



One Step Test for PCT (Colloidal Gold)

User Manual

REF CG1007 for FIA8000
CG3007 for FIA8600

INTENDED USE

One Step Test for PCT (Colloidal Gold) is intended for *in vitro* quantitative determination of Procalcitonin (PCT) in serum, plasma or whole blood. The test is used as an aid in the assessment and evaluation of patients suspected of bacterial infection, trauma or shock.

SUMMARY

PCT is a peptide precursor of the hormone calcitonin, the latter being involved with calcium homeostasis. It is composed of 116 amino acids and is produced by parafollicular cells (C cells) of the thyroid and by the neuroendocrine cells of the lung and the intestine.

Measurement of PCT can be used as a marker of severe sepsis and generally grades well with the degree of sepsis, although levels of PCT in the blood are very low. PCT has the greatest sensitivity and specificity for differentiating patients with systemic inflammatory response syndrome (SIRS) from those with sepsis.

PCT levels may be useful to distinguish bacterial infections from nonbacterial infections. It has shown that PCT may help guide therapy and reduce antibiotic use, which can help save on cost of antibiotic prescriptions and drug resistance.

PRINCIPLE

The test uses an anti-human PCT monoclonal antibody conjugated with colloidal gold. For PCT product, test line 1 was coated with anti-human PCT polyclonal antibody and test line 2 was coated with another anti-human PCT monoclonal antibody. After the sample has been applied to the test strip, the gold-labelled anti-human PCT monoclonal antibody or polyclonal antibody binds with the PCT in sample and forms a marked antigen antibody complex. This complex moves to the

test card detection zone by capillary action. Then marked antigen antibody complex is captured on the test line by the other anti-human PCT monoclonal antibody or the polyclonal antibody. The color intensity of the test line increases in proportion to the amount of PCT in sample.

Then insert test card into FIA8000/FIA8600 Quantitative Immunoassay Analyzer (hereinafter referred to as FIA8000 and FIA8600), the concentration of PCT in sample will be measured and displayed on the screen. The value will be stored in FIA8000/FIA8600 and available for downloading. The result can be easily transmitted to the laboratory or hospital information system.

CONTENTS

1. A kit for FIA8000/FIA8600 contains:

Package specifications: 25 tests/kit, 10 tests/kit

- 1) Getein PCT test card in a sealed pouch with desiccant
- 2) Disposable pipet
- 3) Whole blood buffer: 1 bottle/kit
- 4) User manual: 1 piece/kit
- 5) SD card: 1 piece/kit

2. A test card consists of:

A plastic shell and a reagent strip which is composed of a sample pad, a colloidal gold pad, nitrocellulose membrane (coated with a gold-labelled anti-human PCT monoclonal antibody), nitrocellulose membrane (the test lines are coated with another anti-human PCT monoclonal antibody and polyclonal antibody, and the control line is coated with rabbit anti-mouse IgG antibody), absorbent paper and liner.

3. Whole blood buffer composition:

Phosphate buffered saline, proteins, detergent, preservative, stabilizer.

Note: Do not mix or interchange different batches of kits.

APPLICABLE DEVICE

FIA8000 Quantitative Immunoassay Analyzer

FIA8600 Quantitative Immunoassay Analyzer

STORAGE AND STABILITY

Store the test kit at 4~30°C with a valid period of 24 months. Use the test card within 1 hour once the foil pouch is opened.

PRECAUTIONS

1. For *in vitro* diagnostic use only.

2. Do not use the kit beyond the expiration date.
3. Do not use the test card if the foil pouch is damaged.
4. Do not open pouches until ready to perform the test.
5. Do not reuse the test card.
6. Do not reuse the pipet.
7. Handle all specimens as potentially infectious. Proper handling and disposal methods should be followed in accordance with local regulations.
8. Carefully read and follow user manual to ensure proper test performance.

SPECIMEN COLLECTION AND PREPARATION

1. This test can be used for **serum, plasma and whole blood samples. Heparin and sodium citrate** can be used as the anticoagulant for plasma and whole blood. Samples should be free of hemolysis.
2. Suggest using serum or plasma for better results.
3. Serum or plasma can be used directly. For whole blood sample, one drop of whole blood buffer must be added before testing.
4. If testing is delayed, serum and plasma samples may be stored up to 7 days at 2~8°C or stored at -20°C for 6 months before testing (whole blood sample may be stored up to 3 days at 2~8°C).
5. Refrigerated or frozen sample should be cooled to room temperature and be homogeneous before testing. Avoid multiple freeze-thaw cycles.
6. Do not use heat-inactivated samples.
7. SAMPLE VOLUME: **120 µL**.

