



# Complement C4

CE REF C9400150A 1x50ml  
Turbidimetry

## Quantitative determination of human complement C4 (C4) IVD

Store 2 - 8°C.

### INTENDED USE

The C4 is a quantitative turbidimetric test for the measurement of complement C4 in human serum or plasma.

### PRINCIPLE OF THE METHOD

Anti-human C4 antibodies when mixed with samples containing C4, form insoluble complexes. These complexes cause an absorbance change, dependent upon the C4 concentration of the patient sample, that can be quantified by comparison from a calibrator of known C4 concentration.

### CLINICAL SIGNIFICANCE<sup>1</sup>

C4 is the second component reacting in the classical pathway cascade. Most synthesis occurs in the hepatic parenchymal cells, although some may be synthesized by monocytes or other tissues.

C4 levels in plasma rise modestly after trauma or inflammation and tissue necrosis (acute phase process).

Inherited primary deficiency of C4 is associated with a high prevalence of autoimmune or collagen vascular disease, particularly Systemic Lupus Erythematosus (SLE). Also, levels of C4 are more commonly depressed because of consumption as a consequence of formed immune-complexes.

### REAGENTS

Diluent (R1)	Tris buffer 20 mmol/L, PEG 8000, pH 8.3. Sodium azide 0.95 g/L.
Antibody (R2)	Goat serum, anti-human C4, pH 7.5. Sodium azide 0.95 g/L.

### CALIBRATION

The assay is calibrated to the Reference Material CRM 470/RPHS (Institute for Reference Materials and Measurements). It must be used the SERUM PROTEINS CALIBRATOR (Cod.:905CAL) to calibrate the reagent. The reagent (both monoreagent and bireagent) should be recalibrated every 2 weeks, when the controls are out of specifications, and when changing the reagent lot or the instrument settings.

### PREPARATION

Reagents: Ready to use.

Calibration Curve: Prepare the following SERUM PROTEINS CALIBRATOR dilutions in NaCl 9 g/L as diluent. Multiply the concentration of the C4 calibrator by the corresponding factor stated in table below to obtain the C4 concentration of each dilution.

Calibrator dilution	1	2	3	4	5	6
Calibrator (μL)	--	10	25	50	75	100
NaCl 9 g/L (μL)	100	90	75	50	25	-
Factor	0	0.1	0.25	0.5	0.75	1.0

### STORAGE AND STABILITY

All the components of the kit are stable until the expiration date on the label when stored tightly closed at 2-8°C and contaminations are prevented during their use. Do not use reagents over the expiration date.

Reagent deterioration: The presence of particles and turbidity. Do not use.

Do not freeze; frozen Antibody or Diluent could change the functionality of the test.

The final concentration of the components is below the limits imposed by Regulation (EC) No. 1272/2008 - CLP (and subsequent amendments) and Directive 88/379/CEE and subsequent amendments to the classification-packaging and labeling of dangerous substances.

### ADDITIONAL EQUIPMENT

- Thermostatic bath at 37°C.

- Spectrophotometer or photometer thermostatable at 37°C with a 340 nm filter (320 – 360 nm).

### SAMPLES

Fresh serum or plasma. EDTA or heparin should be used as anticoagulant. Stable 7 days at 2-8°C or 3 months at -20°C.

The samples with presence of fibrin should be centrifuged.

Do not use highly hemolyzed or lipemic samples.

### PROCEDURE

1. Bring the reagents and the photometer (cuvette holder) to 37°C.

2. Assay conditions:

Wavelength : 340

Temperature : 37 °C

Cuvette length : 1cm

3. Adjust the instrument to zero with distilled water.

4. Pipette into a cuvette:

Reagent R1	800 μL
Sample or Calibrator	20 μL

5. Mix and read the absorbance ( $A_1$ ) after the sample addition.

6. Immediately, pipette into the cuvette:

Reagent R2	200 μL
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7. Mix and read the absorbance ( $A_2$ ) of calibrators and sample exactly 2 minutes after the R2 addition.

