Angiotensin I
Luminescence Immunoassay

A direct chemiluminescent immunoassay for the in-vitro quantitative determination of Plasma Renin Activity in human plasma.

REF  DB69011

Σ   96

2-8 °C

EU: IVD  CE  U.S.: For research use only. Not for use in diagnostic procedures.

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INTENDED USE
For the quantitative determination of Plasma Renin Activity (PRA) in human plasma by a chemiluminescent immunoassay. For *in vitro* use only.

PRINCIPLE OF THE TEST
This kit measures PRA and the results are expressed in terms of mass of angiotensin-I (Ang-I) generated per volume of human plasma in unit time (ng/mL.h).

The blood sample is collected in a tube that contains EDTA. The plasma is separated and either stored frozen or kept at room temperature for immediate use, samples should not be chilled on ice or stored at temperatures between 0 and 10°C during collection or processing before adjustment of pH, this could lead to overestimation of renin activity. Before the start of immunoassay a protease inhibitor and the Generation buffer is added to the plasma sample, which will prevent Angiotensin-I (Ang-I) in plasma from degradation. The pH of the plasma sample should be around 6.0 after the addition of the supplied Generation buffer. The plasma sample is split in two and the fractions are incubated at 0-4°C (in ice bath) and 37°C respectively for 90 minutes or longer, to allow the generation of Ang-I by plasma renin at 37°C. Optionally, the pH can be adjusted to 6.5 or 7.4. Adjustment of pH is a critical step during the assay, acidification of plasma to pH 3.3 or lower for prolonged time with subsequent return to neutral pH causes irreversible activation of the renin (Derkx et al., 1987), on the other side incubation at pH higher than 8.0 can destroy renin. During the immunoassay incubation, another set of protease inhibitors are involved, which function to stop the new generation as well as degradation of Ang-I to smaller peptides.

The immunoassay of Ang-I is a competitive assay that uses two incubations, with a total assay incubation time of less than two hours. During the first incubation unlabelled Ang-I (present in the standards, controls and plasma samples) competes with biotinylated Ang-I to bind to the anti-Ang-I antibody. In the second incubation the labelled Streptavidin-HRP conjugate, binds to the immobilized Ang-I-Biotin. The washing and decanting procedures remove unbound materials. The luminescent HRP substrate is added and the light generated (RLU) is measured in a microplate reader. The RLU values are inversely proportional to the concentrations of Ang-I in the samples. A set of calibrators is used to plot a standard curve from which the concentrations of Ang-I in the samples can be directly read.

CLINICAL APPLICATIONS
Measurement of PRA is important for the clinical evaluation of hypertensive patients. In particular, determination of plasma renin activity can help in the diagnosis of primary hyperaldosteronism (5-13% of hypertensive cases) and assist in the therapy and management of other forms of hypertension. PRA, in contrast to the determination of renin concentration, is a more accurate indicator of primary hyperaldosteronism (PHA), because of several reasons: 1. PRA is the expression of the rate of Ang-I formation through the enzymatic action of renin on its substrate, angiotensinogen, therefore PRA depends not only on renin concentration but also on the concentration of angiotensinogen which is ignored in the renin concentration assay; 2. Plasma renin concentration assay does not ensure sensitivity in low renin states, while the sensitivity of the PRA assay can be enhanced by increasing the incubation time during the generation step (Sealey et al., 2005), 3. When an inhibitor is bound to the renin active site PRA is inhibited, whereas the presence of the inhibitor does not affect the recognition of renin by currently available immunoassays, therefore total renin concentration does not always correlate with plasma renin activity (Campbell et al., 2009).

