

	REF		\sum	SYSTEM
	07559992160	07559992501	100	cobas e 411 cobas e 601 cobas e 602

English

For use in the USA only

System information

For **cobas e** 411 analyzer: test number 1520 For **cobas e** 601 and **cobas e** 602 analyzers: Application Code Number 721

Intended use

Binding assay for the in vitro quantitative determination of folate in human serum. The binding assay is intended for use on Elecsys and **cobas e** immunoassay analyzers. Folic acid measurements are used in the diagnosis and treatment of anemias.

Summary

Nutritional and macrocytic anemias can be caused by a deficiency of folate. This deficiency can result from diets devoid of raw fruits, vegetables or other foods rich in folic acid, as may be the case with chronic alcoholics, drug addicts, the elderly or persons of low socioeconomic status, etc. In addition, low serum folate during pregnancy has been associated with neural tube defects in the fetus. Dietary deficiency and malabsorption are the major causes of folate deficiency in humans. Folate is necessary for normal metabolism, DNA synthesis and red blood cell regeneration. Untreated deficiencies may lead to megaloblastic anemia. Since a deficiency of either vitamin B₁₂ or folate can cause megaloblastic

Since a deficiency of either vitamin B_{12} or folate can cause megaloblastic anemia, it is advisable to determine the concentration of both vitamin B_{12} and folate in order to properly diagnose the etiology of anemia. Radioassays were first reported for folate in 1973. $^{3.4,5.6}$

The majority utilize ¹²⁵I-folate radiolabeled tracers and natural binding proteins (milk binding protein, folate binding protein). The various commercial assays differ in their free versus bound separation techniques and choice of specimen pretreatment.

The Elecsys Folate assay employs a competitive test principle using natural folate binding protein (FBP) specific for folate. Folate in the sample competes with the added folate (labeled with biotin) for the binding sites on FBP (labeled with ruthenium complex^a).

a) $\mathsf{Tris}(2,\!2'\text{-bipyridyI})\mathsf{ruthenium}(\mathsf{II})\text{-complex }(\mathsf{Ru}(\mathsf{bpy})^{2+}_3)$

Test principle

Competition principle. Total duration of assay: 27 minutes.

- 1st incubation: By incubating 25 µL of sample with the folate pretreatment reagents 1 and 2, bound folate is released from endogenous folate binding proteins.
- 2nd incubation: By incubating the pretreated sample with the ruthenium labeled folate binding protein, a folate complex is formed, the amount of which is dependent upon the analyte concentration in the sample.
- 3rd incubation: After addition of streptavidin-coated microparticles and folate labeled with biotin, the unbound sites of the ruthenium labeled folate binding protein become occupied, with formation of a ruthenium labeled folate binding protein-folate biotin complex. The entire complex becomes bound to the solid phase via interaction of biotin and streptavidin.
- The reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of the electrode. Unbound substances are then removed with ProCell/ProCell M. Application of a voltage to the electrode then induces chemiluminescent emission which is measured by a photomultiplier.
- Results are determined via a calibration curve which is instrumentspecifically generated by 2-point calibration and a master curve provided via the reagent barcode or e-barcode.

Reagents - working solutions

The reagent rackpack (M, R1, R2) and the pretreatment reagents (PT1, PT2) are labeled as FOL III.

PT1 Pretreatment reagent 1 (white cap), 1 bottle, 4 mL: Sodium 2-mercaptoethanesulfonate (MESNA) 40 g/L, pH 5.5.

- PT2 Pretreatment reagent 2 (gray cap), 1 bottle, 5 mL: Sodium hydroxide 25 g/L.
- M Streptavidin-coated microparticles (transparent cap), 1 bottle, 6.5 mL: Streptavidin-coated microparticles 0.72 mg/mL; preservative.
- R1 Folate binding protein~Ru(bpy)₃²⁺ (gray cap), 1 bottle, 9 mL: Ruthenium labeled folate binding protein 75 μg/L; human serum albumin (stabilizer); borate/phosphate/citrate buffer 70 mmol/L, pH 5.5; preservative.
- R2 Folate~biotin (black cap), 1 bottle, 8 mL: Biotinylated folate 17 μg/L; biotin 120 μg/L; human serum albumin (stabilizer); borate buffer 100 mmol/L, pH 9.0; preservative.

