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Cardiac

ichroma™
Cardiac Triple

INTENDED USE

ichroma™ Cardiac Triple is a fluorescence immunoassay (FIA) for the quantitative determination of cardiac Tn-I (Troponin I), CK-MB (Creatine kinase) and Myoglobin in human whole blood/serum/plasma. It is useful as an aid in management and monitoring of acute myocardial infarction (AMI) and acute coronary syndrome (ACS).

For *in vitro* diagnostic use only.

INTRODUCTION

Blood protein markers play an important role in the diagnosis of AMI Tn-I, CK-MB, and Myoglobin are key members of them.

Cardiac troponins are currently the most sensitive and specific biochemical markers of myocardial necrosis. There are three types of troponin in heart muscle fibers: troponin-C, troponin-I, and troponin-T. Together they contribute to make cardiac muscle fibers contract. The clinical measurement of serum Tn-I has become an important tool in the diagnosis of the acute myocardial infarction. Serum Tn-I is more reliable than creatine kinase as a prognostic marker in people with ischemic chest pain. National and international scientific organizations have suggested the use of troponins, Tn-I and Tn-T, when implementing new diagnostic strategies in patients with acute coronary syndrome.

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 injuries 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 are 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 earlier 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.

Myoglobin is an iron- and oxygen-binding protein found in both skeletal and myocardial muscles. It acts as a transport protein and is involved in diffusion of oxygen in the muscle tissue. Myoglobin is a single-chain globular protein of 154 amino acids. It is composed of a central iron-containing 'Heme' which is enclosed in a compact bundle-like or prism-like arrangement formed by the eight right-handed α-helices[1,2]. Being a cytoplasmic protein having low molecular weight (of 17,699 Daltons), myoglobin is released into the serum more rapidly as compared to other cardiac markers upon damage to the myocardial cells. Serum concentration of myoglobin increases above the normal range as early as 1 hour after acute myocardial infarction (AMI), attains peak level in approximately 4 to 8 hours after the onset and normalize rapidly afterwards. Thus, myoglobin is better suited as a cardiac marker for early diagnosis of AMI. However, the elevated myoglobin is not specific to AMI owing to its large quantities in skeletal muscles as well. Despite its low clinical specificity and weak predictive value towards AMI, myoglobin is still a promising cardiac marker when other markers such as Creatin Kinase Isoenzyme-MB (CK-MB) and Cardiac Troponin-I (cTn-I) as well as other indicators like clinical signs and ECG are taken into account for diagnosis/confirmation of AMI[3-8].

With these important reasons, this cardiac triple-TnI, CK-MB, and Myoglobin- could be a simple and useful tool for diagnosing AMI and ACS.

PRINCIPLE

The test uses a sandwich immunodetection method.

The detector antibodies in buffer bind to antigens in the sample, forming antigen-antibody complexes, and migrate onto nitrocellulose matrix to be captured by the other immobilized antibodies on a test strip.

More in the sample will form more antigen-antibody complexes which lead to stronger fluorescence signal by detector antibodies, which is processed by the instrument for ichroma™ tests to show Tn-I/CK-MB/Myoglobin concentration in the sample.

COMPONENTS

ichroma™ Cardiac Triple consists of 'cartridges', 'detector tubes' and 'detector diluent'.

- The cartridge contains the membrane called a test strip which has anti-CK-MB, anti-Myoglobin and streptavidin at the test line, and chicken IgY at the control line. All cartridges are individually sealed in an aluminum foil pouch containing a desiccant, and they are further packaged in a box.
- The detector tube has 2 granules containing anti Tn-I-fluorescence conjugator, anti-Chicken IgY-fluorescence conjugate, biotin-anti-Tn-I conjugate, and sodium azide as a preservative in Tris-Cl. All detector tubes are packed in a box.
- The detector diluent contains anti-CK-MB-fluorescence conjugate, anti-Myoglobin-fluorescence conjugate, anti-Chicken IgY-fluorescence conjugate, and sodium azide as a preservative in Tris-Cl buffer, and it is pre-dispensed in a vial. The detector diluent is packed in a box.

