

TECO DIAGNOSTICS

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

UIBC REAGENT TC MATRIX-240/480

INTENDED USE

The test is applied for quantitative determination of unsaturated iron-binding capacity (UIBC) in human serum.

SUMMARY AND PRINCIPLE^{1, 2, 3, 4, 5}

Transferrin is the carrier protein in the blood and is normally 20% to 50% saturated at the two iron binding sites. The amount of additional iron that can be bound is the unsaturated iron binding capacity (UIBC). The sum of serum iron and UIBC represents the total iron binding capacity (TIBC).

The serum UIBC level varies according to the disorder of iron metabolism, iron binding capacity is generally increased in iron disorders and decreased in chronic inflammatory disorders or malignant ones.

In the detection of various iron disorders, measurement of UIBC in combination with serum iron is a useful diagnostic tool.

UIBC measurements are used in the diagnosis and treatment of anemia.

Direct determination of FerroZine 4,5

 $\begin{array}{l} Fe(II) + Transferrin \xrightarrow{Alkaline Buffer} \\ Fe(III) + Fe(II)(excess) \end{array} Transferrin - \\ \end{array}$

 $Fe(II)(excess) + 3 FerroZine Fe(II) \rightarrow (FerroZine)3$

The color intensity is directly proportional to the excess unbound iron concentration and indirectly proportional to the unsaturated iron binding capacity.

REAGENTS

Each kit contains:	
Reagent 1:	
Buffer	≥0.2 mol/L, pH 8.45
Ferrous ammonium sulphate	$\geq 8.4 \text{ p umol/L}$
Hydroxylamine hydrochloride	≥0.1mol/L
Nonionic surfactant	

≤24.3 mmol/L
<0.1%

REAGENT PREPARATION Reagents are ready for use.

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.

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.

REAGENT STORAGE AND STABILITY⁶

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 30 days at 2-8°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^{7,8}

Serum and plasma are collected according to the standard procedure. Serum and plasma are stable for: 4 days at 20-25°C, 7 days at 2-8°C, 1 year at -70°C.

Use serum or heparinized plasma. Do not use samples with EDTA, Oxalate, Citrate. Do not use hemolyzed samples. To avoid hemolysis; centrifuge and separate samples immediately, after collecting samples.

INTERFERING SUBSTANCES^{14, 15, 16}

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

Interfering Substance and Concentration	Lipase Target (mg/dL)	N	Observed Recovery %
Hemoglobin 270 mg/dL	212	3	108
Bilirubin 6.93 mg/dL	245	3	91
Lipemia 4470 mg/dL	219	3	102

The acceptable interference limit is set 10% below the highest interference concentration within + 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.

PROCEDURE

Test Name:	UIBC	R1:	150
Full Name:	UIBC	R2:	36
Pri. Wave:	578 nm	SAMPLE VOLUME:	13
Sec. Wave:	700 nm	Calibration Type: 2 Po	int Linear
Assay/ Point:	2-point End	K Value:	/
Start - End:	13 - 33	Point:	2
Decimal place:	1	Blank Type:	Reagent
Unit:	ug/dL	Point 0 (Blank) Con .:	0.0
Linearity Range:	10 - 600	Point 1 (CAL) Con.: Cali	brator/
Correlation Factor: 0.0000	1.0000 -	stan	dard

QUALITY CONTROL AND CALIBRATION

Commercially available control material with established values determined by this method may be used.

The assay requires the use of an UIBC Standard (Calibrator) /Auto Calibrator. UIBC kit must be calibrated.

For the UIBC Calibrator, the calibrator value must be entered as a negative number.

Calibration Stability: It strongly depends on the application characteristics of inuse auto analyzer and capacity of cooling. Calibration stability is 5 days.

If controls are not within acceptable limits, calibration is required and each laboratory should establish its own Quality Control diagrams and corrective and preventive action procedures.

Quality control is recommended every morning. Calibration is not recommended if quality control values are acceptable. Reagent should be calibrated after lot changes.

