

**TECO DIAGNOSTICS** 

1268 N. Lakeview Ave. Anaheim, CA 92807 1-800-222-9880

# DIRECT HDL CHOLESTEROL REAGENT (COLORIMETRIC) TC MATRIX-240/480

### INTENDED USE

The test is used for quantitative determination of HDL cholesterol concentration in human serum and plasma.

### SUMMARY AND PRINCIPLE<sup>1, 2, 3, 4, 5</sup>

High-density lipoproteins (HDL) are one of the major classes of plasma lipoproteins. They are composed of a number of heterogeneous particles, including cholesterol and vary with respect to size and content of lipid and apolipoprotein. HDL serves to remove cholesterol from the peripheral cells to the liver, where the cholesterol is converted to bile acids and excreted into the intestine.

An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. The importance of HDL-C as a risk factor for CHD is now recognized.

Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. In this diagnostic test kit, a method for direct measurement of HDL-C, without sample pretreatment, is presented. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

After adding magnesium ions, dextran sulfate selectively forms watersoluble complexes with LDL, VLDL and chylomicrons which are resistant to PEG-modified enzymes.

The cholesterol amount of HDL-Cholesterol can be tested enzymatically by cholesterol esterase and cholesterol oxidase coupled with PEG to the amino groups. This is around 40% Cholesterol esters are broken down quantitatively into free cholesterol and fatty acids by cholesterol esterase.

HDL-C in human serum is resolved with special detergent and makes color reactions with Cholesterol esterase (CEH), Cholesterol oxidase (CHOD), Peroxidase (POD). Because Non-HDL-Lipoproteins such as chylomicron (CM), low density lipoprotein (LDL), very low density lipoprotein (VLDL) are inhibited by detergents on their surface, the cholesterol in them do not react with the enzyme. Remain HDL Cholesterol is determined by color intensity over trinder reaction.

# REAGENTS

≤10 g/dL
≤5 g/dL
≤10 g/dL
≤2%
≤5 KU/L
$\leq$ 5 KU/L
≤1 g/dL
≤8000 U/L

# REAGENT PREPARATION

Reagents are ready for use

# CALIBRATION

Calibration stability is 30 days. Calibration stability depends on the application characteristics and cooling capacity of the autoanalyzer used.

At least two level controls must be run once in every 24 hours. Each laboratory should determine its own quality control scheme and procedures. If quality control results are not within acceptable limits, calibration is required

Note: Refer to the TC Matrix manual for further instructions on calibrating the instrument

# MATERIALS NEEDED BUT NOT SUPPLIED WITH REAGENT KIT

HDL/LDL Lipids Calibrator At least two levels of control material

# **REAGENT STORAGE AND STABILITY<sup>6</sup>**

Reagents are stable at  $2-8^{\circ}$ C until the expiration date stated on the label which is only for closed vials.

Once opened vials are stable for 45 days at  $2-8^{\circ}$ C in optimum conditions. On board stability is strongly related to auto analyzers' cooling specification and carry-over values.

Reagent stability and storage have been verified by using Clinical and Laboratory Standards Institute (CLSI) EP25-A protocol.

### SPECIMEN STORAGE

Fresh Serum or EDTA and heparinized plasma fasting are the recommended specimens. Samples are collected according to the standard procedures.

Separate the serum or plasma as soon as possible after collection (within 3 hours).

Serum is stable for: 12 hours at 20-25°C, 7 days at 2-8°C.