Renin liberates angiotensin-I from angiotensinogen. Angiotensin-I is transformed to angiotensin-II largely in pulmonary circulation by angiotensin converting enzyme (ACE). Angiotensin-II raises blood pressure by direct arteriolar vasoconstriction, promoting sodium retention, and stimulating the secretion of aldosterone from the adrenal cortex. Aldosterone also exerts an effect to restore sodium balance and lift arterial pressure. Accurate measurement of the concentration of circulating angiotensin-II is challenging because of its instability in blood samples. Aldosterone concentration can be easily determined using the immunoassay kit.
PROCEDURAL CAUTIONS AND WARNINGS
1. Users should have a thorough understanding of this protocol for the successful use of this kit. Reliable performance will only be attained by strict and careful adherence to the instructions provided.
2. Ang-I is presently not included in any external QC schemes. Therefore, each laboratory is suggested to establish its own internal QC materials and procedure for assessing the reliability of results.
3. When the use of water is specified for dilution or reconstitution, use deionized or distilled water.
4. All kit reagents and specimens should be at room temperature and mixed gently but thoroughly before use. Avoid repeated freezing and thawing of reagents and plasma specimens.
5. A calibrator curve must be established for every run. The kit controls should be included in every run and fall within established confidence limits.
6. Do not mix various lot numbers of kit components within a test and do not use any component beyond the expiration date printed on the label.
7. The luminescent substrate solutions and the prepared working substrate solution are sensitive to light and should always be stored in dark bottles away from direct sunlight.
8. To prevent contamination of reagents, use a new disposable pipette tip for dispensing each reagent, sample, standard and controls.
9. Improper procedural techniques, imprecise pipetting, incomplete washing as well as improper reagent storage may be indicated when assay values for the controls do not reflect established ranges. The performance of this assay is markedly influenced by the correct execution of the washing procedure!

LIMITATIONS
1. This kit is specifically designed and validated for the determination of renin activity / Ang-I generation in EDTA plasma. Other sources of material should be validated before being applied.
2. The Ang-I level depends on multiple factors, including renin activity, renin substrate concentration, the plasma pH, temperature and selection of inhibitors. Therefore, only carefully prepared plasma samples are suitable for this test. Bacterial contaminations, repeated freeze and thaw cycles and dilution of plasma samples may affect the assay result.
3. The interpretation of the results should recognise the conditions that can affect renin secretion, such as sodium and potassium intake, posture, medications like diuretics, chloridine, beta-blockers, estroprogestogens and peripheral vasodilators.
4. Do not use grossly haemolysed, lipaemic, icteric plasma, and any sample that was not handled properly according to the specimen collection instructions.
5. The results obtained with this kit should not be used as the sole basis for clinical diagnosis. For example, the occurrence of heterophilic antibodies in patients regularly exposed to animals or animal products has the potential of causing interferences in immunological tests. Consequently, the clinical diagnosis should include all aspects of a patient’s background including the frequency of exposure to animal products if false results are suspected.

SAFETY CAUTIONS AND WARNINGS

POTENTIAL BIOHAZARDOUS MATERIAL
All reagents in this kit should be considered a potential biohazard and handled with the same precautions as applied to any blood specimen. Human plasma samples should be handled as if capable of transmitting infections and in accordance with good laboratory practices.

CHEMICAL HAZARDS
Avoid contact with reagents containing PMSF and hydrogen peroxide. If contacted with any of these or other reagents in this kit, wash with plenty of water.

REAGENTS AND EQUIPMENT NEEDED BUT NOT PROVIDED
1. Disodium EDTA (2 mg/mL blood) collection tubes
2. Single and multi-channel pipettes and disposal tips.
3. Distilled or deionized water.
4. Disposable test tubes (glass or polypropylene).
5. Orbital shaker (600 rpm) (e.g. EAS 2/4, SLT) or Linear shaker (200 rpm).
7. 37°C incubator.
8. Ice bath.
9. 95% Ethanol.
## REAGENTS PROVIDED

### 1. Generation Buffer
- **Contents:** Buffer and non-toxic antibiotic.
- **Volume:** 5 mL/bottle
- **Storage:** Refrigerate at 2-8°C
- **Stability:** 12 months or as indicated on label

### 2. PMSF – Requires Preparation
- **Contents:** One bottle containing phenylmethylsulfonyl fluoride (PMSF).
- **Preparation:** Reconstitute by adding 0.5 mL of 95% ethanol to the bottle and vortex for two minutes to completely dissolve the PMSF. Refrigerate after first use, vortex again to re-dissolve contents. Do not keep the bottle open unnecessarily.
- **Stability:** 12 months or as indicated on label.

