

# **Intended Use**

For the direct quantitative determination of low density lipoprotein cholesterol (LDL-C) in human serum or plasma using the Mindray BS-480 analyzer. For *in vitro* diagnostic use only.

#### Summary

Plasma lipoproteins are spherical particles that contain varying amounts of cholesterol, triglycerides, phospholipids, and proteins. The phospholipid, free cholesterol and protein constitute the outer surface of the lipoprotein particle, the inner core contains mostly esterified cholesterol and triglycerides. These particles serve to solubilize and transport cholesterol and triglycerides in the bloodstream.

The relative proportions of protein and lipid determine the density of these plasma lipoproteins and provide a basis for their classification.<sup>1</sup> The classes are: very low density lipoproteins (VLDL), low density lipoproteins (LDL), and high density lipoprotein (HDL). Numerous clinical studies have shown that the different lipoprotein classes have varied effects.<sup>2-4</sup> The studies all point to LDL cholesterol as the key factor in the pathogenesis of artherosclerosis and coronary artery disease (CAD),<sup>2-8</sup> while HDL cholesterol has often been observed to have a protective effect. Even within the normal range of total cholesterol concentrations, an increase in LDL cholesterol can occur with an associated risk for CAD.<sup>4</sup>

Over the years a variety of methods have been employed for the determination, or estimation, of LDL cholesterol. The Friedewald equation, in a variety of forms, has been most frequently used for the estimation of LDL cholesterol. However, its usefulness is limited and its accuracy has been questioned. Determination of LDL cholesterol by beta-quantification is recognized as the reference method, but the procedure is so cumbersome relatively few laboratories use this method. A recent method using immunoseparation has become popular. However, this method is still requires sample pre-treatment prior to cholesterol determination, making it unsuitable for full automation of the procedure. The method presented here offers direct determination of LDL cholesterol in a two part, liquid stable reagent that is easily adapted to most automated chemistry analyzers.

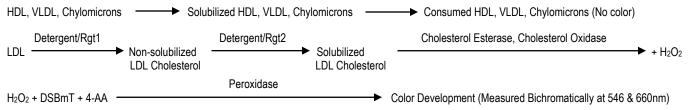
# **Reagent Composition**

Components	Appearance	Ingredients
Reagent 1	Liquid	MES Buffer (pH 6.3)
		Detergent 1, Cholesterol esterase, Cholesterol oxidase, Peroxidase, 4-aminoantipyrine, Ascorbic acid oxidase, Preservative
Components	Appearance	Ingredients
Reagent 2	Liquid	MES Buffer (pH 6.3)
		Detergent 2, N,N-bis (4-sulfhobutyl)-m-Toluidine-disodium, (DSBmT), Preservative

Cholesterol Oxidase from Nocardia sp., Cholesterol Esterase from Pseudomonas sp., Peroxidase from Horseradish, Ascorbic Acid Oxidase from Cucurbita sp.

# Principle

The autoLDL<sup>™</sup> Cholesterol Reagent is a two-part, liquid stable method for directly measuring LDL-C levels in serum or plasma. The method depends on the properties of a unique detergent which eliminates the need for any off-line pre-treatment or centrifugation steps. This detergent (Reagent 1) solubilizes only the non-LDL lipoprotein particles. The cholesterol released is consumed by cholesterol esterase and cholesterol oxidase in a non-color forming reaction. A second detergent (Reagent 2) solubilizes the remaining LDL particles and a chromogenic coupler allows for color formation. The enzyme reaction with LDL-C in the presence of the coupler produces color that is proportional to the amount of LDL cholesterol present in the sample.



# **Reagent Preparation**

Reagent 1: Reagent 1 is ready to use. Reagent 2: Reagent 2 is ready to use.

# **Reagent Storage and Stability**

All reagents are stable until the expiration date on the label when stored at 2 to 8°C. Manufacturer studies have shown reagent is stable for 30 days once placed in the refrigerated reagent carousel (2-10°C), however reagent stability may vary based on individual laboratory conditions.