TEST PROCEDURE

1. Collect specimens according to user manual.
2. Test card, sample and reagent should be brought to room temperature before testing.
3. Confirm SD card lot No. in according with test kit lot No.. Perform calibration when necessary (Details refer to FIA8000/8600 User Manual).
4. On the main interface of FIA8000/FIA8600, press "ENT" button (FIA8000) or click on "Measure" icon (FIA8000/8600) to enter testing interface.
5. Remove the test card from the sealed pouch immediately before use. Label the test card with patient or control identification.
6. Put the test card on a clean table, horizontally placed.
7. Using sample transfer pipette, deliver **120 µL** of sample into

the sample well on the test card (for whole blood sample, one drop of whole blood buffer must be added after loading 120 µL sample on the test card).

- Reaction time: 15 minutes.** Insert the test card into FIA8000/FIA8600, press "ENT" button (FIA8000) or click on "Measure" icon (FIA8000/FIA8600) after reaction time is elapsed. The result will be shown on the screen and printed automatically.

Notes:

- It is required to perform calibration when using a new batch of kits.
- It is suggested to calibrate once for one batch of kits.
- Make sure the test card insertion is correct and complete.

TEST RESULTS

Valid: When a purplish-red band appears at the control area (C), use FIA8000/FIA8600 to analyze the test card and get the result.

Invalid: If no colored band appears in the control area (C), the test result is invalid. The test should be repeated and if the same situation happened again, please stop using this batch of products and contact your supplier.

Others: Dilute the sample which concentration is higher than the upper limit with calf serum or negative samples, the dilution ratio should be less than 5 times.

EXPECTED VALUE

The expected normal value for PCT was determined by testing samples from 500 apparently healthy individuals. The 99th percentile of the concentration for PCT is 0.10 ng/ml. (The probability that value of a normal person below 0.10 ng/ml is 99%.)

The table below comes from the research of ACCP/SCCM (American College of Chest Physicians/Society of Critical Care Medicine), showing the PCT value and its clinical meaning^[4]:

PCT concentration	Clinical significance
< 0.50 ng/ml	Local bacterial infection is possible, systemic infection (sepsis) is not likely.
≥ 0.50 and < 2.00 ng/ml	Systemic infection (sepsis) is possible, a moderate risk of severe sepsis and/or septic shock.
≥ 2.00 ng/ml	Systemic infection (sepsis) is likely, a high risk of severe sepsis and/or septic shock.

It is recommended that each laboratory establish its own expected values for the population it serves.

PERFORMANCE CHARACTERISTICS

Measuring Range	0.10–50.00 ng/ml
Lower Detection Limit	≤0.10 ng/ml
Within-Run Precision	≤10%
Between-Run Precision	≤15%
Recovery	98%

LIMITATIONS

- As with all diagnostic tests, a definitive clinical diagnosis should not be made based on the result of a single test. The test results should be interpreted considering all other test results and clinical information such as clinical signs and symptoms.
- Samples containing interferents such as rheumatoid factor, human anti-mouse antibody and heterophile antibody may influence the results. In this case, results of this test should be used in conjunction with clinical findings and other tests.

Interferent	Hemoglobin	Triglyceride	Bilirubin
Concentration (Max)	5 g/L	10 g/L	0.2 g/L

REFERENCES

- Balci C, Sungurtekin H, Gürses E, Sungurtekin U, Kaptanoglu B. Usefulness of procalcitonin for diagnosis of sepsis in the intensive care unit. Crit Care. 2003 February 7 (1):85–90.
- Schuetz P, Christ-Crain M, Thomann R, et al. Effect of procalcitonin-based guidelines vs standard guidelines on antibiotic use in lower respiratory tract infections: the ProHOSP randomized controlled trial. JAMA. Sep 9 2009; 302(10):1059-66.
- EN ISO 18113-1:2011 In vitro diagnostic medical devices - Information supplied by the manufacturer (labelling) - Part 1: Terms, definitions and general requirements.
- EN ISO 18113-2:2011 In vitro diagnostic medical devices - Information supplied by the manufacturer (labelling) - Part 2: In vitro diagnostic reagents for professional use.

DESCRIPTION OF SYMBOLS USED

The following graphical symbols used in or found on One Step Test for PCT (Colloidal Gold) are the most common ones appearing on medical devices and their packaging. They are explained in more details in the European Standard EN ISO 15223-1:2021.

Key to symbols used			
	Manufacturer		Use-by date
	Do not re-use		Date of manufacture
	Consult instructions for use or consult electronic instructions for use		Batch code
	Temperature limit		In vitro diagnostic medical device
	Contains sufficient for <n> tests		Authorized representative in the European Community/ European Union
	CE mark		Do not use if package is damaged and consult instructions for use
	Catalogue number		

Thank you for purchasing One Step Test for PCT (Colloidal Gold). Please read this user manual carefully before operating to ensure proper use.

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