### Unit Conversion:

mmol/L x 38.67 = mg/dL mg/dL x 0.02586 = mmol/L

# PROCEDURE

### Settings for TC-Matrix 240/480

Test Name:	HDL Chol.	R1:	190
Full Name:	HDL Cholesterol	R2:	57
Pri. Wave:	578 nm	Sample volume:	2
Sec. Wave:	700 nm	Calibration Type:	2 Point Linear
Assay/ Point:	2-Point End	K Value:	/
Start - End:	15 - 30	Point:	2
Decimal place:	1	Blank Type:	Water
Unit:	mg/dL	Point 0 (Blank) Con	.: 0.0
Linearity Range:	2.00 - 200.00	Point 1 (CAL) Con.	: Standard/
Correlation Facto	or: 1.000 - 0.000		Calibrator

### **REFERENCE INTERVAL (NORMAL VALUES)**<sup>7</sup>

Adult Males:	< 35 mg/dL (0.90 mmol/L)	High Risk
	>55mg/dL (1.45mmoI/L)	No Risk
Adult Female:	<45 mg/dL (1.15 mmol/L)	High Risk
	>65 mg/dL (1.68mmoI/L)	No Risk

National Cholesterol Education Program (NCEP) guidelines:

< 40  mg/dL	Low HDL (Major risk factor for CHD)
$\geq 60 \text{ mg/dL}$	High HDL ("Negative" risk factor for CHD)

HDL-cholesterol is affected by a number of factors, e.g., smoking, exercises, hormones, sex and age.

It is recommended that each laboratory establish its own normal range. Reference interval has been verified by using CLSI EP28- A3c protocol.

### **INTERFERING SUBSTANCES**<sup>12, 13, 14</sup>

No significant interactions were observed for hemoglobin, conjugated bilirubin, lipemia up to the interferent concentration given in the table.

Interfering Substance and Concentration	HDL Target (mg/dL)	Ν	Observed Recovery %
Hemoglobin 1260 mg/dL	25.8	3	91
Bilirubin 54 mg/dL	46.3	3	103
Lipemia 1062 mg/dL	53.6	3	111

The acceptable interference limit is set 10% below the highest interference concentration within  $\pm 10\%$  recovery of the target.

Interferences may affect the results due to medication or endogenous substances.

These performance characteristics have been obtained by using an analyzer. Results may vary if a different instrument or a manual procedure is used

### PERFORMANCE CHARACTERISTICS

**Limit of Detection (LoD)**: The limit of the test detection is 2.7 mg/dL. **Limit of Quantitation (LoQ)** [LoQ values are based on Coefficient of Variation Percentage (CV)  $\leq 20\%$ ]:<sup>8</sup> 3 mg/dL

LoD and LoQ values have been verified by using CLSI EP17-A protocol.

#### Precision<sup>9</sup>:

Repeatability (Within Run)

Mean Concentration (mg/dL)	SD	CV%	n
71.9	0.57	0.8	40
131.1	0.78	0.6	40

### Reproducibility (Run-to-Run)

Mean Concentration (mg/dL)	SD	CV%	n
47.91	0.73	1.53	84
133.25	2.72	2.04	84

 $\pm 10\%$  CV% differences can be observed between devices.

Precision Studies data have been verified by using CLSI EP05-A3 protocol.

Linearity: The method is linear up to 200 mg/dL

For values above high linearity, dilute sample with 0.9% saline, repeat the test and multiply the result by the dilution factor.

Linearity may considerably vary depending on the instrument used.

### PRECAUTIONS

IVD: For in Vitro Diagnostic use only.Do not use expired reagents. Reagents with two different lot numbers should not be interchanged. For professional use.

Follow Good Laboratory Practice (GLP) guidelines. Contains sodium azide.

*CAUTION:* Human source samples are processed with this product. All human source samples must be treated as potentially infectious materials and must be handled in accordance with OSHA standards.

### REFERENCES

- 1. Tietz, N.W., Fundamentals of Clinical Chemistry, p. 940, W.B. Saunders Co., Philadelphia, 1987.
- 2. Tietz NW. Clinical Guide to Laboratory Test. 2nd ed. Philadelphia, PA: WB Saunders Company; 1995,52.

