



ichroma™ AFP

INTENDED USE

ichroma™ AFP is a fluorescence Immunoassay (FIA) for the quantitative determination of Alpha Feto Protein (AFP) in human whole blood / serum / plasma. It is useful as an aid in management and monitoring of primary hepatocellular carcinoma and non seminomatous testicular cancer.

For in vitro diagnostic use only.

INTRODUCTION

Alpha-fetoprotein (AFP) is a α 1-globulin family of human plasma proteins and a glycoprotein with a molecular weight approximately 70 kDa. AFP is produced primarily in the liver of developing fetus. It can be found in maternal blood and in amniotic fluid since it is secreted into fetal serum. A great increase of AFP concentration in several malignant diseases mostly is primary hepatocellular carcinoma and non-seminomatous testicular cancer. Some 70-90% of patients with primary hepatocellular carcinoma and nonseminomatous testicular cancer have been observed to have high levels of AFP. High concentration of AFP also have been found in a limited number of patients diagnosed with various diseases such as gastrointestinal tract cancer, viral hepatitis, chronic active hepatitis, alcoholic cirrhosis, and adenocarcinomas of lung, pancreas, and gall bladder. Since AFP is well known to be an important prognostic indicator of non-seminomatous testicular cancer, its most definitive role is on monitoring post-treatment clinical status and the post therapeutic evaluation of patients.

PRINCIPLE

The test uses a sandwich immunodetection method; the detector antibody in buffer binds to antigen in sample, forming antigen-antibody complexes, and migrates onto nitrocellulose matrix to be captured by the other immobilized-antibody on test strip.

The more antigen in sample forms the more antigen-antibody complex and leads to stronger intensity of fluorescence signal on detector antibody, which is processed by instrument for ichroma™ tests to show AFP concentration in sample.

COMPONENTS

ichroma™ AFP consists of 'Test cartridges', 'Detection Buffer Tubes', an 'ID chip'.

- The test cartridge contains a test strip, the membrane which has anti human AFP at the test line, while rabbit IgG at the control line.
- Each test cartridge is individually sealed in an aluminum foil pouch containing a desiccant. 25 sealed test cartridges are packed in a box which also contains an ID chip.
- The detection buffer contains anti human AFP-fluorescence conjugate, anti rabbit IgG-fluorescence conjugate, bovine serum albumin (BSA) as a stabilizer and sodium azide in phosphate buffered saline (PBS) as a preservative.
- The detection buffer is pre-dispensed in a tube. 25 detection buffer tubes are packaged in a box and further packed in a Styrofoam box with ice-pack for the shipment.

WARNINGS AND PRECAUTIONS

- *For in vitro* diagnostic use only.
- Carefully follow the instructions and procedures described in this 'Instruction for use'.
- Use only fresh samples and avoid direct sunlight.
- Lot numbers of all the test components (test cartridge, ID chip and detection buffer) must match each other.
- Do not interchange the test components between different lots or use the test components after the expiration date, either of which might yield misleading of test result(s).
- Do not reuse. A detection buffer tube should be used for processing one sample only. So should a test cartridge.
- The test cartridge should remain sealed in its original pouch before use. Do not use the test cartridge, if is damaged or already opened.
- Frozen sample should be thawed only once. For shipping, samples must be packed in accordance with the regulations. Sample with severe hemolytic and hyperlipidemia cannot be used and should be recollected.
- Just before use, allow the test cartridge, detection buffer and sample to be at room temperature for approximately 30 minutes.
- **ichroma™ AFP** as well as the instrument for ichroma™ tests should be used away from vibration and/or magnetic field. During normal usage, it can be noted that instrument for ichroma™ tests may produce minor vibration.
- Used detection buffer tubes, pipette tips and test cartridges should be handled carefully and discarded by an appropriate method in accordance with relevant local regulations.
- An exposure to larger quantities of sodium azide may cause certain health issues like convulsions, low blood pressure and heart rate, loss of consciousness, lung injury and respiratory failure.
- **ichroma™ AFP** will provide accurate and reliable results subject to the following conditions.
 - Use **ichroma™ AFP** should be used only in conjunction with instrument for ichroma™ tests.
 - Any anticoagulants other than EDTA should be avoided.

STORAGE AND STABILITY

- The test cartridge is stable for 20 months (while sealed in an aluminum foil pouch) if stored at 4 - 30°C.
- The detection buffer dispensed in a tube is stable for 20 months if stored at 2 - 8°C.
- After the test cartridge pouch is opened, the test should be performed immediately.

