**K-ASSAY®** Transferrin (L)

**For the Quantitative Determination of Human Transferrin in Serum**

**Cat. No. KAI-101**

**INTENDED USE**

The **K-ASSAY®** Transferrin assay is intended for the quantitative determination of human transferrin in human serum by immunoturbidimetric assay. FOR IN VITRO DIAGNOSTIC USE.

**SUMMARY**

The **K-ASSAY®** Transferrin assay is intended for the quantitative determination of human transferrin by immunoturbidimetric assay. The antisera used in the kit was produced against purified human transferrin. The transferrin antibody interacts with the transferrin in the serum forming immune complexes. The immune complexes cause an increase in light scattering, which correlates with the concentration of serum transferrin.

Transferrin has been measured using a variety of methods, including radial immunodiffusion and immunoassay. The **K-ASSAY®** Transferrin assay uses an immunoturbidimetric assay format.

**PRINCIPLE OF TEST**

The **K-ASSAY®** Transferrin assay quantifies the transferrin in the patient’s serum based on immunoturbidimetric assay. Calibrators, controls, and patient samples are pipetted into sample cups. Microvolumes of samples and antibody diluent are automatically pipetted into individual cuvettes. Following an initial incubation and measurement of sample blank, antisera is added to the cuvettes. The samples (antigen) and antisera are then mixed in the reaction cuvettes. Insoluble antigen-antibody (immune) complexes form. The immune complexes cause an increase in light scattering, which correlates with the concentration of serum transferrin. Following an incubation period lasting approximately 5 min., the absorbance of the solution is measured at 700 nm.

A calibration curve is generated by assaying a series of calibrators with known concentrations of proteins and using the instrument’s data reduction capability or manually plotting the change in absorbance versus concentration.

Concentration of the control and patient samples is interpolated from the calibration curve. The antisera used in the kit is a goat polyclonal antibody specific for human transferrin.

The **K-ASSAY®** Transferrin assay should be run using the **K-ASSAY®** Multi-Analyte Calibrator. Six calibrators are used to prepare a calibration curve for quantifying the levels of transferrin present in the patient’s serum sample.

**KIT COMPOSITION**

**Reagents (Liquid Stable)**

R1: Buffer Reagent 3 x 60 mL

Tris(hydroxymethyl)aminomethane (100 mM)

R2: Antiserum Reagent 1 x 60 mL

Anti-human transferrin goat antisemir (40%)

**WARNINGS AND PRECAUTIONS**

FOR IN VITRO DIAGNOSTIC USE. Rx only.

Not to be used internally in humans or animals. Normal precautions exercised in handling laboratory reagents should be followed.

Do not mix or use reagents from one test kit with those from a different lot number.

Do not mix or use reagents past their expiration date stated on each reagent container label.

Do not pipette by mouth. Avoid ingestion and contact with skin.

Reagents in this kit contain sodium azide as a preservative. Sodium azide may form explosive compounds in metal drain lines. When disposing of reagents through plumbing fixtures, flush with copious amounts of water. For further information, refer to “Decontamination of Laboratory Sink Drains to Remove Azide Salts,” in the Manual Guide-Safety Guide Management No. CDC-22 issued by the Center for Disease Control, Atlanta, Georgia.

**WARNING:** This product can expose you to chemicals including thiourea which is known to the State of California to cause cancer/birth defects or other reproductive harm. For more information go to www.P65Warnings.ca.gov. The R-1 reagent contains 0.009% of thiourea (CAS No. 62-56-6).

**REAGENT STABILITY**

Opened reagents can be used for one month if stored at 2-8°C. Discard reagents if they become contaminated. Evidence of cloudiness or particulate matter in solution is cause to discard.