### 3. Rabbit Anti-Ang-I Antibody Coated Microwell Plate
- **Contents:** Two 96 well pre-coated microwell plates in a resealable pouch with desiccant.
- **Storage:** Refrigerate at 2-8°C
- **Stability:** 12 months or as indicated on label

### 4. Angiotensin-I-Biotin Conjugate
- **Contents:** One bottle containing buffer, protease inhibitors, Angiotensin-I-Biotin conjugate and a non-mercury preservative.
- **Volume:** 30 mL/bottle
- **Storage:** Refrigerate at 2-8°C
- **Stability:** 12 months in unopened vial or as indicated on label

### 5. Streptavidin-Horseradish Peroxidase Conjugate Concentrate – Requires Preparation
- **Contents:** Streptavidin-HRP conjugate in a protein-based buffer with a non-mercury preservative.
- **Volume:** 0.5 mL/vial
- **Preparation:** Dilute the conjugate concentrate 1:100 in assay buffer before use. The working conjugate solution is stable for 8 hours; discard the unused solution after this period.
- **Storage:** Refrigerate at 2-8°C
- **Stability:** 12 months in an unopened vial or as indicated on label

### 6. Angiotensin-I Calibrators
- **Contents:** Eight vials containing synthetic angiotensin-I peptide in a protein-based buffer with a non-mercury preservative. The calibrators are calibrated against the World Health Organization reference reagent NIBSC code 86/536.
- **Calibrator concentrations:** 0, 0.2, 0.5, 1.5, 4, 10, 25, 60 ng/mL
- **Volume:** Calibrator A: 2 mL/vial Calibrators B-H: 0.7 mL/vial
- **Storage:** Refrigerate at 2-8°C
- **Stability:** 12 months in unopened vials or as indicated on label

### 7. Controls
- **Contents:** Two vials containing angiotensin-I in a protein-based buffer with a non-mercury preservative.
- **Volume:** 0.7 mL/vial
- **Storage:** Refrigerate at 2-8°C
- **Stability:** 12 months in unopened vials or as indicated on label

### 8. Assay Buffer
- **Contents:** One bottle containing protein-based buffer with a non-mercury preservative.
- **Volume:** 40 mL/bottle
- **Storage:** Refrigerate at 2-8°C
- **Stability:** 12 months or as indicated on label
9. Wash Buffer Concentrate – Requires Preparation  
Contents: Two bottles containing buffer with a non-ionic detergent and a non-mercury preservative.  
Volume: 50 mL/bottle  
Storage: Refrigerate at 2-8°C  
Stability: 12 months or as indicated on label.  
Preparation: Dilute 1:10 in distilled or deionized water before use. If one whole plate is to be used, dilute 50 mL of the wash buffer concentrate in 450 mL of water.

10. LUM Substrate Reagent A – Requires Preparation  
Contents: One vial containing luminol plus enhancer.  
Volume: 2 mL/vial  
Storage: Refrigerate at 2-8°C  
Stability: 12 months or as indicated on label.  
Preparation: See preparation of LUM working substrate solution.

11. LUM Substrate Reagent B – Requires Preparation  
Contents: One vial containing stabilized peroxide solution.  
Volume: 4 mL/vial  
Storage: Refrigerate at 2-8°C  
Stability: 12 months or as indicated on label.  
Preparation: See preparation of LUM working substrate solution.