Precautions and warnings

For in vitro diagnostic use.

Exercise the normal precautions required for handling all laboratory reagents.

Disposal of all waste material should be in accordance with local guidelines. Safety data sheet available for professional user on request.

For USA: Caution: Federal law restricts this device to sale by or on the order of a physician.

This kit contains components classified as follows in accordance with the Regulation (EC) No. 1272/2008:

2-methyl-2H-isothiazol-3-one hydrochloride

EUH 208 May produce an allergic reaction.



Danger

H290 May be corrosive to metals.

H314 Causes severe skin burns and eye damage.

Prevention:

P280 Wear protective gloves/ protective clothing/ eye protection/

face protection.

Response:

P301 + P330 IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

+ P331

P303 + P361 IF ON SKIN (or hair): Take off immediately all contaminated

+ P353 clothing. Rinse skin with water.

P304 + P340 IF INHALED: Remove person to fresh air and keep

+ P310 comfortable for breathing. Immediately call a POISON CENTER/ doctor.

P305 + P351 IF IN EYES: Rinse cautiously with water for several

+ P338 minutes. Remove contact lenses, if present and easy to do.
 + P310 Continue rinsing. Immediately call a POISON CENTER/

doctor.

P390 Absorb spillage to prevent material damage.

Product safety labeling follows EU GHS guidance.

Contact phone: 1-800-428-2336



All human material should be considered potentially infectious. All products derived from human blood are prepared exclusively from the blood of donors tested individually and shown to be free from HBsAg and antibodies to HCV and HIV. The testing methods used assays approved by the FDA or cleared in compliance with the European Directive 98/79/EC, Annex II, I ist A

However, as no testing method can rule out the potential risk of infection with absolute certainty, the material should be handled with the same level of care as a patient specimen. In the event of exposure, the directives of the responsible health authorities should be followed.^{7,8}

Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).

Reagent handling

The reagents in the kit have been assembled into a ready-for-use unit that cannot be separated.

All information required for correct operation is read in from the respective reagent barcodes.

Storage and stability

Store at 2-8 °C.

Do not freeze.

Store the Elecsys reagent kit **upright** in order to ensure complete availability of the microparticles during automatic mixing prior to use.

Stability:					
unopened at 2-8 °C	up to the stated expiration date				
after opening at 2-8 °C	8 weeks				
on the analyzers	2 weeks or 4 weeks when stored alternatively in the refrigerator and on the analyzer, with the total time on-board the analyzer not exceeding 10 x 8 hours				

Specimen collection and preparation

Note: Hemolysis may significantly increase folate values due to high concentrations of folate in red blood cells. Therefore, hemolyzed samples are not suitable for use in this assay. Samples for folate determinations should be collected from fasting persons.

Only the specimens listed below were tested and found acceptable. Serum collected using standard sampling tubes or tubes containing separating gel.

Serum: Stable for 2 hours at 15-25 °C, 2 days at 2-8 °C, 4 weeks at -20 °C (\pm 5 °C). Freeze only once. Protect from light. Store the samples at 2-8 °C if they cannot be measured immediately.

The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Samples should not subsequently be altered with additives (biocides, anti-oxidants or substances possibly changing the pH of the sample) in order to avoid erroneous folate recovery.

Centrifuge samples containing precipitates before performing the assay. Do not use heat-inactivated samples.

Ensure the samples, calibrators and controls are at 20-25 $^{\circ}\text{C}$ prior to measurement.

Due to possible evaporation effects, samples, calibrators and controls on the analyzers should be analyzed/measured within 2 hours.