- Tietz NW. Clinical Guide to Laboratory Tests. 3rd ed. Philadelphia, PA: WB Saunders Company; 1995:88-91.
- 4. Tietz NW, ed. Clinical Guide to Laboratory Tests. 3rd ed. Philadelphia: WB Saunders 1995:919.
- 5. Tietz Fundamentals of Clinical Chemistry. 5th ed. Burtis CA, Ashwood ER, eds. Philadelphia, PA: WB Saunders Company; 2001:605.
- Clinical and Laboratory Standards Institute (CLSI). Evaluation of Stability of In Vitro Diagnostic Reagents; Approved Guideline. CLSI Document EP25-A. Wayne, PA: CLSI; 2009.
- Clinical and Laboratory Standards Institute (CLSI). Defining, Establishing and Verifying Reference Intervals in the Clinical Laboratory; Approved Guideline 3rd Edition. CLSI Document EP28-A3c. Wayne, PA: CLSI; 2010.
- Clinical and Laboratory Standards Institute (CLSI). Protocols for Determination of Limits of Detection and Limits of Quantitation; Approved Guideline. CLSI Document EP17-A. Wayne, PA: CLSI; Vol. 24 No. 34.
- Clinical and Laboratory Standards Institute (CLSI). Evaluation of Precision of Quantitative Measurement Procedures; Approved Guideline — 3rd Edition. CLSI Document EP05-A3. Wayne, PA: CLSI; 2014
- 10. Passing-Bablok W et al. A General Regression Procedure for Method Transformation. J Clin Chem Clin Biochem 1988;26.783-79.
- Clinical and Laboratory Standards Institute (CLSI). Method Comparison and Bias Estimation Using Patient Samples; Approved Guideline—2nd Edition; Approved Guideline. CLSI Document EP09-A2. Wayne, PA: CLSI; Vol. 22 No. 19.
- Clinical and Laboratory Standards Institute (CLSI). Interference Testing in Clinical Chemistry; Approved Guideline. CLSI Document EP07. Wayne, PA: CLSI; 3rd Edition. CHERIAN G., SOLDIN ST. Clin. Chem. 27/5:748-752 (1981)
- Report on the Symposium "Drug effects in clinical chemistry methods", Breuer J, Eur J Clin Chem Clin Biochem 1996; 34:385-386.
- Sugiuchi H. History of development and technical details of the homogeneous assay for HDL and LDL cholesterol. The Fats of Life 2005; IX No. 1:4-11.
- Young DS. Effects of drugs on clinical laboratory tests, 4th ed. AACC Press, 1995.
- 16. Expected Values Handbook of Laboratory Medicine, Li- hua Zhu 1998
- Third Report of the Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), NIH Publication No. 01-3670, May 2001.
- Tietz NW. Clinical guide to laboratory tests, 2nd ed. Saunders Co, 1991.1988;26:783-790
- National Cholesterol Education Program Recommendations for Measurement of High-Density Lipoprotein Cholesterol: Executive Summary. Clin Chem 1995; 41:1427-1433.
- 20. Assmann G, Schriewer H, Schmitz G et al. Quantification of high-density lipoprotein cholesterol by precipitation with phosphotungstic acid/MgCl2. Clin Chem 1983; 29: 2026-2030.
- 21. Lopes-Virella, M.F. et a/. Clin. Chem. 1977; 23: 882.
- Jacobs, D. et at. In Laboratory and Test Handbook; Jacobs, D.S; Kasten, B.L., De Mott, W.R., Wolfson, W. L., Eds; Lexi - Comp Inc: Hudson (Cleveland), 1990; P. 219.
- 23. Sonntag O, Scholer A. Drug interferences in clinical chemistry: recommendation of drugs and their concentrations to be used in drug interference studies. Ann Clin Biochem 2001; 38:376-385.
- Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). JAMA Publication, Vol 285, No. 19, P2486 - 2497; 2001.

### H513- TC2/TC4: 05/2024

Manufactured by:



TECO DIAGNOSTICS 1268 N. Lakeview Ave. Anaheim, CA 92807 U.S.A. Website: www.tecodiagnostics.com