12. LUM Substrate Reagent C – Requires Preparation  
Contents: One bottle of buffer with a non-mercury preservative.  
Volume: 40 mL/bottle  
Storage: Refrigerate at 2-8°C  
Stability: 12 months or as indicated on label.  
Preparation: See preparation of LUM working substrate solution.

Preparation of LUM Working Substrate Solution  
Preparation: In a clean dry container, mix 1 part of reagent A with 2 parts of reagent B in 20 parts of reagent C. This gives the ready to use substrate solution. If the whole plate is to be used, prepare working substrate solution as follows: Combine 0.9 mL of reagent A with 1.8 mL of reagent B and 18 mL of reagent C, this gives 20.7 mL working substrate. It is suggested to wait at least 2 minutes prior to use the working substrate.

Stability: Working substrate solution is stable for 8 hours at room temperature; discard the unused solution after this period.

SPECIMEN COLLECTION AND STORAGE  
A minimum of 0.5 mL of plasma is required per duplicate determination. Appropriate sample collection is essential to the accurate determination of angiotensin-I. The in-vitro generation and degradation of angiotensin-I can be minimized by the following recommended collection procedure:

1. Collect 2 mL of blood into an EDTA venipuncture tube or syringe.
2. Centrifuge blood for 15 minutes at 5000 rpm at room temperature.
3. Transfer plasma sample to a test tube at room temperature.
4. If samples are to be assayed now proceed to the Angiotensin-I generation procedure, otherwise freeze samples immediately at -20°C or less. Avoid freezing and thawing samples more than once.
**ANGIOTENSIN-I GENERATION PROCEDURE**

1. If a freshly drawn plasma sample is being used proceed to step 2. If frozen plasma samples are being used thaw them as follows. Quickly bring frozen plasma samples to room temperature by placing the tubes in a container with room temperature water.

2. Transfer 0.5 mL of the plasma sample into a glass test tube.

3. Add 5 µL of the PMSF solution to the 0.5 mL of plasma sample (1:100 ratio). Vortex the tube to mix thoroughly.

4. Add 50 µL of the generation buffer to the treated sample from step 3 (1:10 ratio). Vortex the tube again to mix thoroughly.

5. Divide the treated sample from step 4 equally into two aliquots by transferring 0.25 mL into two test tubes. Incubate one aliquot for 90 minutes or longer (do not exceed 180 minutes) at 37°C, place the second aliquot on an ice bath (0°C). Be sure to record the incubation time used for the aliquots as this is used for calculations.

6. At the end of the incubation period place the 37°C aliquot on the ice-bath for 5 minutes to cool it down quickly.

7. Bring both aliquots to room temperature by placing in a bath with room temperature water for 5-10 minutes (do not exceed 10 minutes).

**ASSAY PROCEDURE**

1. Allow all kit components to reach room temperature. Remove the required number of microwell strips and assemble into the plate frame.

2. Pipette 50 µL of each calibrator, control and treated plasma sample (both 37°C and 0°C aliquots) into correspondingly labelled wells in duplicate.

3. Pipette 100 µL of the angiotensin-I-biotin conjugate into each well (the use of a multichannel pipette is recommended).

4. Incubate 1 h at RT on an orbital shaker (approx. 600 rpm) or linear shaker (approx. 200 rpm).

5. Wash the wells 5 times each time with 300 µL/well of diluted wash buffer. After washing tap the plate firmly against absorbent paper to remove any residual liquid (the use of an automatic strip washer is recommended).

6. Pipette 150 µL of the streptavidin-HRP conjugate working solution into each well (the use of a multichannel pipette is recommended).

7. Incubate 30 min at RT on an orbital shaker (approx. 600 rpm) or linear shaker (approx. 200 rpm).

8. Wash the wells 3 times each time with 300 µL/well of diluted wash buffer (the use of an automatic strip washer is strongly recommended). The performance of this assay is markedly influenced by the correct execution of the washing procedure!

