

# MAGLUMI TSH (CLIA)



130203001M



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## FOR PROFESSIONAL USE ONLY

Store at 2-8 °C



COMPLETELY READ THE INSTRUCTIONS BEFORE  
PROCEEDING



## SYMBOLS EXPLANATIONS



Authorized Representative in the  
European community



Manufacturer



Consult instructions for use



Contents of kit



In vitro diagnostic medical device



Batch code



Catalogue number



Use by



Temperature limitation  
(store at 2-8 °C)



Sufficient for



Keep away from sunlight



Keep upright for storage

## INTENDED USE

The kit has been designed for the quantitative determination of Thyroid-Stimulating Hormone (TSH) in human serum.

The method can be used for samples over the range of **0.01-100.0  $\mu$ IU/ml.**

The test has to be performed on the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMI (Including Maglumi 600, Maglumi 1000, Maglumi 1000 Plus, Maglumi 2000, Maglumi 2000 Plus, Maglumi 3000 and Maglumi 4000).

## SUMMARY AND EXPLANATION OF THE TEST

The TSH test is often the test of choice for evaluating thyroid function and/or symptoms of hyperthyroidism or hypothyroidism. It is frequently ordered along with or preceding a T4 test. Other thyroid tests that may be ordered include a T3 test and thyroid antibodies (if autoimmune-related thyroid disease is suspected). TSH testing is used to:

Diagnose a thyroid disorder in a person with symptoms;

Screen newborns for an underactive thyroid;

Monitor thyroid replacement therapy in people with hypothyroidism  
Diagnose and monitor female infertility problems;

Help evaluate the function of the pituitary gland (occasionally);

Screen adults for thyroid disorders, although expert opinions vary on who can benefit from screening and at what age to begin;

The doctor may order a TSH test when someone has symptoms of hyperthyroidism or hypothyroidism and/or when a person has an enlarged thyroid gland.

Signs and symptoms of hyperthyroidism may include:

Increased heart rate;

Anxiety;

Weight loss;

Difficulty sleeping;

Tremors in the hands;

Weakness;

Diarrhea (sometimes);

Light sensitivity, visual disturbances;

The eyes may be affected: puffiness around the eyes, dryness, irritation, and, in some cases, bulging of the eyes.

Symptoms of hypothyroidism may include:

Weight gain;

Dry skin;

Constipation;

Cold intolerance;

Puffy skin;

Hair loss;

Fatigue;

Menstrual irregularity in women.

It may be ordered at regular intervals to monitor the effectiveness of treatment when someone is being treated for a known thyroid disorder.

## PRINCIPLE OF THE TEST

Sandwich immunoluminometric assay;

Use an anti-TSH monoclonal antibody to label ABEI, and use another monoclonal antibody to label FITC. Sample, Calibrator, or Control are mixed thoroughly with ABEI Label, FITC Label and magnetic microbeads coated with sheep anti-FITC and incubated at 37°C, forming a sandwich; after sediment in a magnetic field, decant the supernatant, then cycle washing for 1 time. Subsequently, the starter reagents are added and a flash chemiluminescent reaction is initiated. The light signal is measured by a photomultiplier as RLU within 3 seconds and is proportional to the concentration of TSH present in samples.

**CONT****KIT COMPONENTS****Material Supplies**

Reagent Integral for 100 determinations	
<b>Nano magnetic microbeads:</b> TRIS buffer, 1.2%(W/V), 0.2%NaN <sub>3</sub> , coated with sheep anti- FITC polyclonal antibody.	2.5ml
<b>Calibrator Low:</b> bovine serum, 0.2%NaN <sub>3</sub>	3.0ml
<b>Calibrator High:</b> bovine serum, 0.2%NaN <sub>3</sub>	3.0ml
<b>FITC Label:</b> anti-TSH monoclonal antibody labeled FITC, contains BSA, 0.2%NaN <sub>3</sub> .	6.5ml
<b>ABEI Label:</b> anti-TSH monoclonal antibody labeled ABEI, contains BSA, 0.2%NaN <sub>3</sub> .	6.5ml
All reagents are provided ready-to-use.	

