

Iron FS* Ferene

Order Information

Cat. No.

1 1911 99 10 921

Kit size



480 (4 x 120)

Intended Use

Diagnostic reagent for quantitative in vitro determination of iron in human serum or heparin plasma on automated respons[®]940.

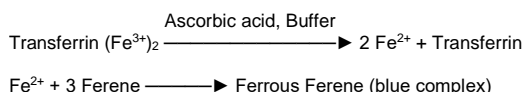
Summary

Iron exists in the body as a component of hemoglobin and myoglobin as well as bound to transferrin for the transport in plasma and stored in ferritin. Increased iron concentrations occur in hemochromatosis and liver damage [1]. Malabsorption due to gastrointestinal diseases can cause decreased iron levels, and may thus lead to anemia. Blood loss after gastrointestinal lesions or heavy menstrual bleeding can generate anemia, too [2].

Method

Photometric test using Ferene

Iron bound to transferrin (Fe³⁺) is completely released under acidic conditions and reduced to Fe²⁺. Iron forms a blue complex with Ferene. The absorbance at 595 nm is directly proportional to the iron concentration.



Reagents

Components and Concentrations

| | | | |
|------------|----------------|--------|------------|
| R1: | Acetate buffer | pH 4.5 | 1 mol/L |
| | Thiourea | | 120 mmol/L |
| R2: | Ascorbic acid | | 240 mmol/L |
| | Ferene | | 3 mmol/L |
| | Thiourea | | 120 mmol/L |

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

- Components contained in Iron FS Ferene are classified according to EC regulation 1272/2008 (CLP) as follows:



⚠ Reagent 1: Danger. Contains Dodecan-1-ol, ethoxylated and Alcohols, C9-11-iso-, C10-rich, ethoxylated. H315 Causes skin irritation. H318 Causes serious eye damage. P264 Wash hands and face thoroughly after handling. P280 Wear protective gloves/protective clothing/eye protection. P305+P351+P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. P310 Immediately call a POISON CENTER/doctor.

- In very rare cases, samples of patients with gammopathy might give falsified results [3].
- In case of product malfunction or altered appearance that could affect the performance, contact the manufacturer.
- 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.
- 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.
- 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.

Separate serum/plasma at the latest 2 h after blood collection to minimize hemolysis.

Stability [4]:

| | | |
|---------|----|-----------|
| 7 days | at | 20 – 25°C |
| 3 weeks | at | 4 – 8°C |
| 1 year | at | -20°C |

Only freeze once. Discard contaminated specimens.

Calibrators and Controls

DiaSys TruCal U is recommended for calibration. Calibrator values have been made traceable to the NIST Reference Material SRM 682. Use DiaSys TruLab N and P for internal quality control. All target values of the controls are traceable to DiaSys reagent/calibrator system. 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 U | 5 9100 99 10 063 | 20 x 3 mL |
| | 5 9100 99 10 064 | 6 x 3 mL |
| TruLab N | 5 9000 99 10 062 | 20 x 5 mL |
| | 5 9000 99 10 061 | 6 x 5 mL |
| TruLab P | 5 9050 99 10 062 | 20 x 5 mL |
| | 5 9050 99 10 061 | 6 x 5 mL |

Performance Characteristics

Measuring range from 7 µg/dL up to 1000 µg/dL. Linearity < 12 µg/dL is given with ± 3.6 µg/dL, between 12 µg/dL to 20 µg/dL within ± 10%, at > 20 µg/dL within ± 5%. In case of higher concentrations re-measure samples after manual dilution with NaCl solution (9 g/L) or use rerun function.

| | |
|-------------------------|---------|
| Limit of detection** | 7 µg/dL |
| Limit of quantitation** | 7 µg/dL |
| Onboard stability | 7 weeks |
| Calibration stability | 1 week |

| Interference by | Interferences ≤ 10% up to | Analyte concentration [µg/dL] |
|---|------------------------------|-------------------------------------|
| Ascorbic acid | 70 mg/dL | 58.2 |
| | 70 mg/dL | 188 |
| Bilirubin (conjugated) | 70 mg/dL | 57.8 |
| | 70 mg/dL | 184 |
| Bilirubin (unconjugated) | 65 mg/dL | 58.3 |
| | 65 mg/dL | 182 |
| Copper | 250 µg/dL | 61.8 |
| | 250 µg/dL | 177 |
| Hemolysis | 30 mg/dL | 61.0 |
| | 100 mg/dL | 184 |
| Lipemia (triglycerides) | 2400 mg/dL | 53.3 |
| | 2400 mg/dL | 175 |
| Zinc | 600 µg/dL | 58.9 |
| | 600 µg/dL | 184 |
| For further information on interfering substances, refer to the literature [5,6]. | | |

| Precision | | | |
|--------------------------|----------|----------|----------|
| Repeatability (n=20) | Sample 1 | Sample 2 | Sample 3 |
| Mean [µg/dL] | 29.1 | 164 | 233 |
| CV [%] | 3.63 | 1.09 | 0.717 |
| Within-laboratory (n=80) | Sample 1 | Sample 2 | Sample 3 |
| Mean [µg/dL] | 38.8 | 165 | 261 |
| CV [%] | 8.88 | 2.73 | 1.44 |

| Method comparison (n=163) | |
|----------------------------|---|
| Test x | Competitor Iron (cobas c 501) |
| Test y | DiaSys Iron FS Ferene (respons [®] 940) |
| Slope | 1.06 |
| Intercept | -2.10 µg/dL |
| Coefficient of correlation | 0.999 |

