

IRMA GH

Instruction for use in local language is available at beckmancoulter.com/techdocs.

REVISION HISTORY

Previous version:	Current version:
IFU-IM1397-01	IFU-IM1397-02
—	Adding Bulgarian and Croatian to the IFU.
Radioactivity table in the chapter APPENDIX.	Better specification of Iodine 125 characteristics table at the end of the chapter Appendix.

REF IM1397

FOR PROFESSIONAL USE ONLY

INTENDED PURPOSE

IRMA GH is an in vitro diagnostic manual medical device intended to be used by healthcare professionals for the quantitative measurement of growth hormone (GH) in human serum and plasma. Measurement of growth hormone is intended to be used in diagnosis of acromegaly and GH deficiency, and for monitoring treatment of acromegaly in general population [1, 2, 3, 4, 5, 6, 7].

PRINCIPLE

The immunoradiometric assay of growth hormone (GH) is a sandwich-type assay. Mouse monoclonal antibodies directed against two different epitopes of GH and hence not competing are used. The antibodies recognize the 22 kDa monomer, the dimer and GH bound to its binding protein. Samples or calibrators are incubated in tubes coated with the first monoclonal antibody in the presence of the second monoclonal antibody labeled with iodine 125. After incubation, the contents of the tubes are rinsed so as to remove unbound ¹²⁵I-labeled antibody. The bound radioactivity is then determined in a gamma counter. The GH concentrations in the samples are obtained by interpolation from the standard curve. The concentration of GH in the samples is directly proportional to the radioactivity.

WARNING AND PRECAUTIONS

General remarks:

- The vials with calibrators and controls should be opened as shortly as possible to avoid excessive evaporation.
- Do not mix the reagents from kits of different lots.
- A standard curve must be established with each assay.
- It is recommended to perform the assay in duplicate.
- Each tube must be used only once.

Basic rules of radiation safety

The purchase, possession, utilization, and transfer of radioactive material is subject to the regulations of the country of use. Adherence to the basic rules of radiation safety should provide adequate protection:

- No eating, drinking, smoking or application of cosmetics should be carried out in the presence of radioactive materials.
- No pipetting of radioactive solutions by mouth.
- Avoid all contact with radioactive materials by using gloves and laboratory overalls.
- All manipulation of radioactive substances should be done in an appropriate place, distant from corridors and other busy places.
- Radioactive materials should be stored in the container provided in a designated area.
- A record of receipt and storage of all radioactive products should be kept up to date.
- Laboratory equipment and glassware which are subject to contamination should be segregated to prevent cross-contamination of different radioisotopes.
- Each case of radioactive contamination or loss of radioactive material should be resolved according to established procedures.
- Radioactive waste should be handled according to the rules established in the country of use.

Sodium azide

Some reagents contain sodium azide as a preservative. Sodium azide can react with lead, copper or brass to form explosive metal azides. Sodium azide disposal must be in accordance with appropriate local regulations.

Material of human origin

The materials of human origin, contained in this kit, were found negative for the presence of antibodies to HIV 1 and HIV 2, antibodies to HCV, as well as of Hepatitis B surface antigen (HBsAg). However, they should be handled as if capable of transmitting disease. No known test method can offer total assurance that no virus is present. Handle this kit with all necessary precautions.

All patient specimens should be handled as potentially infectious and waste should be discarded according to the country rules.

GHS HAZARD CLASSIFICATION

Wash Solution (20X)

DANGER



H360

P201

P280

P308+P313

May damage fertility or the unborn child.

Obtain special instructions before use.

Wear protective gloves, protective clothing and eye/face protection.

IF exposed or concerned: Get medical advice/attention.

Boric Acid 0.1 - 0.3%

Sodium Borate Decahydrate 0.1 - 0.3%

Calibrators / Control sample

DANGER



H360

P201

P280

P308+P313

May damage fertility or the unborn child.

Obtain special instructions before use.

