Diabetes ichrom∝™ HbA1c Neo

INTENDED USE

ichroma[™] HbA1c Neo is a fluorescence immunoassav (FIA) for the quantitative determination of HbA1c (Hemoglobin A1c) in human whole blood. It is useful as an aid in management and monitoring of the long-term glycemic status in patients with diabetes mellitus.

For *in vitro* diagnostic use only.

INTRODUCTION

Glycated protein is formed post-translationally through the slow, nonenzymatic reaction between glucose and amino groups on proteins. HbA1c is a clinically useful index of mean glycemia during the preceding 120 days, the average life span of erythrocytes. Carefully controlled studies have documented a close relationship between the concentrations of HbA1c and mean glycemia. HbA1c is considered as a more reliable parameter in monitoring glycemia over the glycemic reading with the conventional glucometer

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 antigens 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 the content of glycated hemoglobin in terms of percent of the total hemoglobin in the blood.

COMPONENTS

ichroma[™] HbA1c Neo consists of 'cartridges', 'detector tubes', 'detector diluents'.

- The cartridge contains the membrane called a test strip which has 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 a granule containing anti-Hemoglobin A0-fluorescence conjugate, biotin-anti-HbA1c antibody conjugate, anti-chicken IgY-fluorescence conjugate and sodium azide as a preservative in phosphate buffered saline (PBS). All detector tubes are packed in a pouch.
- The detector diluent contains tween 20 and antifoam B emulsion (Polydi methylsiloxane) as a detergent, n-Teradecyl-N,N-dimethyl-3-ammonio-1-propanesulfonate, Potassium hexacyanoferrate (π) as a hemoclastic and sodium azide as a preservative in phosphate buffered saline (PBS), and it is predispensed in 2 vials. The detector diluents are packed in a box.

WARNINGS AND PRECAUTIONS

- For in vitro diagnostic use only.
- Follow 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.
- After using the detector diluent, keep it closed.
- Do not interchange the test components between different lots or use the test components after the expiration date. either of which might yield incorrect of test result(s).
- Do not reuse cartridges or detector tubes. A cartridge should

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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 the cartridge, if pouch is damaged or has already been opened.
- 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, detector diluents, capillary tube 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 (NaN₃), and they 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[™] HbA1c Neo when biotin concentration in the sample was up to 3,500 ng/mL. If a patient has been taking biotin at dosage of more than 300 mg a day, it is recommended to collect blood 24 hours after discontinuation of biotin intake.
- ichroma[™] HbA1c Neo will provide accurate and reliable results subject to the below conditions.
- ichroma[™] HbA1c Neo should be used only in conjunction with the instrument for ichroma[™] tests.

Have to use recommended anticoagulant

Recommended anticoagulant K2EDTA, K3EDTA, Na2EDTA. Lithium heparin, Sodium citrate

- The capillary tube should be used when the following
- conditions are met. - The capillary tube provided with the kit is recommended
- to obtain correct test result. - Whole blood should be immediately tested after collection.
- Excess whole blood around the capillary tube should be wiped off.
- In order to avoid cross-contamination, please do not re-use capillary tube for multiple samples.

STORAGE AND STABILITY

Storage condition				
Component	Storage Temperature	Shelf life	Note	
Cartridge	2-30°C	20 months	Disposable	
Detector tube	2-30°C	20 months	Disposable	
Detector diluent -	2-30°C	20 months	Unopened	
	2-30°C	12 months	Opened	
 After the cartridge pouch is opened, the test should be 				

performed immediately.

LIMITATIONS OF THE TEST SYSTEM

- The test may yield false positive result(s) due to the crossreactions 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 nonresponsiveness 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 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.

- The test environment conditions for ichroma[™] HbA1c Neo are below
 - Temperature: 20-30 °C
- Humidity: 10-70 %
- i-chamber target temperature: 30 °C

MATERIALS SUPPLIED

REF CFPC-137

Components of ichroma[™] HbA1c Neo

- Cartridge Box: - Cartridge
- Detector tube
- Detector diluent 2
- ID chip - Instructions for use

MATERIALS REQUIRED BUT SUPPLIED ON DEMAND

Following items can be purchased separately from ichroma[™] HbA1c Neo. Please contact our sales division for more information.

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REF FPRR035

REE EPRR036

RFF FPRR007

REF FPRR009

REF CFPO-96

REF CFPO-32

- Instrument for ichroma[™] tests
- REF FR203 - ichroma™ Reader REF FPRR021 - ichroma™ II REF FPRR037
- ichroma[™] III
- ichroma[™] M3
- ichroma[™]-50 PLUS
- Printer
- i-Chamber
- Boditech HbA1c Control
- 5 μL Capillary tube

SAMPLE COLLECTION AND PROCESSING

The sample type for ichroma[™] HbA1c Neo is human whole blood.