Gesan has instruction sheets for several automatic analyzers. Instructions for many of them are available on request.

### CALCULATIONS

Calculate the absorbance difference ( $A_2 - A_1$ ) of each point of the calibration curve and plot the values obtained against the C4 concentration of each calibrator dilution. C4 concentration in the sample is calculated by interpolation of its ( $A_2 - A_1$ ) in the calibration curve.

### QUALITY CONTROL

Control sera are recommended to monitor the performance of manual and automated assay procedures. Gesan SERUM PROTEINS CONTROL (Cod.:905CTL). Each laboratory should establish its own Quality Control scheme and corrective actions if controls do not meet the acceptable tolerances.

### REFERENCE VALUES<sup>5</sup>

Neonates: Between 13 - 38 mg/dL.

Adults: Between 10 – 40 mg/dL.

Each laboratory should establish its own reference range.

### PERFORMANCE CHARACTERISTICS

1. Measurement range: Up to 100 mg/dL, under the described assay conditions.

Samples with higher concentrations, should be diluted 1/5 in NaCl 9 g/L and re-tested again. The linearity limit and measurement range depends on the sample to reagent / ratio. It will be higher by decreasing the sample volume, although the sensitivity of the test will be proportionally decreased.

2. Detection Limit: Values less than 1 mg/dL give non-reproducible results.

3. Prozone effect: No prozone effect was detected upon 500 mg/dL.

4. Sensitivity:  $\Delta$  23.6 mA. mg/dL (5 mg/dL),  $\Delta$  12.9 mA. mg/dL (37mg/dL).

5. Precision: The reagent has been tested for 20 days, using three levels of serum in a EP5-based study.

EP5	CV (%)		
	8.57 mg/dl	22.46 mg/dl	42.98 mg/dl
Total	3.9%	2.4%	1.9%
Within Run	1.6%	1%	1%
Between Run	2.2%	1.6%	1.1%
Between Day	2.8%	1.4%	1.2%

6. Accuracy: Results obtained using this reagent (y) were compared to those obtained using an immunoturbidimetric method from Bayer. 46 samples ranging from 9 to 60 mg/dL of C4 were assayed. The correlation coefficient (r) was 0.97 and the regression equation  $y = 1.16x - 1.9$ .

The results of the performance characteristics depend on the used analyzer.

### INTERFERENCES

Hemoglobin (10 g/L), bilirubin (40 mg/dL) and rheumatoid factors (600 IU/mL), do not interfere. Lipemia (1.25 g/L), interferes. Other substances may interfere.<sup>6,7</sup>

### NOTES

1. The linearity depends on the calibrator concentration.

2. Clinical diagnosis should not be made on findings of a single test result, but should integrate both clinical and laboratory data.

### BIBLIOGRAPHY

1. Clinical Guide to Laboratory Tests, Edited by NW Tietz W B Saunders Co., Philadelphia, 483, 1983.

2. Yang Y et al. Curr Dir Autoimmun 2004; 7: 98-132.

3. Borque L et al. Clin Biochem 1983; 16: 330-333.

4. Pesce AJ and Kaplan, LA. Methods in Clinical Chemistry. The CV Mosby Company, St. Louis MO, 1987.

5. Dati F et al. Eur J Clin Chem Clin Biochem 1996; 34: 517-520.

6. Young DS. Effects of disease on clinical laboratory tests, 3th ed. AACC Pres, 1997.

7. Friedman and Young. Effects of disease on clinical laboratory tests, 3th ed. AACC Pres, 1997.

### PACKAGING

Ref.: C9400150/C9400150A

Cont.: 1 x 40 mL R1. Diluent

: 1 x 10 mL R2. Antibody

### Simbols



**CE Mark (requirement of 98/79 regulation)**



**in vitro medical device**



**Batch Code**



**Use by**



**Storage temperature limits**



**Read instruction for use**



**Gesan Production srl**