Reagent Vials in kit box	
<b>Internal Quality Control:</b> containing BSA, 0.2%NaN <sub>3</sub> . (target value refer to Quality Control Information date sheet)	2.0ml

Internal quality control is only applicable with MAGLUMI system. Instructions for use and target value refer to Quality Control Information date sheet. User needs to judge results with their own standards and knowledge.

**Accessories Required But Not Provided**

MAGLUMI Reaction Module	REF: 630003
MAGLUMI Starter 1+2	REF: 130299004M
MAGLUMI Wash Concentrate	REF: 130299005M
MAGLUMI Light Check	REF: 130299006M

Please order accessories from SNIBE or our representative.


**Preparation of the Reagent Integral**


Before the sealing is removed, gentle and careful horizontal shaking of the Reagent Integral is essential (avoid foam formation!) Remove the sealing and turn the small wheel of the magnetic microbeads compartment to and fro, until the colour of the suspension has changed into brown. Place the Integral into the reagent area and let it stand there for 30 min. During this time, the magnetic microbeads are automatically agitated and completely resuspended.

**Do not interchange integral component from different reagents or lots!**

**Storage and Stability**

- Sealed: Stored at 2-8°C until the expiry date.
- Opened: Stable for 4 weeks. To ensure the best kit performance, it is recommended to place opened kits in the refrigerator if it's not going to be used on board during the next 12 hours.

-  Keep upright for storage.

-  Keep away from sunlight.

**CALIBRATION AND TRACEABILITY****1) Traceability**

To perform an accurate calibration, we have provided the test calibrators standardized against the W.H.O.1st International Reference Preparation 80/558.

**2) 2 -Point Recalibration**

Via the measurement of calibrators, the predefined master curve is 005130916-V2.4-EN

adjusted (recalibrated) to a new, instrument-specific measurement level with each calibration.

**3) Frequency of Recalibration**

- After each exchange of lots (Reagent Integral or Starter Reagents).
- Every two weeks and/or each time a new Integral is used (recommendation).
- After each servicing of the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMII.
- If controls are beyond the expected range.
- The room temperature has changed more than 5 °C (recommendation).

**SPECIMEN COLLECTION AND PREPARATION**

Sample material: serum

Collect 5.0ml venous blood into Blood Collection Tube. Standing at room temperature, centrifuging, separating serum part.

The serum sample is stable for up to 12 hours at 2-8°C. More than 12 hours, please packed, -20 °C can be stored for 30 days.

Avoid repeated freezing and thawing, the serum sample can be only frozen and thawed two times. Stored samples should be thoroughly mixed prior to use (Vortex mixer).

Please ask local representative of SNIBE for more details if you have any doubt.

**Vacuum Tubes**

- (a) Blank tubes are recommended type for collecting samples.
- (b) Please ask SNIBE for advice if special additive must be used in sample collecting.

**Specimen Conditions**

- Do not use specimens with the following conditions:
  - (a) heat-inactivated specimens;
  - (b) Cadaver specimens or body fluids other than human serum;
  - (c) Obvious microbial contamination.
- Use caution when handling patient specimens to prevent cross contamination. Use of disposable pipettes or pipette tips is recommended.
- Inspect all samples for bubbles. Remove bubbles with an applicator stick prior to analysis. Use a new applicator stick for each sample to prevent cross contamination.
- Serum specimens should be free of fibrin, red blood cells or other particulate matter.
- Ensure that complete clot formation in serum specimens has taken place prior to centrifugation. Some specimens, especially those from patients receiving anticoagulant or thrombolytic therapy, may exhibit increased clotting time. If the specimen is centrifuged before a complete clot forms, the presence of fibrin may cause erroneous results.

**Preparation for Analysis**

- Patient specimens with a cloudy or turbid appearance must be centrifuged prior to testing. Following centrifugation, avoid the lipid layer (if present) when pipetting the specimen into a sample cup or secondary tube.
- Specimens must be mixed **thoroughly** after thawing by **low** speed vortexing or by gently inverting, and centrifuged prior to use to remove red blood cells or particulate matter to ensure consistency in the results. Multiple freeze-thaw cycles of specimens should be avoided.
- All samples (patient specimens and controls) should be tested within 3 hours of being placed on board the MAGLUMI System. Refer to the SNIBE service for a more detailed discussion of onboard sample storage constraints.

**Storage**

- If testing will be delayed for more than 8 hours, remove serum from the serum separator, red blood cells or clot. Specimens

removed from the separator gel, cells or clot may be stored up to 12 hours at 2-8°C.