9. Rinse the wells 3 times each time with 300 µL/well of distilled or deionized water. After rinsing tap the plate firmly against absorbent paper to remove any residual liquid (the use of an automatic strip washer is recommended).

10. Pipette 150 µL of the LUM substrate working solution into each well (the use of a multichannel pipette is recommended).

11. Measure the RLUs in each well on a microwell plate luminometer between 10-30 minutes after addition of the substrate. It is recommended to set the measuring time to 1 second per well.
CALCULATIONS

1. Using immunoassay software, choose either a 4-parameter or 5-parameter curve fitting method for calculating results.

2. If a sample reads more than 60 ng/mL then dilute it with calibrator A at a dilution of no more than 1:10 and rerun the sample. The result obtained should be multiplied by the dilution factor.

3. Calculate the plasma renin activity (PRA) in each sample using the following equation:

\[
\text{PRA} = \left( \frac{\text{Ang-I (37° C)} - \text{Ang-I (0° C)}}{\text{Time (hrs)}} \right) \times 1.11
\]

Where time (hrs) is the incubation time used during the generation step.

TYPICAL TABULATED DATA
Sample data only. Do not use to calculate results

<table>
<thead>
<tr>
<th>Calibrator</th>
<th>Ang-I (ng/mL)</th>
<th>Mean RLU</th>
<th>%RLU/RLU₀</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0</td>
<td>28600560</td>
<td>100</td>
</tr>
<tr>
<td>B</td>
<td>0.2</td>
<td>27197120</td>
<td>95.1</td>
</tr>
<tr>
<td>C</td>
<td>0.5</td>
<td>26326945</td>
<td>92.1</td>
</tr>
<tr>
<td>D</td>
<td>1.5</td>
<td>22172900</td>
<td>77.5</td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>15361535</td>
<td>53.7</td>
</tr>
<tr>
<td>F</td>
<td>10</td>
<td>8511020</td>
<td>29.8</td>
</tr>
<tr>
<td>G</td>
<td>25</td>
<td>3617255</td>
<td>12.6</td>
</tr>
<tr>
<td>H</td>
<td>60</td>
<td>1073600</td>
<td>3.8</td>
</tr>
</tbody>
</table>

TYPICAL CALIBRATION CURVE
Sample curve only, do not use to calculate results.
PERFORMANCE CHARACTERISTICS

SENSITIVITY
The limit of detection (LoD) was determined from the analysis of 40 samples of the blank and a low value sample and it was calculated as follows:
\[
\text{LoD} = \mu_B + 1.645\sigma_B + 1.645\sigma_S,
\]
where \(\sigma_B\) and \(\sigma_S\) are the standard deviation of the blank and low value sample and \(\mu_B\) is the mean value of the blank.
\[
\text{LoD} = 0.22 \text{ ng/mL of Angiotensin I}
\]

SPECIFICITY (CROSS-REACTIVITY)
The following compounds were tested for cross-reactivity using the Abraham method with angiotensin-I cross reacting at 100%:

<table>
<thead>
<tr>
<th>Antigen</th>
<th>Sequence</th>
<th>% Cross-Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angiotensin-I</td>
<td>DRVYIHPFH</td>
<td>100</td>
</tr>
<tr>
<td>Angiotensin 1-9</td>
<td>DRVYIHPFH</td>
<td>0.012</td>
</tr>
<tr>
<td>Angiotensin-II</td>
<td>DRVYIHPF</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Angiotensin-III</td>
<td>RVYIHPF</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Angiotensin 1-5</td>
<td>DRVYI</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Renin Substrate</td>
<td>DRVYIHPFHLV</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td></td>
<td>IHN</td>
<td></td>
</tr>
</tbody>
</table>

RECOVERY
Spiked samples were prepared by adding defined amounts of angiotensin-I to three patient plasma samples. The results (in ng/mL) are tabulated below:

<table>
<thead>
<tr>
<th>Sample</th>
<th>Observed Result</th>
<th>Expected Result</th>
<th>Recovery %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Unspiked</td>
<td>+0.48</td>
<td>1.88</td>
<td>1.86</td>
</tr>
<tr>
<td></td>
<td>+1.92</td>
<td>3.11</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>+5.77</td>
<td>6.87</td>
<td>7.15</td>
</tr>
<tr>
<td></td>
<td>+11.53</td>
<td>11.72</td>
<td>12.92</td>
</tr>
<tr>
<td>2.Unspiked</td>
<td>+0.48</td>
<td>2.56</td>
<td>2.55</td>
</tr>
<tr>
<td></td>
<td>+1.92</td>
<td>3.96</td>
<td>3.99</td>
</tr>
<tr>
<td></td>
<td>+5.77</td>
<td>7.56</td>
<td>7.84</td>
</tr>
<tr>
<td></td>
<td>+11.53</td>
<td>12.88</td>
<td>13.61</td>
</tr>
<tr>
<td>3.Unspiked</td>
<td>+0.48</td>
<td>3.4</td>
<td>3.38</td>
</tr>
<tr>
<td></td>
<td>+1.92</td>
<td>4.75</td>
<td>4.82</td>
</tr>
<tr>
<td></td>
<td>+5.77</td>
<td>8.89</td>
<td>8.67</td>
</tr>
<tr>
<td></td>
<td>+11.53</td>
<td>13.67</td>
<td>14.44</td>
</tr>
</tbody>
</table>
LINEARITY
Three patient plasma samples were diluted with calibrator A. The results (in ng/mL) are tabulated below:

<table>
<thead>
<tr>
<th>Sample</th>
<th>Obs.Result</th>
<th>Exp.Result</th>
<th>Recovery %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7.83</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1:2</td>
<td>3.91</td>
<td>3.92</td>
<td>100</td>
</tr>
<tr>
<td>1:4</td>
<td>1.99</td>
<td>1.96</td>
<td>102</td>
</tr>
<tr>
<td>1:8</td>
<td>0.99</td>
<td>0.98</td>
<td>101</td>
</tr>
<tr>
<td>1:16</td>
<td>0.48</td>
<td>0.49</td>
<td>98</td>
</tr>
<tr>
<td>2</td>
<td>8.82</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1:2</td>
<td>4.86</td>
<td>4.41</td>
<td>110</td>
</tr>
<tr>
<td>1:4</td>
<td>2.30</td>
<td>2.21</td>
<td>104</td>
</tr>
<tr>
<td>1:8</td>
<td>1.12</td>
<td>1.10</td>
<td>102</td>
</tr>
<tr>
<td>1:16</td>
<td>0.53</td>
<td>0.55</td>
<td>96</td>
</tr>
<tr>
<td>3</td>
<td>11.83</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1:2</td>
<td>5.77</td>
<td>5.92</td>
<td>98</td>
</tr>
<tr>
<td>1:4</td>
<td>2.62</td>
<td>2.96</td>
<td>89</td>
</tr>
<tr>
<td>1:8</td>
<td>1.30</td>
<td>1.48</td>
<td>88</td>
</tr>
<tr>
<td>1:16</td>
<td>0.66</td>
<td>0.74</td>
<td>89</td>
</tr>
</tbody>
</table>

INTERFERENCE
Interference testing was performed according to CLSI guideline EP7-A2. Plasma samples with varying levels of angiotensin-I were spiked with potential interfering substances at recommended levels and analyzed. Results were compared to the same plasma samples with no extra substances added to calculate the % interference.

\[
\text{Interference} (%) = \frac{[\text{AngI(Spiked sample)}] - [\text{AngI(Native sample)}]}{[\text{AngI(Native sample)}]} \times 100
\]

