respons®910

Immunoglobulin A FS*

Order Information

Cat. No.	Kit size
1 7202 99 10 921	Σ 320 (4 x 80)

Intended Use

Diagnostic reagent for quantitative in vitro determination of immunoglobulin A (IgA) in human serum or heparin plasma on automated respons®910.

Summary

The human immunoglobulin classes (IgG, IgA, IgM, IgE and IgD) are a group of functionally and structurally closely related glycoproteins. Human IgA has a molecular weight of about 160000 dalton and consists of two identical heavy chains and two identical light chains connected by disulfide bonds in a characteristic Y-shaped form [1]. Serum IgA is produced by plasma cells (B-cells) and represents approximately 15% of all soluble immunoglobulin classes [2]. About 90% of serum IgA is monomeric while the rest is polymeric. Moreover, most of IgA is not present in serum but is located on the surface of mucous membranes [1]. Serum IgA activates the complement system through the alternative pathway, and has specific antibody functions. However, the detailed functions of serum IgA are still unclear. In secretory IgA, the two Y-shaped pieces are bound together not only by a joining chain but also by a special peptide called secretory component. Furthermore, secretory IgA is synthesized independently from serum IgA and is primarily present in body secretions like saliva, tears, colostrum, nasal secretions, tracheobronchial mucus, gastrointestinal secretions and breast milk [1,2]. The most important functions of secretory IgA are binding of microorganisms on mucous membranes, activation of alternative complement pathway and activation of inflammatory cascades [1,2]. Decreased serum IgA concentrations occur in primary as well as in secondary immunodeficiency syndromes. A high increase of one immunoglobulin class deriving from multiple myeloma might lead to a decrease in other immunoglobulin classes like IgA [1]. Furthermore, severe intestinal diseases with chronic diarrhea are associated with IgA loss. On the other hand, increased IgA levels occur in severe infections and autoimmune diseases. Especially inflammatory processes of the liver may result in elevated serum IgA levels [1,2]. Like for other Ig-classes, many forms of myeloma produce high amounts of monoclonal or polyclonal IgA. Quantitative serum IgA determination is necessary for differential diagnosis of these diseases. All methods for IgA quantitation are calibrated for polyclonal serum IgA. The quantitation of monoclonal IgA is not standardized and values may differ for different reagents and methods. Therefore, these values should only be used for follow up studies. Monoclonal immunoglobulinemia requires detailed differential diagnostic investigation in addition to the quantitative determination [1].

Method

Immunoturbidimetric test

Determination of IgA concentration by photometric measurement of antigen antibody reaction of antibodies to human IgA with IgA present in the sample.

Reagents

Components and Concentrations

R1:	TRIS	pH 7.5	100 mmol/L
	NaCl		150 mmol/L
R2:	TRIS	pH 8.0	100 mmol/L
	NaCl		300 mmol/L
	Anti-human IgA antibody (goat)		< 1 %

Storage and Stability

Reagents are stable up to the date of expiry indicated on the kit, if stored at 2 – 8°C and contamination is avoided. Do not freeze and protect from light.

The open-vial stability of the reagent is 18 months until expiry date.

Warnings and Precautions

1. The reagents contain sodium azide (0.95 g/L) as preservative. Do not swallow! Avoid contact with skin and mucous membranes.
2. Reagent 2 contains material of biological origin. Handle the product as potentially infectious according to universal precautions and good clinical laboratory practice.
3. In very rare cases, samples of patients with gammopathy might give falsified results [3].
4. In case of product malfunction or altered appearance that could affect the performance, contact the manufacturer.
5. Any serious incident related to the product must be reported to the manufacturer and the competent authority of the Member State where the user and/or patient is located.
6. Please refer to the safety data sheets (SDS) and take the necessary precautions for the use of laboratory reagents. For diagnostic purposes, the results should always be assessed with the patient's medical history, clinical examinations and other findings.
7. For professional use only.

Waste Management

Refer to local legal requirements for chemical disposal regulations as stated in the relevant SDS to determine the safe disposal.

Warning: Handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

Reagent Preparation

The reagents are ready to use. The bottles are placed directly into the reagent rotor.

Materials Required

General laboratory equipment

Specimen

Human serum or heparin plasma

Only use suitable tubes or collection containers for specimen collection and preparation.

