ТОВ «ХЕМА» код ЄДРПОУ 36038442
Адреса 03179, м. Київ, вул. Академіка Єфремова, 23
Для кореспонденції: 03179, а/с 49
З питань замовлення продукції: 050-422-62-16, 067-422-62-16
Тел.: +38 (095) 60-99-555 Факс: +38 (044) 422-62-16
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STATEMENT

We, XEMA LLC, as a manufacturer of in vitro diagnostic medical devices, having a registered office at Akademika Yefremova St. 23, Kyiv, Ukraine assign SRL SANMEDICO having a registered office at A. Corobceanu Street 7A, apt. 9, Chişinău MD-2012, Moldova, as authorized representative in correspondence with legislative requirements of the Republic of Moldova.

We declare that the company mentioned above is authorized to register, notify, renew, or modify the registration of medical devices on the territory of the Republic of Moldova.

This Statement shall come into force on the date of its signing. The duration of this Statement is 3 years from the date of signing.

Date: 06.09.2023

Signature:

Director Xema LLC
Oleksandra Zavaliei

Digitally signed by Dolgopol Iulian
Date: 2024.08.23 09:59:40 EEST
Reason: MoldSign Signature
Location: Moldova
MOLDOVA EUROPEANĂ

ТОВ «УКРМЕДСЕРТ»

СЕРТИФІКАТ

про відповідність системи управління якістю

Зареєстрований у Реєстрі
«29» червня 2022 р.
№ UA.SM.214-21
Дійсний до «03» серпня 2024 р.
Перше видання: «04» серпня 2021 р.

ЦИМ СЕРТИФІКАТОМ ВІДПОВІДНОСТІ ПОСВІДЧУЄТЬСЯ,
ЩО СИСТЕМА УПРАВЛІННЯ ЯКОСТІ СТОСОВНО

проектування та розроблення, виробництва та дистрибуції медичних виробів для діагностики in vitro

впроваджена:

ТОВ «ХЕМА»

за адресою: **вул. Академіка Єфремова, 23, м. Київ, 03179, Україна**

відповідає вимогам ISO 13485:2016;
ДСТУ EN ISO 13485:2018 (EN ISO 13485:2016, IDT; ISO 13485:2016, IDT).

Контроль відповідності сертифікованої системи управління якістю вимогам зазначеного стандарту здійснюється шляхом нагляду, періодичність і процедури якого регламентуються процедурами органу з оцінки відповідності.

Сертифікат видано Органом з оцінки відповідності ТОВ «УКРМЕДСЕРТ», акредитованим Національним агентством з акредитації України, атестат від 24.12.2019 № 8О047, адреса: вул. Драгоманова, будинок 1-А, оф. 2, м. Київ, 02059, Україна, тел./факс: +38-067-595-02-30, https://ukrmedcert.org.ua.

Директор **І.М. Хотенюк**

Чинність сертифіката відповідності можна перевірити в Реєстрі на сайті https://ukrmedcert.org.ua та за тел. +38-067-595-02-30

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Vertretung und Repräsentanz

Certificate

Of Marketing Authorization of Medical Product

within Germany, the member states of the European Union
and the other states having a contractual agreement with the European Economic Area

Nr. AR/IVD/XEMA LLC/01/2023

Issued on the basis of the Declaration of conformity and registration taking into account account Article 11 of Regulation (EU) 2017/746 (IVDR) on In Vitro Diagnostic, and Medical Device Implementing Act (MPDG)

Ausgestellt auf Grund der Konformitätserklärung und Registrierung unter Berücksichtigung der der Verordnung (EU) 2017/746 (IVDR) über In-vitro-Diagnostika und Medizinprodukterecht-Durchführungsgesetz (MPDG)