WARNINGS AND PRECAUTIONS

- For *in vitro* diagnostic use only.
- Follow the instructions and procedures described in this 'Instructions for use'.
- Use only fresh samples and avoid direct sunlight.
- Lot numbers of all the test components (cartridge, detector tube, detector diluent and ID chip) 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 incorrect test result(s).
- Do not reuse cartridges or detector tubes. A cartridge should be used for testing one sample only. A detector tube should be used for processing of one sample only.
- The cartridge should remain sealed in its original pouch until just before use. Do not use cartridge, if pouch is damaged or has already been opened.
- Frozen sample should be thawed only once. For shipping, samples must be packed in accordance with local regulations. Sample with severe hemolysis and/or hyperlipidemia must not be used.
- If test components and/or sample are stored in refrigerator, then allow cartridge, detector tube, detector diluent and sample to be at room temperature for approximately 30 minutes before use.
- The instrument for ichroma™ tests may generate slight vibration during use.
- Used cartridges, detector tubes, a detector diluent and pipette tips should be handled carefully and discarded by an appropriate method in accordance with relevant local regulations.
- The detector tube and the detector diluent contain sodium azide (NaN_3), and it may cause certain health issues like convulsions, low blood pressure, low heart rate, loss of consciousness, lung injury and respiratory failure. Avoid contact with skin, eyes, and clothing. In case of contact, rinse immediately with running water.
- No Biotin interference was observed in **ichroma™ Cardiac Triple** when biotin concentration in the sample was below 2 ng/mL. If a patient has been taking biotin at dosage of more than 0.03 mg a day, it is recommended to test again 24 hours after discontinuation of biotin intake.
- **ichroma™ Cardiac Triple** will provide accurate and reliable results subject to the below conditions.
  - **ichroma™ Cardiac Triple** should be used only in conjunction with the instrument for ichroma™ tests.
    - Have to use recommended anticoagulant.

Recommended anticoagulant
Sodium-heparin, Lithium-heparin, Sodium citrate

STORAGE AND STABILITY

Storage condition			
Component	Storage Temperature	Shelf life	Note
Cartridge	2 - 30°C	20 months	Disposable
Detector tube	2 - 8°C	20 months	Disposable
Detector diluent	2 - 8°C	20 months	Unopened
		20 months	Opened

- 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(s) due to the non-responsiveness of the antigens to the antibodies which is the most common if the epitope is masked by some unknown components, so therefore not being able to be detected or captured by the antibodies. The instability or degradation of the antigens with time and/or temperature may also cause false negative result as it makes the antigens 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 in conjunction with clinical symptoms and other relevant test results.

MATERIALS SUPPLIED

REF CFPC-78

Components of **ichroma™ Cardiac Triple**
- Cartridge box:
  - Cartridge   25
  - ID chip   1
  - Instructions for use   1
- Detection buffer box
  - Detector tube   25
    ✓ Packed for ichroma™ II, ichroma™ III
      • Detector tube (Capped with plastic lid)
    ✓ Packed for ichroma™-50, ichroma™-50 PLUS
      Detector tube (Sealed with aluminum foil)
  - Detector diluent   1

MATERIALS REQUIRED BUT SUPPLIED ON DEMAND

Following items can be purchased separately with **ichroma™ Cardiac Triple**.
Please contact our sales division for more information.
- Instrument for ichroma™ tests
  - **ichroma™ II**   **REF** FPRR021
  - **ichroma™ III**   **REF** FPRR037
  - **ichroma™-50**   **REF** FPRR022
  - **ichroma™-50 PLUS**   **REF** FPRR036
- **Boditech Cardiac Triple Control**   **REF** CFPO-204

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SAMPLE COLLECTION AND PROCESSING

The sample type for **ichroma™ Cardiac Triple** is human whole blood/serum/plasma.

- It is recommended to test the sample within 24 hours after collection.
- The samples (serum, plasma) should be separated from the clot by centrifugation within 3 hours after the collection of whole blood.
- The samples (whole blood, serum, plasma) may be stored for a week at 2-8°C prior to being tested. If testing will be delayed more than a week, samples (serum, plasma) should be frozen at -20°C.
- The samples (serum, plasma) stored frozen at -20°C for 3 months showed no performance difference.
- However, the whole blood sample should not be kept in a freezer in any case.
- As a repeated freeze-thaw cycle may affect the test result, do not refreeze previously frozen samples.

