

IMMUNOGLOBULIN A

(IgA Immunoturbidimetric)

Diagnostic reagent for determination of IgA concentration.

Liquid. Mono Reagent. Store at 2°C - 8°C. For in Vitro Diagnostic Use. Do not freeze

Ref No	Pack	Ref No	Pack	Ref No	Pack	Ref No	Pack
TA140	5 x 25 mL	DMT140	990 Tests	BY141	2652 Tests	KAB140	2439 Tests
TA141	5 x 10 mL	RAB140	370 Tests	MAB140	909 Tests	KAB141	1220 Tests
TAB140	1167 Tests	SAB141	545 Tests	MAB141	455 Tests	NAB140	848 Tests
LAB140	2667 Tests						

INTENDED USE

The test is applied for the quantitative turbidimetric determination of IgA concentration in human serum or plasma.

Approximately 10 to 15% of serum immunoglobulin is IgA. In its monomeric form, its structure is similar to that of IgG, however 10 to 15% of IgA in serum is dimeric.

Plasma IgA concentration is decreased in inherited or acquired deficiencies of immunoglobulin production.

Diffuse (polyclonal) hyperimmunoglobulinemia is the normal response to infections. IgA is often increased in skin, lungs, gut and renal infections, as well as in cirrhosis.

Increases in serum monoclonal IgA (paraprotein) are found in multiple myeloma and other proliferative disorders of plasma cells.

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

TEST PRINCIPLE

Immunoglobulin A in the sample precipitates in the presence of anti-human immunoglobulin A antibodies. The light scattering of the antigen-antibody complexes is proportional to the immunoglobulin A concentration and can be measured by turbidimetry.

TEST PARAMETERS

Method : Immunoturbidimetric
Wavelength : 340 ± 20 nm
Temperature : 37°C
Sample : Serum / Plasma
Linearity : 3.7 mg/dL - 650 mg/dL

REAGENT COMPOSITION

Reagent 1:
Imidazole buffer ≤ 0.1 mol/L,
Goat anti-human IgA antibodies,
Sodium azide ≤ 1.00 g/L,
pH 7.5.
Reagent 1 ≤ 1.6 mL
Distilled water (blank),
Calibrator or sample ≤ 12 µL

REAGENT PREPARATION

Reagents are ready to use.

REAGENT STABILITY AND STORAGE

Store at 2-8°C.

The Reagent is stable until the expiry date shown on the label when stored tightly closed and if contaminations are prevented during its use.

Indications of deterioration: Presence of particulate material, turbidity, absorbance of the blank over 0.300 at 340 nm.

Once opened vials (reagent 1) are stable minimum 30 days at 2-8°C at optimum conditions. On board stability is strongly related to auto analyzers cooling specification and carry-over values.

SAMPLE

Serum or plasma is collected by standard procedures. Use heparin or EDTA as anticoagulants. Lipemic samples are not suitable for testing.

IgA in serum or plasma is stable for 15 days at 20 - 25°C, 2 months at 2-8°C and 3 years at -20°C.

TEST PROCEDURE

Sample Start

There have many ready application procedures dedicated to different kind of photometers and ready manual working process can be supplied on request.

There have many ready application procedures dedicated to different kind of biochemistry auto analyzers can be supplied on request.

CALCULATION

Calibration curve: Plot the absorbance values of each calibrator against its IgA concentration. Use the Blank as the calibrator of 0 concentrations. IgA concentration in the sample is calculated by interpolation of its absorbance on the calibration curve.

REFERENCE INTERVAL (NORMAL VALUES)*

Serum, adults: 70 - 400 mg/dL

*It is recommended that each laboratory establish its own reference range.

QUALITY CONTROL AND CALIBRATION

It is recommended to use the Protein Control Serum to verify the performance of the measurement procedure. We recommend:

Protein Control Serum Level I

Cat.No. PCN01

Protein Control Serum Level II

Cat.No. PCN05

Protein Calibrators (ARCHEM). The set contains 5 different levels of IgA concentration and it should be used to prepare the calibration curve. The calibrators are supplied ready to use.

*Calibration Stability: It is strongly depending of application to auto analyzers and auto analyzers specification. Calibration stability is 30 days.

*Each laboratory should establish its own internal Quality Control scheme and procedures for corrective action if controls do not recover within the acceptable tolerances.

Quality control is recommended every morning. Calibration is not recommended if QC control values are acceptable. Reagent should be calibrated after lot changes.

PERFORMANCE CHARACTERISTICS

Low linearity: 3.7 mg/dL IgA

High Linearity: The method is linear up to 650 mg/dL. For higher values dilute sample 1/5 with distilled water and repeat measurement.

Linearity may considerably vary depending on the instrument used.

Precision Studies:

Repeatability (within run) (Intra-assay)

Mean concentration	CV	n
155 mg/dL	2.7%	20
372 mg/dL	3.7%	20

Reproducibility (run to run) (Inter-assay)

Mean concentration	CV	n
155 mg/dL	2.6%	25
372 mg/dL	3.8%	25

Sensitivity (LOD): 3.25 mg/dL/mg at 400 mg/dL.

Trueness: Results obtained with this reagent did not show systematic differences when compared with reference reagents. Details of the comparison experiments are available on request.

Prozone effect: Falsely low values are obtained when IgA is present in the sample at a concentration higher than 1300 mg/dL.

Interferences: Bilirubin (20 mg/dL) and rheumatoid factors (300 IU/mL) do not interfere. Lipemia (triglycerides > 7.5 g/L) and hemoglobin (> 10 g/L) may affect the results. Other drugs and substances may interfere.

