

Elecsys Progesterone III

REF			SYSTEM
09755748190	09755748500	100	cobas e 402 cobas e 801

English

System Information

Short name	ACN (application code number)
PROG 3	10045

Intended use

Immunoassay for the in vitro quantitative determination of progesterone in human serum and plasma.

The electrochemiluminescence immunoassay "ECLIA" is intended for use on **cobas e** immunoassay analyzers.

Summary

Progesterone measurements, performed with this device, in human serum and plasma are used as an aid in diagnosis of female fertility.

The gestagen progesterone is a steroid hormone which is mainly formed in the cells of the corpus luteum in the ovaries and during pregnancy in the placenta. Minor sources of progesterone are the adrenal cortex in both sexes and the testes in men.

The progesterone concentration correlates with the development and regression of the corpus luteum. Whereas progesterone is barely detectable in the follicular phase of the female cycle, a rise in the progesterone level is observed one day prior to ovulation. Increased progesterone synthesis occurs during the luteal phase. In the second half of the cycle pregnanediol is excreted in urine as the main degradation product of progesterone.¹

Progesterone brings about the conversion of the uterine mucosa into a tissue rich in glands (luteal phase), in order to prepare for the intrauterine implantation of the fertilized ovum.¹ During pregnancy, progesterone maternal serum concentrations increase, inhibiting the contraction of the myometrium and maintaining pregnancy. In the mammary gland, progesterone (together with estrogens) promotes the proliferation, secretion and disposition of the alveoli.^{1,2,3,4}

Progesterone determination is used in fertility diagnosis to detect ovulation and assess the luteal phase.⁵

Test principle

Competition principle. Total duration of assay: 18 minutes.

- 1st incubation: By incubating the sample (12 µL) with a progesterone-specific biotinylated antibody, immunocomplexes are formed, the amount of which is dependent upon the analyte concentration in the sample.
- 2nd incubation: After addition of streptavidin-coated microparticles and an progesterone derivative labeled with a ruthenium complex^{a)}, the still-vacant sites of the biotinylated antibodies become occupied, with formation of an antibody-hapten 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 II 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 instrument-specifically generated by 2-point calibration and a master curve provided via the **cobas** link.

a) Tris(2,2'-bipyridyl)ruthenium(II)-complex (Ru(bpy)₃²⁺)

Reagents - working solutions

The **cobas e** pack is labeled as PROG 3.

- M Streptavidin-coated microparticles, 1 bottle, 6.4 mL:
Streptavidin-coated microparticles 0.72 mg/mL; preservative.
- R1 Anti-progesterone-Ab-biotin, 1 bottle, 9.0 mL:
Biotinylated monoclonal anti-progesterone antibody (recombinant, sheep) 30 ng/mL, phosphate buffer 25 mmol/L, pH 7.0; preservative.

- R2 Progesterone-peptide-Ru(bpy)₃²⁺, 1 bottle, 8.2 mL:
Progesterone (of vegetable origin) coupled to a synthetic peptide labeled with ruthenium complex, 2 ng/mL; phosphate buffer 25 mmol/L, pH 7.0; preservative.

Precautions and warnings

For in vitro diagnostic use for health care professionals. Exercise the normal precautions required for handling all laboratory reagents.

Infectious or microbial waste:

Warning: handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

Environmental hazards:

Apply all relevant local disposal regulations to determine the safe disposal.

Safety data sheet available for professional user on request.

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



Warning

- H317 May cause an allergic skin reaction.

Prevention:

- P261 Avoid breathing mist or vapours.
- P272 Contaminated work clothing should not be allowed out of the workplace.
- P280 Wear protective gloves.

Response:

- P333 + P313 If skin irritation or rash occurs: Get medical advice/attention.
- P362 + P364 Take off contaminated clothing and wash it before reuse.

Disposal:

- P501 Dispose of contents/container to an approved waste disposal plant.

Product safety labeling follows EU GHS guidance.

Contact phone: all countries: +49-621-7590

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 available via the **cobas** link.

Storage and stability

Store at 2-8 °C.

Do not freeze.

Store the **cobas e** pack **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
on the analyzers	16 weeks

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Specimen collection and preparation

Only the specimens listed below were tested and found acceptable.

Serum collected using standard sampling tubes or tubes containing separating gel.

Li-heparin, K₂-EDTA and K₃-EDTA plasma.

Criterion: Slope 0.9-1.1 + intercept within ± 0.1 ng/mL + coefficient of correlation ≥ 0.95 .

Stable for 1 day at 20-25 °C, 5 days at 2-8 °C, 6 months at -20 °C (± 5 °C). Freeze only once.