Sample stability claims were established by experimental data by the manufacturer or based on reference literature and only for the temperatures/time frames as stated in the method sheet. It is the responsibility of the individual laboratory to use all available references and/or its own studies to determine specific stability criteria for its laboratory.

Materials provided

See "Reagents - working solutions" section for reagents.

Materials required (but not provided)

- REF 07560001190, Folate III CalSet, for 4 x 1.0 mL
- REF 05618860160, PreciControl Varia, for 6 x 3 mL
- REF 03183971122, Diluent Universal, 2 x 36 mL sample diluent
- General laboratory equipment
- cobas e analyzer

Additional materials for cobas e 411 analyzers:

- REF 11662988122, ProCell, 6 x 380 mL system buffer
- REF 11662970122, CleanCell, 6 x 380 mL measuring cell cleaning solution
- REF 11930346122, Elecsys SysWash, 1 x 500 mL washwater additive
- REF 11933159001, Adapter for SysClean
- REF 11706802001, AssayCup, 60 x 60 reaction cups
- REF 11706799001, AssayTip, 30 x 120 pipette tips
- REF 11800507001, Clean-Liner

Additional materials for cobas e 601 and cobas e 602 analyzers:

- REF 04880340190, ProCell M, 2 x 2 L system buffer
- REF 04880293190, CleanCell M, 2 x 2 L measuring cell cleaning solution
- REF 03023141001, PC/CC-Cups, 12 cups to prewarm ProCell M and CleanCell M before use
- REF 03005712190, ProbeWash M, 12 x 70 mL cleaning solution for run finalization and rinsing during reagent change
- REF 03004899190, PreClean M, 5 x 600 mL detection cleaning solution
- REF 12102137001, AssayTip/AssayCup, 48 magazines x 84 reaction cups or pipette tips, waste bags
- REF 03023150001, WasteLiner, waste bags
- REF 03027651001, SysClean Adapter M

Additional material for all analyzers:

 REF 11298500160, ISE Cleaning Solution/Elecsys SysClean, 5 x 100 mL system cleaning solution

Assav

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

cobas e 601 and cobas e 602 analyzers: PreClean M solution is necessary.

Resuspension of the microparticles takes place automatically prior to use. Read in the test-specific parameters via the reagent barcode. If in exceptional cases the barcode cannot be read, enter the 15-digit sequence of numbers.

Bring the cooled reagents to approximately 20 °C and place on the reagent disk (20 °C) of the analyzer. Avoid foam formation. The system automatically regulates the temperature of the reagents and the opening/closing of the bottles.

Calibration

Traceability: This method has been standardized against the WHO International Standard NIBSC code: 03/178.

Every Elecsys reagent set has a barcoded label containing specific information for calibration of the particular reagent lot. The predefined master curve is adapted to the analyzer using the relevant CalSet.

Calibration frequency: Calibration must be performed once per reagent lot using fresh reagent (i.e. not more than 24 hours since the reagent kit was registered on the analyzer).

Calibration interval may be extended based on acceptable verification of calibration by the laboratory.

Renewed calibration is recommended as follows:

after 1 month (28 days) when using the same reagent lot



- after 7 days (when using the same reagent kit on the analyzer)
- as required: e.g. quality control findings outside the defined limits

Quality control

For quality control, use PreciControl Varia.

In addition, other suitable control material can be used.

Controls for the various concentration ranges should be run individually at least once every 24 hours when the test is in use, once per reagent kit, and following each calibration.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

If necessary, repeat the measurement of the samples concerned.

Follow the applicable government regulations and local guidelines for quality control.

Calculation

The analyzer automatically calculates the analyte concentration of each sample (either in nmol/L or ng/mL).

Conversion factors: $nmol/L \times 0.44 = ng/mL$

 $ng/mL \times 2.27 = nmol/L$

Limitations - interference

Do not use hemolyzed samples.

The assay is unaffected by icterus (bilirubin < 496 μ mol/L or < 29 mg/dL), lipemia (Intralipid < 1500 mg/dL), biotin (< 86.1 nmol/L or < 21 ng/mL), lgG < 16 g/L, lgA < 4.0 g/L and lgM < 10 g/L.

