BIO TECHNOLOGY
boditech

Cardiac

ichroma™ CK-MB

INTENDED USE

ichroma™ CK-MB is a fluorescence Immunoassay (FIA) for the quantitative determination of Creatine Kinase Isoenzyme-MB (CK-MB) in human whole blood/serum/plasma. It is useful as an aid in management and monitoring of acute myocardiac infarction (AMI) and acute coronary syndrome (ACS).

For *in vitro* diagnostic use only.

INTRODUCTION

Creatine Kinase (CK), also known as Creatine Phosphokinase or Phospho-creatine Kinase is an enzyme expressed by various tissues and cell types. Disruption of cell membranes due to hypoxia or other injury releases CK from the cellular cytosol into the systemic circulation. CK is a dimeric enzyme consisting of two subunits, which can be either B- (brain type) or M- (muscle type). These subunits associate to form three isoenzymic forms: CK-BB, CK-MM and CK-MB. These isoenzymes are expressed at different levels in various human tissues. Though CK-MM is the most abundant CK isoenzyme in the cardiac muscles, CK-MB constitutes about 20% of the total CK in the cardiac muscle tissue. Elevated levels of total CK is not specific to the myocardial tissue and may be observed in patients with skeletal muscle injury and certain other disorders but as CK-MB is more specific to myocardial tissue, CK–MB levels along with total CK can be considered as an important diagnostic indicator of myocardial infarction. The concentration of CK-MB in the healthy adult is below 7.0ng/ml but it shows great increases in several malignant diseases, mostly primary coronary syndrome, myocardial injury and infarction. CK-MB has been found to be more sensitive and early indicator of myocardial injury because it has a lower basal level and a much narrower normal range. Medical literature commonly reveals that following an acute myocardial infarction, CK-MB levels become elevated in 4 to 9 hours after the onset of chest pain, attain peak at 10 to 24 hours, and return to normal within 2 to 3 days. Use of CK-MB level as a percentage of total CK in the diagnosis of myocardial infraction is the most important clinical application of CK measurements in clinical chemistry.

PRINCIPLE

The test uses a sandwich immunodetection method; the detector antibody in buffer binds to antigen in sample, forming antigen-antibody complexes, and migrates onto nitrocellulose matrix to be captured by the other immobilized-antibody on test strip.

The more antigen in sample forms the more antigen-antibody complex and leads to stronger intensity of fluorescence signal on detector antibody, which is processed by instrument for ichroma™ tests to show CK-MB concentration in sample.

COMPONENTS

ichroma™ CK-MB consists of 'Cartridges', 'Detection Buffer Tubes' and an 'ID chip'.

- The cartridge contains a test strip, the membrane which has anti human CK-MB at the test line, while streptavidin at the control line.
- Each cartridge is individually sealed in an aluminum foil pouch containing a desiccant. 25 sealed cartridges are packed in a box which also contains an ID chip.
- The detection buffer contains anti human CK-MB-fluorescence conjugate, biotin-BSA-fluorescence conjugate, bovine serum albumin (BSA) as a stabilizer and sodium azide as a preservative in phosphate buffered saline.
- The detection buffer is pre-dispensed in a tube. 25 detection buffer tubes are packaged in a box and further packed in a Styrofoam box with ice-pack for the shipment.

WARNINGS AND PRECAUTIONS

- For *in vitro* diagnostic use only.
- Carefully follow the instructions and procedures described in this 'Instruction for use'.
- Use only fresh samples and avoid direct sunlight.
- Lot numbers of all the test components (Cartridge, ID chip and detection buffer) must match each other.
- Do not interchange the test components between different lots or use the test components after the expiration date, either of which might yield misleading of test result(s).
- Do not reuse. A detection buffer tube should be used for processing one sample only. So should a cartridge.
- The cartridge should remain sealed in its original pouch before use. Do not use the cartridge, if is damaged or already opened.
- Frozen sample should be thawed only once. For shipping, samples must be packed in accordance with the regulations. Sample with severe hemolytic and hyperlipidemia cannot be used and should be recollected.
- Just before use, allow the cartridge, detection buffer and sample to be at room temperature for approximately 30 minutes.
- **ichroma™ CK-MB** as well as the instrument for ichroma™ tests should be used away from vibration and/or magnetic field. During normal usage, it can be noted that instrument for ichroma™ tests may produce minor vibration.
- Used detection buffer tubes, pipette tips and cartridges should be handled carefully and discarded by an appropriate method in accordance with relevant local regulations.
- An exposure to larger quantities of sodium azide may cause certain health issues like convulsions, low blood pressure and heart rate, loss of consciousness, lung injury and respiratory failure.
- **ichroma™ CK-MB** will provide accurate and reliable results subject to the following conditions.
  - Use **ichroma™ CK-MB** should be used only in conjunction with instrument for ichroma™ tests.
  - Any anticoagulants other than **heparin, EDTA** should be avoided.