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

NOTES

1. For in vitro diagnostic use only. Do not pipette by mouth. Avoid contact with skin and mucous membranes.
2. All the calibrators, controls and some reagents must be considered as human & animal sample, so potentially infectious; all the protection actions must be applied to avoid any potential biological risk.
3. Material safety data sheet will be supplied on request.
4. Exercise the normal precautions required for handling laboratory reagents.
5. After measurements are taken, reagent bottles should cap and kept at 2-8°C. Caps of the reagents bottles cannot be used between two different kind of reagent and between R1&R2.
6. Reagents with different lot numbers should not be interchanged or mixed.
7. The reagents contain sodium azide (< 0.1%) as a preservative.
8. The linearity limit depends on the sample to reagent ratio.

PRECAUTIONS AND WASTE DISPOSAL

This product is made to be used in professional laboratories and by professional operators. Perform

the test according to the general "Good Laboratory Practice" (GLP) guidelines.

R36/38 : Irritating to eyes and skin.

S20/21 : When using, do not eat, drink or smoke.

S26 : In case of contact with eyes, rinse immediately with plenty of water and seek medical advice.

S28 : After contact with skin wash immediately with plenty of water.

S36/37/39: Wear suitable protective clothing, gloves and eye/face protection.

S45 : In case of accident or if you feel unwell, seek medical advice immediately.

S56 : Dispose of this material and its container at hazardous or special waste collection point.

S57 : Use appropriate container to avoid environmental contamination.

S61 : Avoid release in environment. Refer to special instructions/safety data sheets.

Please consult local regulations for a correct waste disposal.

ABBREVIATIONS

CV% : Coefficient of Variation Percentage

GLP : Good Laboratory Practice

IgA : Immunoglobulin A

IU : International Unit

mA : milliabsorbance

mL : milliliter

NCCLS: National Committee for Clinical Laboratory Standards

QC : Quality Control





REFERENCES

1. Tietz NW. Clinical Guide to Laboratory Tests. 3rd ed. Philadelphia, PA: WB Saunders Company; 1995:354-355.
2. Young DS. Effects of drugs on clinical laboratory tests, 3th ed. AACC Press, 1997.
3. Young DS. Effects of Drugs on Clinical Laboratory Tests. 3rd ed. Washington: AACC Press; 1990.
4. Friedman and Young. Effects of disease on clinical laboratory tests, 3th ed. AACC Press, 1997.
5. Johnson P, Ottewill RH. A light scattering study of diphtheria toxin-antitoxin interaction. Disc Faraday Soc. 1954;18:327.
6. Libby RL. New and rapid quantitation technique for the determination of potency of types I and II antipneumococcal serum. J Immunol. 1938;34:269.
7. Ritchie RF. A simple, direct and sensitive technique for measurement of specific protein in dilute solution. J Lab Clin Med. 1967;70:512-517.
8. Dati F et al. Consensus of a group of professional societies and diagnostic companies on guidelines for interim reference range for 14

proteins in serum based on the standarization against the IFCC/CAP reference material (CRM 470). Eur J Clin Chem Clin Biochem 1996; 34: 517-520.

9. Gitlin D, Edelhock H. A study of the reaction between human serum and its homologous equine antibody through the medium of light scattering. J Immunol. 1951;66:67-77.
10. Narayanan S. Method-comparison studies on immunoglobulins. Clin Chem 1982; 28: 1528-1531.
11. Goldberg RJ, Campbell DH. The light scattering properties of an antigen-antibody reaction. J Immunol. 1951;66:70.
12. Price CP, Spencer K and Whicher J. Light-scattering immunoassay of specific proteins: a review. Ann Clin Biochem 1983; 20: 1-14.
13. Helsing K. Influence of polymers on the antigen-antibody reaction in a continuous flow system. In: Automated Immunoprecipitin Reaction. Colloquium on AIP. Tarrytown, NY: Technicon Inst. Corp.; 1972:17.
14. Helsing K. The effect of dextran on the reaction between iodine-125 labeled human serum albumin and gamma G-globulin from rabbit anti-albumin sera. Acta Chem Scand. 1966;20:1251.
15. Helsing K. The effect of hyaluronate, chondroitin sulfate and chondroitin sulphate protein complex on the precipitin reaction. Biochem J. 1969;112:475.
16. Helsing K, Laurent TC. The influence of dextran on the precipitin reaction. Acta Chem Scand. 1964;18:1303.
17. Helsing K. Polysacchande - enhanced precipitin reactions with antigens of various sizes. Biochem J. 1969;114:145.
18. 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.
19. Marrack JR, Richards CB. Light scattering studies of the formation of aggregates in mixtures of antigen and antibody. J Immunol. 1971;20:1019-1038.
20. Marrack JR, Grant RA. The interaction of antigen and antibody in low concentrations of salt. Brit J Exp Path. 1953;34:263.

SYMBOLS

IVD	Only for invitro diagnostic use
LOT	Lot of manufacturing
R1	Reagent 1
CONC	Concentration
INGRED	Reagent Ingredients
REF	Reference Number (Catalog No)
SN	Serial Number
	Expiration date
	Storage temperature interval
	Read the directions
	Biological risk

CE

**Archem Diagnostics Industry LTD. ŞTİ.**
Organize Sanayi Bölgesi, Mutsan Sanayi Sitesi
M8 Blok No: 48 Başakşehir / ISTANBUL TURKEY
Tlf: + 90 212 444 08 92
Fax: +90 212 629 98 89
info@archem.com.tr
www.archem.com.tr