

PRESTIGE 24i THEOPHYLLINE

DIAGNOSTIC KIT FOR DETERMINATION OF THEOPHYLLINE CONCETRATION

INTRODUCTION

Theophylline is used mainly in the treatment of asthma and obstructive lung diseases. It has anti-inflammatory, diuretic and diastolic effect: dilate bronchi, blood vessels and bile ducts. The mechanism of theophylline action at the cellular level is complex and not fully understood. Teophylline concentration in serum depends on its absorption, metabolism, concominant treatment. Monitoring theophylline level in serum is recommended both in the treatment of chronic diseases and acute conditions. It allows establish an individual therapeutic range to reduce side effects and the risk of overdose.

METHOD PRINCIPLE

Immunoturbidimetric method; inhibition of agglutination.

Increase of absorbance measured at $\lambda=600$ nm is inversely proportional to the concentration of the ophylline in the sample.

Theophylline which is present in the sample forms immune complexes with specific antibody contained in the first reagent. After adding a second reagent containing polistyrene latex particles coated with theophylline, agglutination is inhibited in proportion to theophylline concentration in the sample.

REAGENTS Package

G	Cat. No 4-228 (24-TRAY)	Cat. No 4-383 (36-TRAY)
1-Reagent	2 x 19.5 ml	2 x 23 ml
2-Reagent	2 x 5 ml	2 x 5 ml

Unopened reagents stored at 2-8°C are stable up to the expiry date printed on the package. After opening the reagents are stable for 21 days on board the analyser at 2-10°C. Protect from light!

Reagents composition

Bis-Tris buffer, monoclonal antibodies to the ophylline, polistyrene latex particles coated with the ophylline, sodium azide (< 0.1%).

Warnings and notes

- Products for in vitro diagnostic use only.
- The reagents should be used by suitably qualified laboratory personnel only in accordance with intended purpose.
- The reagents contain sodium azide as a preservative (< 0.1%). Avoid contact with skin and mucous membranes. Sodium azide can form high explosive metal azide combinations with lead and cooper. Drains should be flushed well with a large amount of water when discarding the solution.
- Mix well Reagent 2 before first use. Avoid foam formation.
- For optimal reagents stability it is recommended to remove them from the system and store in tightly closed bottles at 2-8°C.

SPECIMEN

Serum. Samples may be stored up to 3 days at 2-8 °C. or longer at -20°C. Nevertheless it is recommended to perform the assay with freshly collected samples!

Avoid repeated freezing and thawing. Mix well the samples before analysis.

PROCEDURE

These reagents may be used in automatic analysers Prestige 24i, Biolis 24i and Sapphire 400.



- 1-Reagent and 2-Reagent are ready to use.
- 1-Reagent put on basic position in reagent tray.
- 2-Reagent put on start position in reagent tray.

For reagent blank 0.9% NaCl is recommended.

APPLICATION Item name

Data information	
Units	μg/ml

2

THEO

Decimals Analysis

Allalysis	
Type	END
Main W.Length1	600
Sub W.Length2	
Method	Immunoturbidymetric

Corr

	Slope		Inter
Y=	1.000	X+	0.000

Calibration

Type	Linear
Factor	

Standard

#1	*	#4	*
#2	*	#5	*
#3	*	#6	*

Normal Range

	Male		Female	
	Low	High	Low	High
Serum				
Urine				
Plasma				
CSF				
Dialysis				
Other				

Aspiration

115pii ution		
Kind	Double	
	_	1
Volume		
Sample	3	
Reagent1	300	μl
Reagent2	50	

Third Mix.	OFF
R1 Blank	Water-B

Monitor

١	0 Level Point	1
	Span	3.000

Data Process

Read			Absorbance	e Limit	
	Start	End			
Main	53	54		Low	0.000
Sub	34	35		High	3.000

Factor		Endpoint Limit	2.000
Blank correction:	1.0000	Linear Check (%)	90%

Dilution

Dilution	
Diluent	100 : Dil2

Prozone Check

	Start	End	Limit (%)	
First				
Second				Low
Third				Low

Auto Rerun SW

O	N				

Auto Rerun Range (Result)

	OFF	OFF
	Lower	Higher
Serum		
Urine		
Plasma		
CSF		
Dialysis		
Other		

Auto Rerun Condition (Absorbance)

Absorbance Range		
	Lower	OFF
	Higher	OFF
Prozone Range		OFF

THERAPEUTIC RANGE

therapeutic concentration

 $10-20\mu g/ml$ (55.5-111 μ mol/l)

Some patients achieve the desired therapeutic response at levels outside this range, so it is recommended to consider the need to establish an individual therapeutic ranges for each patient.

QUALITY CONTROL

For internal quality control it is recommended to use the CORMAY TDM CONTROLS (Cat. No 5-107) with each batch of samples. For the calibration of automatic analysers systems the CORMAY THEOPHYLLINE CALIBRATORS (Cat. No 5-109) is recommended.

The calibration curve should be prepared every 7 days, with change of reagent lot number or as required e.g. quality control findings outside the specified range.

PERFORMANCE CHARACTERISTICS

Metrological characteristics may differ from values presented below with the instrument used.

- **Sensitivity / Limit of Detection:** 0.3μg/ml (1.67 μmol/l).
- **Linearity:** up to 40 µg/ml (222 µmol/l). If the theophylline concentration exceeds 40 µg/ml, dilute the sample 1:8 with saline solution and repeat the assay. The dilution take into account when making the results.

Specificity / Interferences

Haemoglobin up to 0.5 g/dl, bilirubin up to 20 mg/dl, fatty acids up to 2.9 g/dl, do not interfere with the test.

Precision

Repeatability (run to run)	Mean	SD	CV
n = 10	[µg/ml]	[µg/ml]	[%]
level 1	4.75	0.10	2.10
level 2	13.87	0.18	1.30
level 3	27.55	0.67	2.43

Reproducibility (day to day)	Mean	SD	CV
n = 10	[µg/ml]	[µg/ml]	[%]
level 1	4.91	0.06	1.22
level 2	13.77	0.31	2.25
level 3	27.75	0.83	2.99

Method comparison

A comparison between CORMAY reagent (y) and commercially available assay (x) using 49 samples gave following results: $y = 0.95x + 1.126 \mu g/ml$;

R = 0.9879

(R – correlation coefficient)

WASTE MANAGEMENT

Please refer to local legal requirements.

LITERATURE

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