

R1: 1x50 mL • **REF** A-R1100002601  
R2: 1x7,5 mL



**SUMMARY AND EXPLANATION OF THE TEST**

C3C is the central point of the classic and alternative complement pathway. C3C is a constituent of C5 convertase. On activation split products of C3C has important biological functions. C3b is an opsonin and involved in immune adherence. C3a is an anaphylatoxin and a chemotoxin. C3C behaves also like an acute phase protein, therefore increased levels may be found in acute inflammatory reactions. Decreased levels are reported in complex disease, recurrent immune infections with pyrogenic bacteria, various glomerulonephritides and in congenital deficiencies.

**PRINCIPLE OF THE TEST**

Measurement of antigen-antibody reaction by the end-point method.

**Complement C3 Reagent Kit**

Code A-R1100002601

Reagent 1 (R1) - Buffer - 1 x 48.5 mL/vial

Reagent 2 (R2) - Antiserum - 1 x 7.0 mL/vial

Each vial is ready to use and contains:

Reagent 1:	Conc.	U.M.
Phosphate buffered saline (pH 7.43)	/	/
Polyethylene glycol	40	g/L
Sodium azide	0,95	g/L
Reagent 2:	Conc.	U.M.
Phosphate buffered saline (pH 7.43)	/	/
Polyclonal goat anti-human C3C (variable)	/	/
Sodium azide	0,95	g/L

**Reagent Preparation:**

Liquids reagents ready for use.

**Storage and Stability:**

If stored at 2 - 8°C avoiding direct light, the reactants remain stable until the expiration date printed on the label. Stability in the instrument is at least 4 weeks if contamination is avoided. Do not freeze. Do not freeze the reagents.

**EQUIPMENT / ACCESSORIES REQUIRED AND NOT SUPPLIED**

General laboratory equipment  
Saline (9 g/L)  
Calibrators and/or Control  
(Pooled human serum, liquid and stabilized. Contains 0.95 g/L sodium azide. Value is stated in the insert)

**PRECAUTIONS AND LIMITATIONS**

For *in vitro* diagnostic use.

Only experienced laboratory personnel should use this test and handling should be in agreement with Good Laboratory Practice (GLP).  
Reagents from different lots must not be interchanged.

**Safety Precautions**

- Each donor unit used in the preparation of the reagents, standards and controls was found to be negative for the presence of HIV1 and HIV2 antibodies, as well as for the hepatitis B surface antigen and anti-hepatitis C antibodies, using a method approved by the FDA
- Do not pipet by mouth.
- Do not smoke, eat or apply cosmetics in areas in which patients' samples or kit reagents are handled.
- Cuts, abrasions, and other skin lesions should be properly protected with an appropriate waterproof dressing.
- Take care to avoid self-inoculation, splashing of mucous membranes or generation of aerosols.
- Laboratory gloves should be worn while handling patients' samples or disposing of solid or liquid wastes.
- In addition to the eventual risk indications regarding the active components, the reagents contain inactive components such as preservatives (e.g. sodium azide or others) and detergents. The total concentrations of these components is lower than the limits reported by the current directive and following modification and amendments. However, it is recommended to handle reagents carefully, to avoid ingestion and contact with eyes, skin and mucus membranes and to use laboratory reagents according to good laboratory practice.
- All human samples must be handled and disposed of as potentially infectious materials.
- For information about safe handling, read carefully the Material Safety Data Sheet (MSDS).

**Disposal of Reagents**

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

**SPECIMEN COLLECTION AND STORAGE**

Use fresh serum.

If the test can not be carried out on the same day, the serum may be stored at 2 - 8°C for 48 hours. If stored for a longer period, the sample should be frozen.

**ASSAY PROCEDURE**

Allow reagents to reach working temperature before using.

**Quality control**

It's necessary, each time the kit is used, to perform the quality controls and to check that values obtained are within the acceptance range provided in the insert. Each laboratory should establish its own mean and standard deviation and adopt a quality control program to monitor laboratory testing.

**Automation**

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.

**Procedures**

Sample/Control/Standard: Ready for use.

**Reference curve:** generate a reference curve by diluting the standard high level Ref R1300002501 1:1, 1:2, 1:4, 1:8, 1:16 in saline 9 g/L. Use saline 9 g/L as zero point.

**Method for automated instrumentation**

Analyzer:	Miura Family		
Analyte Name :	Complement C3	Ref.:	A-R1100002601
Method Code:	C3C		
Type:	Different. Sample Blk.		
Unit:	mg/dL		
Filter F1:	340 nm		
Blank in calculation:	Not Used		
Step	Reaction volume	U.M.	
Sample volume:	2	µL	
Volume Reagent 1:	200	µL	
Volume Reagent 2:	30	µL	
Incubation Time	60	Sec.	
Reading Time:	300	Sec.	
Calibration	See Reference Curve		

**EXPECTED VALUES**

75 - 135 mg/dL (IFCC)  
Reference values are considered indicative since each laboratory should establish reference ranges for its own patient population. The analytical results should be evaluated with other information coming from patient's clinical history.

**PERFORMANCE CHARACTERISTICS**

The performance characteristics for the Complement C3 reagents were measured on a clinical chemistry analyzer.

Measuring Range: 0 - 400 mg/dL  
Detection Limit: 20 mg/dL  
Hook effect: > 1000 mg/dL  
Sensitivity: 0.00076 ABS units/concentration unit

Precision: [%CV]		Low	Medium	High
	Intra-Run	2.82	3.43	3.28
Inter-Run	3.71	2.56	/	
Accuracy: [mg/dL]	Control	Assigned	Measured	
	Bio-Rad 1	78 (62 - 93)	84.8	
	Bio-Rad 2	206 (165 - 247)	216.1	

Specificity: Monospecific  
Interferences: No interference for: Haemoglobin (1000 mg/dL), Na-citrate (1000 mg/dL), Heparin (50 mg/dL), Billirubin (20 mg/dL) and Triglyceride (2500 mg/dL)

Limitations: None  
Comparison with Nephelometry:  $y = 0.9978x - 2.4553$  /  $r = 0.9965$   
Stability at 4°C: at least 3 years after production

**BIBLIOGRAPHY**

- Dati, F. et al., Lab. Med. 13, 87 (1989)
- Müller-Eberhard, H.H., Ann. Rev. Biochem. 44, 697 (1975)
- Lachmann, P.J., Hobart, M.J. and Ashton, W.P. (1973) in Handbook of Experimental Immunology, 2nd Ed., 16, Ed. D.M. Weir, Blackwell Scientific Publications.



Numero lotto / Lot numer



Consultare la metodica operativa / consult instructions for use



Per uso diagnostico in-vitro / For in-vitro diagnostic use



Prodotto da / manufactured by



Data di scadenza / expiry date



Temp. Di Conservazione / storage temperature