LIMITATION OF THE TEST SYSTEM

- The test may yield false positive result(s) due to the cross-reactions and/or non-specific adhesion of certain sample components to the capture/detector antibodies.
- The test may yield false negative result. The non-responsiveness of the antigen to the antibodies is most common where the epitope is masked by some unknown components, so as not to be detected or captured by the antibodies. The instability or degradation of the antigen with time and/or temperature may cause the false negative as it makes antigen unrecognizable by the antibodies.
- Other factors may interfere with the test and cause erroneous results, such as technical/procedural errors, degradation of the test components/reagents or presence of interfering substances in the test samples.
- Any clinical diagnosis based on the test result must be supported by a comprehensive judgment of the concerned physician including clinical symptoms and other relevant test results.

MATERIALS SUPPLIED

REF i-CHROMA AFP-25

Components of **ichroma™ AFP**

- Test Cartridge Box:
 - Test Cartridges 25
 - ID Chip 1
 - Instruction For Use 1
- Box containing Detection Buffer tubes
 - Detection Buffer Tubes 25

MATERIALS REQUIRED BUT SUPPLIED ON DEMAND

Following items can be purchased separately from **ichroma™ AFP**. Please contact our sales division for more information.

- Instrument for **ichroma™** tests
 - **ichroma™ Reader** [REF](#) FR203
 - **ichroma™ D** [REF](#) 13303
- **ichroma™ Printer** [REF](#) FP RR07
- **ichroma™ Universal Control I** [REF](#) CFPO-25

SAMPLE COLLECTION AND PROCESSING

The sample type for **ichroma™ AFP** is human whole blood / serum / plasma.

- It is recommended to test the sample within 24 hours after collection.
- The serum or plasma should be separated from the clot by centrifugation within 3 hours after the collection of whole blood. If longer storage is required, e.g. if the test could not be performed within 24 hours, serum or plasma should be immediately frozen below -20°C. The freezing storage of sample up to 3 months does not affect the quality of results.
- However, the whole blood sample should not be kept in a freezer in any case.
- Once the sample was frozen, it should be thawed one time and only for test, because repeated freezing and thawing can result in the change of test values.

TEST SETUP

- Check the contents of **ichroma™ AFP**: Sealed Test Cartridge, Detection Buffer Tubes and ID Chip.
- Ensure that the lot number of the test cartridge matches that of the ID chip as well as the detection buffer.
- Keep the sealed test cartridge (if stored in refrigerator) and the detection buffer tube at room temperature for at least 30 minutes just prior to the test. Place the test cartridge on a clean, dust-free and flat surface.
- Turn on the instrument for **ichroma™** tests.
- Insert the ID Chip into the ID chip port of the instrument for **ichroma™** tests.
- Press the 'Select' button on the instrument for **ichroma™** tests. (Please refer to the 'Instrument for **ichroma™** tests Operation Manual' for complete information and operating instructions.)

TEST PROCEDURE

- 1) Transfer of sample (15 µL serum, plasma, control / 30 µL whole blood) using a transfer pipette to a tube containing the detection buffer.
- 2) Close the lid of the detection buffer tube and mix the sample thoroughly by shaking it about 10 times. (The sample mixture must be used immediately.)
- 3) Pipette out 75 µL of a sample mixture and load it into the sample well on the test cartridge.
- 4) Leave the sample-loaded test cartridge at room temperature for 15 minutes.
- 5) To scan the sample-loaded test cartridge, insert it into the test cartridge holder of the instrument for **ichroma™** tests. Ensure proper orientation of the test cartridge before pushing it all the way inside the test cartridge holder. An arrow has been marked on the test cartridge especially for this purpose.
- 6) Press 'Select' button on the instrument for **ichroma™** tests to start the scanning process.
- 7) Instrument for **ichroma™** tests will start scanning the sample-loaded test cartridge immediately.
- 8) Read the test result on the display screen of the instrument for **ichroma™** tests.