STORAGE AND STABILITY

- The cartridge is stable for 20 months (while sealed in an aluminum foil pouch) if stored at 4-30 °C.
- The detection buffer pre-dispensed in a tube is stable for 20 months if stored at 2-8 °C.
- After the cartridge pouch is opened, the test should be performed immediately.

LIMITATION OF THE TEST SYSTEM

- The test may yield false positive result(s) due to the cross-reactions and/or non-specific adhesion of certain sample components to the capture/detector antibodies.
- The test may yield false negative result. The non-responsiveness of the antigen to the antibodies is most common where the epitope is masked by some unknown components, so as not to be detected or captured by the antibodies. The instability or degradation of the antigen with time and/or temperature may cause the false negative as it makes antigen unrecognizable by the antibodies.
- Other factors may interfere with the test and cause erroneous results, such as technical/procedural errors, degradation of the test components/reagents or presence of interfering substances in the test samples.
- Any clinical diagnosis based on the test result must be supported by a comprehensive judgment of the concerned physician including clinical symptoms and other relevant test results.

MATERIALS SUPPLIED

REF CFPC-33

Components of **ichroma™ CK-MB**

- Cartridge Box:
  - Cartridges 25
  - ID Chip 1
  - Instruction For Use 1
- Box containing Detection Buffer Tubes
  - Detection Buffer Tubes 25

MATERIALS REQUIRED BUT SUPPLIED ON DEMAND

Following items can be purchased separately from **ichroma™ CK-MB.** Please contact our sales division for more information.

- Instrument for ichroma™ tests
  - **ichroma™ Reader** REF FR203
  - **ichroma™ II** REF FPRR021
  - **ichroma™ D** REF 13303
- **ichroma™ Printer** REF FPRR007
- **Boditech Cardiac Control** REF CFPO-98

SAMPLE COLLECTION AND PROCESSING

The sample type for **ichroma™ CK-MB** is human whole blood/serum /plasma.

- It is recommended to test the sample within 24 hours after collection.
- The serum or plasma should be separated from the clot by centrifugation within 3 hours after the collection of whole blood. If longer storage is required, e.g. if the test could not be performed within 24 hours, serum or plasma should be immediately frozen below -20 °C. The freezing storage of sample up to 3 months does not affect the quality of results.
- However, the whole blood sample should not be kept in a freezer in any case.
- Once the sample was frozen, it should be used one time only for test, because repeated freezing and thawing can result in the change of test values.

TEST SETUP

- Check the contents of **ichroma™ CK-MB**: Sealed Cartridge, Detection Buffer Tubes and ID Chip.
- Ensure that the lot number of the cartridge matches that of the ID chip as well as the detection buffer.
- Keep the sealed cartridge (if stored in refrigerator) and the detection buffer tube at room temperature for at least 30 minutes just prior to the test. Place the cartridge on a clean, dust-free and flat surface.
- Turn on the instrument for ichroma™ tests.
- Insert the ID Chip into the ID chip port of the instrument for ichroma™ tests**.**
- Press the 'Select' button on the instrument for ichroma™ tests. (Please refer to the 'Instrument for ichroma™ tests Operation Manual' for complete information and operating instructions.)

