

**PACKAGING**

Ref.: 101-0507	Cont.: 1 x 30 / 1 x 2 mL
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Store 2 - 8° C.

**CLINICAL SIGNIFICANCE**

CRP is an acute-phase protein present in normal serum, which increases significantly after most forms of tissue injuries, bacterial and virus infections, inflammation and malignant neoplasia. CRP may be also useful in detecting atherosclerotic process and providing important prognostic information about patients with asymptomatic heart disease, unstable angina, and myocardial infarction. Recent studies in apparently healthy people show that CRP concentration in serum rise long before traditional symptoms of heart and vascular diseases are noticed.

**PRINCIPLE OF THE METHOD**

The CRP-ultrasensitive is a quantitative turbidimetric test for the measurement of low levels of C- reactive protein (CRP) in human serum or plasma.

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

**REAGENTS**

<b>Diluent-ultra (R1)</b>	Tris buffer 20 mmol/L, pH 8.2. Preservative.
<b>Latex-ultra (R2)</b>	Latex particles coated with goat IgG anti- human CRP, pH 7.3. Preservative.
<b>U-CRP CAL</b>	Liquid Calibrator. C-Reactive protein concentration is stated on the vial label.
<b>Optional</b>	CRP Ultra Control.

**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 CRP Ultra Calibrator Reference 43035.

The sensitivity of the assay and the target value of the calibrator have been standardized against the Reference Material ERM-DA 472/IFCC.

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**

**CRP Calibrator:** Ready for use.

**Calibration curve:** Prepare the following CRP calibrator dilutions in NaCl (9 g/L). Multiply the concentration of the CRP calibrator by the corresponding factor stated in table bellow to obtain the CRP concentration of each dilution.

Calibrator dliution	1	2	3	4	5	6
CRP Calibrator (µL)	--	5	10	25	50	100
NaCl 9 g/L (µL)	100	95	90	75	50	--
Factor	0	0.05	0.1	0.25	0.5	1.0

**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 their use. Do not use reagents over the expiration date.

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

**Reagent deterioration:** Presence of particles and turbidity.

**ADDITIONAL EQUIPMENT**

- Thermostatic bath at 37° C.
- Spectrophotometer or photometer thermostatable at 37° C with a 540 nm filter (530 - 550).

**SAMPLES**

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

The samples with presence of fibrin should be centrifuged before testing.

Do not use highly hemolized or lipemic samples.

**PROCEDURE**

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

Clinical diagnosis should not be made on findings of a single test result, but should integrate both clinical and laboratory data.

1. Bring the reagents and the photometer (cuvette holder) to 37° C.
2. Assay conditions:
  - Wavelength: 540 nm (530 - 550)
  - Temperature: 37° C
  - Cuvette lighth path: 1 cm
3. Adjust the instrument to zero with distilled water.
4. Pipette into a cuvette:

R1. Diluent (mL)	0.930
R2. Latex (mL)	0.070

5. Mix and read the absorbance (reagent blank).
6. Add the sample / calibrator.

	Blank	Sample/Calibrator
NaCl 9 g/L (µL)	10	--
Calibrator or sample (µL)	--	10

7. Mix and read absorbance after 4 minutes ( $A_2$ ) of the sample/ calibrator addition.

**CALCULATIONS**

Calculate the absorbance difference ( $A_2 - A_{\text{blank}}$ ) of each point of the calibration curve and plot the values obtained against the CRP concentration of each calibrator dilution. CRP concentration in the sample is calculated by interpolation of its ( $A_2 - A_{\text{blank}}$ ) in the calibration curve.

**QUALITY CONTROL**

Control Sera are recommended to monitor the performance of manual and automated assay procedures. It should be used the CHRONOLAB CRP Ultra Sensitive Control (Ref.:101-0510). Each laboratory should establish its own Quality Control scheme and corrective actions if controls do not meet the acceptable tolerances.

**REFERENCE VALUES**

Below 3 mg/L is considered normal.

Each laboratory should establish its own reference range.

**PERFORMANCE CHARACTERISTICS**

**Linearity limit:** Up to 5 mg/L, under the described assay conditions. Samples with higher concentrations should be diluted 1/3 in NaCl (9 g/L) and re-tested again. The linearity limit depends on the sample / reagent ratio. It will be higher by decreasing the sample volume, although the sensitivity of the test will be proportionally decreased.

**Detection limit:** Values less than 0.05 mg/L give non-reproducible results.

**Prozone effect:** No prozone effect was detected upon 100 mg/L.

**Sensitivity:**  $\Delta$  44 mA.mg/L.

**Precision:**

Mean (mg/L)	Intra-assay (n=10)			Inter-assay (n=10)		
	0.41	3.04	6.82	0.41	3.04	6.82
SD	0.01	0.06	0.30	0.03	0.11	0.57
CV	2.9	2.0	4.3	7.8	3.7	8.4

**Accuracy:** Results obtained using this reagent (y) were compared to those obtained using a quimioluminiscent kit (Image,Beckman) reagent (x) with similar characteristics. 89 samples ranging from 0.1 to 10 mg/L of CRP were assayed. The correlation coefficient (r) was 0.92 and the regression equation  $y = 0.996x + 0.474$ .

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

**INTERFERENCES**

Bilirubin (20 mg/dL), lipemia (10 g/L) and rheumatoid factors (75 IU/mL), hemoglobin (10 g/L), do not interfere. Other substances may interfere<sup>8</sup>.

**BIBLIOGRAPHY**

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