When using primary tubes, follow the manufacturer's instructions.

Stability [4]:

8 months	at	20 – 25°C
8 months	at	4 – 8°C
8 months	at	-20°C

Only freeze once. Discard contaminated specimens.

Calibrators and Controls

DiaSys TruCal Protein is recommended for calibration. Calibrator values have been made traceable to the reference material ERM®-DA470k/IFCC. Use DiaSys TruLab Protein Level 1 and Level 2 for internal quality control. Quality control must be performed after calibration. Control intervals and limits have to be adapted to the individual requirements of each laboratory. Results must be within the defined ranges. Follow the relevant legal requirements and guidelines. Each laboratory should establish corrective action in case of deviations in control recovery.

	Cat. No.	Kit size
TruCal Protein	5 9200 99 10 039	5 x 1 mL
TruLab Protein Level 1	5 9500 99 10 046	3 x 1 mL
TruLab Protein Level 2	5 9510 99 10 046	3 x 1 mL

Performance Characteristics

Measuring range from 2.33 mg/dL up to 900 mg/dL, depending on the concentration of the highest calibrator. Linearity is given within ± 10%. In case of higher concentrations re-measure samples after manual dilution with NaCl solution (9 g/L) or use rerun function.	
Limit of detection**	2.33 mg/dL
Limit of quantitation**	2.33 mg/dL
No prozone effect up to 5000 mg/dL.	
Onboard stability	21 days
Calibration stability	10 days

Interference by	**Interferences ≤ 10% up to**	**Analyte concentration [mg/dL]**
Bilirubin (conjugated)	60 mg/dL	85.2
	60 mg/dL	382
Bilirubin (unconjugated)	60 mg/dL	83.5
	60 mg/dL	366
Hemolysis	1200 mg/dL	74.8
	1200 mg/dL	279
Lipemia (triglycerides)	2000 mg/dL	111
	2000 mg/dL	352
For further information on interfering substances, refer to the literature [5-7].		

Precision			
Repeatability (n=20)	**Sample 1**	**Sample 2**	**Sample 3**
Mean [mg/dL]	83.3	107	328
CV [%]	3.39	3.86	3.18
Between day (n=20)	**Sample 1**	**Sample 2**	**Sample 3**
Mean [mg/dL]	84.5	102	317
CV [%]	3.26	3.32	3.84

Method comparison (n=140)	
Test x	DiaSys Immunoglobulin A FS (Hitachi 917)
Test y	DiaSys Immunoglobulin A FS (respons®910)
Slope	0.963
Intercept	1.03 mg/dL
Coefficient of correlation	0.995

** according to CLSI document EP17-A, Vol. 24, No. 34

Conversion Factor
Immunoglobulin A [mg/dL] x 0.0625 = Immunoglobulin A [µmol/L]

Reference Range [1]

	[mg/dL]	[µmol/L]
Adults	70 – 500	4.38 – 31.3
Children		
Newborns	1 – 6	0.06 – 0.38
3 months	10 – 34	0.63 – 2.13
6 months	8 – 60	0.50 – 3.75
9 months	11 – 80	0.69 – 5.00
12 months	14 – 90	0.88 – 5.63
2 years	21 – 150	1.31 – 9.38
4 years	30 – 190	1.88 – 11.88
6 years	38 – 220	2.38 – 13.75
8 years	46 – 250	2.88 – 15.63
10 years	52 – 270	3.25 – 16.88
12 years	58 – 290	3.63 – 18.13
14 years	63 – 300	3.94 – 18.75
16 years	67 – 310	4.19 – 19.38
18 years	70 – 320	4.38 – 20.00

Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary.