Wear protective gloves, protective clothing and eye/face protection.

IF exposed or concerned: Get medical advice/attention.

Boric Acid 0.1 - 0.3%



Safety Data Sheet is available at beckmancoulter.com/techdocs

SPECIMEN COLLECTION, PROCESSING, STORAGE AND DILUTION

- Serum or EDTA plasma are the recommended sample types.
- Allow serum samples to clot completely before centrifugation.
- Serum and plasma samples may be stored at 2-8°C, if the assay is to be performed within 24 hours. For longer storage keep frozen (at < -18°C, 6 months maximum), after aliquoting so as to avoid repeated freezing and thawing. Thawing of sample should be performed at room temperature.
- If samples have concentrations greater than the highest calibrator, they must be diluted in the zero calibrator.

Serum and EDTA plasma values for 15 samples (serum values ranging from 2.46 to 81.38 mIU/L) were compared using the IM1397 IRMA GH kit. Results are as follows:

[EDTA-plasma] = 1.0781[serum] - 1.055

R = 0.9933

MATERIALS PROVIDED

All reagents of the kit are stable until the expiry date indicated on the kit label, if stored at 2-8°C. Expiry dates printed on vial labels apply to the long-term storage of components by the manufacturer only, prior to assembly of the kit. Do not take into account.

Storage conditions for reagents after reconstitution or dilution are indicated in paragraph Procedure.

Tubes: 2 x 50 (ready-to-use)

¹²⁵I-Tracer: one 11 mL vial (ready-to-use)

The vial contains 370 kBq, at the date of manufacture, of ¹²⁵I-labeled immunoglobulins in liquid form containing bovine serum albumin, sodium azide (<0.1%), and a dye.

Calibrators: five vials (lyophilized) **and one 5 mL vial of «zero» calibrator** (ready-to-use)

The calibrator vials contain from 0 to approximately 100 mIU/L of GH, in bovine serum with sodium azide (<0.1%) for liquid zero calibrator, and in buffer with bovine serum albumin and sodium azide (<0.1%) for the other lyophilized calibrators. The exact concentration is indicated on each vial label. The calibrators are traceable to the international standard WHO 2nd IS 98/574. 1 mIU correspond to 0.33 µg.

Note: Do not use for recovery tests.

Control sample: one vial (lyophilized)

The vial contains GH in buffer with bovine serum albumin and sodium azide (<0.1%). The concentration range is indicated on a supplement. The control sample is traceable to the international standard WHO 2nd IS 98/574.

Wash solution U (20X): one 50 mL vial

Concentrated solution has to be diluted before use. It may be ordered separately, too (REF. A54825).

MATERIALS REQUIRED, BUT NOT PROVIDED

In addition to standard laboratory equipment, the following items are required:

- Precision micropipette (50 µL).
- Semi-automatic pipette (100 µL, 2 mL).
- Vortex type mixer.
- Horizontal or orbital shaker.
- Aspiration system.
- Gamma counter set for ¹²⁵I.

PROCEDURE

Preparation of reagents

Let all the reagents come to room temperature.

Reconstitution of calibrators and control sample

The content of the vials is reconstituted with the volume of distilled water indicated on the label. Wait for 30 min following reconstitution and mix gently to avoid foaming before dispensing. Store the reconstituted solutions at 2-8°C for one week or aliquoted at < -18°C for a longer time, until the expiry date of the kit.

Preparation of the wash solution

Pour the content of the vial into 950 mL of distilled water and homogenize. The diluted solution may be stored at 2-8°C until the expiry date of the kit.

Assay procedure

Step 1 Additions*	Step 2 Incubation	Step 3 Counting
To coated tubes add successively: 50 µL of calibrator, control or sample and 100 µL of tracer. Vortex gently 1-2 seconds.	Incubate 1 hour at 18-25°C with shaking (≥ 280 rpm).	Aspirate carefully the content of tubes (except of the 2 tubes «total cpm»). Wash twice with 2 mL of wash solution. Count bound cpm (B) and total cpm (T) for 1 minute.