- It is recommended to test the sample within 24 hours after collection when collected sample is stored at room temperature
- The samples (whole blood) may be stored for a week at 2-8°C prior to being tested
- However, the whole blood sample should not be kept in a freezer in any case.
- Whole blood sample may be used to collect according to helow
- 1) Wear disposable gloves and protective equipment for safety.
- ② Open the bottle which has capillary tubes.
- ③ Take out the capillary tube and check for damage or contamination.
- 3 Hold the handle of the capillary tube and touch the surface of blood with the capillary tube.
- (5) Fill it with blood completely.

(Make sure that no air bubbles are present in the capillary tube. Do not get blood on the surface of the capillary tube. If the blood gets on the surface of the capillary tube, remove it gently with gauze.)

TEST SETUP

- Check the components of the ichroma[™] HbA1c Neo: Sealed cartridges, detection tubes, detector diluents, ID chip and instructions for use.
- Ensure that the lot number of the test cartridges matches that of detector tube, detector diluent 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.
- Temperature of i-chamber should be 30 °C.
- Turn on the instrument for ichroma[™] tests.
- × Please refer to the instrument for ichroma[™] tests operation manual for complete information and operating instructions

CAUTION

- To minimize erroneous test results, we suggest that ambient temperature of the cartridge should be 30°C du the reaction time after loading sample mixture to cartridge.
- To maintain the ambient temperature to 30°C, you can various devices such as an i-Chamber or an incubator an on.

TEST PROCEDURE

- ▶ ichroma[™] Reader, ichroma[™] II, ichroma[™] M3
- 1) Take out a cartridge from the pouch and insert the h it into the i-Chamber slot (30 °C). 2) Take 400 µL of detector diluent using a pipette a dispense it to the detector tube containing a granu When the granule form is completely dissolved in t tube, it becomes detection buffer.
- (The detection buffer must be used immediately. not exceed 30 seconds.)
- Take 5 µL of sample (Whole blood/control) using pipette or capillary tube and put it to the detect
- (Do not make air bubbles in the capillary tube an careful not to get blood on the surface of the capilla tube. If blood gets on the surface of the capillary tub remove it gently with gauze.)
- Close the lid of the detector tube and mix the same thoroughly by shaking it about 15 times. (The sample mixture must be used immediately. not exceed 30 seconds.)

the magazine station.