Manufacturer / Hersteller	**XEMA LLC** **SRN: UA-MF-000032959** UKRAINE, 03179 KYIV Akademika Yefremova St. 23 qa@xema.com.ua; www.xema.in.ua
Product name / Produkt	**See annex to the Certificate** Siehe Anhang zum Zertifikat
Product Classification: Produktklassifizierung	**In Vitro Diagnostic Medical Devices** In-vitro-Diagnostikum (IVD) Medizinprodukte
Category: Kategorie	**Common/ Other IVD** Sonstige IVD-Produkte
Conformity assessment procedure: Konformitatsbewertungsverfahren:	**EC DECLARATION OF CONFORMITY** **(Annex III, except point 6, Directive 98/79/EC)** **in connection with article 110(3) IVDR** **EU- KONFORMITATSERKLARUNG** (Anhang III, außer Nummer 6, Richtlinie 98/79 / EG) in Verbindung mit Artikel 110 (3) IVDR
State Competent Authority: Staatliche Zuständige Behörde	**BfArM** Federal Institute for Drugs and Medical Devices DMIDS (German Medical Device Information and Database System) **BfArM** Das Bundesinstitut für Arzneimittel und Medizinprodukte DMIDS (Deutsches Medizinprodukte-Informations- und Datenbanksystem)

Date of issue : **2023-03-07**
Das Ausstellungsdatum

Valid to : **2025-05-31**
Gültig bis

Represented in the EC by:

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Gilt nur mit :Auszug aus der Datenbank www.dimdi.de (Deutsches Medizinprodukte-Informations- und Datenbanksystem (DMIDS))

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Vertretung und Repräsentanz

Annex to the Certificate No.:

Anhang zum Zertifikat Nr.:

AR/IVD/XEMA LLC/01/2023

The following medical devices can be placed on the market in the Federal Republic of Germany, in the member states of the European Economic Community (EEC) and in the other contract states of the agreement about the European Economic Area.

Die folgenden Medizinprodukte in der Bundesrepublik Deutschland, in den Mitgliedsstaaten der Europäischen Wirtschaftsgemeinschaft (EG) und in den Vertragsstaaten der EG in den Verkehr gebracht werden dürfen.

#	Nomenclature term Nomenklaturbezeichnung	Catalog No. Katalog-Nr.	Name of device Produktbezeichnung	DMIDS Registration number Registriernummer
1.	ASPERGILLUS	K021	GalMAg EIA	**DE/CA64/00115824**
2.	HSV IgG	K104	HSV 1/2 IgG EIA	**DE/CA64/00115826**
3.	HSV IgM	K104M	HSV 1, 2 IgM EIA	**DE/CA64/00115833**
4.	HSV 2 IgG	K104B	HSV 2 IgG EIA	**DE/CA64/00115836**
5.	MYCOPLASMA ANTIBODY ASSAYS	K106	Mycoplasma IgG EIA	**DE/CA64/00115837**
6.	SYPHILIS ANTIBODY ASSAYS TOTAL	K111	anti-Treponema pallidum EIA	**DE/CA64/00115839**
7.	SYPHILIS ANTIBODY IGG	K111G	Treponema pallidum IgG EIA	**DE/CA64/00115840**
8.	H. PYLORI ANTIBODY ASSAYS	K119G	Helicobacter pylori IgG EIA	**DE/CA64/00115850**
9.	OTHER OTHER BACTERIOLOGY IMMUNOASSAY	K126	Ureaplasma IgG EIA	**DE/CA64/00115851**
10.	THYROID PEROXIDASE (INCL. MICROSOMAL) ANTIBODIES	K131	aTPO EIA	**DE/CA64/00115852**
11.	THYROGLOBULIN AUTOANTIBODIES	K132	aTG EIA	**DE/CA64/00115853**
12.	MPO ANCA	K133	aMPO EIA	**DE/CA64/00115854**
13.	TISSUE TRANSGLUTAMINASE ANTIBODIES	K160 K161	anti-TGlu IgG EIA anti-TGlu IgA EIA	**DE/CA64/00115855**
14.	GIARDIA LAMBLIA	K171	anti-Giardia lamblia EIA	**DE/CA64/00115856**
15.	OTHER PARASITOLOGY	K174	Ascaris IgG EIA	**DE/CA64/00115857**
16.	ECHINOCOCCUS	K175	Echinococcus IgG EIA	**DE/CA64/00115858**
17.	DISTOMATOSIS	K176	Opisthorchis IgG EIA	**DE/CA64/00115859**
18.	GLIADIN ANTIBODIES	K180 K181	Gliadin IgG EIA Gliadin IgA EIA	**DE/CA64/00115860**
19.	IMMUNOGLOBULIN E – TOTAL	K200	Total IgE EIA	**DE/CA64/00115861**
20.	THYROID STIMULATING HORMONE	K201	TSH EIA	**DE/CA64/00115863**
21.	LUTEINISING HORMONE	K202	LH EIA	**DE/CA64/00115864**
22.	FOLLICLE STIMULATING HORMONE	K203	FSH EIA	**DE/CA64/00115865**
23.	HUMAN GROWTH HORMONE	K204	GH EIA	**DE/CA64/00115866**
24.	HUMAN CHORIONIC GONADOTROPIN TOTAL	K205	hCG EIA	**DE/CA64/00115867**
25.	PROLACTIN	K206	Prolactin EIA	**DE/CA64/00115868**