*. Add 100 µL of tracer to 2 additional tubes to obtain total cpm.

RESULTS

Results are obtained from the calibrator curve by interpolation. The curve serves for the determination of analyte concentrations in samples measured at the same time as the calibrators.

Standard curve

The results in the quality control department were calculated using *spline* curve fit with log of determined radioactivity ($cpm_{cal} - cpm_{cal0}$) or *B/T after subtraction of Blank* on the vertical axis and log of analyte concentration of the calibrators on the horizontal axis.

Other calculation methods may give slightly different results.

Total activity: 147,619 cpm				
Calibrators	GH (mIU/L)	cpm (n=3)	B/T (%)	$cpm_{cal} - cpm_{cal0}$
0	0	93	-	-
1	0.51	829	0.50	736
2	2.00	2,689	1.76	2,596
3	10.3	12,677	8.52	12,584
4	51.0	54,005	36.5	53,912
5	100	87,843	59.4	87,750

(Example of standard curve, do not use for calculation)

Samples

For each sample, locate cpm ($cpm_{sample} - cpm_{cal0}$) or *B/T after subtraction of Blank* on the vertical axis and read off the corresponding analyte concentration on the horizontal axis.

To convert concentrations from mIU/L to ng/mL, multiply results by 0.33.

EXPECTED VALUES

We recommend each laboratory to establish its own reference values. The following values obtained from healthy subjects are indicative only.

It is difficult to interpret the basal serum level of GH in view of its circadian variation. However, in the normal adult, a GH concentration of below 20 mIU/L is found usually.

For children, in a stimulation test the lower threshold value indicative of a GH deficiency has been fixed at 20 mIU/L.

QUALITY CONTROL

Good laboratory practices imply that control samples be used regularly to ensure the quality of the results obtained. These samples must be processed exactly in the same way as the assay samples, and it is recommended that their results be analyzed using appropriate statistical methods.

Failure to obtain the appropriate values for controls may indicate imprecise manipulations, improper sample handling or deterioration of reagents.

In case of packaging deterioration or if data obtained show some performance alteration, please contact your local distributor or use the following e-mail address: imunochem@beckman.com

According to EU regulation 2017/746, any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of EU Member State in which the user and/or patient is located.

PERFORMANCE CHARACTERISTICS

(For more details, see the data sheet "APPENDIX")

Representative data are provided for illustration only. Performance obtained in individual laboratories may vary.

Sensitivity

Analytical sensitivity: 0.10 mIU/L

Functional sensitivity: 0.24 mIU/L

Specificity

The antibody used in the immunoassay is highly specific for GH. Extremely low cross reactivities were obtained against several related molecules (hCG, hPL, hpGH, prolactin).

Precision

Intra-assay

Serum samples were assayed 25 times in the same series. The coefficients of variation were found below or equal to 2.7%.

Inter-assay

Serum samples were assayed in duplicate in 10 different series. The coefficients of variation were found below or equal to 7.1%.

Accuracy

Dilution test

High-concentration serum samples were serially diluted with the zero calibrator. The recovery percentages obtained were between 81.2% and 113%.

Recovery test

Low-concentration serum samples were spiked with known quantities of GH. The recovery percentages obtained were between 96.2% and 107%.

Measurement range (from analytical sensitivity to the highest calibrator): 0.10 to approximately 100 mIU/L.

LIMITATIONS

Failure to follow these instructions for use (IFU) may significantly affect results.

Results should be interpreted in the light of the total clinical presentation of the patient, including clinical history, data from additional tests and other appropriate information.

Do not use hemolyzed, lipemic or icteric samples. For more details, see Appendix, § Interference.