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.

Centrifuge samples containing precipitates before performing the assay.

Do not use heat-inactivated samples.

Do not use samples and controls stabilized with azide.

Ensure the samples and calibrators are at 20-25 °C prior to measurement.

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

Materials provided

See "Reagents – working solutions" section for reagents.

Materials required (but not provided)

- [REF] 07092547190, Progesterone III CalSet, for 4 x 1.0 mL
- [REF] 11731416190, PreciControl Universal, for 4 x 3.0 mL
- [REF] 03028542122, Diluent Estradiol/Progesterone, 2 x 22 mL sample diluent
- [REF] 09762582190, Elecsys Progesterone Diluent, 2 x 22 mL sample diluent
- General laboratory equipment
- **cobas e** analyzer

Additional materials for **cobas e** 402 and **cobas e** 801 analyzers:

- [REF] 06908799190, ProCell II M, 2 x 2 L system solution
- [REF] 04880293190, CleanCell M, 2 x 2 L measuring cell cleaning solution
- [REF] 07485409001, Reservoir Cup, 8 cups to supply ProCell II M and CleanCell M
- [REF] 06908853190, PreClean II M, 2 x 2 L wash solution
- [REF] 05694302001, Assay Tip/Assay Cup tray, 6 magazines x 6 magazine stacks x 105 assay tips and 105 assay cups, 3 wasteliners
- [REF] 07485425001, Liquid Flow Cleaning Cup, 2 adaptor cups to supply ISE Cleaning Solution/Elecsys SysClean for Liquid Flow Cleaning Detection Unit
- [REF] 07485433001, PreWash Liquid Flow Cleaning Cup, 1 adaptor cup to supply ISE Cleaning Solution/Elecsys SysClean for Liquid Flow Cleaning PreWash Unit
- [REF] 11298500316, ISE Cleaning Solution/Elecsys SysClean, 5 x 100 mL system cleaning solution

Assay

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.

Resuspension of the microparticles takes place automatically prior to use.

Place the cooled (stored at 2-8 °C) **cobas e** pack on the reagent manager. Avoid foam formation. The system automatically regulates the temperature of the reagents and the opening/closing of the **cobas e** pack.

Calibration

Traceability: The Elecsys Progesterone III assay is traceable via ID-GC/MS (isotope dilution gas chromatography/mass spectrometry) to highly purified progesterone by weight analogously to BCR-348R and ERM-DA347.⁶

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 **cobas e** pack 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 8 weeks when using the same reagent lot
- after 28 days when using the same **cobas e** pack on the analyzer
- as required: e.g. quality control findings outside the defined limits

Quality control

Use PreciControl Universal or other suitable controls for routine quality control procedures.

Controls for the various concentration ranges should be run individually at least once every 24 hours when the test is in use, once per **cobas e** pack, 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, ng/mL or in µg/L).

Conversion factors: $\text{nmol/L} \times 0.314 = \text{ng/mL} (\mu\text{g/L})$
 $\text{ng/mL} \times 3.18 = \text{nmol/L}$

Limitations - interference

The effect of the following endogenous substances and pharmaceutical compounds on assay performance was tested. Interferences were tested up to the listed concentrations and no impact on results was observed.

Endogenous substances

Compound	Concentration tested
Bilirubin	$\leq 923 \mu\text{mol/L}$ or $\leq 54 \text{ mg/dL}$
Hemoglobin	$\leq 0.621 \text{ mmol/L}$ or $\leq 1000 \text{ mg/dL}$
Intralipid	$\leq 200 \text{ mg/dL}$
Biotin	$\leq 123 \text{ nmol/L}$ or $\leq 30 \text{ ng/mL}$
Rheumatoid factors	$\leq 1200 \text{ IU/mL}$
IgG	$\leq 7 \text{ g/dL}$
IgA	$\leq 0.4 \text{ g/dL}$
IgM	$\leq 1 \text{ g/dL}$

Criterion: Recovery within ± 10 % of initial value for samples $> 2 \text{ ng/mL}$, ± 15 % for samples > 0.5 to 2 ng/mL and $\pm 0.2 \text{ ng/mL}$ for samples $\leq 0.5 \text{ ng/mL}$.

Visibly turbid samples give a false low result.

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

Pharmaceutical substances

In vitro tests were performed on 16 commonly used pharmaceuticals. Of these, only phenylbutazone at therapeutic dosage levels showed interference with the assay (progesterone values depressed).

In addition, the following special drug was tested. No interference with the assay was found.

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Special drug

Drug	Concentration tested mg/L
Clomiphene citrate	100

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 the patient's medical history, clinical examination and other findings.

