoux D, Nys M, et al. Cytokine serum level during severe sepsis in human IL-6 as a marker of severity[J]. Annals of Surgery, 1992, 215(4):356.
15. Ng P C, Cheng S H, Chui K M, et al. Diagnosis of Late-onset Neonatal Sepsis with Cytokines, Adhesion Molecules and C-reactive Protein in Preterm Vlbw Infants: 322[J]. Journal of Paediatrics & Child Health, 1997, 33: S81.
16. Hatzidaki E, Gourgiotis D, Manoura A, et al. Interleukin - 6 in preterm premature rupture of membranes as an indicator of neonatal outcome[J]. Acta obstetrica et gynecologica Scandinavica, 2005, 84(7): 632-638.



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### SYMBOLS EXPLANATIONS

	Consult instructions for use		Manufacturer
	Temperature limit (Store at 2-8 °C)		Use-by date
	Contains sufficient for		Keep away from sunlight
	This way up		Authorized representative in the European Community
	<i>In vitro</i> diagnostic medical device		Kit components
	Catalogue number		Batch code