In immunoassays, the possibility exists for interference by heterophile antibodies in the patient sample. Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interfere with immunoassays. Immunoassays may be also affected by presence of anti-avidin or anti-streptavidin antibodies, as well as by the presence of autoantibodies directed against the determined analyte. Such interfering antibodies may cause erroneous results. Carefully evaluate the results of patients suspected of having these antibodies [8, 9, 10].

"Hook effect": no hook effect was observed until 3,000 mIU/L.

APPENDIX

PERFORMANCE CHARACTERISTICS

Representative data are provided for illustration only. Performance obtained in individual laboratories may vary.

Interference

Serum samples containing GH concentrations (low and high) were spiked with multiple concentrations of the substances listed below and assayed using IRMA GH. Values were calculated as described in CLSI EP07, 3rd ed. [11]. Interference was determined by testing controls (no interfering substance added) and matched test samples (with interfering substance added). No interference (defined as a shift in dose > 15 %) was found for addition of interferent up to concentration stated in the table below.

Interferent	Test concentration
Biotin	395.8 ng/mL
Conjugated bilirubin	425.0 µg/mL
Hemoglobin	10,309 µg/mL
Triglycerides	19.32 mg/mL
Unconjugated bilirubin	437.2 µg/mL

In spite of hemoglobin, bilirubin (conjugated, unconjugated) and triglyceride interference data in the table, we advise to avoid using hemolyzed, lipemic or icteric samples.

Specificity

Prolactin

The absence of any interference with the assay by prolactin was verified by the assay of a sample, containing a high concentration of prolactin, to which purified GH was added; 97% of the GH was recovered.

hCG, hPL and placental GH.

The absence of any interference by human chorionic gonadotrophin, human placental lactogen and placenta GH was verified by diluting a human serum with a high level of GH (52.1 mIU/L) into two sera obtained from pregnant women with low GH levels.

	Serum from pregnant women 1 st trimester (GH: 1.75 mIU/L)		Serum from pregnant women 3 rd trimester (GH: 1.76 mIU/L)	
	GH (mIU/L)			
	Expected	Measured	Expected	Measured
Undiluted	-	52.1	-	52.1
1/2	26.9	25.2	26.9	26.3
1/4	14.3	12.5	14.3	12.9
1/8	8.0	7.0	8.0	7.1

Precision

Intra-assay

Serum	S1	S2	S3
Number of determinations	25	25	25
Mean value (mIU/L)	5.95	24.7	41.2
C.V. (%)	2.65	2.62	2.71

EDTA plasma	P1	P2	P3
Number of determinations	25	25	25
Mean value (mIU/L)	2.57	11.19	25.8
C.V. (%)	4.75	2.46	2.90

Inter-assay

Serum	S1	S2	S3	S4	S5
Number of determinations	10	10	10	10	10
Mean value (mIU/L)	5.97	6.57	19.60	32.61	59.80
C.V. (%)	5.58	7.12	2.80	6.54	6.56

EDTA plasma	P1	P2	P3	P4	P5
Number of determinations	10	10	10	10	10
Mean value (mIU/L)	0.43	18.37	19.66	32.82	64.99
C.V. (%)	16.61	3.24	2.98	3.84	4.46

Accuracy

Dilution test

Samples were diluted in zero calibrator and assayed according to the assay procedure of the kit.

Serum	Dilution factor	GH (mIU/L)		Ratio (%) Measured/Expected
		Measured	Expected	
S1	-	18.53	-	-
	1:2	9.43	9.27	101.8
	1:4	4.92	4.63	106.2
	1:8	2.57	2.32	111.0
	1:16	1.15	1.16	99.3
	1:32	0.47	0.58	81.2
S2	-	29.61	-	-
	1:2	14.84	14.81	100.2
	1:4	7.83	7.40	105.8
	1:8	4.18	3.70	112.9
	1:16	2.09	1.85	112.9
	1:32	0.88	0.93	95.1
S3	-	55.23	-	-
	1:2	27.09	27.62	98.1
	1:4	12.93	13.81	93.6
	1:8	6.70	6.90	97.0
	1:16	3.35	3.45	97.0
	1:32	1.59	1.73	92.1