Limits and ranges

Measuring range

0.159-191 nmol/L or 0.05-60 ng/mL (defined by the Limit of Detection and the maximum of the master curve). Values below the Limit of Detection are reported as < 0.159 nmol/L or < 0.05 ng/mL. Values above the measuring range are reported as > 191 nmol/L or > 60 ng/mL.

Lower limits of measurement

Limit of Blank, Limit of Detection and Limit of Quantitation

Limit of Blank = 0.080 nmol/L (0.025 ng/mL)

Limit of Detection = 0.159 nmol/L (0.05 ng/mL)

Limit of Quantitation = 0.636 nmol/L (0.2 ng/mL)

The Limit of Blank, Limit of Detection and Limit of Quantitation were determined in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP17-A2 requirements.

The Limit of Blank is the 95th percentile value from $n \geq 60$ 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 %.

Dilution

Samples with progesterone concentrations above the measuring range can be diluted with Elecsys Progesterone Diluent or a suitable human serum with a low analyte concentration. The recommended dilution is 1:10. The concentration of the diluted sample must be ≥ 3.18 nmol/L (≥ 1 ng/mL).

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

Depending on the biological variance of the diluted patient sample and the human serum matrix used for production of Elecsys Progesterone Diluent, lower recovery of diluted samples may be observed.

Expected values

The expected ranges were determined by testing specimens drawn from 147 apparently healthy males, 142 apparently healthy, post-menopausal women over the age of 50, and from 416 apparently healthy pregnant women between the ages of 18 and 50 (137 in the first trimester, 140 in the second trimester, and 139 in the third trimester). The expected range for healthy women was determined by collecting blood at multiple time points of one menstrual cycle from 85 apparently healthy subjects with a natural menstrual cycle that were not taking any hormonal contraceptives. A menstrual cycle was defined as the phase between two subsequent menstrual bleedings. Cycle length (29 days) and day of ovulation (day 15) were standardized to account for variation in cycle length within the study population and to enable determination of expected values for further sub-phases. Only ovulatory menstrual cycles were used for value analysis. Based on a central 90 % interval, the following ranges were obtained:

Test subjects	N	5th percentile nmol/L (90 % CI)*	Median nmol/L (90 % CI)	95th percentile nmol/L (90 % CI)
Healthy men	147	< 0.159 (< 0.159-< 0.159)	< 0.159 (< 0.159-< 0.159)	0.474 (0.442-0.614)

Test subjects	N	5th percentile nmol/L (90 % CI)*	Median nmol/L (90 % CI)	95th percentile nmol/L (90 % CI)
Healthy postmenopausal women				
• Postmenopause	142	< 0.159 (< 0.159-< 0.159)	< 0.159 (< 0.159-< 0.159)	0.401 (0.343-0.480)
Healthy pregnant women				
• 1st trimester	137	35.0 (24.8-40.4)	76.3 (73.1-82.3)	141 (126-156)
• 2nd trimester	140	80.8 (71.3-86.2)	151 (144-159)	265 (251-315)
• 3rd trimester	139	187 (167-218)	342 (328-372)	679 (607-826)

* CI = confidence interval

Healthy women Cycle Phase	N **	5th percentile nmol/L (90 % CI)	Median nmol/L (90 % CI)	95th percentile nmol/L (90 % CI)
Follicular	85	< 0.159 (< 0.159-< 0.159)	0.212 (0.186-0.244)	0.616 (0.584-0.897)
Ovulation	81	0.175 (< 0.159-0.301)	1.81 (1.57-2.26)	13.2 (6.19-19.4)
Luteal	85	13.1 (8.34-15.6)	28.8 (26.4-31.4)	46.3 (43.2-64.8)

** N = number of patients contributing to the data in this menstrual cycle phase (not number of samples); differences in N per phase are due to cycle standardization procedure

Healthy women Cycle Sub-Phase	N	5th percentile nmol/L (90 % CI)	Median nmol/L (90 % CI)	95th percentile nmol/L (90 % CI)
Early follicular	78	< 0.159 (< 0.159-< 0.159)	0.38 (0.32-0.47)	1.03 (0.802-2.58)
Intermediate follicular	83	< 0.159 (< 0.159-< 0.159)	0.21 (0.168-0.252)	0.7 (0.619-3.44)
Late follicular	84	< 0.159 (< 0.159-< 0.159)	0.188 (< 0.159-0.234)	0.688 (0.579-12.3)
Ovulation	79	< 0.159 (< 0.159-0.171)	1.59 (1.09-1.85)	7.49 (5.91-19.4)
Early luteal	85	7.53 (4.66-9.53)	22.6 (20.3-24.9)	48 (39.9-54.1)
Intermediate luteal	81	15.2 (5.39-22.9)	39.2 (36.4-44.4)	66.5 (63.4-78.5)
Late luteal	84	1.71 (< 0.159-3.46)	18.2 (16.6-20.5)	43.1 (38.5-72.3)