** according to CLSI document EP17-A2, Vol. 32, No. 8

Conversion Factor

Iron [µg/dL] x 0.1791 = Iron [µmol/L]

Reference Range [7]

| | [µg/dL] | [µmol/L] |
|-----------------------|----------|------------|
| Children | | |
| 2 weeks | 63 – 201 | 11 – 36 |
| 6 months | 28 – 135 | 5 – 24 |
| 12 months | 35 – 155 | 6 – 28 |
| 2 – 12 years | 22 – 135 | 4 – 24 |
| Women | | |
| 25 years | 37 – 165 | 6.6 – 29.5 |
| 40 years | 23 – 134 | 4.1 – 24.0 |
| 60 years | 39 – 149 | 7.0 – 26.7 |
| Pregnant women | | |
| 12th week | 42 – 177 | 7.6 – 31.6 |
| At delivery | 25 – 137 | 4.5 – 24.5 |
| 6 weeks post partum | 16 – 150 | 2.9 – 26.9 |
| Men | | |
| 25 years | 40 – 155 | 7.2 – 27.7 |
| 40 years | 35 – 168 | 6.3 – 30.1 |
| 60 years | 40 – 120 | 7.2 – 21.5 |

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

Literature

1. Wick et al, Clinical Aspects and Lab Iron Metabolism, Anemias. Novel concepts, Springer, 5th ed. Wien New York 2003 p141 – 147.
2. Fairbanks VF, Klee GG. Biochemical aspects of hematology. In: Burtis CA, Ashwood ER, editors. Tietz Textbook of Clinical Chemistry. 3rd ed. Philadelphia: W.B Saunders Company; 1999. p. 1642-1710.
3. Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. ClinChemLabMed 2007;45(9):1240-1243.
4. Guder WG, Zawta B et al. The Quality of Diagnostic Samples. 1st ed. Darmstadt: GIT Verlag; 2001; p. 34-5.
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. Thomas L. Clinical Laboratory Diagnostics [Internet]. Prof. Lothar Thomas; 2024 [cited 2024 May 13]. <https://www.clinical-laboratory-diagnostics.com>

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.



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* Fluid Stable

Iron FS Ferene

Application for serum and plasma

| Test Details | | Test Volumes | | Reference Ranges | |
|--------------------|--------------|---------------------|-------------|---------------------------------|--------------------------|
| Test | : FE | | | Auto Rerun | <input type="checkbox"/> |
| Report Name | : Iron | | | Online Calibration | <input type="checkbox"/> |
| Unit | : µg/dL | Decimal Places | : 2 | Cuvette Wash | <input type="checkbox"/> |
| Wavelength-Primary | : 570 | Secondary | : 700 | Special Diluent | <input type="checkbox"/> |
| Assay Type | : 2-Point | Curve Type | : Linear | Warn after | : 20 |
| M1 Start | : 24 | M1 End | : 24 | Reagents Used | : 2 |
| M2 Start | : 57 | M2 End | : 57 | Reagent R1 | FE R1 |
| Sample Replicates | : 1 | Standard Replicates | : 2 | Reagent R2 | FE R2 |
| Control Replicates | : 1 | Control Interval | : 0 | Consumables/Calibrators: | |
| Reaction Direction | : Increasing | React. Abs. Limit | : 0.0000 | Blank /Level 0 | 0 |
| Prozone Limit % | : 0 | Prozone Check | : Lower | Calibrator 1 | * |
| Linearity Limit % | : 0 | Delta Abs./Min. | : 0.0000 | Calibrator 2 | |
| Technical Minimum | : 7.0000 | Technical Maximum | : 1000.0000 | Calibrator 3 | |
| Y = aX + b a= | : 1.0000 | b= | : 0.0000 | Calibrator 4 | |
| Reagent Abs Min | : 0.0000 | Reagent Abs Max | : 0.0000 | Calibrator 5 | |

| Test Details | | Test Volumes | | Reference Ranges | |
|--|-------------|------------------|----------|---|--|
| Test | : FE | | | | |
| Sample Type | : Serum | | | | |
| Sample Volumes | | | | Sample Types | |
| Normal | : 11.00 µL | Dilution Ratio | : 1 X | <input checked="" type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input checked="" type="checkbox"/> Plasma <input type="checkbox"/> Whole Blood <input type="checkbox"/> Other | |
| Increase | : 15.00 µL | Dilution Ratio | : 1 X | | |
| Decrease | : 4.00 µL | Dilution Ratio | : 1 X | | |
| Standard Volume | : 11.00 µL | | | | |
| Reagent Volumes and Stirrer Speed | | | | | |
| RGT-1 Volume | : 180.00 µL | R1 Stirrer Speed | : Medium | | |
| RGT-2 Volume | : 45.00 µL | R2 Stirrer Speed | : High | | |

| Test Details | | Test Volumes | | Reference Ranges | |
|------------------------|-------------|--------------|-------------|---|--|
| Test | : FE | | | | |
| Sample Type | : Serum | | | | |
| Reference Range | : DEFAULT | | | | |
| Category | : Male | | | | |
| Reference Range | | | | Sample Types | |
| | Lower Limit | | Upper Limit | <input checked="" type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input checked="" type="checkbox"/> Plasma <input type="checkbox"/> Whole Blood <input type="checkbox"/> Other | |
| | (µg/dL) | | (µg/dL) | | |
| Normal | : # | | : # | | |
| Panic | : # | | : # | | |

* Enter calibrator value
Editable by user