CAUTION	5) Insert the sample tube into the	
To minimize erroneous test results, we suggest that the	rack and load the blood collect sampling station (loading part).	ion tube rack into the
ambient temperature of the cartridge should be 30°C during	6) Tap the button located in the up	oper side of the No. of
the reaction time after loading sample mixture to the cartridge.	test cartridge region to select the	e ID chip that you want
To maintain the ambient temperature to 30°C, you can use	to use. 7) When the selected cartridge slo	at is activated set the
various devices such as an i-Chamber or an incubator and so	 When the selected cartridge slo number of the detector tube by 	
on.	8) Set the number of pipette tips b	y tapping.
TEST PROCEDURE	 Tap the 'Start' button on the less screen to start test. 	eft upper of the main
▶ ichroma™ Reader, ichroma™ II, ichroma™ M3		
1) Take out a cartridge from the pouch and insert the half	INTERPRETATION OF TEST RESU	ILT
it into the i-Chamber slot (30 °C).	■ The instrument for ichroma [™] tests	
 Take 400 μL of detector diluent using a pipette and dispense it to the detector tube containing a granule. 	automatically and displays HbA1c c sample in terms of % (NGSP), mmol/	
When the granule form is completely dissolved in the	 Reference value 	mor (in ee), mg/ de (eAd
tube, it becomes detection buffer. (The detection buffer must be used immediately. Do	- NGSP (%): 4.5-6.5 %	
not exceed 30 seconds.)	- IFCC (mmol/mol): 26-48 mmol/mo	bl
3) Take 5 μL of sample (<u>Whole blood/control</u>) using a	 Working range NGSP (%): 4-15 % 	
pipette or capillary tube and put it to the detector tube.	- IFCC (mmol/mol): 20.2-140.4 mm	ol/mol
(Do not make air bubbles in the capillary tube and	- eAG (mg/dL): 68.1-383.8 mg/dL	
careful not to get blood on the surface of the capillary tube. If blood gets on the surface of the capillary tube,		
remove it gently with gauze.)	QUALITY CONTROL	
4) Close the lid of the detector tube and mix the sample	 Quality control tests are a part of the 	
thoroughly by shaking it about 15 times. (The sample mixture must be used immediately. Do	confirm the expected results and v should be performed at regular inter	
not exceed 30 seconds.)	 Quality control tests should also b 	
 Take out the half of the cartridge from i-Chamber slot. Take 75 μL of the sample mixture and dispense it into 	there is any question concerning	
a sample well of the cartridge.	results.	
7) Wait till the sample mixture flow appears in the	 Control materials are provided on HbA1c Neo. For more information 	
windows. (about 10 seconds)8) Insert the sample-loaded cartridge into the slot of the	control materials, contact <u>Boditech</u>	
i-Chamber or an incubator (30 °C).	for assistance.	
 Leave the sample-loaded cartridge in the i-Chamber of an incubator for 12 minutes. 	(Please refer to the instructions for u	use of control material.)
<u>A Scan the sample-loaded cartridge immediately</u>	PERFORMANCE CHARACTERIST	ICS
when the incubation time is over. If not, it will cause	 Analytical Sensitivity 	
inaccurate test result. 10) To scan the sample-loaded cartridge, insert it into the	- Limit of Blank (LoB)	2.00 %
cartridge holder of the instrument for ichroma™ tests.	- Limit of Detection (LoD)	2.50 %
Ensure proper orientation of the cartridge before pushing it all the way inside the cartridge holder. An	 Limit of Quantitation (LoQ) 	4.00%
arrow is marked on the cartridge especially for this	Analytical Specificity	
purpose. 11) Press 'Select' or tap 'Start' button on the instrument	- Cross-reactivity	
for ichroma [™] tests to start the scanning process.	Biomolecules listed in the followi	-
(ichroma [™] M3 is tested automatically after inserting.)	the test sample(s) at concentrat their normal physiological levels	-
12) Read the test result on the display screen of the instrument for ichroma [™] tests.	HbA1c Neo test results did not sh	
	reactivity with these biomolecules	, G
▶ ichroma™ III	Cross-reactants	Concentration
 The test procedure is same with the 'ichroma™ Reader, ichroma™ II, ichroma™ M3 test procedure 2) ~ 6)'. 	HbA0 HbA1a, A1b	20 mg/mL
2) Insert it into the cartridge holder of the instrument for	Acetylated hemoglobin	20 mg/mL 100 mg/mL
ichroma [™] tests. Ensure proper orientation of the cartridge before pushing it all the way inside the	Carbamylated hemoglobin	100 mg/mL
cartridge holder. An arrow is marked on the cartridge	Glycated h-Albumin	100 mg/mL
especially for this purpose.	HbA1d	100 mg/mL
 Tap 'Start' button on ichroma™ III to start the scanning process. 	Acetylaldehyde hemoglobin - Interference	100 mg/mL
4) The cartridge goes inside and ichroma [™] III will	Interferents listed in the following	table were added to th
automatically start scanning the sample-loaded cartridge after 12 minutes.	test sample at the concentrat	
5) Read the test result on the display screen of the	ichroma™ HbA1c Neo test rest	
ichroma™ III.	significant interference with these Interferents	Concentration
▶ ichroma™-50 PLUS	Acetaminophen	20 mg/dL
 Insert the tip array in the tip station. 	L-ascorbic acid	500 mg/dL
2) Insert the detector tube in the reagent station and	Bilirubin [conjugated]	2 g/dL
cover the reagent station to hold the detector tubes in	D-glucose	1,000 mg/dL
place. 3) Open the lid of the detector diluent and insert the	Intralipid	8,000 U/L
J open the nu or the detector undent and insert the	Trightcarida	
detector diluent in the diluent station.	Triglyceride Urea	327 M 10 g/dL
detector diluent in the diluent station.4) Insert the cartridge magazine with the cartridges into	Triglyceride Urea Biotin	10 g/dL 3,500 ng/mL

Precision

- Single-site study

Repeatability (within-run precision) within-laboratory precision (Total precision) Lot to lot precision

3 Lots of **ichroma™ HbA1c Neo** were tested for 20 days. Each standard material was tested 2 times per day. For each test, each material was duplicated.