# Precautions

- 1. Reagent is intended for *in vitro* diagnostic use only.
- 2. Do not pipette by mouth.
- 3. All specimens used in this test should be considered potentially infectious. Universal precautions as they apply to your facility should be used for handling and disposal of materials during and after testing.
- 4. Do not use the reagents beyond the expiration date printed on the kit label.

#### Hazards:

R1 and R2: Hazard Classifications: Not a hazardous substance or mixture.

Pictogram and Signal Word: Not required.

Hazard Statements: Not a hazardous substance or mixture.

Precautionary Statements: Not a hazardous substance or mixture.

Refer to the Safety Data Sheet for this product (SDS-LDL600) available at www.medtestdx.com.

# autoLDL<sup>™</sup> Cholesterol Reagent Set

# **Specimen Collection and Storage**

Serum, EDTA-treated or heparinized plasma are the recommended specimens. Patients are not required to fast prior to blood collection. Serum: Collect whole blood by venipuncture and allow to clot. Centrifuge and remove the serum as soon as possible after collection (within 3 hours).<sup>10</sup> Plasma: Specimens may be collected in EDTA or heparin. Centrifuge and remove the plasma as soon as possible after collection (within 3 hours).<sup>10</sup> If not analyzed promptly, specimens may be stored at 2-8°C for up to 5 days. If specimens must be stored for more than 5 days, they may be frozen at – 80°C.

#### Interferences

All interference studies were conducted according to the procedures recommended in NCCLS guideline No. EP7-P for interference testing in clinical chemistry.<sup>12</sup> Hemoglobin at levels up to 400 mg/dl, Bilirubin at levels up to 20 mg/dl and Triglycerides to 1380 mg/dl were found to exhibit negligible interference (<10%) on this method. Samples with levels of interfering substances higher than the upper limits should be diluted with physiological saline before assaying. Multiply the result obtained from the manual dilution by the appropriate dilution factor. For a comprehensive review of drug interference on serum LDL cholesterol levels see Young et al.<sup>13</sup>

## **Materials Provided**

autoLDL R1 Reagent, autoLDL R2 Reagent

# Materials Required but not Provided

- 1. autoHDL/LDL<sup>™</sup> Calibrator, Cat. No. HDLC480
- 2. Mindray BS-480 Analyzer
- 3. BS-480 Operation manual
- 4. Lipid controls, catalog number LIPC480

#### Procedure

All analyzer applications should be validated in accordance with NCEP and CLIA recommendations.<sup>10</sup> For assistance with applications on automated analyzers, please contact MedTest DX's Technical Service Department at (800) 445-9853.

#### Limitations

- 1. Anticoagulants containing citrate should not be used.
- 2. Protect the reagents from direct sunlight.
- 3. Samples with values greater than 650 mg/dl on the Mindray BS-480 must be diluted 1:1 with saline and re-assayed. Multiply the result by two.

#### Calibration

The autoHDL/LDL<sup>TM</sup> Cholesterol Calibrator is required for calibration. The values of the calibrator were assigned by procedures traceable to the National Reference System for Cholesterol (NRS/CHOL). Refer to autoHDL/LDL<sup>TM</sup> Cholesterol Calibrator package insert for instructions. If control results are found to be out of range, the test may need to be re-calibrated. Under typical operating conditions manufacturer calibration stability studies have shown the calibration curve will be stable for at least 14 days.

#### **Quality Control**

Reliability of test results should be routinely monitored with control materials that reasonably emulate the performance of patient specimens.<sup>10</sup> Quality control materials are intended for use only as monitors of accuracy and precision. The recovery of control values within the appropriate range should be the criteria used in evaluation of future assay performance. Controls should be run with every working shift in which LDL-C assays are performed. It is recommended that each laboratory establish its own frequency of control determination. Quality control requirements should be determined in conformance with local, state, and/or Federal regulations or accreditation requirements.