Test subjects	N	5th percentile ng/mL (90 % CI)	Median ng/mL (90 % CI)	95th percentile ng/mL (90 % CI)
Healthy men	147	< 0.050 (< 0.050-< 0.050)	< 0.050 (< 0.050-< 0.050)	0.149 (0.139-0.193)
Healthy postmenopausal women				

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Test subjects	N	5th percentile ng/mL (90 % CI)	Median ng/mL (90 % CI)	95th percentile ng/mL (90 % CI)
• Postmenopause	142	< 0.050 (< 0.050-< 0.050)	< 0.050 (< 0.050-< 0.050)	0.126 (0.108-0.151)
Healthy pregnant women				
• 1st trimester	137	11.0 (7.81-12.7)	24.0 (23.0-25.9)	44.3 (39.6-48.9)
• 2nd trimester	140	25.4 (22.4-27.1)	47.5 (45.2-50.0)	83.4 (78.9-99.1)
• 3rd trimester	139	58.7 (52.7-68.5)	107 (103-117)	214 (191-260)

Healthy women Cycle Phase	N	5th percentile ng/mL (90 % CI)	Median ng/mL (90 % CI)	95th percentile ng/mL (90 % CI)
Follicular	85	< 0.050 (< 0.050-< 0.050)	0.067 (0.058-0.077)	0.193 (0.183-0.282)
Ovulation	81	0.055 (< 0.050-0.095)	0.568 (0.493-0.709)	4.14 (1.94-6.09)
Luteal	85	4.11 (2.62-4.9)	9.04 (8.29-9.84)	14.5 (13.5-20.3)

Healthy women Cycle Sub Phase	N	5th percentile ng/mL (90 % CI)	Median ng/mL (90 % CI)	95th percentile ng/mL (90 % CI)
Early follicular	78	< 0.050 (< 0.050-< 0.050)	0.119 (0.1-0.147)	0.323 (0.252-0.809)
Intermediate follicular	83	< 0.050 (< 0.050-< 0.050)	0.066 (0.053-0.079)	0.22 (0.194-1.08)
Late follicular	84	< 0.050 (< 0.050-< 0.050)	0.059 (< 0.050-0.074)	0.216 (0.182-3.87)
Ovulation	79	< 0.050 (< 0.050-0.0547)	0.499 (0.342-0.581)	2.35 (1.86-6.09)
Early luteal	85	2.36 (1.46-2.99)	7.11 (6.37-7.8)	15.1 (12.5-17)
Intermediate luteal	81	4.76 (1.69-7.19)	12.3 (11.4-13.9)	20.9 (19.9-24.6)
Late luteal	84	0.537 (< 0.050-1.09)	5.72 (5.2-6.43)	13.5 (12.1-22.7)

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 (EP05-A3) 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 402 and cobas e 801 analyzers					
Sample	Mean		Repeatability SD		CV
	nmol/L	ng/mL	nmol/L	ng/mL	%
Human serum 1	0.172	0.054	0.035	0.011	20.7
Human serum 2	2.10	0.659	0.089	0.028	4.2
Human serum 3	9.64	3.03	0.264	0.083	2.7
Human serum 4	70.0	22.0	0.789	0.248	1.1
Human serum 5	170	53.5	1.84	0.579	1.1
PreciControl U ^{b)} 1	23.9	7.52	0.480	0.151	2.0
PreciControl U2	49.6	15.6	0.712	0.224	1.4

b) U = Universal

cobas e 402 and cobas e 801 analyzers					
Sample	Mean		Intermediate precision SD		CV
	nmol/L	ng/mL	nmol/L	ng/mL	%
Human serum 1	0.172	0.054	0.076	0.024	43.9
Human serum 2	2.10	0.659	0.130	0.041	6.2
Human serum 3	9.64	3.03	0.321	0.101	3.3
Human serum 4	70.0	22.0	1.18	0.372	1.7
Human serum 5	170	53.5	2.86	0.898	1.7
PreciControl U1	23.9	7.52	0.677	0.213	2.8
PreciControl U2	49.6	15.6	0.989	0.311	2.0

Method comparison

a) A comparison of the Elecsys Progesterone III assay, [REF] 07027699190 (cobas e 801 analyzer; y) with the Elecsys Progesterone III assay, [REF] 07092539190 (cobas e 601 analyzer; x) gave the following correlations (ng/mL):