Criterion: Recovery within \pm 10 % of initial values for samples > 4-20 ng/mL and \leq 0.4 ng/mL deviation of initial values for samples 2.0-4.0 ng/mL. Hemolysis may significantly increase folate values due to high concentrations of folate in red blood cells. Therefore, hemolyzed samples are not suitable for use in this assay.

Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5~mg/day) until at least 8 hours following the last biotin administration.

No interference was observed from rheumatoid factors up to a concentration of 1000 IU/mL.

In vitro tests were performed on 16 commonly used pharmaceuticals and in addition on human erythropoietin. No interference with the assay was found

It is contraindicated to measure samples of patients receiving therapy with certain pharmaceuticals, e.g. methotrexate or leucovorin, because of the cross-reactivity of folate binding protein with these compounds.

Samples with extremely high total protein concentrations (hyperproteinemia) are not suitable for use in this assay. Hyperproteinemia may be caused by, but not limited to, the following conditions: Lymphoma, 9,10 bone marrow disorders such as multiple myeloma, monoclonal gammopathy of undetermined significance (MGUS), Waldenström macroglobulinemia, plasmocytoma, 9,10,11,12,13,14,15 Amyloidosis. 15,16 Respective samples may lead to the formation of protein gel in the assay cup, which may cause a run abort. The critical total protein concentration is dependent upon the individual sample composition.

In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur. These effects are minimized by suitable test design.

For diagnostic purposes, the results should always be assessed in conjunction with RBC folate, the patient's medical history, clinical examination and other findings.

Limits and ranges

Measuring range

2.0 - 20.0 ng/mL or 4.54 - 45.4 nmol/L (defined by the Limit of Quantitation and the maximum of the master curve). Values below the Limit of Quantitation are reported as < 2.0 ng/mL (< 4.54 nmol/L). Values above the measuring range are reported as > 20.0 ng/mL (> 45.4 nmol/L).

Lower limits of measurement

Limit of Blank, Limit of Detection and Limit of Quantitation

The Limit of Blank, Limit of Detection and Limit of Quantitation were determined in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP17-A requirements.

The Limit of Blank is the 95th percentile value from $n \ge 60$ measurements of analyte-free samples over several independent series. The Limit of Blank corresponds to the concentration below which analyte-free samples are found with a probability of 95 %.

The Limit of Detection is determined based on the Limit of Blank and the standard deviation of low concentration samples. The Limit of Detection corresponds to the lowest analyte concentration which can be detected (value above the Limit of Blank with a probability of 95 %).

The Limit of Quantitation is defined as the lowest amount of analyte in a sample that can be accurately quantitated with a total allowable relative error of < 20 %.

It has been determined using low concentration folate samples.

Dilution

Samples with folate concentrations above the measuring range can be diluted manually with Diluent Universal. The recommended dilution is 1:2. The concentration of the diluted sample must be > 8.5 ng/mL or 19.3 nmol/L.

After manual dilution, multiply the result by the dilution factor.

Expected values

Referring to "The American Journal of Clinical Nutrition" 17 serum folate (folic acid) values were found as follows:

Sex	Age	N	Median		2.5 th -97.5 th percentile		
	years		nmol/L	ng/mL	nmol/L	ng/mL	
Both	all	23345	29.5	13.0	10.4-78.9	4.6-34.8	
Male	all	11387	27.9	12.3	10.2-73.0	4.5-32.2	
Female	all	11958	30.1	13.6	10.9-84.5	4.8-37.3	
Both	4-11	3595	39.0	17.2	19.5-85.4	8.6-37.7	
Both	12-19	6390	27.4	12.1	11.3-61.6	5.0-27.2	
Both	20-59	8689	26.3	11.6	10.0-70.2	4.4-31.0	
Both	≥ 60	4671	37.6	16.6	12.7-104	5.6-45.8	

These values were obtained in the USA during the National Health and Nutrition Examination Survey (NHANES), 1999-2004.