EDTA plasma	Dilution factor	GH (mIU/L)		Ratio (%) Measured/Expected
		Measured	Expected	
P1	-	18.71	-	-
	1:2	10.00	9.36	106.9
	1:4	4.79	5.00	95.8
	1:8	2.51	2.50	100.4
	1:16	1.11	1.25	88.8
	1:32	0.59	0.63	94.4
P2	-	31.59	-	-
	1:2	16.54	15.80	104.7
	1:4	8.35	7.90	105.7
	1:8	4.30	3.95	108.9
	1:16	2.23	1.97	112.9
	1:32	1.07	0.99	108.4
P3	-	62.99	-	-
	1:2	30.06	31.50	95.4
	1:4	14.02	15.75	89.0
	1:8	7.25	7.87	92.1
	1:16	3.87	3.94	98.3
	1:32	1.90	1.97	96.5

Recovery test

Samples were spiked with known quantities of GH and assayed according to the assay procedure of the kit.

Serum	GH (mIU/L)				Ratio (%) Measured/Expected
	Endogen. conc.	Added conc.	Expected conc.	Measured conc.	
S1	0.75	0.56	1.31	1.37	104.8
	10.73	1.10	1.83	1.93	105.3
	0.71	1.79	2.50	2.68	107.0
S2	5.12	1.28	6.40	6.57	102.7
	5.25	2.81	8.06	8.15	101.1
	5.09	7.26	12.34	12.36	100.1
S3	18.70	5.51	24.21	23.77	98.17
	18.70	11.02	29.73	28.60	96.22
	18.23	17.91	36.15	35.24	97.49




EDTA plasma	GH (mIU/L)				Ratio (%) Measured/ Expected
	Endogen. conc.	Added conc.	Expected conc.	Measured conc.	
P1	1.84	0.56	2.41	2.45	101.9
	1.81	1.10	2.91	3.07	105.5
	1.76	1.79	3.55	3.68	103.6
P2	7.36	2.81	10.17	9.96	97.91
	7.22	5.51	12.73	12.61	99.04
	7.04	8.96	16.00	14.62	91.39
P3	25.46	9.25	34.71	34.27	98.74
	24.67	17.91	42.58	43.30	101.7
	23.92	26.05	49.97	48.64	97.33