Number of samples measured: 153

Passing/Bablok⁷

$$y = 0.984x + 0.001$$

$$t = 0.985$$

Linear regression

$$y = 0.981x + 0.086$$

$$r = 0.999$$

The sample concentrations were between 0.050 and 59.0 ng/mL.

b) A comparison of the Elecsys Progesterone III assay, [REF] 07027699190 (cobas e 402 analyzer; y) with the Elecsys Progesterone III assay, [REF] 07027699190 (cobas e 801 analyzer; x) gave the following correlations (ng/mL):

Number of samples measured: 167

Passing/Bablok⁷

$$y = 1.04x + 0.117$$

$$t = 0.982$$

Linear regression

$$y = 1.05x - 0.040$$

$$r = 0.999$$

The sample concentrations were between 0.066 and 54.3 ng/mL.

Analytical specificity

For the Elecsys Progesterone III assay, the following cross-reactivities were found at the respective additive concentration, tested with progesterone concentrations of approximately 0.3 ng/mL and 5 ng/mL:

Substance	Additive concentration ng/mL	Cross-reactivity %
Androstenediol	4000	0.001
Androstenedione	80	0.107
Aldosterone	1000	0.003

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Substance	Additive concentration ng/mL	Cross-reactivity %
Allopregnanolone	2000	0.347
Corticosterone	200	0.921
Cortisol	20000	0.006
Danazol	100000	0.001
DHEA-S	16000	n. d. ^{c)}
Norgestrel	1000	0.011
Estradiol	400	n. d.
Ethisterone	1000	0.001
Ethinodiol diacetate	1000	n. d.
Medroxyprogesterone	5000	0.004
Norethindrone	1000	0.004
Norethindrone acetate	1000	0.008
Testosterone	2000	0.069
21-Deoxycortisol	2000	0.067
11-Deoxycorticosterone	600	3.92
11-Deoxycortisol	6000	0.015
5- α -Dihydrotestosterone	20	n. d.
5- β -Dihydroprogesterone	240	0.366
Pregnenolone	16000	0.410
Pregnanolone	2000	0.145
Medroxyprogesterone acetate	1000	0.003
6 α -Methylprednisolone	1000	0.003
17 α -Hydroxypregnenolone	2000	0.009
17 α -Hydroxyprogesterone	2000	0.066
20 α -Hydroxy-4-pregnen-3-one	250	0.86

c) n. d. = not detectable

References

- Nerenz RD, Boh B. Reproductive endocrinology and related disorders. In: Rifai N, Chiu RWK, Young I, Burnham CAD, Wittwer CT, editors. Tietz Textbook of Laboratory Medicine, Saunders Elsevier, Philadelphia, 7th edition, 2023, chapter 58, p.846-884.e11.
- Ku CW, Allen JC Jr, Lek SM, et al. Serum progesterone distribution in normal pregnancies compared to pregnancies complicated by threatened miscarriage from 5 to 13 weeks gestation: a prospective cohort study. BMC Pregnancy Childbirth. 2018 Sep 5;18(1):360. doi: 10.1186/s12884-018-2002-z.
- Macias H, Hinck L. Mammary gland development. Wiley Interdiscip Rev Dev Biol. 2012;Jul-Aug;1(4):533-57. doi: 10.1002/wdev.35.
- Schock H, Zeleniuch-Jacquotte A, Lundin E, et al. Hormone concentrations throughout uncomplicated pregnancies: a longitudinal study. BMC Pregnancy Childbirth. 2016 Jul 4;16(1):146. doi: 10.1186/s12884-016-0937-5.
- Fertility problems: assessment and treatment. London: National Institute for Health and Care Excellence (NICE); 2017 Sep.
- Thienpont L, Siekmann L, Lawson A, et al. Development, Validation and Certification by Isotope Dilution Gas Chromatography-Mass Spectrometry of Lyophilized Human Serum Reference Materials for Cortisol (CRM 192 and 193) and Progesterone (CRM 347 and 348). Clin Chem 1991;37(4):540-546.
- Bablok W, Passing H, Bender R, et al. A general regression procedure for method transformation. Application of linear regression procedures for method comparison studies in clinical chemistry, Part III. J Clin Chem Clin Biochem 1988 Nov;26(11):783-790.

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

A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the Member State in which the user and/or the patient is established.

Symbols

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

	Contents of kit
	Analyzers/Instruments on which reagents can be used
	Reagent
	Calibrator
	Volume for reconstitution
	Global Trade Item Number

Rx only

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

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