



Store at: +2+8°C.

Presentation:

Cod. IT021 CONT: R1 1 x 40 mL. + R2 1 x 10 mL .

Procedure

Diagnostic reagent for quantitative determination of human apolipoprotein B (Apo B).

Only for in vitro use in clinical laboratory (IVD)

TEST SUMMARY

Turbidimetric test for the measurement of apolipoprotein B in human serum or plasma.

Anti- Apo B antibodies when mixed with samples containing Apo B, form insoluble complexes. These complexes cause an absorbance change, dependent upon the Apo B concentration of the patient sample, that can be quantified by comparison from a calibrator of know Apo B concentration.

REAGENTS COMPOSITION

Diluent (R1)	Tris buffer 20 mmol/L, PEG, pH 8.3. Sodium azide 0.95 g/L.
Antibody (R2)	Goat serum, anti-human Apo B, tris 50 mmol/L, pH 7.5. Sodium azide 0.95 g/L.
Optional	APO-CAL.

REAGENT PREPARATION AND STABILITY

Reagents: Ready to use.

Do not freeze; frozen reagents could change the functionality of the test.

Signs of reagent deterioration:

- Particles and turbidity indicates contamination or reagents deterioration.

All the reagents of the kit are stable up to the end of the indicated month and year of expiry. Store tightly closed at 2-8°C. Do not use reagents over the expiration date.

CALIBRATION

The assay and the value of the calibrator concentration have been standardized against the Certified Reference Material WHO/IFCC SP3-07 (CDC, USA). It is recommended the use of the APO CAL Calibrator for calibration. The reagent (both monoreagent and bireagent) should be recalibrated every three weeks, when the controls are out of specifications, and when changing the reagent lot or the instrument settings. For monoreagent, a reagent blank should be run daily before sample analysis.

SPECIMEN

Fresh serum or plasma. EDTA or heparin should be used as anticoagulant.

Stable 2 weeks 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.

Discard contaminated specimen.

MATERIAL REQUIRED BUT NOT PROVIDED

- Thermostatic bath at 37°C.
- Spectrophotometer or photometer thermostatable at 37°C with a 340 nm filter.

General laboratory equipment

TEST PROCEDURE

CALIBRATION CURVE:

Prepare the following APO CAL Calibrator dilutions in CIna 9 g/L as diluent. Multiply the concentration of the Apo B calibrator by the corresponding factor stated in table bellow to obtain the Apo B concentration of each dilution.

Calibrator dilution	1	2	3	4	5	6
Calibrator (µL)	--	10	25	50	75	100
NaCl 9 g/L (µL)	100	90	75	50	25	-
Factor	0	0.1	0.25	0.5	0.75	1.0

PROCEDURE

- Bring the reagents and the photometer (cuvette holder) to 37°C.
- Assay conditions:
 - Wavelength : 340 nm
 - Temperature : 37 °C
 - Cuvette lighth path : 1cm
- Adjust the instrument to zero with distilled water.
- Pipette into a cuvette:

Reagent R1 (µL)	800
Sample or Calibrator (µL)	7

- Mix and read the absorbance (A₁) after the sample addition.
- Immediately, pipette into de cuvette:

Reagent R2 (µL)	200
-----------------	-----

- Mix and read the absorbance (A₂) of calibrators and sample exactly 2 minutes after the R2 addition.

CALCULATIONS

Calculate the absorbance difference (A₂-A₁) of each point of the calibration curve and plot the values obtained against the Apo B concentration of each

calibrator dilution. Apo B concentration in the sample is calculated by interpolation of its (A₂-A₁) in the calibration curve.

QUALITY CONTROL

Control Serum APO is recommended to monitor the performance.

Serum Controls are recommended for internal quality control. Each laboratory should establish its own Quality Control scheme and corrective actions if controls do not meet the acceptable tolerances.

REFERENCE VALUES

Between 69 – 105 mg/dL.

It is suggested that each laboratory establish its own reference range.

CLINICAL SIGNIFICANCE

Apo B is the major structural apolipoprotein in VLDL (Very Low Density Lipids), LDL (Low Density Lipids) lipoproteins and chylomicron. The most important function is the transport of rich tryglicerides lipoproteins from liver and intestine to other tissues. Apo B exists in two forms: Apo B-100 and Apo B-48. Apo B-100, the most important component of LDL, is synthesized in the liver and excreted in plasma as part of VLDL. Apo B-48, the most important component of chylomicrons, is synthesized in the intestine.

Several studies demonstrated that in people with coronary heart disease (CHD), changes in the serum concentrations of Apo A-I and Apo B are similar to those for HDL and LDL, respectively and whereas, are somewhat better discriminators of people with CHD than the LDL and HDL cholesterol concentrations.

The hiperbetalipoproteinemia is characterized by increased LDL Apo B-100 concentrations with normal or moderately increased concentrations of LDL cholesterol. The ratio of LDL cholesterol to Apo B-100 is therefore reduced in these patients.

Defects in the Apo B structure or lipoproteins containing Apo B prevent the secretion of triglycerides rich intestinal and hepatic lipoproteins; this disorder occurs in abetalipoproteinemia or homozygous hypobetalipoproteinemia.

Clinical diagnosis should not be made on a single test result; it should integrate clinical and other laboratory data.

REAGENT PERFORMANCE

- **Measurement range:** Up to 250 mg/dL, under the described assay conditions. Samples with higher concentrations, should be diluted 1/5 in NaCl 9 g/L and retested 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.
- **Limit detection:** Values less than 20 mg/dL give non-reproducible results.
- **Precision:** The reagent has been tested for 20 days, using three levels of serum in a EP5-based study (NCCLS).

EP5	CV (%)		
	23.92 mg/dL	59.08 mg/dL	119.07 mg/dL
Total	7.4%	4.3%	3.6%
Within Run	2.0%	1.4%	1.0%
Between Run	3.7%	2.2%	1.8%
Between Day	6.1%	3.4%	3.0%

- **Accuracy:** Results obtained using this reagent (y) were compared to those obtained with a Daiichi immunoturbidimetric method. 48 samples ranging from 50 to 200 mg/dL of Apo B were assayed. The correlation coefficient (r) was 0.982 and the regression equation y = 0.996x + 5.112. The results of the performance characteristics depend on the used analyzer.

INTERFERING SUBSTANCES

Hemoglobin (20 g/L), bilirubin (40 mg/dL), lipemia (2.5 g/L), and rheumatoid factor (800 UI/mL) do not interfere. Other substances may interfere^{6,7}.

NOTES

- Linearity depends on the calibrator concentration.
- GPL have instructions for many automatic instruments, available on request.

BIBLIOGRAPHY

- Clinical Guide to Laboratory Tests, Edited by NW Tietz W B Saunders Co., Philadelphia, 483, 1983.
- Mahley RW et al. J Lipids Res 1984; 25: 1277-1294.
- Brown MS et al. Science 1986; 232:34-47.
- Freedman DS et al. N Eng J Med 1986; 315: 721-726.
- Sakurabayashi I et al. Clinica Chimica Acta 2001; 312: 87-95.
- Young DS. Effects of disease on clinical laboratory tests, 3th ed. AACCPres, 1997.
- Friedman and Young. Effects of disease on clinical laboratory tests, 3th ed. AACCPres, 1997.

