


 CUSTOMISED SOLUTIONS FOR YOUR LABORATORY		Microalbumin			Instruction For Use		 	Rev. E - 15-11-22
		REF	R333000002	R1: 1x 13.2 mL	R2: 1x 2.4 mL			
		A-R1100003901	R1: 1x 50.0 mL	R2: 1x 7.0 mL				

Intended Use

Quantitative determination of Microalbumin (MAL) in human urine by turbidimetric immunoassay.

For professional in vitro diagnostic use only.

Diagnostics Implications

Diabetic nephropathy, which is accompanied by irreversible kidney damage and persistent proteinuria, is a major cause of death in persons with insulin-dependent diabetes mellitus. An early sign of diabetic nephropathy are small Albumin secretions in urine, i.e. Microalbuminuria. Therefore, detection of kidney (glomerular) damage that is minimal and reversible is important.

Method

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

Reagents Provided

The same reagents are supplied in different volume formats depending on the I.S.E. S.r.l. analysers utilised and installed reagent support.

Supplied Volumes

	Product Code	
	R333000002	A-R1100003901
Vial size	18 / 18 mL	50 / 20 mL
Reagent 1	1 x 13.2 mL	1x 50.0 mL
Reagent 2	1x 2.4 mL	1x 7.0 mL

Reagent format

Reagent	Format	Code
Reagent 1 – Buffer (liquid)	Ready to Use	102C03
Reagent 2 – Antiserum (2 nd Gen.) (liquid)	Ready to Use	102C02

Reagent Contents

Reagent 1:	Conc.	U.M.
Saline	9	g/L
Accelerator	-	-
Sodium azide	0.95	g/L
Reagent 2:		
Phosphate buffered saline	-	-
Polyclonal goat anti-human Albumin	Variable	-
Sodium azide	0.95	g/L

Stability and Storage

The reagents are stable until expiry date when kept at 2-8°C. Stability in the instrument is at least 4 weeks if contamination is avoided. Do not freeze.

Reagents required but not supplied

1. Saline (9 g/L)

2. Calibrators and Controls

Key Reference	Description
R1300002001	Microalbumin Standard Set, 5x1 mL
R1400001801	Microalbumin Control Low, 1 mL
R1400000801	Microalbumin Control High, 1 mL

Dilution of pooled human serum, liquid and stabilized. Contains 0.95 g/L sodium azide. Values are stated in the insert.

Sample collection and storage

Collect urine during 24 hours or as a random midstream sample. If the test cannot be carried out on the same day, the urine may be stored at 2 – 8°C for 48 hours. If stored for a longer period, the sample should be frozen. The use of centrifuged urine is recommended.

General Assay Procedure

Application sheets are available upon request for use with I.S.E. S.r.l. automated systems. 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.

Wavelength $\lambda=340\text{nm}$.

Sample/Control/Standard: ready for use.

Reference curve: generate a reference curve by using the Microalbumin standard kit Ref. R-1300002001. Use saline 9 g/L as zero point.

Quality control

It is 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.

If erratic results occur, please contact an authorised ISE representative.

Normal Ranges

0 – 25 mg/L (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.

Performances

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

Measuring range:	0 - 400 mg/L.
LDD:	0.7 mg/L
Detection Limit:	3 mg/L
Hookeffect:	> 6000 mg/L
Sensitivity:	0.002 ABS units/concentration unit

Precision of the method

Condition	U.M.	Low	Medium	High
Intra-Run	CV%	1.70	0.90	0.69
Inter-Run	CV%	1.52	0.88	1.16

Accuracy of the method

Control	U.M.	Assigned	Measured
APTEC	mg/L	213 (181 – 245)	200
APTEC Low	mg/L	23.1 (19.6 – 26.6)	22.3
ERM-DA470	mg/L	186 (158 – 214)	182

Specificity: Monospecific.
Interferences: No interference for Heparin (50 mg/dL), Na-citrate (1000 mg/dL), Triglyceride (2500 mg/dL), EDTA (5 mg/dL), Bilirubin (60 mg/dL) and Haemoglobin (1000 mg/dL). Turbidity (> 0.63 %) interfere with the test.

Limitations: None
Comparison with Siemens: $y = 1.1084x - 0.4551$ $r = 0.9994$

Stability at 2 - 8°C: at least 3 years after production

Precautions and Warnings

- In vitro diagnostic use only.
- Refer to the safety data sheets (SDS) and take the necessary precautions for the use of laboratory reagents.
- Do not use after expiry date and do not interchange reagents from different lots.
- Replace caps on reagents immediately after use. Do not switch caps.
- Do not pipet by mouth. Do not smoke, eat, drink or use cosmetics during the use of the reagent. Do not swallow.
- Sodium azide has been reported to form lead or copper azide in laboratory plumbing which may explode on percussion. Flush drains with water thoroughly after disposing of fluids containing sodium azide.
- 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. However, the material must be considered potentially hazardous and handled with the same care as samples taken from patients.
- 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 are 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.









Disposal of reagent

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

Reporting of serious incidents









The user must report (through the distributor) any serious accident occurring in relation to the device to both the manufacturer and the competent authority of the European Union



ISE S.r.l. CUSTOMISED SOLUTIONS FOR YOUR LABORATORY		Microalbumin			Instruction For Use		 	Rev.E - 15-11-22
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Member State in which the user and / or patient is established. For other jurisdictions, reports of serious incidents must be produced in accordance with regulatory requirements.

Symbols on labels and packaging

	In vitro diagnostic medical device
	Catalog Number
	Lot number
	Manufacturer
	Expiry date
	Temperature limitation
	Consult Instructions for use
	Reagent "n"

References

1. Mount, J.N., J. Clin. Pathology, 22, 12 (1986)
2. Schmitz, A., et al., Diabetic Medicine, 5, 126 (1988)

Revision history

Rev.E	15-11-2022	Revision of the document
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