Literature

1. Thomas L. Clinical Laboratory Diagnostics [Internet]. Prof. Lothar Thomas; 2023 [cited 2024 03 05]. Available from: https:// www.clinical-laboratory-diagnostics.com
2. Johnson AM, Rohlfs EM, Silverman LM. Proteins. In: Burtis CA, Ashwood ER. editors. Tietz textbook of clinical chemistry. 3rd ed. Philadelphia: W. B. Saunders Company; 1999. p. 507-12
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4. W.G. Guder, F. da Fonseca-Wollheim, W. Heil, et al. Quality of Diagnostic Samples. German Society for Clinical Chemistry and Laboratory Medicine. 3rd completely revised edition 2010.
5. Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th ed. Volume 1 and 2. Washington, DC: The American Association for Clinical Chemistry Press 2000.
6. Young DS. Effects on Clinical Laboratory Tests - Drugs Disease, Herbs & Natural Products, https://clinfx.wiley.com/ aaccweb/aacc/, accessed in March 2024. Published by AACC Press and John Wiley and Sons, Inc.
7. Sonntag O, Scholer A. Drug interference in clinical chemistry: recommendation of drugs and their concentrations to be used in drug interference studies. Ann Clin Biochem. 2001;38:376-85.

Additions and/or changes in the document are highlighted in grey. Deletions are communicated via customer info by stating the edition no. of the package insert/instruction for use.

IVD CE

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* Fluid Stable

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Application for serum and plasma samples

This application was set up and evaluated by DiaSys. It is based on the standard equipment at that time and does not apply to any equipment modifications undertaken by unqualified personnel.

Identification	
This method is usable for analysis:	Yes
Twin reaction:	No
Name:	IGA
Shortcut:	
Reagent barcode reference:	714
Host reference:	714

Technic	
Type:	End point
First reagent:[µL]	180
Blank reagent	Yes
Sensitive to light	
Second reagent:[µL]	36
Blank reagent	No
Sensitive to light	
Main wavelength:[nm]	570
Secondary wavelength:[nm]	
Polychromatic factor:	
1 st reading time [min:sec]	(04:24)
Last reading time [min:sec]	10:00
Reaction way:	Increasing
Linear Kinetics Substrate depletion: Absorbance limit	
Linearity: Maximum deviation [%]	
Fixed Time Kinetics Substrate depletion: Absorbance limit	
Endpoint Stability: Largest remaining slope	
Prozone Limit [%]	

Reagents	
Decimals	
Units	

Sample	
Diluent	DIL A (NaCl)
Hemolysis:	
Agent [µL]	0 (no hemolysis)
Cleaner	
Sample [µL]	0
Technical limits	
Concentration technical limits-Lower	3.0000
Concentration technical limits-Upper	900.0000
SERUM	
Normal volume [µL]	3.0
Normal dilution (factor)	1
Below normal volume [µL]	
Below normal dilution (factor)	
Above normal volume [µL]	2.0
Above normal dilution (factor)	1
URINE	
Normal volume [µL]	3.0
Normal dilution (factor)	1
Below normal volume [µL]	
Below normal dilution (factor)	
Above normal volume [µL]	2.0
Above normal dilution (factor)	1
PLASMA	
Normal volume [µL]	3.0
Normal dilution (factor)	1
Below normal volume [µL]	
Below normal dilution (factor)	
Above normal volume [µL]	2.0
Above normal dilution (factor)	1
CSF	
Normal volume [µL]	3.0
Normal dilution (factor)	1
Below normal volume[µL]	
Below normal dilution (factor)	
Above normal volume [µL]	2.0
Above normal dilution (factor)	1
Whole blood	
Normal volume [µL]	3.0
Normal dilution (factor)	1
Below normal volume[µL]	
Below normal dilution (factor)	
Above normal volume [µL]	2.0
Above normal dilution (factor)	1

Results	
Decimals	1
Units	mg/dL
Correlation factor-Offset	0.0000
Correlation factor-Slope	1.0000

Range	
Gender	All
Age	
SERUM	>=70.0 <=400.0
URINE	
PLASMA	>=70.0 <=400.0
CSF	
Whole blood	
Gender	
Age	
SERUM	
URINE	
PLASMA	
CSF	
Whole blood	

Contaminants
Please refer to r910 Carryover Pair Table

Calibrators details	
Calibrator list	**Concentration**
Cal. 1/Blank	0
Cal. 2	*
Cal. 3	*
Cal. 4	*
Cal. 5	*
Cal. 6	*
	Max delta abs.
Cal. 1	0.1000
Cal. 2	0.0100
Cal. 3	0.0100
Cal. 4	0.0200
Cal. 5	0.0300
Cal. 6	0.0500
Drift limit [%]	5.00

Calculations	
Model	Akima Spline
Degree	

* Enter calibrator value