



ichroma™ TSH

INTENDED USE

ichroma™ TSH is a fluorescence Immunoassay (FIA) for the quantitative determination of TSH in human serum/plasma. It is useful as an aid in management and monitoring of measurement in the assessment of thyroid function.

For *in vitro* diagnostic use only.

INTRODUCTION

The determination of serum or plasma levels of thyroid stimulating hormone (TSH or thyrotropin) is recognized as an important measurement in the assessment of thyroid function. Thyroid stimulating hormone is secreted by the anterior lobe of the pituitary gland, and induces the production and release of thyroxine (T4) and triiodothyronine (T3) from the thyroid gland. It is a glycoprotein with a molecular weight of approximately 28,000 daltons, consisting of two chemically different subunits, alpha and beta. Although the concentration of TSH in the blood is extremely low, it is essential in the maintenance of normal thyroid function. The release of TSH is regulated by a TSH-releasing hormone (TRH) produced by the hypothalamus. The levels of TSH and TRH are inversely related to the level of thyroid hormone. When there is a high level of thyroid hormone in the blood, less TRH is released by the hypothalamus, so less TSH is secreted by the pituitary. The opposite action will occur when there are decreased levels of thyroid hormones in the blood. This process, known as a negative feedback mechanism, is responsible for maintaining the proper blood levels of these hormones.

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 TSH concentration in sample.

COMPONENTS

ichroma™ TSH consists of 'Cartridges', 'Detection Buffer Vial', 'Sample Mixing Tubes' and an 'ID chip'.

- The cartridge contains a test strip, the membrane which has anti human TSH 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 TSH-fluorescence conjugate, biotin-BSA-fluorescence conjugate, bovine serum albumin (BSA) as a stabilizer and sodium azide in phosphate buffered saline (PBS) as a preservative.
- The detection buffer is dispensed in a vial. Detection buffer vial is 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 'Instructions 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™ TSH** 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 vial, 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™ TSH** will provide accurate and reliable results subject to the following conditions.
 - Use **ichroma™ TSH** should be used only in conjunction with instrument for **ichroma™** tests.
 - Any anticoagulants other than heparin sodium 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 dispensed in a vial 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-22

Components of **ichroma™ TSH**

- Cartridge Box:
 - Cartridges 25
 - ID Chip 1
 - Instruction For Use 1
 - Sample Mixing Tubes 25
- Detection Buffer Vial 1

MATERIALS REQUIRED BUT SUPPLIED ON DEMAND

Following items can be purchased separately from **ichroma™ TSH**. 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 Hormone Control** [REF] CFPO-95

SAMPLE COLLECTION AND PROCESSING

The sample type for **ichroma™ TSH** is human 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.
- 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™ TSH**: Sealed Cartridge, Detection Buffer Vial, Sample Mixing 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 150 µL (Human serum/plasma/control) of sample using a transfer pipette to a sample mixing tube.
- 2) Add 75 µL detection buffer to the sample mixing tube containing sample (serum/plasma/control).
- 3) Close the lid of the sample mixing tube and mix the sample thoroughly by shaking it about 10 times. (The sample mixture must be used immediately.)
- 4) Pipette out 75 µL of a sample mixture and load it into the sample well on the cartridge.
- 5) 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.*
- 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 has been marked on the cartridge especially for this purpose.
- 7) Press 'Select' button on the instrument for **ichroma™** tests to start the scanning process.
- 8) 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.