¹²⁵I Characteristics

T_{1/2} (¹²⁵I) = 1443 h = 60.14 d

¹²⁵ I	E (MeV)	%
γ	0.035	6.5
K _α X-ray	0.027	112.5
K _β X-ray	0.031	25.4

Symbols Key

DANGER	Danger / Danger / Gefahr / Pericolo / Peligro / Perigo / Fara / Κίνδυνος / 危險 / Pavojus / Veszély! / Niebezpieczeństwo / Nebezpečí / Nebezpečnostvo / 위험 / Tehlike / Опасно! / Опасност / 危險
REF	Product Reference / Référence du produit / Produktreferenz / Riferimento prodotto / Número de referencia del producto / Referência do produto / Produktreferens / Κωδικός αναφοράς προϊόντος / 产品参考 / Gaminio nuoroda / Termékszám / Dane referencyjne produktu / Reference k produktu / Referenčné označenie výrobku / 제품 참조 자료 / Úrün Referansı / Ссылка на продукт / Референца за производ / 產品參考
IVD	In Vitro Diagnostic / Diagnostic in vitro / In-vitro-Diagnostikum / Diagnostica in vitro / Para diagnóstico in vitro / Diagnóstico in vitro / InVitro-diagnostik / Για διάγνωση in vitro / 体外诊断 / In vitro diagnostika / In vitro diagnosztikai felhasználásra / Diagnostyka in vitro / Diagnostika in vitro / 체외 진단 / In Vitro Diagnostik / Диагностика in vitro / За ин витро диагностика / 體外診斷
CONTENTS	Contents / Contenu / Inhalt / Contenuto / Contenido / Conteúdo / Περιεχόμενο / 组成 / Rinkinio sudėtis / Tartalom / Zawartość / Obsah / Obsah / 내용물 / İçindekiler / Содержание / Съдържание / 目錄
	Manufactured by / Fabriqué par / Hergestellt von / Prodotto da / Fabricado por / Tillverkas av / Κατασκευαστής / 制造商 / Gamintojas / Gyártó / Producent / Výrobce / Výrobca / 제조 / Üretici / Изготовлено / Произведено от / 製造商
	Contains sufficient for <n> tests / Contenu suffisant pour "n" tests / Inhalt ausreichend für <n> Prüfungen / Contenuto sufficiente per "n" saggi / Contenido suficiente para <n> ensayos / Conteúdo suficiente para "n" ensaios / Räcker till "n" antal tester / Περιεχόμενο επαρκές για <n> εξετάσεις / 含量足够 <n> 次测试 / Turinio pakanka <n > tyrim / <n> teszthez elegendő mennyiséget tartalmaz / Zawartość wystarcza na <n> testów / Lze použít pro <n> testů / Obsah vystačí na <n > testov / <n> 테스트에 대해 충분한 양 포함 / <n> sayida test için yeterlidir / Содержит достаточно для количества тестов: <n> / Съдържа достатъчно за <n> теста / 内容物足夠執行 <n> 次測試
CE	CE Mark / Marquage CE / CE-Kennzeichnung / Marchio CE / Marcado CE / Marcação CE / CE-märkning / Σήμανση CE / CE 标志 / CE ženklas / CE jelzés / Znak CE / Značka CE / Označenie CE / CE 표시 / CE İşareti / Маркировка CE / CE маркировка / CE 標識
SDS	Safety Data Sheet / Fiche technique santé-sécurité / Sicherheitsdatenblatt / Scheda dati di sicurezza / Hoja de datos de seguridad / Ficha de Dados de Segurança / Säkerhetsdatablad / Φύλλο Δεδομένων Ασφάλειας / 安全数据单 / Saugos duomenų lapas / Biztonsági adatlap / Karta Charakterystyki Bezpieczeństwa / Bezpečnostní list / Bezpečnostný list / 안전보건자료 / Güvenlik Bilgi Formu / Паспорт безопасности / Информационен Лист За Безопасност / 安全性資料表
	Consult Instructions for Use / Consultez le mode d'emploi / Siehe Gebrauchsanweisung / Consultare le istruzioni per l'uso / Consulte las Instrucciones de uso / Instruções de utilização / Konsultera bruksanvisning / Συμβουλευτείτε τις οδηγίες χρήσης / 请参阅使用说明 / Skaitykite naudojimo instrukciją / Olvassa el a használati utasítást / Zapoznać się z instrukcją użycia / Postupujte podle návodu k použití / Prečítajte si návod na použitie / 사용 안내 문의 / Kullanna Talimatna Başvurun / Обратитесь к инструкциям / Вижте Инструкциите за употреба / 請參閱使用說明
	Temperature range(s) / Plage(s) de température / Temperaturbereich(e) / Intervallo/i di temperatura / Intervalo(s) de temperatura / Intervalo(s) de temperatura / Temperaturintervall / Εύρος(-η) θερμοκρασίας / 溫度範圍 / Temperatūros diapazonas (-ai) / Hőmérséklet-tartomány(ok) / Zakres(y) temperature / Rozsahy teplot / Rozsah(y) teploty / 온도 범위 / Sicaklik araliklari / Диапазон(-ы) температуры / Температурен(ни) диапазон(и) / 溫度範圍 請參閱使用說明
	Caution / Précaution / Achtung / Attenzione / Precaución / Atenção / Försiktighet / Προσοχή / 注意事項 / [spjimas / Figelem / Uwaga / Urozorněni / Urozornenie / 주의 / Dikkat / Внимание / 注意
	Expiration Date / Date D'expiration / Verfallsdatum, Verw. bis: / Data Di Scadenza / Fecha De Caducidad / Data de validade / Utgångsdatum / Ημερομηνία λήξης / 失效日期 / Galiojimo data / Lejárati idő / Data ważności / Datum expirace / Dátum expirácie / 만료 날짜 / Son Kullanna Tarihi / Срок годности / Срок на годност / 到期日
LOT	Lot Number / Numéro de lot / Chargennummer / Numero di lotto / Lote número / Número de lote / Satsnummer / Αριθ. παρτίδας / 批次号 / partijos numeris / Tételszám / Numer serii / Číslo šarže / 로트 번호 / Lot Numarası / Номер партии / Номер на партида / 批號
	Date of Manufacture / Date de Fabrication / Herstellungsdatum / Data di Fabbricazione / Fecha de Fabricación / Data de fabrico / Produktionsdatum / Ημερομηνία Παραγωγής / 生产日期 / Pagaminimo Data / Gyártás Dátuma / Data Produkcji / Datum Výroby / Dátum Výroby / 제조 일자 / Üretim Tarihi / Дата Производства / Дата на Производство / 製造日期