The values shown below were performed on samples from an apparently healthy population, using the Elecsys Folate III assay on the **cobas e** 411 analyzer

The calculation is based on 214 sera (110 men, 104 women). The age range was between 21 and 59 years. Pregnant or lactating women were excluded. The reference population was selected according to normal homocysteine values.

Country	N	Median		2.5 th -97.5 th percentile		
		nmol/L	ng/mL	nmol/L	ng/mL	
USA	214	26.8	11.8	10.9 - 54.9	4.78 - 24.2	

Please note: These values should only be used as a guideline. It should be taken into consideration that differences in the expected values may exist with respect to population and dietary status.

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference ranges.

Specific performance data

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.



Precision

Precision was determined using Elecsys reagents, pooled human sera and controls in a protocol (EP5-A2) of the CLSI (Clinical and Laboratory Standards Institute): 2 runs per day in duplicate each for 21 days (n = 84). The following results were obtained:

cobas e 411 analyzer								
	Repeatability			Intermediate precision				
Sample	Mean		SD CV		SD		CV	
	nmol/L	ng/mL	nmol/L	ng/mL	%	nmol/L	ng/mL	%
HSb) 1	5.20	2.29	0.352	0.155	6.8	0.561	0.247	10.8
HS 2	8.90	3.92	0.454	0.200	5.1	0.722	0.318	8.1
HS 3	27.0	11.9	0.785	0.346	2.9	1.30	0.571	4.8
HS 4	30.4	13.4	0.683	0.301	2.2	1.30	0.574	4.3
HS 5	40.4	17.8	0.999	0.440	2.5	1.51	0.666	3.7
PCc) Varia 1	7.35	3.24	0.488	0.215	6.6	0.701	0.309	9.5
PC Varia 2	26.3	11.6	0.713	0.314	2.7	1.28	0.566	4.9

b) HS = human serum

c) PC = PreciControl

cobas e 601 and cobas e 602 analyzers								
	Repeatability			Intermediate precision				
Sample	Me	an	SD		CV	SD		CV
	nmol/L	ng/mL	nmol/L	ng/mL	%	nmol/L	ng/mL	%
HS 1	4.99	2.20	0.602	0.265	12.0	0.654	0.288	13.1
HS 2	9.31	4.10	0.497	0.219	5.4	0.688	0.303	7.4
HS 3	25.2	11.1	1.02	0.449	4.1	1.14	0.503	4.6
HS 4	27.7	12.2	1.03	0.454	3.7	1.06	0.467	3.8
HS 5	37.2	16.4	1.14	0.502	3.1	1.42	0.625	3.8
PC Varia 1	5.31	2.34	0.429	0.189	8.1	0.518	0.228	9.8
PC Varia 2	22.9	10.1	1.01	0.443	4.4	1.11	0.489	4.9

Method comparison

A comparison of the Elecsys Folate III assay (y) and a commercially available method (x) using clinical samples gave the following correlations (ng/mL):

Number of samples measured: 106

 $\begin{array}{ll} Passing/Bablok^{18} & Deming Regression \\ y = 0.980x - 0.095 & y = 0.976x + 0.041 \\ \tau = 0.924 & r = 0.984 \end{array}$

The sample concentrations were between 2.08 and 19.6 $\,\mathrm{ng/mL}$ (4.7 and 44 $\,\mathrm{nmol/L}$).

Analytical specificity

The following cross-reactivities were found, tested with folate concentrations of approximately 3.5 ng/mL, 10 ng/mL, and 19 ng/mL.

Cross-reactant	Max. concentration tested (ng/mL)	Highest cross-reactivity observed (%)		
Amethopterin	1500	2.5		
Aminopterin	1500	4.4		
Folinic acid	1500	0.7		

References

 Rush D. Folate Supplements Prevent Recurrence of Neural Tube Defects, FDA Dietary Supplement Task Force. Nutrition Reviews 1992;50(1):22-28.