**INSTRUMENT**

Measurement of absorbance is to be made with an instrument able to accurately read absorbance at 700 nm. Refer to the instrument manual from the manufacturer regarding the following:

- a) Use or function
- b) Installation procedures and requirements
- c) Principles of operation
- d) Performance characteristics, operating instructions
- e) Calibration procedures including materials and/or equipment to be used
- f) Operational precautions, limitations, and hazards
- g) Service and maintenance information

**SPECIMEN COLLECTION AND PREPARATION**

It is recommended that specimen collection be carried out in accordance with NCCLS document M29-T2. No method can offer complete assurance that human blood samples will not transmit infection. Therefore, all blood samples should be considered potentially infectious. Serum is required for this assay. Soon after the blood is drawn, it should be allowed to clot, centrifuged, and the within 2 hours. Serum should be stored refrigerated (2-8°C) and can be used within one week or should be stored frozen for up to 2 months.

Use plastic tubes for storing the sample, do not use glass.

**AUTOMATED ANALYZER APPLICATION**

Suitable for two-reagent automated analyzers that use a multi-point calibration method.

**PROCEDURE**

**Materials Supplied**

Reagent 1 (R-1) Buffer Reagent 3 x 60 mL

Reagent 2 (R-2) Antiserum Reagent 1 x 60 mL

**Materials Required But Not Supplied**

Calibrators: **K-ASSAY®** Multi-Analyte Calibrator, Cat. No. KAI-016C. (6 calibrators containing human serum with known levels of transferrin).

Two Reagent Clinical Chemistry Analyzer:

- Capable of accurate absorbance readings at 700 nm
- Capable of accurately dispensing the required volumes

**Assay Procedure**

Note: Allow all reagents and specimens to warm to room temperature. Mix all reagents gently before using.

An example of an automated application (Hitachi 717):

<table>
<thead>
<tr>
<th>Sample</th>
<th>3 µL</th>
</tr>
</thead>
<tbody>
<tr>
<td>R-1 Buffer Reagent</td>
<td>300 µL</td>
</tr>
<tr>
<td>37°C, 5 min.</td>
<td></td>
</tr>
<tr>
<td>R-2 Antiserum Reagent</td>
<td>100 µL</td>
</tr>
<tr>
<td>37°C, 5 min.</td>
<td></td>
</tr>
</tbody>
</table>

**2-point endpoint, 700 nm**

**Automated Method (Example)**

**Chemistry Parameters for Automatic Analyzer**

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Roche / Hitachi 717</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td>37°C</td>
</tr>
<tr>
<td>Test</td>
<td>( T )</td>
</tr>
<tr>
<td>Assay Code</td>
<td>( 0 )</td>
</tr>
<tr>
<td>Sample Volume</td>
<td>( 0 )</td>
</tr>
<tr>
<td>R-1 Volume</td>
<td>( 0 )</td>
</tr>
<tr>
<td>R-2 Volume</td>
<td>( 0 )</td>
</tr>
<tr>
<td>Wavelength</td>
<td>( 700 )</td>
</tr>
<tr>
<td>Calib. Method</td>
<td>( NonLinear )</td>
</tr>
<tr>
<td>Std.(1) Conc.-POS.</td>
<td>( - )</td>
</tr>
<tr>
<td>Std.(2) Conc.-POS.</td>
<td>( - )</td>
</tr>
<tr>
<td>Std.(3) Conc.-POS.</td>
<td>( - )</td>
</tr>
<tr>
<td>Std.(4) Conc.-POS.</td>
<td>( - )</td>
</tr>
<tr>
<td>Std.(5) Conc.-POS.</td>
<td>( - )</td>
</tr>
<tr>
<td>Std.(6) Conc.-POS.</td>
<td>( - )</td>
</tr>
<tr>
<td>SD Limit</td>
<td>- 999</td>
</tr>
<tr>
<td>Duplicate Limit</td>
<td>- 10000</td>
</tr>
<tr>
<td>Sensitivity Limit</td>
<td>- 0</td>
</tr>
<tr>
<td>Abs. Limit (slope)</td>
<td>- 32000</td>
</tr>
<tr>
<td>Prozone Limit</td>
<td>- 32000</td>
</tr>
<tr>
<td>Expected Value</td>
<td>- 99999</td>
</tr>
<tr>
<td>Panic Value</td>
<td>- 99999</td>
</tr>
<tr>
<td>Instrument Factor</td>
<td>- 1.00</td>
</tr>
</tbody>
</table>

*1-6: Input concentration of calibrators.

