

INTENDED USE

In addition to the possible risks regarding the reactive components, the product may contain non-reactive components such as preservatives (i.e. sodium azide or other) and detergents. The total concentration of these components is lower than the limits reported by the 67/548/EEC and 1999/45/EC directives and modifications and amendments regarding classification, labelling and packaging of dangerous preparations (reagents) have been made accordingly. However, it is recommended that this product be handled carefully, that ingestion and contact with eyes, skin and mucous membranes be avoided and that laboratory reagents are used according to good laboratory practice.

INTRODUCTION

Creatine kinase (CK) exists in 3 cytoplasmic forms: CK-MM (in striated and cardiac muscle), CK-MB (in cardiac muscle only), and CK-BB (especially in brain). Determination of CK is used for the diagnosis and the follow-up of muscular diseases (especially muscular dystrophies) and of lesions of the cardiac muscle. In myocardial infarction, the rates of total CK and CK-MB increase quickly until reaching a peak 10-24h after the onset of the infarction. The levels return to normal within 3 to 4 days. Certain Central nervous system diseases and hypothyroidism also trigger CK activity increase.

PRINCIPLE

The creatine kinase catalyses the reaction between creatine phosphate and ADP with formation of creatine and ATP. The ATP formed, in presence of glucose and hexokinase (HK), gives ADP and glucose-6-phosphate. The glucose-6-phosphate formed in presence of glucose-6-phosphate dehydrogenase (G6P-DH), reacts with β -NADP⁺ forming 6-phosphogluconate and β -NADPH. The increase in absorbance due to the reaction β -NADP⁺ \rightarrow β -NADPH is proportional to the activity of CK in the sample. The presence of N-acetyl-L-cysteine (Nac) in the reaction mixture allows the optimal activation of the CK enzyme.

REAGENTS

Kit R1: 4 x 50 mL R2: 4 x 20 mL code A-R0000000301

Reagent 1: no. 4 vials x 40 mL

Reagent 2: no. 4 vials x 10 mL

Concentrations :

Reagent 1: R1	
Imidazole buffer, pH 6.10 125 mmol/L	
D-Glucose	25 mmol/L
N-Acetyl-L-Cysteine	25 mmol/L
Magnesium acetate	12.5 mmol/L
NADP	2.4 mmol/L
EDTA	2.0 mmol/L
Hexokinase	$\geq 6\ 800$ U/L
Reagent 2: R2	
Creatine phosphate	250 mmol/L
ADP	15.2 mmol/L
AMP	25 mmol/L
Diadenosine pentaphosphate	103 μ mol/L
G-6-PDH	$\geq 8\ 800$ U/L

Classification

According to regulation (EC) N°1272/2008



GHS08

Repr. 1B H360D May damage the unborn child.

Storage and stability

The components of the kit, stored at 2-8 °C in unopened vials, are stable up to the expiry date indicated on the package. Components of the kit and concentration of reactive ingredients

STANDARDIZATION

IFCC (International Federation of Clinical Chemistry and Laboratory Medicine).

SAMPLE COLLECTION

SAMPLE

Serum free from hemolysis (specimen recommended by IFCC). Heparinized plasma free from hemolysis.

STABILITY OF THE SAMPLE

Samples must be analyzed immediately or stored protected from air and light for 8 hours at room temperature, 2 days at 2-8 °C or 1 month at -20 °C

Precaution

All human samples must be handled and disposed of as potentially infectious materials.

PROCEDURE

Quality control

Human control serum with known levels of CKnac is commercially available for quality control purposes. Data sheets are included, listing the values and the confidence limits. Normal and abnormal control sera are available from I.S.E. S.r.l. "Normal control serum" code R040000006 and "Pathological control serum" code R040000106. Obtained values must be within the range of acceptability. If erratic results occur, the following

points should be checked:

- Cleanliness of glassware.
- Wavelength setting.
- Expiration date of reagents.

Automation

This kit, though developed and manufactured to be used as manual assay and with I.S.E. S.r.l. analyzer, can be used also with other analyzers able to meet the specifications indicated in section "Reaction conditions - Test procedure" Application sheets are available for automatic instruments.

All applications not explicitly approved by I.S.E. S.r.l. cannot be guaranteed in terms of performance, and must therefore be established by the operator.

Calibration

For calibration use the "Multicalibrator" I.S.E. S.r.l. code R030000006.

Traceability:

The CKnac value is reported in the package insert supplied with the "Multicalibrator".

Calibration Stability

For the instrumentation series Miura, the calibration is recommended to be done every 2 weeks. Repeat the calibration at any variation in the reagent lot.

Method for automated instrumentation

Analyzer:	I.S.E. Miura		
Analyte Name :	CKnac	Ref.:	A-R0200000301
Method Code:	CKnac		
Type:	Kinetic - Substrate start		
Unit:	UI/L		
Filter F1:	340		
Blank in:	Not Used		
Step	Reaction volume	U.M.	
Volume reagent R1:	160	μ L	
Sample volume:	8	μ L	
Incubation R1, S \rightarrow R2	300	Sec.	
Volume reagent R2:	40	μ L	
Final incubation:	120	Sec.	
Kinetic reading	192	Sec.	

Reagents included in the kit

The reagent is described above.

Materials required but not supplied in the kit

Calibrators and controls.

CONVERSION FACTOR

CK [U/L] x 0.01667 = CK [μ kat/L]

REFERENCE VALUES

Male: < 171 U/L

Female: < 145 U/L



R1: 4 x 50 mL REF A-R0200000301
R2: 4 x 20 mL

It is recommended that each laboratory establish its own expected range. For diagnostic purposes, results obtained should always be evaluated taking into consideration the patient's history and all other clinical findings.

ANALYTICAL CHARACTERISTICS / PERFORMANCE

SENSITIVITY:

Determined according to SFBC protocol, the detection limit is equal to 2 U/L.

ANALYTICAL RANGE:

8-1700 U/L.

Samples with values higher than 880U/L must be diluted

1:10 with normal saline and the result multiplied by 10.

INTRA-ASSAY PRECISION:

U/L	L1	L2	L3
Mean	75	187	562
SD	0.91	2.14	1.34
CV %	1.2	0.7	0.6

INTER-ASSAY PRECISION:

U/L	L1	L2	L3
Mean	92	168	496
SD	1.21	3.92	5.43
CV %	3.1	2.0	0.6

ACCURACY:

this test (y) was compared with a commercially available method (x). The results were as follows:

N = 60, r = 0.999, y = 1.0193 x +3 U/L

INTERFERENCES:

the test is not affected by the presence of ascorbic acid up to 100 mg/dL, haemoglobin up to 50 mg/dL and lipids up to 1000 mg/dL.

In haemolysed samples, the presence of haemoglobin can cause erroneously low bilirubin results; it is therefore recommended not to use haemolysed samples.

Disposal of reagent

Disposal of reagents must be performed in accordance with the EC regulations regarding waste, or the local national or regional legislation.

The product is in conformity with D.L. 8 September 2000, no. 332 "Actuation of the directive 98/79/EC regarding in vitro medical diagnostic devices".

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Symbols used on labels and packaging

= In vitro diagnostic medical device

= Catalog Number

= Lot Number

= Manufacturer

= Expiration date

= Temperature limitation

= Instruction for use