EXPECTED VALUES

Normal Range:	
UIBC	120-370 ug/dL
TIBC	127-450 ug/dL

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

PERFORMANCE CHARACTERISTICS

Limit of Detection (LoD): The limit of detection is 10 ug/dL.

Limit of Quantitation (LoQ) [LoQ values are based on Coefficient of Variation Percentage (CV) $\leq 20\%$]¹⁰ 20 ug/dL

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

Precision¹¹:

	Repeatability		
Mean Concentration	SD	CV%	n
(ug/dL)			
126.65	4.31	3.4	40
243.25	4.89	2.01	40
	Reproducibility		
Mean Concentration	SD	CV%	n
(ug/dL)			
150.29	8.49	5.65	84
217.96	10.74	4.92	84
±10% CV% differences can be	e observed between	devices.	

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

Linearity: The method is linear up to 600 ug/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.

REFERENCES

- Fairbanks VF, Klee GG. Biochemical aspects of hematology. In: Tietz NW, ed. Fundamentals of Clinical Chemistry. 3rd ed. Philadelphia: WB Saunders 1987:789-824.
- Bauer JD. Hemoglobin, porphyrin, and iron metabolism. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry, theory, analysis, and correlation. St. Louis: Mosby Company 1984:611-655.
- Lauber K, Peheim E, Perritaz R, Urbinelli R, Rietz P. Latente Eisenbindungskapazität und andere Eisenparameter im Plasma. GIT Labor Medizin 1991; 14:95-96.
- 4. Stookey, L.L. Anal. Chem 42.779 (1970).
- Weissman, N, Pileggi, V.J. in clinical chemistry: Principles and Technics, 2nd Ed. R.J. Henry et al, editors, Hagerstown (MD), Harper & Row, pp. 692—693 (1974).
- 6. Clinical and Laboratory Standards Institute (CLSI). Evaluation of Stability of In Vitro Diagnostic Reagents; Approved Guideline. CLSI Document

EP25-A. Wayne, PA: CLSI; 2009.

- Guder WG, da Fonseca-Wollheim F, Heil W, et al. The Quality of Diagnostic Samples. Darmstadt, Germany: GIT Verlag; 2009:53.
- 8. US Pharmacopeial Convention, Inc. General notices. In: US Pharmacopeia National Formulary, 1995 ed (USP 23/NF18).
- Clinical and Laboratory Standards Institute (CLSI). Defining, Establishing and Verifying Reference Intervals in the Clinical Laboratory; Approved Guideline — Third 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 — Third Edition. CLSI Document EP05-A3. Wayne, PA: CLSI; 2014.
- 12. 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—Second 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)
- 15. Tietz NW. Clinical Guide to Laboratory Test. 3ed. Philadelphia, Pa: W B Saunders Co;1995; 376.
- Tietz, N.W., Fundamentals of Clinical Chemistry, p. 940, W.B. Saunders Co., Philadelphia, 1987.
- 17. Goodwin J, Murphy D, Guillemette M: clin chem 1966;12.4
- R. J. Henry, D. C. Cannon, J. W. Winkleman: Clinical Chemistry-Principles and Technics. Hagerstown, MD, Harper & Row, Inc, 1974;684.
- Passing H, Bablok W. A new biometrical procedure for testing the equality of measurements, from two different analytical methods. J Clin chem biochem 1983;21.709—720.
- Bablok Wet al. A General Regression Procedure for Method Transformation. J Clin Chem Biochem 1988; 26.783—790.
- 21. Persijn, J.P.et al, Clin. Acta 35. 91 (1971).
- 22. Young, D.S. et al, Clin Chem. 21:1D (1975)
- 23. Henry, J.B. Clinical Diagnosis and Management by Laboratory Methods, Philadelphia, W.B. Saunders, P.1434 (1984).

I592-466TC2/TC4: 10/2023

Manufactured by:



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