TEST SETUP

- Check the contents of **ichroma™ Cardiac Triple**: Sealed cartridges, detection buffer tubes, an ID chip and an instructions for use.
- Ensure that the lot number of the cartridges matches that of the detection buffer tube as well as an ID chip.
- If the sealed cartridge, the detector tube and the detector diluent have been stored in a refrigerator, place them on a clean and flat surface at room temperature for at least 30 minutes before testing.
- Turn on the instrument for ichroma™ tests.
- Insert the ID chip into the 'ID chip port'.
- ※ **Please refer to the instrument for ichroma™ tests operation manual for complete information and operating instructions.**

TEST PROCEDURE

▶ **ichroma™ II**

Multi test mode

1) Take 150 μL of detector diluent using a pipette and dispense it to the detector tube containing a granule. When the granule form is completely dissolved in the tube, it becomes detection buffer.
   (The detection buffer must be used immediately. Do not exceed 30 seconds.)
2) Take 75 μL of sample (Human whole blood/serum/plasma/control) using a pipette and dispense it to the detector tube.
3) Close the lid of the detector tube and mix the sample thoroughly by shaking it about 20 times
   (The sample mixture must be used immediately. Do not exceed 30 seconds.)
4) Take 75 μL of the sample mixture and dispense it into the sample well of the cartridge.
5) Leave the cartridge at room temperature for 12 minutes.
   ⚠ _Scan the sample-loaded cartridge immediately when the incubation time is over. If not, it will cause inaccurate test result._
6) 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 is marked on the cartridge especially for this purpose.

7) Tap the 'Start' button on the instrument for ichroma™ tests to start the scanning process.
8) The instrument for ichroma™ tests will start scanning the sample-loaded cartridge immediately.
9) Read the test result on the display screen of the instrument for ichroma™ tests.

Single test mode

1) The test procedure is same with the 'Multi test mode 1) – 4)'.
2) Insert the sample-loaded cartridge into the 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 is marked on the cartridge especially for this purpose.
3) Tap the 'Start' button on the instrument for ichroma™ tests.
4) The cartridge goes inside the instrument for ichroma™ tests and will automatically start scanning the sample-loaded cartridge after 12 minutes.
5) Read the test result on the display screen of the instrument for ichroma™ tests.

▶ **ichroma™ III**

1) The test procedure is same with the 'Single test mode'.

▶ **ichroma™-50, ichroma™-50 PLUS**

1) Insert the tip array in the tip station.
2) Insert the detector tube in the reagent station and cover the reagent station to hold the detector tubes in place.
3) Open the lid of the detector diluent and insert the detector diluent in the diluent station.
4) Insert the cartridge magazine with the cartridges into the magazine station.
5) Insert the sample tube into the blood collection tube rack and load the blood collection tube rack into the sampling station (loading part).
6) Tap the button located in the upper side of the No. of test cartridge region to select the ID chip that you want to use.
7) When the selected cartridge slot is activated, set the number of the detector tube by tapping.
8) Set the number of pipette tips by tapping.
9) Tap the 'Start' button on the left upper of the main screen to start test.

INTERPRETATION OF TEST RESULT

- The instrument for ichroma™ tests calculates the test result automatically and displays Tn-I, CK-MB and Myoglobin concentration of the test sample in terms of ng/mL.

Item	Tn-I [ng/ml]	CK-MB [ng/ml]	Myoglobin [ng/ml]
Reference range	≤0.04 (99th percentile)	≤7.00 (95th percentile)	≤70.00 (97.5th percentile)

Working range	0.01-15	3-100	5-500

■ **Expected Values**
- In studies performed with the **ichroma™ Cardiac Triple** assay involving 100 healthy volunteers in Korea, the upper reference limit (99th percentile, 95th percentile, 97.5th percentile) for Tn-I was 0.04 ng/mL and CK-MB was 7 ng/ml and Myoglobin was 70 ng/ml.
- Due to the release kinetics of Tn-I, CK-MB and Myoglobin, a result below the decision limit within the first hours of the onset of symptoms does not rule out myocardial infarction with certainty. If myocardial infarction is still suspected, repeat the test at appropriate intervals.