The above-mentioned medical products are marked with the CE symbol.
Die oben genannten medizinischen Produkte sind mit dem CE-Zeichen gekennzeichnet.

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#	Nomenclature term Nomenklaturbezeichnung	Catalog No. Katalog-Nr.	Name of device Produktbezeichnung	DMIDS Registration number Registriernummer
26.	PROGESTERONE	K207	Progesterone EIA	**DE/CA64/00115869**
27.	ESTRADIOL	K208	Estradiol EIA	**DE/CA64/00115870**
28.	TESTOSTERONE (WITH DEHYDRO AND FREE TESTOSTERONE)	K209	Testosterone EIA	**DE/CA64/00115871**
29.	CORTISOL	K210	Cortisol EIA	**DE/CA64/00115872**
30.	TRIIODOTHYRONINE	K211	T3 EIA	**DE/CA64/00115873**
31.	THYROXINE	K212	T4 EIA	**DE/CA64/00115874**
32.	FREE TRIIODOTHYRONINE	K213	fT3 EIA	**DE/CA64/00115875**
33.	FREE THYROXINE	K214	fT4 EIA	**DE/CA64/00115876**
34.	DEHYDRO-EPIANDROSTERONE SULPHATE (INCL. DHEA)	K215	DHEAS EIA	**DE/CA64/00115877**
35.	17 OH PROGESTERONE	K217	17-OH-progesterone EIA	**DE/CA64/00115878**
36.	ESTRIOL	K218	free Estriol EIA	**DE/CA64/00115880**
37.	TESTOSTERONE (WITH DEHYDRO AND FREE TESTOSTERONE)	K219	free Testosterone EIA	**DE/CA64/00115881**
38.	CANCER ANTIGEN 125	K222	CA 125 EIA	**DE/CA64/00115882**
39.	CANCER ANTIGEN 19-9	K223	CA 19-9 EIA	**DE/CA64/00115883**
40.	CARCINOEMBRYONIC ANTIGEN	K224	CEA EIA	**DE/CA64/00115884**
41.	ALPHAFETOPROTEIN	K225	AFP EIA	**DE/CA64/00115885**
42.	CANCER ANTIGEN 15-3	K226	CA 15-3 (M12) EIA	**DE/CA64/00115886**
43.	OTHER OTHER TUMOUR MARKERS	K232	Thyroglobulin EIA	**DE/CA64/00115887**
44.	ß HUMAN CHORIONIC GONADOTROPIN (INCL. SUBUNIT)	K235	free β-HCG EIA	**DE/CA64/00115888**
45.	CYFRA 21-1	K236	CYFRA 21-1 EIA	**DE/CA64/00115889**
46.	SQUAMOUS CELL CARCINOMA ANTIGEN	K237	SCC (A) EIA	**DE/CA64/00115890**
47.	PREGNANCY ASSOCIATED PLASMA PROTEIN - A (DOWNS)	K238	PAPP-A EIA	**DE/CA64/00115892**
48.	OTHER OTHER TUMOUR MARKERS	K239	HE4 EIA	**DE/CA64/00115893**
49.	CANCER ANTIGEN 242	K243	CA242 EIA	**DE/CA64/00115894**
50.	OTHER PREGNANCY TESTING HORMONES	K245	AMH EIA	**DE/CA64/00115896**

