

Ref. 9820150 β_2 -m turbilatex

Latex turbidimetry

Quantitative determination of β_2 -microglobulin (β_2 -m)

Store 2 - 8°C.

PRINCIPLE OF THE METHOD

The β_2 -m Turbilatex is a quantitative turbidimetric test for the measurement of β_2 microglobulin (β₂-m) in human serum, plasma or urine.

Latex particles coated with anti-human β_2 -m are agglutinated when mixed with samples containing $\beta_2\text{-m.}$ The agglutination causes an absorbance change, dependent upon the β_2 -m contents of the patient sample that can be quantified by comparison from a calibrator of known concentration.

CLINICAL SIGNIFICANCE

β₂-m is a protein located on the surface of human lymphocytes and other nucleated cells. Free $\beta_2\text{-m}$ is filtered by the glomerulus and subsequently reabsorbed in the proximal tubular cells. Increased urinary excretion of β_2 -m is a sensitive indicator of renal insufficiency. Also, the β_2 -m level in serum is a useful marker of other diseases including carcinomas, lymphoid tumors, rheumatoid arthritis and AIDS.

REAGENTS

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β ₂ -m Diluent (R1)	Tris buffer 20 mmol/L, pH 8.2. Preservative.
β ₂ -m Latex (R2)	Particles coated with goat IgG anti-human β 2-m, pH 7.5. Preservative.
β ₂ -m CAL	Calibrator. β_2 -m concentration is stated on the vial label.
Optional:	β_2 -m Control.

Components from human origin have been tested and found to be negative for the presence of HBsAg, HCV, and antibody to HIV (1/2). However handle cautiously as potentially infectious.

CALIBRATION

Use β2- Microglobulin Calibrator.

The sensitivity of the assay and the target value of the calibrator have been standardized against the 1 st International β_2 -m Standard from WHO.

The calibration is stable for 1 month.

Recalibrate when control results are out of specified tolerances, when using different lot of reagent and when the instrument is adjusted.

PREPARATION

Working reagent: Shake the latex vial gently before use. Prepare the necessary amount as follows:

1 mL Latex Reagent + 4 mL Diluent

β₂-m Calibrator:

Serum method: Reconstitute (\rightarrow) with 1.0 mL of distilled water. Mix gently and bring to room temperature for about 10 minutes before use

Urine method: Dilute reconstituted calibrator 1/6 with NaCl 9 g/L (50 µL calibrator + 250 µL NaCl 9 g/L).

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 use. Do not use reagents over the expiration date.

Reacent deterioration: Presence of particles and turbidity.

Working reagent: Stable for 30 days at 2-8°C

 β_2 -m Calibrator: Stable for 1 month at 2-8°C or 3 months at -20°C.

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

ADDITIONAL EQUIPMENT

- Thermostatic bath at 37°C
- Spectrophotometer or photometer thermostatable at 37°C with a 540 nm filter.

Fresh serum. Stable 7 days at 2-8°C o 3 months at -20°C.

Fresh urine. Adjust samples to pH 7-8 by the addition of K2HPO4. Stable 2 days at 2-8°C or 2 months at -20°C.

The samples with particles or fibrin should be centrifuged before testing. Do not use hemolized or lipemic samples.

- 1. Bring the Reagents and the photometer (cuvette holder) to 37°C.
- 2. Assay conditions:

Wavelength: 540 nm (530-550). Temperature: 37°C Cuvette light path: 1 cm.

3. Adjust the instrument to zero with distilled water.

4. Pipette into a cuvette:

W. Reagent (mL)	1.0
Calibrator or sample (µL)	10 (serum), 50 (urine)

5. Mix and read the absorbance immediately (A₁) and after 3 minutes (A₂) of the

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

CALCULATIONS

Serum:

(A₂ - A₁) sample x Calibrator concentration = $mg/L \beta_2$ -m

(A₂ - A₁) Calibrator Ùrine:

x Calibrator concentration (A₂ - A₁) sample - = mg/L β_2 -m (A₂ - A₁) Calibrator

QUALITY CONTROL

Control Sera are recommended to monitor the performance of manual and automated assay procedures. It should be used the GESAN $\;\beta_2\text{-m}$ Control. Each laboratory should establish its own Quality Control scheme and corrective actions if controls do not meet the acceptable tolerances.

REFERENCE VALUES

Serum: from 1.0 to 3.0 mg/L. Urine: from 0.1 to 0.3 mg/L.

Each laboratory should establish its own reference range

PERFORMANCE CHARACTERISTICS

- Linearity limit: Up to 18 mg/L (serum) and 3 mg/L (urine), under the described assay conditions. Samples higher results should be diluted 1/5 in NaCl 9 g/L and retested again. The linearity depends on the sample-reagent ratio, as well as the analyzer used. It will be higher by decreasing sample volume, although the sensitivity of the test will be proportionally decreased.
- Detection limit: Values less than 0.22 mg/L (serum) and 0.04 mg/L (urine) give non-reproducible results.
- Prozone effect: No prozone effect was detected up to 100 mg/L (serum) and 20 mg/L (urine).
- **Sensitivity:** \triangle 0.048 A. mg/L (serum) and \triangle 0.228 A. mg/L (urine).
- Precision: The reagent has been tested for 20 days, using three different β2-m concentrations in a EP5-based study.

EP5	CV (%)			
	+/- 1 mg/L	+/- 3.2 mg/L	+/- 8.5 mg/L	
Total	4.0%	3.4%	1.7%	
Within Run	2.8%	2.0%	1.2%	
Between Run	1.7%	1.5%	1.2%	
Between Day	2.2%	2.4%	0.0%	

6. Accuracy: Results obtained using this reagent (y) were compared to those obtained using a commercial reagent (x) with similar characteristics. 36 samples of different concentrations of β 2-m were assayed. The correlation coefficient (r) was 0.97 and the regression equation y = 1.709x - 2.627.

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

INTERFERENCES

Serum method: bilirubin (20 mg/L), hemoglobin (10 g/L) and lipids (10 g/L), do not interfere. Rheumatoid factors (150 IU/mL), interfere.

Urine method: urea (urine)(50 g/L), uric ac. (20 g/L) and glucose (100 g/L), do not interfere.

Other substances may interfere

BIBLIOGRAPHY

- 1. Bhalla, R.B. et al. Clinical Chemistry 1983; 29: 1560.
- Malaguarnera M et al. Digestive Diseases and Sciences 1997; 42: 762-766.
 Chironna et al. Int J Clin Lab Rws 1994; 24: 90-93.
 Wibell L et al. Nephron 1973; 10: 320-331.

- 5. Berggard B et al. Scand J Clin Lab Invest 1980; 40: 13-25. 6. Davey P G et al. Clin Chem 1982; 28/6: 1330-1333. 7. Young DS. Effects of drugs on clinical laboratory test, 4th ed. AACC Pres, 1995.