<table>
<thead>
<tr>
<th>Interferent</th>
<th>Added Interferent Concentration</th>
<th>% Interference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin</td>
<td>1 g/ L</td>
<td>-5.6</td>
</tr>
<tr>
<td></td>
<td>2 g/L</td>
<td>-10</td>
</tr>
<tr>
<td>Bilirubin Unconjugated</td>
<td>20 µM (12 mg/L)</td>
<td>+3.2</td>
</tr>
<tr>
<td></td>
<td>500 µM (300 mg/L)</td>
<td>-1.6</td>
</tr>
<tr>
<td>Bilirubin Conjugated*</td>
<td>20 µM (16 mg/L)</td>
<td>-2.8</td>
</tr>
<tr>
<td></td>
<td>500 µM (400 mg/L)</td>
<td>+7.2</td>
</tr>
<tr>
<td>Haemoglobin + Bilirubin</td>
<td>1 g/L + 20 µM</td>
<td>-5.5</td>
</tr>
<tr>
<td></td>
<td>1 g/L + 500 µM</td>
<td>-8.7</td>
</tr>
<tr>
<td></td>
<td>2 g/L + 20 µM</td>
<td>-15.2</td>
</tr>
<tr>
<td></td>
<td>2 g/L + 500 µM</td>
<td>-15.9</td>
</tr>
<tr>
<td>Triglycerides (2C-10 C)</td>
<td>3.7 mM</td>
<td>+0.4</td>
</tr>
<tr>
<td></td>
<td>37 mM</td>
<td>+17</td>
</tr>
<tr>
<td>Triglycerides (8C-16 C)</td>
<td>3.7 mM</td>
<td>+9.8</td>
</tr>
<tr>
<td></td>
<td>37 mM</td>
<td>+11</td>
</tr>
<tr>
<td>HSA</td>
<td>40 g/L</td>
<td>-10</td>
</tr>
<tr>
<td></td>
<td>60 g/L</td>
<td>-16</td>
</tr>
</tbody>
</table>

*Taurobilirubin
**INTRA-ASSAY PRECISION**
Four samples were assayed ten times each on the same calibrator curve. The results (in ng/mL) are tabulated below:

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean</th>
<th>SD</th>
<th>CV%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.447</td>
<td>0.041</td>
<td>9.07</td>
</tr>
<tr>
<td>2</td>
<td>2.563</td>
<td>0.161</td>
<td>6.27</td>
</tr>
<tr>
<td>3</td>
<td>7.007</td>
<td>0.458</td>
<td>6.54</td>
</tr>
<tr>
<td>4</td>
<td>11.81</td>
<td>0.769</td>
<td>6.51</td>
</tr>
</tbody>
</table>

**INTER-ASSAY PRECISION**
Four samples were assayed in ten different tests. The results (in ng/mL) are tabulated below:

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean</th>
<th>SD</th>
<th>CV%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.79</td>
<td>0.15</td>
<td>8.54</td>
</tr>
<tr>
<td>2</td>
<td>5.32</td>
<td>0.49</td>
<td>9.22</td>
</tr>
<tr>
<td>3</td>
<td>8.86</td>
<td>0.66</td>
<td>7.49</td>
</tr>
<tr>
<td>4</td>
<td>14.37</td>
<td>1.40</td>
<td>9.72</td>
</tr>
</tbody>
</table>

**COMPARATIVE STUDIES**
The Angiotensin I ELISA (x) was compared with the Angiotensin I Luminescence Immunoassay (y). The comparison of 12 plasma samples yielded the following linear regression results:

\[ y = 1.09x - 0.06, \quad r = 0.999 \]

**EXPECTED NORMAL VALUES**
As for all clinical assays each laboratory should collect data and establish their own range of expected normal values. Data presented here were from samples incubated at pH 6.0 during the generation step (Brossaud and Corcuff, 2009).