TEST PROCEDURE

1) Transfer 75 µL (Human whole blood/serum/plasma/control) of sample using a transfer pipette to a tube containing the detection buffer.
2) Mix the sample thoroughly with the detection buffer with the help of the pipette and/or vigorous shaking.
3) Pipette out 75 µL of a sample mixture and load it into the sample well on the cartridge.
4) Leave the sample-loaded cartridge at room temperature for 12 minutes.
   ⚠ *Scan the sample-loaded cartridge immediately when the incubation time is over. If not, it will cause inexact test result.*
5) To scan the sample-loaded cartridge, insert it into the cartridge holder of the instrument for ichroma™ tests. Ensure proper orientation of the cartridge before pushing it all the way inside the cartridge holder. An arrow has been marked on the cartridge especially for this purpose.
6) Press 'Select' button on the instrument for ichroma™ tests to start the scanning process.
7) Instrument for ichroma™ tests will start scanning the sample-loaded cartridge immediately.
8) Read the test result on the display screen of the instrument for ichroma™ tests.

INTERPRETATION OF TEST RESULT

- Instrument for ichroma™ tests calculates the test result automatically and displays CK-MB concentration of the test sample in terms of ng/mL.
- The cut-off (reference value): 7 ng/mL
- Working range : 3-100 ng/mL

QUALITY CONTROL

- Quality control tests are a part of the good testing practice to confirm the expected results and validity of the assay and should be performed at regular intervals.
- The control tests should be performed immediately after opening a new test lot to ensure the test performance is not altered.
- Quality control tests should also be performed whenever there is any question concerning the validity of the test results.
- Control materials are not provided with **ichroma™ CK-MB**. For more information regarding obtaining the control materials, contact Boditech Med Inc.'s Sales Division for assistance. (Please refer to the instruction for use of control material.)

PERFORMANCE CHARACTERISTICS

- **Specificity**: There, in test samples, are biomolecules such as heparin, protein kinase A (PKA), autoantibodies, free and binary or ternary troponin complex were added to the test sample(s) at concentrations much higher than their normal physiological levels in blood. **ichroma™ CK-MB** test results did not show any significant cross-reactivity with these biomolecules.
- **Precision**: The intra-assay precision was calculated by one evaluator, who tested different concentration of control standard ten times each with three different lots of **ichroma™ CK-MB.** The inter-assay precision was confirmed by 3 different evaluators with 3 different lots, testing ten times each different concentrations.

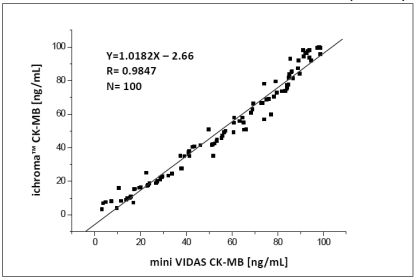
<Intra-assay>

CK-MB	Serum/Plasma			Whole Blood		
[ng/ml]	Mean	SD	CV (%)	Mean	SD	CV (%)
3.00	3.12	0.29	9.29	3.15	0.39	12.38
10.00	10.15	0.58	5.71	9.98	0.97	9.72
25.00	25.19	0.81	3.22	24.97	1.51	6.05
50.00	50.83	1.53	3.01	50.89	2.02	3.97
100.00	99.81	2.06	2.06	99.33	2.43	2.45

<Inter-assay>

CK-MB	Serum/Plasma			Whole Blood		
[ng/ml]	Mean	SD	CV (%)	Mean	SD	CV (%)
3.00	3.15	0.31	9.84	3.22	0.45	13.98
10.00	10.28	0.62	6.03	9.94	0.98	9.86
25.00	25.37	0.88	3.47	24.89	1.52	6.11
50.00	51.18	1.56	3.05	51.47	2.12	4.12
100.00	99.43	2.13	2.14	98.73	2.57	2.60

- **Comparability:** CK-MB concentrations of 100 clinical samples were quantified independently with **ichroma™ CK-MB** and mini VIDAS® (BioMerieux Inc. France) as per prescribed test procedures. Test results were compared and their comparability was investigated with linear regression and coefficient of correlation (R). Linear regression and coefficient of correlation between the two tests were Y= 1.0182 X – 2.66 and R = 0.9847 respectively.



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Note: Please refer to the table below to identify various symbols

Σ	Sufficient for <n> tests
	Read instruction for use
	Use by Date
LOT	Batch code
REF	Catalog number
	Caution
	Manufacturer
EC REP	Authorized representative of the European Community
IVD	In vitro diagnostic medical device
	Temperature limit
	Do not reuse
CE	This product fulfills the requirements of the Directive 98/79/EC on in vitro diagnostic medical devices

CE