18. TROUBLE SHOOTING CHART

PROBLEM	POSSIBLE CAUSE	SOLUTION
1. Controls out of validation limit	a) Controls/ calibrator deterioration due to improper storage or used	Use controls/ calibrator within 30 days once opened and Check storage after expiry. temp. It should be 2-8°C.
	b) Cross contamination	Pipette carefully and do not of Controls interchange caps.
	 c) Reagents deterioration due to improper storage or used after expiry. 	Use reagents within 30 days once opened and Check storage temp. It should be 2-8°C.
	d) Magnetic microsphere are not properly mixed before loading in the analyzer.	Ensure proper mixing of bottle containing microspheres by gentle shaking/ inversion before use.
2) High C-Peptide test results	a) Use of turbid, lipaemic or hemolyzed sample.	Use clear fresh sample. Refer specimen collection, handling and processing for more details.
	 b) Sample position is wrongly defined while loading the sample details in analyzer. 	check the sample position and run the test meticulously.
	 c) Magnetic microsphere are not properly mixed before loading in the analyzer. 	Ensure proper mixing of bottle containing microspheres by gentle shaking/ inversion before use.
	d) Wrong Sample identification	Make sample I.D. at the time of sample Collection.
3) Low C-Peptide test results	a)Sample deterioration due to improper Storage or microbially contaminated sample.	Use clear fresh sample immediately after collection. Refer Specimen collection, and handling processing for more details.
	 b) Sample position is wrongly defined while loading the sample details in analyzer. 	check the sample position and run the test meticulously.
	c) Magnetic microsphere are not properly mixed before loading in the analyzer.	Ensure proper mixing of bottle containing microspheres by gentle shaking/ inversion before use.
	d) Wrong Sample identification	Make sample I.D. at the time of sample Collection.

in vitro diagnostic Reagent, not for medicinal use

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Chemiluminescence microparticle immunoassay for Quantitative Measurement of C-Peptide in Human Serum/Plasma

1. INTRODUCTION

C-peptide (C-P) is a polypeptide containing 31 amino acids (AA33-63) with a molecular weight of about 3021 Dalton. C-peptide is secreted by pancreatic beta cells and shares a common precursor to C-Peptide, proinsulin. Proinsulin splits into one molecule of C-Peptide and one molecule of C-peptide, so that the C-peptide is consistent with the molar amount of C-Peptide itself. Since Cpeptide is not easily degraded by the liver, the content of C-peptide reflects the content of C-Peptide, which can accurately reflect the function of islet cells. The level of C-peptide in type 1 diabetes mellitus is very low, and the increase of c-peptide in patients with reduced islet function is usually less than 3 times. For patients receiving C-Peptide treatment, due to the generally high concentration of endogenous anti-C-Peptide antibodies. C-Peptide level in blood cannot be used to evaluate the function of pancreatic â cells, but c-peptide level can be used to evaluate the function of pancreatic â cells. Measuring C-peptide level may be helpful to evaluate the function of residual a cells in the early stage of type 1 diabetes. And adult autoimmune diabetes (LADA) and type 2 diabetes.

2. INTENDED USE

C-Peptide iClia is intended for the in vitro quantitative measurement of C-Peptide in human serum/plasma as an aid in evaluating the function of pancreatic islets. The assay kit is intended for in-vitro diagnostic use. This kit is only operational in conjuction with J.Mitra CLIA 181 Analyzer.

3. PRINCIPLE

C-Peptide iClia Diagnostic Kit is a sandwich immunoassay for determination of C-Peptide in human serum and plasma using chemiluminescent technology.

In the first step, anti-C-Peptide labeled magnetic microparticle, human serum, assay buffer and an anti- C-Peptide labeled acridinium ester (AE Conjugate) are mixed and incubated in an assay tube, which allows patient specific C-Peptide to bind to microparticle. After sample matrix is removed by washing, the Microparticle-anti- C-Peptide antibody/antigen/antibody immune complex is kept with the help of a magnetic separator. Excess acridinium ester conjugate is removed by washing and finally the bound enzyme is detected by addition of chemiluminescent substrate.