INTERPRETATION OF TEST RESULT

- Instrument for **ichroma™** tests calculates the test result automatically and displays AFP concentration of the test sample in terms of ng/mL.
- The cut-off (reference range) : ≤10.9 ng/mL.
- Working range : 5~350 ng/mL

QUALITY CONTROL

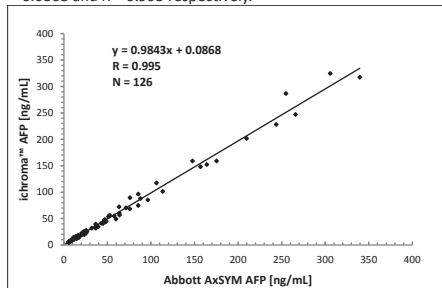
- Quality control tests are a part of the good testing practice to confirm the expected results and validity of the assay and should be performed at regular intervals.
- The control tests should be performed immediately after opening a new test lot to ensure the test performance is not altered.
- Quality control tests should also be performed whenever there is any question concerning the validity of the test results.
- Control materials are not provided with **ichroma™ AFP**. For more information regarding obtaining the control materials, contact [Boditech Med Inc.'s Sales Division for assistance](#). (Please refer to the instruction for use of control material.)

PERFORMANCE CHARACTERISTICS

- **Specificity:** There, in test samples, are biomolecules such as hemoglobin, bilirubin, triglyceride, ascorbic acid, glucose, CEA, PSA, ALP, Troponin I, CK-MB, Albumin, and myoglobin in higher concentration than their normal physiological levels. But this doesn't interfere with the **ichroma™ AFP** test measurements, nor occurs any significant cross-reactivity.
- **Precision:** The intra-assay precision was calculated by one evaluator, who tested different concentration of control standard ten times each with three different lots of **ichroma™ AFP**. The inter-assay precision was confirmed by 3 different evaluators with 3 different lots, testing ten times each different concentrations.

| AFP [ng/ml] | Intra-assay | | | Inter-assay | | |
|----------------|-------------|------|--------|-------------|------|--------|
| | Mean | SD | CV (%) | Mean | SD | CV (%) |
| 20 | 20.51 | 1.11 | 5.41 | 20.66 | 1.09 | 5.25 |
| 80 | 79.81 | 3.49 | 4.37 | 82.20 | 2.55 | 3.11 |
| 175 | 179.27 | 4.42 | 2.46 | 180.18 | 5.23 | 2.90 |












- **Comparability:** AFP concentrations of 126 serum samples were quantified independently with **ichroma™ AFP** and Abbott AxSYM System as per prescribed test procedures. Test results were compared and their comparability was investigated with linear regression and coefficient of correlation (R). Linear regression and coefficient of correlation between the two tests were $Y = 0.9843X + 0.0868$ and $R = 0.995$ respectively.



REFERENCES

1. Tartarinov, Y.S. Detection of embryospecific alpha-globulin in the blood sera of patients with primary liver tumor. *Vopr. Med. Khim.* 10:90-91 (1964).
2. Mcintire, K.R., Waidmann, T.A., Moertel, C.G. and Go, V.L.W. Serum alpha-fetoprotein in patients with neoplasms of the gastrointestinal tract. *Cancer Res.* 35:991-996 (1975).
3. Javadpouf, N., Mcintire, K.R. and Waidmann, T.A. Human chorionic gonadotropin (HCG) and alpha-fetoprotein (AFP) in sera and tumor cells of patients with testicular seminoma. *Cancer* 42:2768-2772. (1978).
4. Chen, D.S. and Sung, J.L. Relationship of Hepatitis B Surface Antigen to serum alpha-fetoprotein in nonmalignant diseases of the liver. *Cancer* 44:984-992 (1979).
5. Rhoslati, E. and Seppala, M. studies of carcino-fetal proteins: Physical and Chemical Properties of Human alpha-fetoprotein. *Int. J. Cancer* 7:218-225 (1971).
6. Abelev, G.I. Alpha-fetoprotein in oncogenesis and its association with malignant tumors. *Adv. Cancer Res.* 7:295-358 (1971).
7. Wespig, H.C. Alpha-fetoprotein: its quantification and relationship to neoplastic disease, ppp 115-129 In *Alpha-fetoprotein, Laboratory Procedures and Clinical Applications*, Kirkpatrick, A. and Nakamura R (eds.), Masson Publishing, New York (1981) After Radical Prostatectomy. *J. Urol.* 142:1082-90 (1989).

Note: Please refer to the table below to identify various symbols

| | |
|---|---|
|  | Read instructions for use |
|  | Use by |
|  | Batch code |
|  | Catalog number |
|  | Caution |
|  | Manufacturer |
|  | Authorized representative of the European Community |
|  | In vitro diagnostic medical device |
|  | Temperature limit |
|  | Do not reuse |
|  | This product fulfills the requirements of the Directive 98/79/EC on in vitro diagnostic medical devices |

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