#### Results

To convert from conventional units to S.I. units, multiply the conventional units by 0.02586. Example: mg/dL x 0.02586 = mmol/L LDL-C

#### **Expected Values**

The following NCEP recommendations for patient classifications are suggested for the prevention and management of coronary heart disease:8

LDL Cholesterol	Classifications
<130mg/dl (3.36mmol/L)	Desirable
130-159m/dl (3.36-4.11mmol/L)	Borderline High Risk
160mg/dl (4.14mmol/L)	High Risk

It is highly recommended that each laboratory establish its own range of expected values.



## Specific Performance Characteristics Data Generated on BS-480

- 1. Assay Range: 0-650 mg/dL.
- 2. Correlation: A study was performed between the Mindray BS-480 and a similar analyzer using this method, resulting in the following:

Method	LDL
Ν	80
Mean LDL (mg/dL)	105.4
Range (mg/dL)	8-238
Standard Deviation	53.4
Regression Analysis	y = 1.086x – 5.8
Correlation Coefficient	0.9841

3. Precision: Precision studies were performed following a modification of the guidelines contained in the NCCLS document EP5-T2.12

	Within Day			_	Total					
Sample	LOW	MID	HIGH		Sample	LOW	MID	HIGH		
Ν	20	20	20		Ν	40	40	40		
Mean	183.0	251.7	538.6		Mean	188.2	257.6	563.2		
Standard Deviation	1.4	1.6	9.6		Standard Deviation	9.8	12.5	26.0		
Coefficient of Variation (%)	0.8%	0.6%	1.8%		Coefficient of Variation (%)	5.2%	4.8%	4.6%		

4. Sensitivity: 2SD limit of detection (95% Conf) = 0 mg/dL

#### References

- 1. Gotto, A.M., Lipoprotein Metabolism and the etiology of Hyperlipidemia, Hospital practice, 23:Suppl. 1,4 (1988).
- 2. Crouse, J.R., et al., Studies of Low Density Lipoprotein Molecular Weight in Human Beings with Coronary Artery Disease, J. Lipid Res., 26:566 (1985).
- Badimon, J.J., Badimon L., Fuester V., Regression of Athroscierotic Lesions by High-density lipoprotein Plasma fraction in the Cholesterol-Fed Rabbit, Journal of Clinical Investigation, 85:1234-41 (1990).
- 4. Castelli, W.P., et al., Cholesterol and other Lipids in coronary heart disease, Circulation, 55-767 (1977).
- 5. Barr, D.P., Russ, E.M, Elder, H.A., Protein-Lipid Relationships in Human Plasma, Am. J. Med. 11:480 (1951).
- 6. Gordon, T., et al, High Density Lipoprotein as a Protective Factor Against Coronary Heart Disease, Am. J. Med., 62:707 (1977).
- 7. William, P., Robinson, D., Baily A., High Density Lipoprotein and Coronary Risk Factor, Lancet, 1:72 (1979).
- 8. Kannel, W.B., Castelli W.P., Gordon, T., Cholesterol in the Prediction of Artheriosclerotic Disease; New Perspectives Based on the Framingham Study, Am. Intern. Med., 90:85 (1979).
- 9. National Institutes on Health Publication no. 93-3095, September 1993.
- 10. Warnick, G. Russell, Wood Peter D., National Cholesterol Education Program Recommendations for Measurement of High Density Lipoprotein Cholesterol; Executive Summary, Clinical Chemistry, Vol. 41, No. 10, 1995.
- 11. Grundy, S.M., et al, Summary of the Second Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel II) JAMA 1993, 269:23,3015-3023.
- 12. National Committee for Clinical Laboratory Standards, National Evaluation Protocols for Interference Testing, Evaluation Protocol Number 7, Vol. 4, No. 8, June 1984.
- 13. Young, D.S. Effects of Drugs on clinical Laboratory Tests, 3rd ed., AACC Press, Washington, D.C., 1990, 3-104 thru 3-106.
- 14. Tietz, N.W., Clinical Guide to Laboratory Tests, W.B. Saunders Co., Philadelphia, 1986, p. 256.
- 15. Carey, R., Gerber, C.C., Evaluation of Methods. In Kaplan LA, Pesce, A.J., eds. Clinical Chemistry: theory, analysis and correlation. Third Edition. St. Louis: The CV Mosby Company.
- 16. Westgard, J.O., Carey, R.N., Wold, S., Criteria for judging precision and accuracy in method development and evaluation. Clinical Chemistry 1974:20:825-833.
- 17. NCCLS document "Evaluation of Precision Performance of Clinical Chemistry Devices" 2<sup>nd</sup> Ed. 1992.