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#	Nomenclature term Nomenklaturbezeichnung	Catalog No. Katalog-Nr.	Name of device Produktbezeichnung	DMIDS Registration number Registriernummer
51.	HUMAN PLACENTAL LACTOGEN HPL	K246	Placental lactogen EIA	DE/CA64/00115897
52.	C-REACTIVE PROTEIN	K250	CRP EIA	DE/CA64/00115898
53.	C-PEPTIDE	K267C	C-peptide EIA	DE/CA64/00115900
54.	INSULIN	K267N	Insulin EIA	DE/CA64/00115901
55.	SEX HORMONE BINDING GLOBULIN	K268	SHBG EIA	DE/CA64/00115902
56.	TROPONIN (T + I)	K291	Troponin I EIA	DE/CA64/00115903
57.	LYME ANTIBODY IGG	K118G	Borelia burgdorferi IgG EIA	DE/CA64/00115904
58.	LYME ANTIBODY IGM	K118M	Borelia burgdorferi IgM EIA	DE/CA64/00115905
59.	EBV ANTIBODIES	K108V K108VM K108N	Epstein-Barr virus VCA IgG EIA Epstein-Barr virus VCA IgM EIA Epstein-Barr virus EBNA IgG EIA	DE/CA64/00115906

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Date: **March 07, 2023**

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Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of luteinizing hormone in human serum or plasma

LH EIA

Catalogue number REF **K202**

Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

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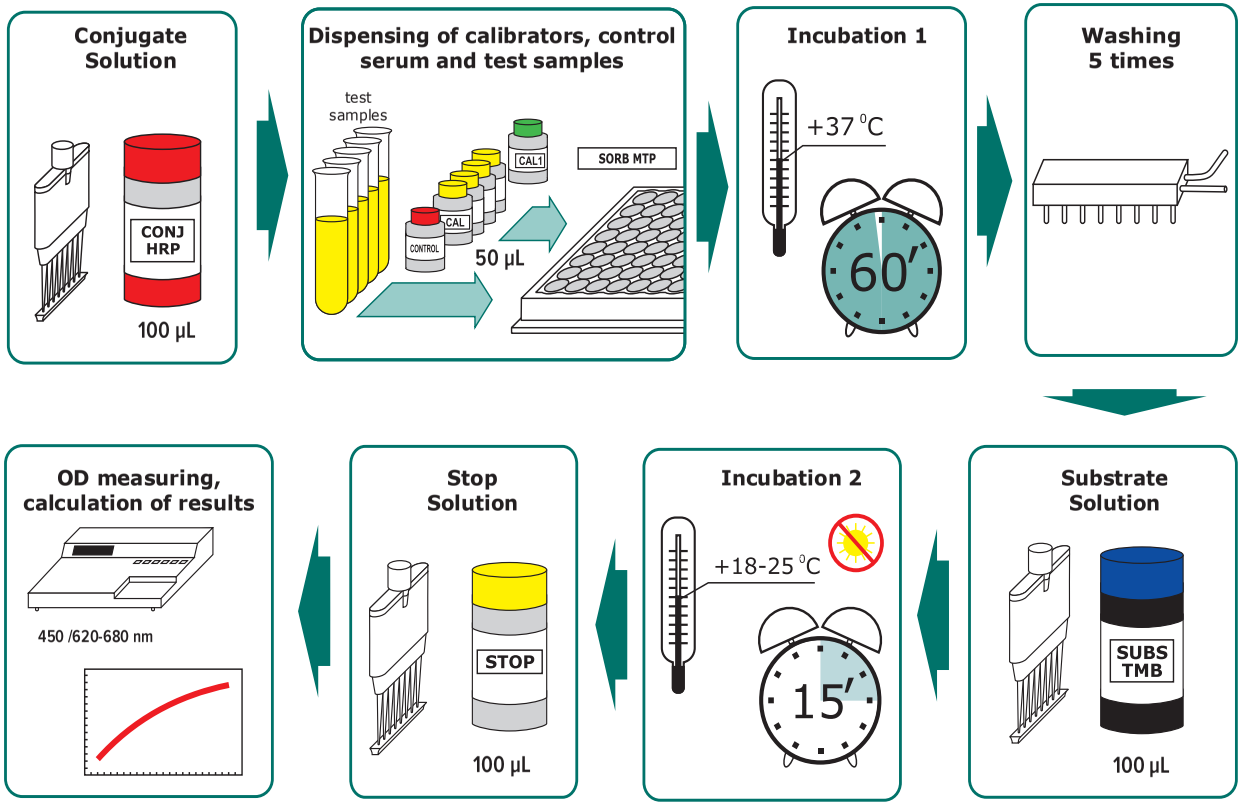
ASSAY PROCEDURE