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.

■ Quality control tests should also be performed whenever there is any question concerning the validity of the test results.

■ Control materials are provided on demand with **ichroma™ Cardiac Triple**. For more information regarding obtaining the control materials, contact Boditech Med Inc.'s Sales Division for assistance.
(Please refer to the instructions for use of control material.)

PERFORMANCE CHARACTERISTICS

■ **Analytical sensitivity**

	Tn-I [ng/mL]	CK-MB [ng/mL]	Myoglobin [ng/mL]
Limit of Blank (LoB)	0.007	0.63	1.23
Limit of Detection (LoD)	0.01	1.30	1.74
Limit of Quantitation (LoQ)	0.03	3.00	5.00

■ **Analytical specificity**
- Cross-reactivity
Biomolecules listed in the following table were added to the test sample(s) at concentrations much higher than their normal physiological levels in the blood. **ichroma™ Cardiac Triple** test results did not show any significant cross-reactivity with these biomolecules.

Tn-I	
Cross-reactants	Concentration
CK-MB	1,000 ng/mL
NT-proBNP	1,000 ng/mL
Myoglobin	2,000 ng/mL
D-Dimer	20,000 ng/mL
CK-MB	
Cross-reactants	Concentration
Troponin Complex	1,000 ng/mL
NT-proBNP	1,000 ng/mL
Myoglobin	2,000 ng/mL
D-Dimer	20,000 ng/mL
Myoglobin	
Cross-reactants	Concentration
CK-MB	1,000 ng/mL
NT-proBNP	1,000 ng/mL
Troponin Complex	1,000 ng/mL

D-Dimer	20,000 ng/mL

- Interference
Interferents listed in the following table were added to the test sample at the concentration mentioned below. **ichroma™ Cardiac Triple** test results did not show any significant interference with these materials.

Interferents	Concentration
Bilirubin unconjugated	350 µmol/L
Cholesterol	13 mmol/L
D-glucose	1,000 mg/dL
Hemoglobin	2 g/L
L-Ascorbic acid	350 umol/L
Triglyceride mixture	500 mg/dL
EDTA-K$_3$	3.4 µmol/L
Li-Heparin	3,000 U/L

■ **Precision**
- Single-site study
Repeatability (within-run precision)
within-laboratory precision (Total precision)
Lot to lot precision
3 Lots of **ichroma™ Cardiac Triple** were tested for 21 days. Each standard material was tested 2 times per day. For each test, each material was duplicated.
- Multi-site study
Reproducibility
1 Lot of **ichroma™ Cardiac Triple** was tested for 5 days in 3 different sites (1 person per 1 site, 1 instrument per 1 site). Each standard material was tested 1 time per and 5 replicates per day.

Tn-I [ng/mL]	Repeatability		Total precision (within-laboratory precision)	
	AVG	CV (%)	AVG	CV (%)
0.23	0.23	6.3	0.23	6.1
0.94	0.95	5.3	0.94	5.8
7.50	7.51	6.6	7.47	5.9
Tn-I [ng/mL]	Lot to lot precision		Reproducibility	
	AVG	CV (%)	AVG	CV (%)
0.23	0.23	5.8	0.23	6.2
0.94	0.94	5.8	0.96	5.5
7.5	7.45	5.9	7.54	5.6

CK-MB [ng/mL]	Repeatability		Total precision (within-laboratory precision)	
	AVG	CV (%)	AVG	CV (%)
6.30	6.23	5.6	6.32	6.0
12.50	12.37	5.4	12.40	5.8
50.00	49.36	6.2	49.65	6.1
CK-MB [ng/mL]	Lot to lot precision		Reproducibility	
	AVG	CV (%)	AVG	CV (%)
6.30	6.30	5.9	6.30	5.7
12.50	12.50	5.8	12.34	5.8
50.00	49.94	5.8	50.08	5.6

Myoglobin [ng/mL]	Repeatability		Total precision (within-laboratory precision)	
	AVG	CV (%)	AVG	CV (%)
12.50	12.43	5.6	12.44	5.7
52.00	52.42	5.4	52.00	5.7
180.00	180.14	6.2	178.84	6.2
Myoglobin [ng/mL]	Lot to lot precision		Reproducibility	
	AVG	CV (%)	AVG	CV (%)

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12.50	12.49	5.4	12.60	5.9
52.00	51.87	5.8	51.69	5.8
180.00	179.03	5.8	180.92	5.5

■ **Accuracy**

The accuracy was confirmed by testing with 3 different lots of **ichroma™ Cardiac Triple.** The tests were repeated 10 times at each concentration of the control standard.