INTERPRETATION OF TEST RESULT

- Instrument for **ichroma™** tests calculates the test result automatically and displays TSH concentration of the test sample in terms of µIU/mL.
- The cut-off (reference value)

		TSH(µIU/mL)
Gestation and Childhood	0 day	1.0-39.0
	5 days	1.7-9.1
	1 years	0.4-8.6
	2 years	0.4-7.6
	3 years	0.3-6.7
Adults	4-19 years	0.4-6.2
	20-54 years	0.4-4.2
Pregnancy	55-87 years	0.5-8.9
	1 st Trimester	0.3-4.5
	2 nd Trimester	0.5-4.6
	3 rd Trimester	0.8-5.2

- Working range : 0.1-100 µIU/mL

QUALITY CONTROL

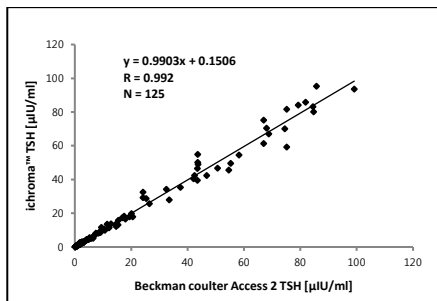
- Quality control tests are a part of the good testing practice to confirm the expected results and validity of the assay and should be performed at regular intervals.
- The control tests should be performed immediately after opening a new test lot to ensure the test performance is not altered.
- Quality 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™ TSH**. 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 LH (300 mIU/mL), FSH (200 mIU/mL), and hCG (200,000 mIU/mL) in higher concentration than their normal physiological levels. But this doesn't interfere with the **ichroma™ TSH** test measurements, nor occurs any significant cross-reactivity.
- **Hook Effect:** No high dose hook effect is observed in this assay at TSH concentrations up to 500 µIU/mL.
- **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™ TSH**. The inter-assay precision was confirmed by 3 different evaluators with 3 different lots, testing five times each different concentration.

TSH (µIU/mL)	Intra-assay		Inter-assay	
	Mean	CV (%)	Mean	CV (%)
0.25	0.24	16.35	0.23	17.40
0.5	0.50	11.50	0.51	12.17
2	2.02	6.10	2.07	4.87
5	5.02	4.61	4.96	4.10
20	20.58	5.87	20.28	6.01
50	50.44	3.84	50.50	5.60

- **Comparability:** TSH concentrations of 125 serum samples were quantified independently with **ichroma™ TSH** and Beckman Coulter Access2 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 $Y=0.9903X + 0.1506$ and $R = 0.992$ respectively.



REFERENCES

1. Marshaal, J.C.: Clinic. In Endocrinol. Metab, 1975, 4:545.
2. Burger, H. G., Patel, Y. C. Thyrotropin releasing hormone-TSH. J. Clinic. Endocrinol. Metab. 1977, 6:831-00.
3. Jeffcoate, S.L.: Clinic. In Endocrinol. Metab. 1975, 4:521.
4. Cohen, K.L.: Metabolism, 1977, 26:1165.
5. Pierce, J. G. Endocrinology. 1971, 89:1331-1344.
6. Berger, S. and Quinn, J.L., Fund. Clin. Chem., N. W. Tietz(ed.), W. B. Saunders Co., Phila., PA 14, 824-848(1976).
7. Lundy, L.E., Lee, S.G., Levy, W., et al. Obstet. Gynecol. 1974, 44:14
8. Utiger, R. D., The Thyroid, S.C. Werner and S. H. Ingbar(eds.), Harper and Row, Hagerstown, MD, 1978, 9:196-205.
9. Clinical Guide to Laboratory Tests. Ed. N.W. Tietz, 3rd Ed., W.B. Saunders Company, Philadelphia, PA 19106, 1995

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

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

For technical assistance; please contact:
Boditech Med Inc.'s Technical Services
 Tel: +82 33 243-1400
 E-mail: sales@boditech.co.kr

Boditech Med Incorporated
 43, Geodudanji 1-gil, Dongnae-myeon,
 Chuncheon-si, Gang-won-do, 24398
 Republic of Korea
 Tel: +(82) -33-243-1400
 Fax: +(82) -33-243-9373
 www.boditech.co.kr

Obelis s.a
 Bd. Général Wahis 53,
 1030 Brussels, BELGIUM
 Tel: +(32) -2-732-59-54
 Fax: +(32) -2-732-60-03
 E-Mail: mail@obelis.net