The relative light unit (RLU) intensity is proportional to the amount of C-Peptide. According to the C-Peptide RLU-concentration standard curve, the RLU tested can be interpreted to C-Peptide concentration in the sample expressed as ng/mL.

4. DESCRIPTION OF SYMBOLS USED

The following are graphical symbols used in or found on J. Mitra diagnostic products and packing. These symbols are the most common ones appearing on medical devices and their packing. They are explained in more detail in the European Standard EN ISO 15223-1:2021.

	Manufactured By	IVD	<i>In vitro</i> diagnostic medical device
Σ	No. of tests Lot Number	i	Instruction for use
LOT	Batch Number	2°C - 8°C	Temperature Limitation
~~~]	Manufacturing Date	$\triangle$	Caution - See instruction for use
$\mathbf{\Sigma}$	Expiry Date	REF	Catalogue Number
$\otimes$	Do not use if package is damaged	荼	Keep away from sunlight
	Contains biological Material of Human Origin Country of Manufacture	BIO	Contains biological Materi of Animal Origin Keep Dry

# **C-PEPTIDE** *i*Clia

5. KIT PRESENTATION 25 Test Pack

COMPONENT

Microparticle

Assay Buffer

AE Conjugate

Control-1

Control-2

Calibrator-1

Calibrator-2

Reagent Plugs

Buffer

6. KIT & ITS COMPONENTS

DESCRIPTION

Protein stabilizers.

containing preservatives.

containing preservatives.

stabilizer.

stabilizer

7. STORAGE AND STABILITY

The shelf-life of the kit is 12 months from the date of manufacturing, when stored at 2-8°C. Once the kit is opened, onboard stability of reagents, calibrator and control is 30 days at 2-8°C.

Silicon caps to cover the opened reagents.

50 Test Pack

antibodies with preservatives.

Tris buffer and BSA with preservative.

Magnetic Microspheres coated with anti-C-Peptide

anti-C-Peptide antibodies linked to acridinium ester with

Purified C-Peptide antigen in Tris buffer (pH7.4) with

Purified C-Peptide antigen in Tris buffer (pH7.4) with

Low concentration of C-Peptide antigen in human serum

High concentration of C-Peptide antigen in human serum

100 Test Pack

# 8. ADDITIONAL MATERIAL AND INSTRUMENTS REQUIRED

- Pre-Trigger Solution: Hydrogen peroxide solution.
- Trigger Solution: Sodium hydroxide solution.
- Wash Buffer: Phosphate buffered saline solution with surfactant.
- Assay Cup
- Sample Diluent
- J. Mitra CLIA Analyzer

All materials and analyzer to be used for running the C-Peptide iClia shall be from J. Mitra & Co. Pvt. Ltd.

# 9. SPECIMEN COLLECTION & HANDLING

- Only human serum or plasma samples should be used for the test. 1.
- 2. For serum collection use serum vacutainer. While preparing serum samples. remove the serum from the clot as soon as possible to avoid hemolysis. Fresh serum/plasma samples are preferred.
- 3. For plasma collection: use Dipotassium EDTA, Tripotassium EDTA, Sodium heparin and lithium heparin gel vacutainer.
- 4. Specimens should be free of microbial contamination and may be stored at 2-8°C for one week, or frozen at -20°C or lower. Avoid repeated freezing and thawing
- 5. Do not use heat inactivated samples as their use may give false results. Hemolyzed and Icteric hyperlipemic samples may give erroneous results.
- 6. Serum specimens from patients receiving anticoagulant or thrombolytic therapy may contain fibrin due to incomplete clot formation.
- 7. Always use clear specimens. Centrifuge viscus/ thick or turbid specimen at 10.000 RPM for 15 minutes prior to use to avoid inconsistent result.
- 8. Use of disposable pipettes or pipette tips is recommended to prevent cross contamination.

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## **10. SPECIMEN PROCESSING**

#### (A) FROZEN SAMPLE

C-Peptide iClia test is best used with fresh samples that have not been frozen and thawed. However most frozen samples will perform well if the procedure suggested below is followed.

Allow the frozen sample to thaw in a vertical position in the rack. Do not shake the sample. This allows particles to settle to the bottom. Centrifuge the sample at 10,000 rpm for 15 minutes.

# (B) TRANSPORTATION

If the specimen is to be transported, it should be packed in compliance with the current Government regulations regarding transport of aetiologic agents.