K202

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of luteinizing hormone in human serum or plasma
LH EIA

1. INTENDED USE

The LH EIA kit is an enzyme immunoassay, intended for the quantitative determination of luteinizing hormone in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

Luteinizing hormone (LH) is produced in both men and women by the anterior pituitary gland in response to luteinizing hormone-releasing hormone (LH-RH or Gn-RH), which is released by the hypothalamus. LH, also called interstitial cellstimulating hormone (ICSH) in men, is a glycoprotein with a molecular weight of approximately 30,000 daltons. It is composed of two noncovalently associated amino acid chains: alpha and beta.

The basal secretion of LH in men is episodic and has the primary function of stimulating the interstitial cells (Leydig cells) to produce testosterone. The variation in LH concentrations in women is subject to the complex ovulatory cycle of healthy menstruating women and depends on the sequence of hormonal events along the gonadohypothalamus-pituitary axis. During the cycle, LH level is low except for the middle of the cycle when its concentration may increase up to 5–10 fold. LH peak is preceded by a peak of Estradiol which occurs approximately 12 hours earlier. Ovulation occurs 12-120 hrs after LH peak. When the ovum is released, the corpus luteum is formed which secretes progesterone and estradiol, these latter exerting negative feedback effects on LH and FSH levels through hypothalamo-pituitary axis.

LH concentration in blood is subject to circadian rhythms; therefore blood samples for LH assay should always be taken at the same time of the day. Circadian variations of LH level are more pronounced in women depending on the stage of the menstrual cycle: they become less frequent at the end of the lutein phase and less pronounced – at the end of the follicular stage. Increased LH levels are found in primary dysfunction of gonadal glands, in amenorrhea caused by ovarian insufficiency, in Stein-Leventhal syndrome, after menopause. Increased concentrations of LH are also present during renal failure, cirrhosis, hyperthyroidism, and severe starvation.

Decreased LH concentrations are seen in dysfunction of hypophysis or hypothalamus, in galactorrhea-amenorrhea syndrome, in isolated decrease of gonadotropins, in the isolated LH decrease; in neurotic anorexia, in patients with retardation of growth and sexual development, after intake of digoxin, phenothiazine, progesterone, estrogens.

In the differential diagnosis of hypothalamic, pituitary, or gonadal dysfunction, assays of LH concentration are routinely performed in conjugation with FSH assays since their roles are closely interrelated. Furthermore, the hormone levels are used to determine menopause, pinpoint ovulation, and monitor endocrine therapy.