# autoLDL<sup>™</sup> Cholesterol Reagent Set

			CHE	MISTR	Y PARAM	ETERS						
Chem:	LDL				No.:	224	Sample	е Туре:		Seru	um	
Chemistry:	autoLDL	Cholesterol					Print Na	ame:		LDL		
Reaction Type:	End Poi	nt					Reactio	on Dire	ction:	Pos	tive	
Pri Wave:	546						Sec Wa	ave:		660		
Unit:	mg/dL						Decima	al		0		
Blank Time:	47	48					Reactio	on Time	e:	80		82
	Sample Vol.	Aspira	ated	Diluer	nt		Reage	nt Vol.		Dilu	ent	
Standard:	1.5 ul		ul		ul		R1:	120	ul		ul	
Decreased:	ul		ul		ul		R2:	40	ul		ul	
Increased:	ul		ul		ul		R3:		ul		ul	
	□ Sample Bl	ank 🗹 Au	ito Rerun				R4:		ul		ul	
Linearity Rang		0	650					rity Lim rate De				
										1.		
Linearity Range	e (Increased)						Mixed	Blank	Abs:			
R1 Blank Abs:							Uncap	oping T	ime			
Blank Respons	e:						Reage	ent Alaı	rm Lim	it:		
Twin Chemistr	y:						🗆 En	zyme L	inear E	Extens	ion	
Prozone Ch	neck			∘Rate	Check		∘ Ant	igen Ac	dition			
Q1:		Q2	). 			Q3:				Q4:		



CALIBRATION PARAMETERS									
Calibrator Definitio	on								
Calibrator	r:	*		Lot	No.: *				
Exp Date	:	*							
Carousel		Pos							
Sample Carousel 1		*							
Sample Carousel 2									
Sample Carousel 3									
Reagent/Calibratio	<u>n</u>								
<u>Calibrator</u>		Pos	Lot No	Exp Date	<u>Chem</u>	Conc	<u>Unit</u>		
Water		W	*	*	LDL	0	mg/dL		
autoHDL/LDL Calibr	rator	*	*	*	LDL	*	mg/dL		
Calibration Setup Chem: Calibration Settings	LDL								
Math Model:	Two-Poi	nt Linear							
Factor:			Replicates:	2					
Acceptance Limits									
Cal Time:	*		Hour						
Slope Diff:			SD:						
Sensitivity :			Repeatability:						
Deter Coeff:									
Auto Calib.									
Bottle Changed		🗆 Lot Cł	nanged	Cal Time					
It is recommended that two levels of control material be assayed daily. * Indicates user defined parameter.									
F LDL480	<b></b>		ufactured for MedT		() i	8°C	IVD		
nbol Key		5449	Research Drive C	anton, MI 48188		2°C-7			
Use by (YYYY-MM-DD)	)	LOT Lot an	d batch code	REF Catalog nu	mber Ma	anufacturer			
Temperature limitation			instructions for use	-	agnostic medical devi				
		Conodit							

Rev: 7/15 M803-LDL480-01