- 2 Herbert V. Drugs effective in megaloblastic anemias. In Goodman LS and Gilman A (eds): The Pharmacological Basis of Therapeutics, 5th Ed, MacMillan Co, 1975;1324-1349.
- 3 Dunn RT, Foster LB. Radioassay of serum Folate. Clin Chem 1973;19:1101-1105.
- 4 Rothenberg SP, DaCosta M, Rosenberg BS. A radioassay for serum Folate: Use of a two phase sequential incubation, ligand-binding system. New Eng J Med 1972;285(25):1335-1339.
- 5 Gutcho S, Mansbach L. Simultaneous radioassay of serum Folate and folic acid. Clin Chem 1977;23:1609-1614.
- BIO RAD Quantaphase B-12/Folate Radioassay Instruction Manual. March 1995.
- Occupational Safety and Health Standards: Bloodborne pathogens. (29 CFR Part 1910.1030). Fed. Register.
- 8 Directive 2000/54/EC of the European Parliament and Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work.
- 9 Wu AHB. Tietz clinical guide to laboratory tests, 4th ed. St. Louis, Saunders/Elsevier 2006:608-609, 916-917.
- 10 Paricaud K, Moulis G, Combis MS, et al. Causes of protidemia above 100 g/L. Eur J Intern Med 2014;25:e123.
- 11 Filippatos TD, Liamis G, Christopoulou F, et al. Ten common pitfalls in the evaluation of patients with hyponatremia. Eur J Intern Med 2016:29:22-25.
- Mailankody S, Landgren O. Monoclonal gammopathy of undetermined significance and Waldenström's macroglobulinemia. Best Pract Res Clin Haematol 2016;29:187-193.
- 13 Morel P, Duhamel A, Gobbi P, et al. International prognostic scoring system for Waldenström macroglobulinemia. Blood 2009;113:4163-4170.
- 14 Rajkumar SV. Multiple Myeloma. Curr Probl Cancer 2009;33:7-64.
- 15 Gertz MA. Immunoglobulin light chain amyloidosis: 2016 update on diagnosis, prognosis, and treatment. Am J Hematol 2016;91:947-956.
- 16 Wu AHB. Tietz clinical guide to laboratory tests, 4th ed. St. Louis, Saunders/Elsevier 2006: 916-917, 925.
- 17 Pfeiffer CM, Johnson CL, Jain RB, et al. Trends in blood folate and vitamin B-12 concentrations in the United States, 1988-2004. Am J Clin Nutr 2007;86:718-727.
- 18 Passing H, Bablok W, Bender R, et al. A general regression procedure for method transformation. J Clin Chem Clin Biochem 1988 Nov;26(11):783-790.

For further information, please refer to the appropriate operator's manual for the analyzer concerned, the respective application sheets, the product information and the Method Sheets of all necessary components (if available in your country).

Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see dialog.roche.com for definition of symbols used):

CONTENT Contents of kit

SYSTEM Analyzers/Instruments on which reagents can be used

REAGENT Reagent

CALIBRATOR Calibrator

Volume for reconstitution

GTIN Global Trade Item Number



FOR US CUSTOMERS ONLY: LIMITED WARRANTY

Roche Diagnostics warrants that this product will meet the specifications stated in the labeling when used in accordance with such labeling and will be free from defects in material and workmanship until the expiration date printed on the label. THIS LIMITED WARRANTY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. IN NO EVENT SHALL ROCHE DIAGNOSTICS BE LIABLE FOR INCIDENTAL, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES.

COBAS, COBAS E, ELECSYS and PRECICONTROL are trademarks of Roche. INTRALIPID is a trademark of Eracenius Kahi AR

All other product names and trademarks are the property of their respective owners. Additions, deletions or changes are indicated by a change bar in the margin.



Roche Diagnostics GmbH, Sandhofer Strasse 116, D-68305 Mannheim www.roche.com



Distribution in USA by: Roche Diagnostics, Indianapolis, IN US Customer Technical Support 1-800-428-2336