3. PRINCIPLE OF THE TEST

The determination of LH is based on the two-site sandwich enzyme immunoassay principle. On the inner surface of the microplate wells are immobilized specific murine monoclonal antibodies to β-chain of human LH. Second antibodies – Fab 2 fragment of murine monoclonal antibodies to α-chain human LH/FSH/HCG conjugated to the horseradish peroxidase is used as enzyme conjugate.

The analysis procedure includes two stages of incubation:

- during the first stage LH from the specimen is captured by the antibodies coated onto the microwell surface, as well as horseradish peroxidase-conjugated monoclonal antibodies bind to free epitopes of immobilized α-chain human LH/FSH/HCG;
- during the second stage, the complexes formed due to the reaction with the chromogen 3,3’,5,5’-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is directly related to the quantity of the measured LH in the serum specimen (plasma). The concentration is determined according to the calibration graph of the dependence of the optical density on the content of LH in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P202Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to β-chain of human LH; ready to use
C202Z	CAL 1	**Calibrator C1**	2 mL	1	Solution based on human serum free of human LH, with preservative, ready to use (colourless liquid)
C202Z	CAL 2-5	**Calibrators**	0.6 mL	4	Solutions based on human serum, containing 5; 25; 50; 100 IU/L of human LH, with preservative, ready to use (red liquids)
Q202Z	CONTROL	**Control Serum**	0.6 mL	1	Solution based on human serum, containing of known human LH content, with preservative, ready to use (colourless liquid)
T202Z	CONJ HRP	**Conjugate Solution**	14 mL	1	Solution of Fab 2 fragment of murine monoclonal antibodies to α-chain human LH/FSH/HCG conjugated to the horseradish peroxidase; ready to use (red liquid)
R055Z	SUBS TMB	**Substrate Solution**	14 mL	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	14 mL	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (2 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

– microplate photometer with 450 nm wavelength or 450\620-680 nm;
– dry thermostat for 37 °C±1 °C;
– automatic plate washer (optional);
– micropipettes with variable volume, range volume 5-1000 µL;
– graduated cylinder of 1000 mL capacity;
– distilled or deionized water;
– timer;
– vortex mixer;
– disposable gloves;
– absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below; do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The LH EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The LH EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- strips that remain unused must be carefully sealed with the plate sealing tape and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months.

  NOTE: Single freezing of Calibrators and Control Serum in aliquots is allowed.
- diluted Washing Solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

  Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. Unused strips must be sealed with plate sealing tape to prevent moisture from affecting the plate's holes and placed back in the bag.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of Washing Solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

9.4. Samples preparation

If suggested analyte concentration in the sample exceeds the 100 IU/L, additionally dilute this sample accordingly, using (Calibrator C1). Use of other buffers or reagents for sample dilution may lead to incorrect measurement.

NOTE: in order to obtain reliable results, we recommend to use several successive dilutions of the blood serum (plasma) sample.

10. ASSAY PROCEDURE

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 12 wells for Calibrators and Control Serum (2 wells for each Calibrator (CAL 1-5) and 2 wells for Control Serum (Q)).

10.2 If necessary, dilute the test samples as described in 9.4.

10.3 Dispense **100 µL of Conjugate Solution** to all wells.

10.4 Dispense **50 µL of Calibrators and Control Serum as well as 50 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

NOTE: during performing several independent series of tests, Calibrators, and Control Serum should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP3	SAMP3	SAMP11	SAMP11						
B	CAL2	CAL2	SAMP4	SAMP4	SAMP12	SAMP12						
C	CAL3	CAL3	SAMP5	SAMP5								
D	CAL4	CAL4	SAMP6	SAMP6								
E	CAL5	CAL5	SAMP7	SAMP7								
F	Q	Q	SAMP8	SAMP8								
G	SAMP1	SAMP1	SAMP9	SAMP9								
H	SAMP2	SAMP2	SAMP10	SAMP10								

10.5 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at +37°C**.