Single-site study						
HbA1c	Repeata	bility	within-la preci		Lot to lo	t precision
[%]	AVG [%]	CV (%)	AVG [%]	CV (%)	AVG [%]	CV (%)
4.8	4.94	4.19	4.93	4.24	4.92	4.21
7.4	7.61	4.19	7.59	4.58	7.60	4.35
13.0	13.32	4.69	13.2	4.72	13.29	4.31

- Multi-site study Reproducibility

1 Lot of ichroma[™] HbA1c Neo 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.

ser aay.			
Multi-site study			
HbA1c	Reprod	ucibility	
[%]	AVG [%]	CV (%)	
4.8	4.68	1.53	
7.4	7.22	1.43	
13.0	12.67	1.51	

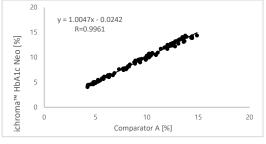
Accuracy

The accuracy was confirmed by testing with 3 different lots of **ichroma™ HbA1c Neo**. The tests were repeated 10 times in each different concentration of the control standard.

HbA1c	Lot 1	Lot 2	Lot 3	AVG	Recovery
[%]	2012			[%]	(%)
4.8	4.76	4.72	4.80	4.76	99
7.4	7.39	7.32	7.36	7.36	99
10.1	10.11	10.07	9.98	10.06	100
13.0	12.90	12.94	12.98	12.94	100

Comparability

HbA1c concentrations of 100 clinical samples were quantified independently with **ichroma™ HbA1c Neo (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 follows.



REFERENCES

- Goldstein DE,Little RR, Lorenz RA, Malone JI, Nathan D, Peterson CM. Tests of glycemia in diabetes. Diabetes Care 1995; 18:896-909.
- Bunn HF. Nonenzymatic glycosylation of protein: relevance to diabetes. Am J Med 1981; 70:325-30.
- 3. Jovanovic L, Peterson CM. The clinical utility of glycosylated hemoglobin. Am J Med 1981; 70:331-8.
- Nathan DM, Singer DE, Hurxthal K, Goodson JD. The clinical information value of the glycosylated hemoglobin assay. N Engl J Med 1984; 310:341-6.
- Goldstein DE, Little RR, Wiedmeyer HM, England JD, McKenzie EM. Glycated hemoglobin: methodologies and clinical applications. Clin Chem 1986; 32:B64-70.
- Goldstein DE, Little RR, England JD, Wiedemeyer H-M, McKenzie E. Methods of glycosylated hemoglobins: high performance liquid chromatography and thiobarbituric acid colorimetric methods. In: Clarke WL, Larner J, Pohl SL, eds. Methods in diabetes research, Vol. 2. New York: John Wiley, 1986:475-504.

7. Tahara Y, Shima K. The response of GHb to stepwise plasma

glucose change over time in diabetic patients. Diabetes Care 1993; 16:1313-4.

- Svendsen PA, Lauritzen T, Soegaard U, Nerup J. Glycosylated haemoglobin and steady-state mean blood glucose concentration in type 1 (insulin-dependent) diabetes. Diabetologia 1982; 23:403-5.
- Cefalu WT, Wang ZQ, Bell-Farrow A, Kiger FD, Izlar C. Glycohemoglobin measured by automated affinity HPLC correlates with both short-term and long-term antecedent glycemia. Clin Chem 1994; 40:1317-21.
- Singer DE, Coley CM, Samet JH, Nathan DM. Tests of glycemia in diabetes mellitus. Their use in establishing a diagnosis and in treatment. Ann Intern Med 1989; 110:125-37.
- Molnar GD. Clinical evaluation of metabolic control in diabetes. Diabetes 1978; 27:216-25.
- 12. UK Prospective Diabetes Study. Reduction in HbA1c with basal insulin supplement, sulfonylurea or biguanide therapy in maturity-onset diabetes. Diabetes 1985; 34:793-8.
- 13. Baker JR, Johnson RN, Scott DJ. Serum fructosamine
- concentrations in patients with type II (non-insulin-dependent) diabetes mellitus during changes in management. BMJ (Clin Res Ed) 1984; 288:1484-6.
- Tahara Y, Shima K. Kinetics of HbA1c, glycated albumin, and fructosamine and analysis of their weight functions against preceding plasma glucose level. Diabetes Care 1995; 18:440-7.
- 15. Brooks DE, Devine DV, Harris PC, et al. RAMP(TM): A rapid, quantitative whole blood immunochromatographic platform for
- point of care testing. Clin Chem 1999; 45:1676-1678.

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

Σ	Sufficient for <n> tests</n>
(li	Read instruction for use
\Box	Use by Date
LOT	Batch code
REF	Catalog number
\triangle	Caution
	Manufacturer
EC REP	Authorized representative of the European Community

IVD In vitro diagnostic medical device

X	Temperature limit	
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- Do not reuse
- CE This product fulfills the requirements of the Directive 98/79/EC on in vitro diagnostic medical devices

For technical assistance; please contact:

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