#### 11. WARNING & PRECAUTION

CAUTION: THIS KIT CONTAINS MATERIALS OF HUMAN ORIGIN. NO TEST

- /!\ METHOD CAN OFFER COMPLETE ASSURANCE THAT HUMAN BLOOD PRODUCTS WILL NOT TRANSMIT INFECTION, NEGATIVE CONTROL, POSITIVE CONTROL & ALL THE SAMPLES TO BE TESTED SHOULD BE HANDLED AS THOUGH CAPABLE OF TRANSMITTING INFECTION.
- 1. The use of disposable gloves and proper biohazardous clothing is STRONGLY RECOMMENDED while running the test.
- 2. In case there is a cut or wound in hand, DO NOT PERFORM THE TEST.
- 3 Do not smoke, drink or eat in areas where specimens or kit reagents are being handled.
- 4. Tests are for *in vitro* diagnostic use only and should be run by competent person only.
- 5. Do not pipette by mouth.
- 6. All materials used in the assay and samples should be decontaminated in 5% sodium hypochlorite solution for 30-60 min, before disposal or by autoclaving at 121°C at 15psi for 60 minutes. Do not autoclave materials or solution containing sodium hypochlorite. They should be disposed off in accordance with established safety procedures.
- 7. Wash hands thoroughly with soap or any suitable detergent, after the use of the kit. Consult a physician immediately in case of accident or contact with eyes, in the event that contaminated material are ingested or come in contact with skin puncture or wounds.
- 8. Spills should be decontaminated promptly with Sodium Hypochlorite or any other suitable disinfectant.

# **12. PRECAUTIONS FOR USE & REAGENT HANDLING**

- 1. Do not use kit components beyond the expiration date which is printed on the kit.
- 2. Store the reagents & samples at 2-8°C.
- 3. Do not pool reagents from within a batch or between different batches, as they are optimised for individual batch to give best results.
- 4. Before loading the reagent kit in the clia analyzer for the first time, ensure proper mixing of microparticle bottle to resuspend microparticles that may have settled during transport or storage.
- 5 Once reagents are opened, reagent plug must be used to prevent reagent evaporation and contamination and to ensure reagent integrity. Reliability of assay results cannot be guaranteed if reagent plugss are not used according to the instructions given.
- 6. Mark the test specimen with patient's name or identification number. Improper identification may lead to wrong result reporting.
- 7 To avoid contamination, wear clean gloves when placing a reagent plug on an uncapped reagent bottle.
- 8. Once a reagent plug has been placed on an open reagent bottle.do not invert the bottle as this will result in reagent leakage and may compromise 3. assav results.
- 9. Reagents may be stored on or off the Chemiluminescence immunoassay analyzer. If reagents are removed from the analyzer, store them at 2-8°C

(with Reagent plugs) in an upright position. For reagents stored off the system, it is recommended that they should be stored in their original trays and boxes to ensure they remain upright. If the microparticle bottle does not remain upright (with a Reagent plugs placed) while in refrigerated storage off the system, the reagent kit must be discarded.

- 10. Run C-Peptide Control-1 & C-Peptide Control-2 in each assav to evaluate validity of the kit.
- 11. Distilled or deionised water must be used for wash buffer preparation.
- 12. Avoid strong light exposure during the assay.
- 13. In case of any doubt the run should be repeated.

# **13. TEST PROCEDURE**

## Assav Procedure

1. Refer to the Clia-181 user manual for detailed information on preparing the analyzer

2. Before loading the C-Peptide iClia reagent tray on the analyzer for the first time, mix contents of the microparticle buffer bottle to resuspend microparticles that may have settled during transporation/ storage. Once the microparticles have been loaded, no further mixing is required.

Important Note: Swirl the microparticle (RA) bottle 30 times. Visually inspect the bottle to ensure microspheres are resuspended. If microspheres are still adhered to the bottle, continue to Swirl the bottle until the microspheres have been completely resuspended. If the microspheres do not resuspend. DO NOT USE. Once the microspheres have been resuspended, remove the cap and place the the reagent plug on the bottle to make it ready to use. Remove the cap of (RA), (RB), (RC) and (RD) bottles and place the reagent plugs before use as follow:

(RA) & (RB)	1	Natural color plug
(RC)	1	Purple color plug
(RD)	1.00	Brown color plug

- 3. Load the C-Peptide iClia reagent tray on the Chemiluminescence immunoassay analvzer.
- 4. Verify that all necessary reagents are available in the reagent tray.
- 5. Ensure that adequate sample volume (not less than 250  $\mu$ L) is present in sample tube prior to running the test.
- 6. Sample volume required for each additional test from same sample tube is 20  $\mu$ L.
- 7. The C-Peptide test-specific parameters are stored in reagent barcode placed on the reagent tray and read through barcode reader. In cases, the barcode cannot be read, contact customer support at: 011-47130300, 500 or write us at: jmitra@jmitra.co.in.
- Run calibration, if required. 8.
- Mix C-Peptide iClia calibrators and controls by gentle inversion before use. Open the the cap and place the C-Peptide Calibrator-1 & C-Peptide Calibrator-2 and C-Peptide Control-1 & C-Peptide Control-2 vials into each respective sample positions. Read the barcode for calibrator and controls provided with the kit.
- 10. Press START. The test result for first sample will be obtained at 30 minutes.
- 11. The Chemiluminescence immunoassay analyzer performs all the functions automatically and calculate the results.

#### Calibration

- 1. Traceability: This assay has been standardized against the Roche C-Peptide reagent kit.
- 2. Every C-Peptide iClia kit has a two-dimension code label containing the predefined master curve of the particular reagent lot.
- Test all 2 Calibrators in triplicate. Both C-Peptide Control-1 and C-Peptide Control-2 must be tested in each run to evaluate the assav calibration. Ensure that controls values are within the validity range specified in the C-Peptide iClia QC data sheet given in the Clia Analyzer.

- 4. Once calibration is accepted (within range) and stored, all subsequent samples may be tested without further calibration unless:
- 5. Recalibrate the analyzer in following conditions:
- The linearity range was verified by more than 6 concentration levels which a) After each exchange/use of new lot (Test reagent and pritrigger/ Trigger encompass or be equal to the minimum and the maximum values of linearity solution/wash_buffer) range and duplicate assays in triplicate in single run for each lot at all 6 b) Every 15 days at the time of any component to be changed. levels. Controls are out of validation range.
- C)
- d) Required by pertinent regulations.
- After specified service procedures have been performed or maintenance e) to critical part or subsystems that might influence the performance of the C-Peptide iClia.

**Result Calculation** Potentially interfering substances were evaluated to determine whether The analyzer automatically calculates the concentration of each sample. The C-Peptide concentrations were affected when using the C-Peptide iClia kit. results are given in ng/ml. Samples containing the potential interferents were prepared at two C-Peptide concentrations. The samples were assaved, and the C-Peptide concentrations **Result Interpretation** of the spiked samples were compared to the reference samples.

If sample concentration is lower than the lower limit of the linear range, rep the result <0.10 ng/mL, while > 30.00 ng/mL when it is higher than the upper limit of linear range.

#### Determination of Reference Interval

Reference Intervalof this assay is considered as 1.0 to 4.0 ng/ml for healthy people, which is established referring to literatures, based on the rest results of more than 60 clinical samples.

Due to the differences in geography, race, gender or age, it is suggested each laboratory establish its own reference interval or conduct verification of the existing reference interval.

## **14. PERFORMANCE CHARACTERISTICS**

• Assay results obtained in individual laboratories may vary from data presented in this product insert.

## Limit of Blank (LoB)

- The Limit of Blank was determined in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP17-A requirements.