<table>
<thead>
<tr>
<th>N</th>
<th>PRA Mean (ng/mL.h)</th>
<th>PRA Range (10th-90th percentile) (ng/mL.h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>533</td>
<td>0.75</td>
<td>0.06-4.69</td>
</tr>
</tbody>
</table>
REFERENCES
Symbols / Symbole / Symbôles / Símbolos / Σύμβολα

**REF**
Cat.-No.: / Kat.-Nr.: / No.- Cat.: / Cat.-No.: / N.º Cat.: / N.–Cat.: / Αριθμός-Κατ.

**LOT**
Lot-No.: / Chargen-Bez.: / No. Lot: / Lot-No.: / Lote N.º: / Lotto n.: / Αριθμός-Παραγωγή:

**Use by:** / Verwendbar bis: / Utiliser à: / Usado por: / Usar até: / Da utilizzare entro: / Χρησιμοποιείται από:

**No. of Tests:** / Kitgröße: / Nb. de Tests: / No. de Determ.: / N.º de Testes: / Quantità dei tests: / Αριθμός εξετάσεων:

**CONC**
Concentrate / Konzentrat / Concentré / Concentrar / Concentrado / Concentrato / Συµπύκνωµα

**LYO**
Lyophilized / Lyophilisat / Lyophilisé / Liofilizado / Liofilizado / Liofilizzato / Λυοφιλιασµένο

**IVD**
In Vitro Diagnostic Medical Device. / In-vitro-Diagnostikum. / Appareil Médical pour Diagnostics In Vitro. / Equipamento Médico de Diagnóstico In Vitro. / Dispositivo Medico Diagnostico In vitro. / Ιατρική συσκευή για In-Vitro Διάγνωση.

**Evaluation kit.** / Nur für Leistungsbewertungszwecke. / Kit pour évaluation. / Juego de Reactivos para Evaluación. / Kit de avaliação. / Kit di valutazione. / Κιτ Αξιολόγησης.

**Read instructions before use.** / Arbeitsanleitung lesen. / Lire la fiche technique avant emploi. / Lea las instrucciones antes de usar. / Ler as instruções antes de usar. / Leggere le istruzioni prima dell'uso. / Διαβάστε τις οδηγίες πριν την χρήση.

**Keep away from heat or direct sun light.** / Vor Hitze und direkter Sonneneinstrahlung schützen. / Garder à l'abri de la chaleur et de toute exposition lumineuse. / Manténgase alejado del calor o la luz solar directa. / Non esporre ai raggi solari. / Να φυλάσσεται μακριά από θερµότητα και άµεση επαφή µε το φως του ηλίου.

**Store at:** / Lagern bei: / Stocker à: / Almacene a: / Armazenar a: / Conservare a: / Αποθήκευση στους:

**Manufacturer:** / Hersteller: / Fabricant: / Productor: / Fabricante: / Fabbricante: / Παραγωγός:

**Caution!** / Vorsicht! / Attention! / ¡Precaución! / Cuidado! / Attenzione! / Προσοχή!

Symbols of the kit components see MATERIALS SUPPLIED.
Die Symbole der Komponenten sind im Kapitel KOMPONENTEN DES KITS beschrieben.
Voir MATERIEL FOURNI pour les symbôles des composants du kit.
Símbolos de los componentes del juego de reactivos, vea MATERIALES SUMINISTRADOS.
Para símbolos dos componentes do kit ver MATERIAIS FORNECIDOS.
Per i simboli dei componenti del kit si veda COMPONENTI DEL KIT.
Για τα σύµβολα των συστατικών του κιτ συµβουλευτείτε το ΠΑΡΕΧΟΜΕΝΑ ΥΛΙΚΑ.

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**LIABILITY:** Complaints will be accepted in each mode –written or vocal. Preferred is that the complaint is accompanied with the test performance and results. Any modification of the test procedure or exchange or mixing of components of different lots could negatively affect the results. These cases invalidate any claim for replacement. Regardless, in the event of any claim, the manufacturer’s liability is not to exceed the value of the test kit. Any damage caused to the kit during transportation is not subject to the liability of the manufacturer.

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