

PACKAGING

Ref.: 101-0470	Cont.: 1 x 45 / 1 x 5 mL + 1 x 1 mL Cal.
----------------	--

Store 2 - 8° C.

CLINICAL SIGNIFICANCE

β_2 -m is a protein located on the surface of human lymphocytes and other nucleated cells. Free β_2 -m is filtered by the glomerulus and subsequently reabsorbed in the proximal tubular cells. Increased urinary excretion of β_2 -m is a sensitive indicator of renal insufficiency. Also, the β_2 -m level in serum is a useful marker of other diseases including carcinomas, lymphoid tumors, rheumatoid arthritis and AIDS.

PRINCIPLE OF THE METHOD

The β_2 -m Turbilatex is a quantitative turbidimetric test for the measurement of β_2 -microglobulin (β_2 -m) in human serum, plasma or urine.

Latex particles coated with anti-human β_2 -m are agglutinated when mixed with samples containing β_2 -m. The agglutination causes an absorbance change, dependent upon the β_2 -m contents of the patient sample that can be quantified by comparison from a calibrator of known concentration.

REAGENTS

β_2 -m Diluent (R1)	Tris buffer 20 mmol/L, pH 8.2. Preservative.
β_2 -m Latex (R2)	Particles coated with goat IgG anti-human β_2 -m, pH 7.5. Preservative.
β_2 -m CAL	Calibrator. β_2 -m concentration is stated on the vial label.

Optional (not included in the kit)

β_2 -microglobulin Control	Ref.: 101-0471	1 x 2 mL
----------------------------------	----------------	----------

PRECAUTIONS

Components from human origin have been tested and found to be negative for the presence of HBsAg, HCV, and antibody to HIV (1/2). However handle cautiously as potentially infectious.

CALIBRATION

Use β_2 -Microglobulin Calibrator.

The sensitivity of the assay and the target value of the calibrator have been standardized against the 1st International β_2 -m Standard from WHO.

The calibration in the SPINLAB 180 is stable for 1 month.

Recalibrate when control results are out of specified tolerances, when using different lot of reagent and when the instrument is adjusted.

PREPARATION

β_2 -m Calibrator:

Serum method: Reconstitute (→) with 1.0 mL of distilled water. Mix gently and bring to room temperature for about 10 minutes before use.

Urine method: Dilute reconstituted calibrator 1/6 with NaCl (9 g/L) (50 μ L calibrator + 250 μ L NaCl 9 g/L).

STORAGE AND STABILITY

All the components of the kit are stable until the expiration date on the label when stored tightly closed at 2-8° C and contaminations are prevented during use. Do not use reagents over the expiration date.

Reagent deterioration: Presence of particles and turbidity.

β_2 -m Calibrator: Stable for 1 month at 2-8° C or 3 months at -20° C.

Do not freeze; frozen Latex or Diluent could change the functionality of the test.

ADDITIONAL EQUIPMENT

- Thermostatic bath at 37° C.

- Spectrophotometer or photometer thermostatable at 37° C with a 540 nm filter.

SAMPLES

Fresh serum. Stable 7 days at 2-8° C o 3 months at -20° C.

Fresh urine. Adjust samples to pH 7-8 by the addition of K_2HPO_4 .

Stable 2 days at 2-8° C or 2 months at -20° C.

The samples with particles or fibrin should be centrifuged before testing. Do not use hemolized or lipemic samples.

PROCEDURE

Notes: CHRONOLAB SYSTEMS has instruction sheets for several automatic analyzers. Instructions for many of them are available on request.

1. Bring the Reagents and the photometer (cuvette holder) to 37° C.

2. Assay conditions:

Wavelength: 540 nm (530-550).

Temperature: 37° C

Cuvette light path: 1 cm.

3. Adjust the instrument to zero with distilled water.

4. Pipette into a cuvette:

Diluent R1	800 μ L
Latex R2	200 μ L
Calibrator or sample	10 (serum), 50 (urine) μ L

5. Mix and read the absorbance immediately (A_1) and after 3 minutes (A_2) of the sample addition.

CALCULATIONS

Serum:

$$\frac{(A_2 - A_1)_{\text{sample}}}{(A_2 - A_1)_{\text{Calibrator}}} \times \text{Calibrator concentration} = \text{mg/L } \beta_2\text{-m}$$

Calibrator

Urine:

$$\frac{(A_2 - A_1)_{\text{sample}}}{(A_2 - A_1)_{\text{Calibrator}}} \times \frac{\text{Calibrator concentration}}{6} = \text{mg/L } \beta_2\text{-m}$$

Calibrator

QUALITY CONTROL

Control Sera are recommended to monitor the performance of manual and automated assay procedures. Each laboratory should establish its own Quality Control scheme and corrective actions if controls do not meet the acceptable tolerances.

REFERENCE VALUES**Serum:** from 1.0 to 3.0 mg/L.**Urine:** from 0.1 to 0.3 mg/L.

Each laboratory should establish its own reference range

PERFORMANCE CHARACTERISTICS**Linearity limit:** Up to 18 mg/L (serum) and 3 mg/L (urine), under the described assay conditions. Samples higher results should be diluted 1/5 in NaCl (9 g/L) and retested again. The linearity depends on the sample-reagent ratio, as well as the analyzer used. It will be higher by decreasing sample volume, although the sensitivity of the test will be proportionally decreased.**Detection limit:** Values less than 0.22 mg/L (serum) and 0.04 mg/L (urine) give non-reproducible results.**Prozone effect:** No prozone effect was detected up to 100 mg/L (serum) and 20 mg/L (urine).**Sensitivity:** Δ 0.048 A. mg/L (serum) and Δ 0.228 A. mg/L (urine).**Precision:** The reagent has been tested for 20 days, using three different β_2 -m concentrations in a EP5-based study.

EP5	CV (%)		
	+/- 1 mg/L	+/- 3.2 mg/L	+/- 8.5 mg/L
Total	4.0 %	3.4 %	1.7 %
Within Run	2.8 %	2.0 %	1.2 %
Between Run	1.7 %	1.5 %	1.2 %
Between Day	2.2 %	2.4 %	0.0 %

Accuracy: Results obtained using this reagent (y) were compared to those obtained using a commercial reagent (x) with similar characteristics. 36 samples of different concentrations of β_2 -m were assayed. The correlation coefficient (r) was 0.97 and the regression equation $y = 1.709x - 2.627$.

The results of the performance characteristics depend on the analyzer used.

INTERFERENCES**Serum method:** bilirubin (20 mg/L), hemoglobin (10 g/L) and lipids (10 g/L), do not interfere. Rheumatoid factors (150 IU/mL), interfere.**Urine method:** urea (urine)(50 g/L), uric ac. (20 g/L) and glucose (100 g/L), do not interfere.Other substances may interfere⁷.**BIBLIOGRAPHY**

1. Bhalla, R.B. et al. Clinical Chemistry 1983; 29: 1560.
2. Malaguamera M et al. Digestive Diseases and Sciences 1997; 42: 762-766.
3. Chironna et al. Int J Clin Lab Rws 1994; 24: 90-93.
4. Wibell L et al. Nephron 1973; 10: 320-331.
5. Berggard B et al. Scand J Clin Lab Invest 1980; 40: 13-25.
6. Davey P G et al. Clin Chem 1982; 28/6: 1330-1333.
7. Young DS. Effects of drugs on clinical laboratory test, 4th ed. AACC Pres, 1995.