Tn-I [ng/mL]	LOT 1		LOT 2		LOT 3	
	AVG	Recovery (%)	AVG	Recovery (%)	AVG	Recovery (%)
0.23	0.23	99.6	0.24	103.5	0.24	103.9
0.94	0.92	98.3	0.94	100.4	0.92	98.0
7.5	7.41	98.8	7.30	97.3	7.28	97.0

CK-MB [ng/mL]	LOT 1		LOT 2		LOT 3	
	AVG	Recovery (%)	AVG	Recovery (%)	AVG	Recovery (%)
6.30	6.34	100.7	6.38	101.3	6.29	99.8
12.50	12.61	100.9	12.65	101.2	12.63	101.1
50.00	51.24	102.5	50.64	101.3	49.13	98.3

Myoglobin [ng/mL]	LOT 1		LOT 2		LOT 3	
	AVG	Recovery (%)	AVG	Recovery (%)	AVG	Recovery (%)
12.50	12.33	98.7	12.31	98.5	12.05	96.4
52.00	51.66	99.3	51.75	99.5	52.05	100.1
180.0	180.50	100.3	186.21	103.4	182.24	101.2

■ **Comparability**

Tn-I concentration of 100 clinical samples were quantified independently with **ichroma™ Cardiac Triple (ichroma™ II)** and **comparator A** as per prescribed test procedures. Test results were compared, and their comparability was investigated with linear regression and correlation coefficient (R). The regression equation and correlation coefficient are as follow.

CK-MB concentrations of 100 clinical samples were quantified independently with **ichroma™ Cardiac Triple (ichroma™ II)** and **comparator B** as per prescribed test procedures. Test results were compared, and their comparability was investigated with linear regression and correlation coefficient (R). The regression equation and correlation coefficient are as follow.

Myoglobin concentrations of 100 clinical samples were quantified independently with **ichroma™ Cardiac Triple (ichroma™ II)** and **comparator C** as per prescribed test procedures. Test results were compared, and their comparability was investigated with linear regression and correlation coefficient (R). The regression equation and correlation coefficient are as follows.

CK-MB

$y = 0.9888x + 0.4672$
$R = 0.9934$

Myoglobin

$y = 0.9272x - 0.9283$
$R = 0.9947$

Tn-I

$y = 1.4252x + 0.0487$
$R = 0.9923$
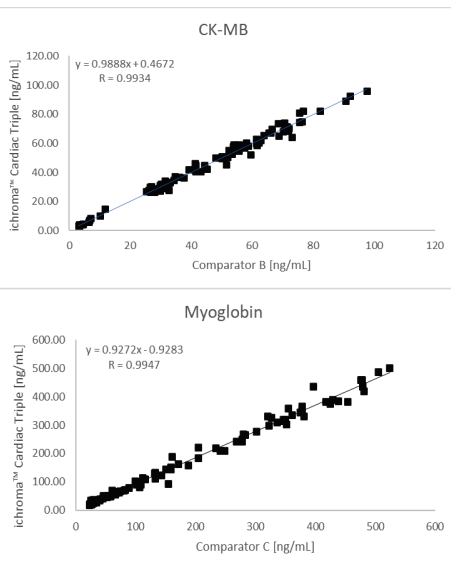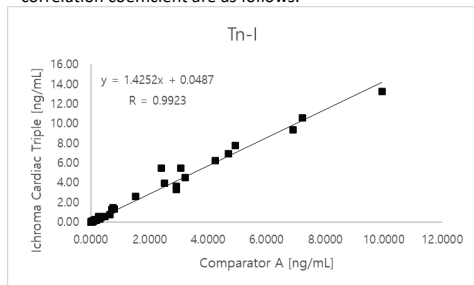
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
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Note: Please refer to the table below to identify various symbols.

Symbol	Description
	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 IVD