- The Limit of Blank is the 95th percentile value from n > 20 measurements of analyte free samples over several independent series. The Limit of Blank corresponds to the concentration below which analyte-free samples are found with a probability of 95%.
- The observed LoB value was <0.50 ng/ml.

The manufacturer limits the warranty to the test kit, as much as that the test Accuracy: The accuracy of C-Peptide iClia was detected with 60 clinical kit will function as an *in vitro* diagnostic assay within the limitations and specimens and compared with Roche CLIA. The co-relation co-efficient is >0.95. specifications as described in the product instruction-manual, when used strictly in accordance with the instructions contained therein. The manufacturer disclaims any warranty expressed or implied including such expressed or implied warranty Intra Assav Variation Within run variation was determined by 10 replicate measurements of two with respect to merchantability, fitness for use or implied utility for any purpose. different C-Peptide control sera( Low) and (High) in one assay in 3 different The manufacture's liability is limited to either replacement of the product or refund of the purchase price of the product and in no case liable to for claim of Inter Assav Variation any kind for an amount greater than the purchase price of the goods in respect Between run variation was determined by 10 replicate measurements in 10 of which damages are likely to be claimed.

#### Precision

lots. The within assay variability is <10%.

sequential days of two different control sera(Low) and (High)in 3 different lots. The between assav variability is <10%.

Intra-Assay, n=10		Inter-Assay, n=10×2			
Control	Mean (ng/ml)	CV	Sample	Mean (ng/ml)	CV
1	0.49	4.37%	1	0.52	6.19%
2	22.70	3.80%	2	22.84	7.56%

# Inter machine(CLIA-181 Analyzer) Variation

Between machine variation was determined by 3 replicate measurements of two different C-Peptide control sera(Low) and (High)in 3 different lots in 3 3. A Practical Review of C-Peptide Testing in Diabetes Emma Leighton, different CLIA-181 Analyzer. The between machine variability is <10.0 %.

# Linearity

The linearity was determined in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP6-A requirements.

The C-Peptide iClia kit has been demonstrated to be linear from is 0.025 ng/ml to 50.000 ng/ml, regression ( $R^2$ ) of more than >0.990.

#### Interference

A study was performed based on guidance from CLSI EP7-A2.

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Potential Interferent	Interferent Concentration	% Interferent Bias
Bilirubin	20 mg/dL	<10%
Hb	500 mg/dL	<10%
Triglyceride	1000 mg/dL	<10%
Total protein	10 g/dL	<10%
RF	1000IU/mL	< 10%
ANA	400AU/mL	< 10%
HAMA	600ng/mL	< 10%

## **15 LIMITATION OF THE TEST**

- The C-Peptide iCia should be used for detection of C-Peptide in serum or plasma only and not in other body fluids.
- Results should be used in conjunction with other data: e.g., symptoms, results of other tests, and clinical impressions. If the C-Peptide results are inconsistent with clinical evidence, additional testing is recommended.
- Clinical diagnosis should not be made on the findings of a single test result. but should be integrated with all clinical and laboratory findings.
- Samples of lipid, hemolysis or jaundice may result in incorrect results. Hemoglobin (150 mg/dL), triglyceride (1000 mg/dL), or bilirubin (40 mg/dL) will have no significant interference for the results.

# **16. LIMITED EXPRESSED WARRANTY DISCLAIMER**

The manufacturer shall not be liable to the purchaser or third parties for any injury, damage or economic loss, howsoever caused by the product in the use or in the application there of.

# 17. REFERENCES

- 1. The role of C-peptide in diabetes and its complications: an updated review Jintao Chen, Yaiing Huang, Chuanfeng Liu, Jingwei Chi, Yangang Wang, and Lili Xu
- 2. Regulated processing and secretion of a peptide precursor in cilia Rai Luxmia, Richard E. Mainsb, Betty A. Eippera.b.1, and Stephen M. Kinga.
- Christopher AR Sainsbury, and Gregory C. Jones
- 4. C-Peptide: A New Molecule with Anti-Inflammatory Properties, Jaime Haidet, Vincenza Cifarelli, Xuehui Geng, Massimo Trucco