- Specimens can be stored up to 30 days frozen at -20°C or colder.

### Shipping

- Before shipping specimens, it is recommended that specimens be removed from the serum separator, red blood cells or clot. When shipped, specimens must be packaged and labeled in compliance with applicable state, federal and international regulations covering the transport of clinical specimens and infectious substances. Specimens must be shipped frozen (dry ice). Do not exceed the storage time limitations identified in this section of the package insert.

## WARNING AND PRECAUTIONS FOR USERS



- For use in *IN-VITRO* diagnostic procedures only.
- Package insert instructions must be carefully followed. Reliability of assay results cannot be guaranteed if there are any deviations from the instructions in this package insert.

### Safety Precautions

**CAUTION:** This product requires the handling of human specimens.

- The calibrators in this kit are prepared from bovine serum products. However, because no test method can offer complete assurance that HIV, Hepatitis B Virus or other infectious agents are absent; these reagents should be considered a potential biohazard and handled with the same precautions as applied to any serum or plasma specimen.
- All samples, biological reagents and materials used in the assay must be considered potentially able to transmit infectious agents. They should therefore be disposed of in accordance with the prevailing regulations and guidelines of the agencies holding jurisdiction over the laboratory, and the regulations of each country. Disposable materials must be incinerated; liquid waste must be decontaminated with sodium hypochlorite at a final concentration of 5% for at least half an hour. Any materials to be reused must be autoclaved using an overkill approach. A minimum of one hour at 121°C is usually considered adequate, though the users must check the effectiveness of their decontamination cycle by initially validating it and routinely using biological indicators.
- It is recommended that all human sourced materials be considered potentially infectious and handled in accordance with the OSHA Standard on Bloodborne Pathogens 13. Biosafety Level 214 or other appropriate biosafety practices should be used for materials that contain or are suspected of containing infectious agents.
- This product contains Sodium Azide; this material and its container must be disposed of in a safe way.
- Safety data sheets are available on request.

### Handling Precautions

- Do not use reagent kits beyond the expiration date.
- Do not mix reagents from different reagent kits.
- Prior to loading the Reagent Kit on the system for the first time, the microbeads requires mixing to re-suspend microbeads that have settled during shipment.
- For microbeads mixing instructions, refer to the KIT COMPONENTS, Preparation of the Reagent Integral section of this package insert.
- To avoid contamination, wear clean gloves when operating with a reagent kit and sample.
- Over time, residual liquids may dry on the kit surface, please pay attention the silicon film still exists on the surface of the kit.

- For a detailed discussion of handling precautions during system operation, refer to the SNIBE service information.

## TEST PROCEDURE

To ensure proper test performance, strictly adhere to the operating instructions of the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMII. Each test parameter is identified via a RFID tag on the Reagent Integral. For further information please refer to the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMII Operating Instructions.

100µl	Sample, calibrator
+40µl	ABEI label
+40µl	FITC label
+20µl	Nano magnetic microbeads
30 min	Incubation
400µl	Cycle washing
3 s	Measurement

## DILUTION

Sample dilution by analyzer is not available in this reagent kit. Samples with concentrations above the measuring range can be diluted manually. After manual dilution, multiply the result by the dilution factor.

Please choose applicable diluents or ask SNIBE for advice before manual dilution must be processed.

## QUALITY CONTROL

- Observe quality control guidelines for medical laboratories.
- Use suitable controls for in-house quality control. Controls should be run at least once every 24 hours when the test is in use, once per reagent kit and after every calibration. The control intervals should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined ranges. Each laboratory should establish guidelines for corrective measures to be taken if values fall outside the range.

## LIMITATIONS OF THE PROCEDURE

### 1) Limitations

A high TSH result often means an underactive thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. Rarely, a high TSH result can indicate a problem with the pituitary gland, such as a tumor producing unregulated levels of TSH. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an underactive (or removed) thyroid gland. Rarely, a low TSH result may indicate damage to the pituitary gland that prevents it from producing adequate amounts of TSH.