Biohazard / Risque biologique / Biogefährdung / Rischio biologico / Riesgo biológico / Risco biológico / Biologisk fara / Βιολογικός κίνδυνος / 生物危害 / Biologisk fara / Veszélyes biológiai anyag / Zagrożenie biologiczne / Biologické riziko / Biologické riziko / 생물학적 위험 / Biolojik tehlike / Биологическая опасность / Биологична опасност / 生物危害



Radioactive / Radioactif / Radioaktiv / Radioattivo / Radiactivo / Radioactivo / Radioaktiv / Ραδιενεργό / 放射性 / Radioaktyvioji medžiaga / Radioaktiv / Radioaktyvny / Radioaktivní / Rádioaktívny / 방사성 / Radyoaktif / Радиоактивный / Радиоактивен / 具放射性

Ag^{125I}

Ab^{125I}

Tracer / Traceur / Tracer / Marcato / Trazador / Marcador / Tracer / Ανιχνευτής / 追踪剂 / Atsekamoji medžiaga / Nyomjelző / Znacznik / Radioindikátor / Indikátor (tracer) / 트레이서 / Tracer lar / метка / Индикатор / 追蹤劑

CAL

CAL 0

Calibrator / Calibrateur / Kalibrator / Calibratore / Calibrador / Calibrador / Kalibrator / Βαθμονομητής / 校准品 / Kalibravimo medžiaga / Kalibrátor / Kalibrator / kalibrátor / Kalibrátor / 보정 물질 / Kalibrátor / Калибратор / Калибратор / 校正液

CTRL

Control / Contrôle / Kontrolle / Controllo / Control / Controllo / Kontrolle / Μάρτυρας / 质控品 / Kontrolinė / Kontroll / Kontrola / Kontrola / 컨트롤리 / Kontrol / Контроль / Контролна / 質控品

TUBE

Tubes / tubes / Röhrchen / provette / tubos / Tubos de amostra / Provrör / σωληνάρια / 试管 / Mégintüveliai / Csövek / Probówki / Zkumavky / Skúmavky / 튜브 / Tüpler / пробирки / Епруветки / 試管

IFU

Instruction for Use / Mode d'emploi / Gebrauchsanweisung / Istruzioni per l'uso / Instrucciones de uso / Instruções de utilização / Bruksanvisning / Οδηγίες χρήσης / 使用说明 / Naudojimo instrukcija / Használati utasítás / Instrukcja użycia / Návod k použití / Návod na použitie / 사용 안내 / Kullanna Talimati / Инструкции / Инструкции за употреба / 使用說明