10.6 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 5 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the wash solution volume can be increased to 350 µL.

10.7 Add **100 µL of Substrate Solution** to all wells. The introduction of the Substrate Solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.8 Add **100 µL of Stop Solution** to all wells in the same order as the Substrate Solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.9 Read the optical density (OD) of the wells at 450nm and reference light filters 620–680 nm using a microplate photometer within 5 minutes of adding the Stop Solution. Set photometer blank on CAL1.

10.10 Plot a calibration curve in linear coordinates: (x) is the LH concentration in the calibrators IU/L, (y) – OD versus LH concentration (OD 450 nm / 620–680 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve.

10.11 Determine the corresponding concentration of LH in tested samples from the calibration curve. In the case of preliminary dilution of the test sample (see 9.4), the obtained result should be multiplied by the dilution factor.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 0.15, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for LH. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered anti-mouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying.

NOTE: values of LH concentrations in the tested samples that are below the LoD (0.15 IU/L) and also exceed the value of the upper Calibrator (100 IU/L) should be provided in the following form : «the LH concentration of tested sample X is «lower than 0.15 IU/L» or «higher than 100IU/L».

Sex, age	Units, IU/L	
	Lower limit	Upper limit
Children under 11 yrs	1.0	5.0
Males	1.5	9.0
Females		
Menstrual cycle:		
follicular phase	2.0	9.5
ovulation	10.0	45
luteinic phase	0.5	17
post menopausal	5.0	57

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, IU/L	CV, %
1	4.96	6.2
2	16.41	3.9

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, IU/L	CV, %
1	4.87	10.0
2	16.01	5.4

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, IU/L	Concentration2, IU/L	Concentration3, IU/L	CV, %
1	4,94	4,83	5,0	1,75
2	16,3	16,56	16,01	1,69

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known LH concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 5-100 IU/L ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest LH concentration in the serum or plasma sample that is detected by the LH EIA kit is no lower than 0.15 IU/L.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for LH EIA kit is 5 IU/L.

13.1.5 Hook Effect

Hook effect is absent for all samples up to reasonably foreseen concentrations 100 IU/L.

13.1.6 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of LH with other analytes is shown in the table:

Analyte	Cross-reactivity, %
HCG	< 0.1
TSH	< 0.1
FSH	< 0.1

14. REFERENCES

1. Pierce, J.G. and Parsons, T.F. Glycoprotein hormones: Structure and Function, Annual Rev. Biochem., 50, 465-495 (1981).
2. Harris, G.W. and Naftolinf., The Hypothalamus and Control of Ovulation, Brit. Med. Bullet., 26, 1-9 (1970).
3. Knobil, E., The Neuroendocrine Control of the Menstrual Cycle, Rec. Prog. Horm Res., 36, 52...+88 (1980).
4. Jeffcoate, S.L., Clinics in Endocrinol. Metab., 4, 521-543 (1975).
5. Whitely, R.J., Keutmann, H.T. and Ryan, R.J., Endocrinology, 102, 1874 (1978).
6. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
7. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
8. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81)

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
	*In vitro* diagnistic medical device
	Catalogue number
	Use-by date
	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
	Authorized representative in the European Community/European Union
	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

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Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of follicle stimulating hormone in human serum or plasma