Parameters for other automated analyzers are available.

**CALIBRATION**

It is recommended that transferrin levels be determined using a multi-point calibration curve prepared using the **K-ASSAY®** Multi-Analyte Calibrator. It is recommended that the user determine calibration curve frequency as this depends on the instrument and type/number of other assays being performed. Initially, calibration should be performed each day.

**QUALITY CONTROL**

A quality control program is recommended for all clinical testing laboratories. It is recommended that control sera, both normal and abnormal, be run with each batch of samples to monitor the procedure.
LIMITATIONS OF PROCEDURE

The measurable range for transferrin is between 45 to 455 mg/dL. Grossly lipemic samples and samples with very high triglyceride concentrations should be diluted 1 part sample with 1 part isotonic saline or filtered to decrease nonspecific light scattering. Multiply results by 2 to compensate for the dilution.

If the transferrin concentration of a patient sample is greater than the highest calibrator, dilute 1 part sample with 4 parts isotonic saline and reassay. Multiply results by 5 to compensate for the dilution.

PERFORMANCE

Precision

The precision for the K-ASSAY® Transferrin assay was determined using packaged reagents, pooled human serum, and a Hitachi 717 analyzer.

Precision Assay: Within Run

<table>
<thead>
<tr>
<th>Sample I</th>
<th>Sample II</th>
<th>Sample III</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 20</td>
<td>N = 20</td>
<td>N = 20</td>
</tr>
<tr>
<td>Mean = 70.7</td>
<td>Mean = 300.75</td>
<td>Mean = 526.4</td>
</tr>
<tr>
<td>SD = 0.92</td>
<td>SD = 5.02</td>
<td>SD = 5.77</td>
</tr>
<tr>
<td>CV = 1.3%</td>
<td>CV = 1.67%</td>
<td>CV = 1.097%</td>
</tr>
</tbody>
</table>

Precision Assay: Between Runs

<table>
<thead>
<tr>
<th>Sample I</th>
<th>Sample II</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 8</td>
<td>N = 8</td>
</tr>
<tr>
<td>Mean = 175.38</td>
<td>Mean = 340.9</td>
</tr>
<tr>
<td>SD = 1.6</td>
<td>SD = 1.46</td>
</tr>
<tr>
<td>CV = 0.91%</td>
<td>CV = 0.4%</td>
</tr>
</tbody>
</table>

Accuracy / Correlation

A comparison of the K-ASSAY® Transferrin assay and an Incstar Transferrin Test Kit was performed using a Hitachi 717. The test results provided the following data:

\[
\begin{align*}
    y &= 1.064x - 50.124 \\
    r &= 0.982 \\
    n &= 60 \\
    x_{\text{min}} &= 148 \\
    y_{\text{min}} &= 110 \\
    x_{\text{max}} &= 440 \\
    y_{\text{max}} &= 426 \\
    \text{mean} &= 246 \\
    \text{mean} &= 212
\end{align*}
\]

Assay Range

45 - 455 mg/dL

INTERFERENCE

Ascorbic Acid  No interference up to 50 mg/dL.
Bilirubin C    No interference up to 20 mg/dL.
Bilirubin F    No interference up to 20 mg/dL.
Hemoglobin    No interference up to 500 mg/dL.
Intralipid     No interference up to 500 mg/dL.

EXPECTED VALUE

The expected value as reported is between 260 to 400 mg/dL. Each laboratory should establish its own expected values using this kit.

REFERENCES


LABELING SYMBOLS

LOT  Lot Number
RE  Reagent
\(\text{Exp} \)  Expiration or “Use By” Date
REF  Catalog Number
IVD  For In Vitro Diagnostics Use
\(\text{Temp} \) Temperature Limitation.
\(\text{Temp} \) Store between 2 and 8 degrees C
\(\text{Man} \) Manufacturer
\(\text{Con} \) Consult Package Insert for Instructions for Use
ECREP Authorized Representative in the European Community

EU AUTHORIZED REPRESENTATIVE

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