SOLN WASH 20X

Wash Solution Concentrate 20X / Solution de lavage concentrée 20X / Waschlösungskonzentrat 20X / Concentrato di soluzione di lavaggio 20X / Solución de lavado concentrada 20X / Concentrado de solução de lavagem 20X / Tvättlösningkoncentrat 20X / Συμπυκνωμένο διάλυμα πλύσης 20X / 浓缩清洗液 20X / Plovimo tirpalo koncentratas 20X / 20X mosóoldat-koncentrátum / Koncentrát 20X roztworu płuczającego / Koncentrát mycího roztoku 20X / Koncentrát premyváacieho roztoku 20X / 농축 세척액(20배) / Yıkama Çözümleri Konsantresi 20X / Концентрат промывочного раствора 20X / Концентрат на разтвор за промиване 20X / 清洗溶液濃縮 20X

REFERENCES

1. Yuen K C J, Biller B M K, Radovick S, Carmichael J D, Jasim S, Pantalone K M, Hoffman A R. American association of clinical endocrinologists and American college of endocrinology guidelines for management of growth hormone deficiency in adults and patients transitioning from pediatric to adult care. GHD Clinical Practice Guidelines, *Endocr Pract.* Oct 2019; 25(11), 1191-1232.
2. Katznelson L, Laws Jr E R, Melmed S, Molitch M E, Murad M H, Utz A, Wass J A H. Acromegaly: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism.* Nov 2014; 99(11), 3933-3951.
3. Molitch M E, Clemmons D R, Malozowski S, Merriam G R, Vance M L. Evaluation and Treatment of Adult Growth Hormone Deficiency: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism.* 2011; 96(6), 1587-1609.
4. Ho K K Y. Consensus guidelines for the diagnosis and treatment of adults with GH deficiency II: a statement of the GH Research Society in association with the European Society for Pediatric Endocrinology, Lawson Wilkins Society, European Society of Endocrinology, Japan Endocrine Society, and Endocrine Society of Australia. *European Journal of Endocrinology.* 2007; 157(6), 695-700.
5. Cohen P, Rogol A D, Deal C L, Saenger P, Reiter E O, Ross J L, Chernausek S D, Savage M O, Wit J M. Consensus Statement on the Diagnosis and Treatment of Children with Idiopathic Short Stature: A Summary of the Growth Hormone Research Society, the Lawson Wilkins Pediatric Endocrine Society, and the European Society for Paediatric Endocrinology Workshop. *The Journal of Clinical Endocrinology & Metabolism.* Nov 2008; 93(11), 4210-4217.
6. Collett-Solberg P F, Ambler G, Backeljauw P F, et al. Diagnosis, Genetics, and Therapy of Short Stature in Children: A Growth Hormone Research Society International Perspective. *Horm Res Paediatr.* Sep 2019; 92(1), 1-14.
7. GH Research Society. Consensus Guidelines for the Diagnosis and Treatment of Growth Hormone (GH) Deficiency in Childhood and Adolescence: Summary Statement of the GH Research Society. *The Journal of Clinical Endocrinology & Metabolism.* Nov 2000; 85(11), 3990-3993.
8. J Bjerner et al. - Immunometric Assay Interference - Incidence and Prevention; *Clin Chem* 48;4; 613-621, 2002
9. L J Kricka - Interferences in Immunoassay - Still a Threat; *Clin Chem* 46, No. 8, 2000
10. A. Dasgupta: Biotin and Other Interferences in Immunoassays – A Concise Guide. Elsevier, St. Louis, 2019
11. Approved Guideline - Interference Testing in Clinical Chemistry, EP07 3rd Edition. April 2018. Clinical and Laboratory Standards Institute.



IMMUNOTECH s.r.o., Radiova 1122/1, 102 00 Prague 10, Czech Republic
www.beckmancoulter.com