Whether high or low, an abnormal TSH indicates an excess or deficiency in the amount of thyroid hormone available to the body, but it does not indicate the reason why. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

The following table summarizes test results and their potential meaning.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism

Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; rare pituitary (secondary) hypothyroidism

Many medications—including aspirin and thyroid-hormone replacement therapy—may affect thyroid gland function test results and their use should be discussed with the doctor prior to testing.

When a doctor adjusts a person's thyroid hormone replacement dosage, it is important to wait at least one to two months before checking the TSH again so that the new dose can have its full effect.

Extreme stress and acute illness may also affect TSH test results, and results may be low during the first trimester of pregnancy.

## 2) Interfering Substances

No interference with test results is seen by concentrations of bilirubin < 41 mg/dl, haemoglobin < 1000 mg/dl or triglycerides < 1500 mg/dl.

## 3) HAMA

Patient samples containing human anti-mouse antibodies (HAMA) may give falsely elevated or decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentrations may occasionally influence results.

## 4) High-Dose Hook

High dose hook is a phenomenon whereby very high level specimens may read within the dynamic range of the assay. For the MAGLUMI TSH assay, no high dose hook effect was observed when samples containing up to 500  $\mu$ IU /ml.

## RESULTS

### 1) Calculation of Results

- The analyzer automatically calculates the concentration in each sample by means of a calibration curve which is generated by a 2-point calibration master curve procedure. The results are expressed in  $\mu$ IU /ml. For further information please refer to the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMII Operating Instructions.

### 2) Interpretation of Results

- Results of study in clinical centers with group of individuals, 95% of the results were: **0.3-4.5  $\mu$ IU/ml.**
- Results may differ between laboratories due to variations in population and test method. If necessary, each laboratory should establish its own reference range.

## PERFORMANCE CHARACTERISTICS

### 1) Precision

Intra-assay coefficient of variation was evaluated on 3 different levels of control serum repeatedly measured 20 times in the same run, calculating the coefficient of variation.

#### Intra-assay precision

Control	Mean( $\mu$ IU/ml)	SD( $\mu$ IU/ml)	CV%
Level 1	0.45	0.02	4.03%
Level 2	6.1	0.25	4.14%
Level 3	40.52	1.61	3.98%

Inter-assay coefficient of variation was evaluated on three batches of kits. Repeatedly measured 3 different levels of control serum 21 times, calculating the coefficient of variation.

#### Inter-assay precision

Control	Mean( $\mu$ IU/ml)	SD( $\mu$ IU/ml)	CV%
Level 1	0.52	0.04	7.03%
Level 2	7.01	0.49	7.06%
Level 3	43.21	3.07	7.11%

### 2) Analytical Sensitivity

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The sensitivity is defined as the concentration of TSH equivalent to the mean RLU of 20 replicates of the zero standard plus two standard deviations corresponding to the concentration from the standard curve. The sensitivity is typically less than 0.01  $\mu$ IU/ml.

### 3) Specificity

The specificity of the TSH assay system was assessed by measuring the apparent response of the assay to various potentially cross reactive analytes.

Compound	Concentration	Cross reactivity
FSH	150 mIU/ml	0.0003%
LH	200 mIU/ml	0.0005%
HCG	500 mIU/ml	0.001%

### 4) Recovery

Consider calibrator high of known concentration as a sample, dilute it by 1:2 ratio with diluents, and measure its diluted concentration for 10 times. Then calculate the recovery of measured concentration and expected concentration. The recovery should be within 90% -110%.

Expected	Mean Measuring	Recovery
19.34 $\mu$ IU/ml	20.33 $\mu$ IU/ml	105%

### 5) Linearity

Use TSH calibrator to prepare the six-point standard curve, measuring all points' RLU except point A, and then do four-parameter linear fitting in double logarithm coordinate, the absolute linear correlation coefficient(r) should be bigger than 0.9800.

Calibrator Point	Concentration $\mu$ IU/ml	Absolute linear correlation coefficient (r)
A	0	
B	0.5	r=0.9964
C	1.5	
D	5.0	
E	25.0	
F	100.0	

### 6) Method comparison

A comparison of MAGLUMI TSH(y) with a commercially available TSH(x) using clinical samples gave the following correlations ( $\mu$ IU/ml)

Linear regression

$$y=1.031x+0.1758$$

$$r=0.9936$$

Number of samples measured:100

The sample concentrations were between 0.02-31.06 $\mu$ IU/ml

## REFERENCES

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