FSH EIA

Catalogue number REF **K203**

Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

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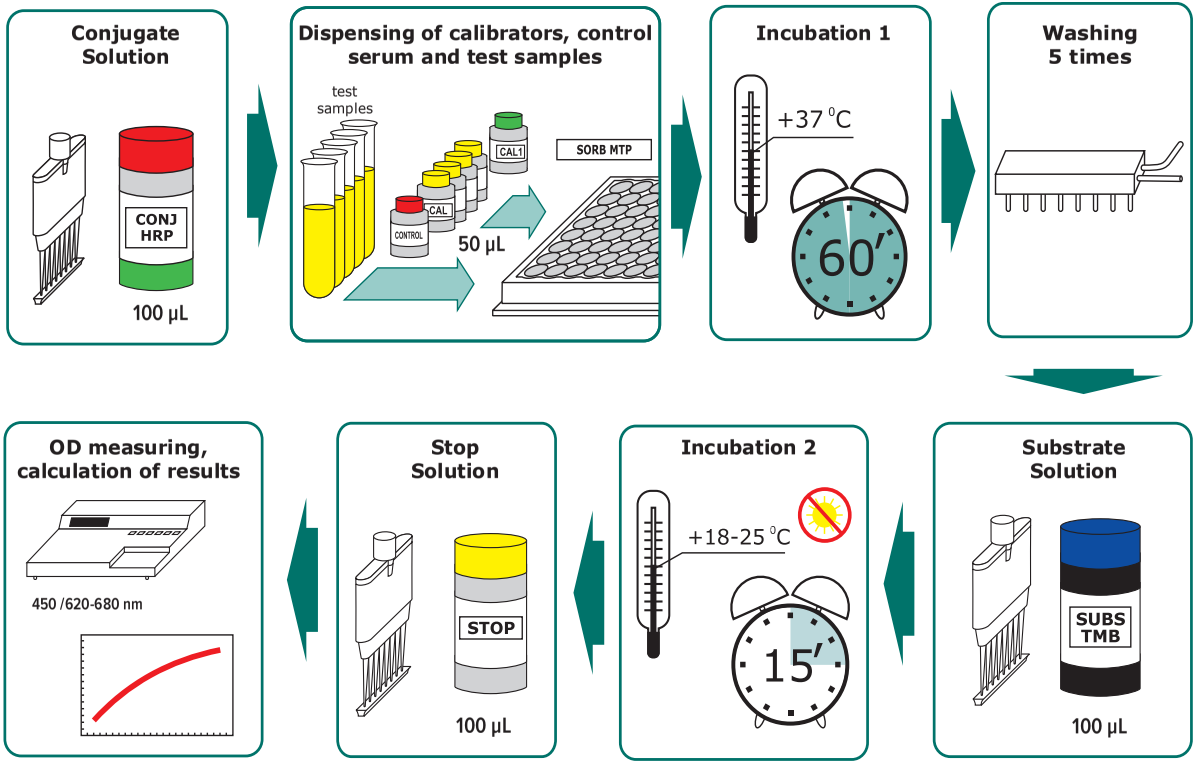
ASSAY PROCEDURE



K203

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of follicle stimulating hormone in human serum or plasma
FSH EIA

1. INTENDED USE

The FSH EIA kit is an enzyme immunoassay, intended for the quantitative determination of follicle stimulating hormone in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

Follicle stimulating hormone (FSH) is a glycoprotein with molecular weight 28 kDa secreted by basophil cells in hypophysis. Gonadotropin releasing hormone (GnRH) produced by the hypothalamus controls the release of FSH from anterior pituitary. Follicle-stimulating hormone (FSH) and Luteinizing hormone (LH) are intimately involved in the control of the growth and reproductive activities of the gonadal tissues, which synthesize and secrete male and female sex hormones. The levels of circulating FSH and LH are controlled by these sex hormones through a negative feedback. Like LH, TSH and HCG, FSH consists of two subunits – alpha and beta, its biological and immunological properties being dependent on the hormone-specific beta subunit.

In females, FSH stimulates the growth and maturation of ovarian follicles. At the beginning of normal menstrual cycle FSH level is higher that at the final stage of follicular phase. Peak FSH levels are seen in the middle of the cycle concomitantly with LH peak levels. Increased estradiol and progesterone production during luteinic phase leads to decreased FSH blood concentrations by negative feedback mechanism. The same mechanism leads to elevation of FSH levels at the end of the cycle due to decreased estrogen and progesterone concentrations, and the new cycle is initiated.

In men, FSH regulates growth of seminiferous tubules and maintenance of spermatogenesis. However, androgens, unlike estrogen, do not lower FSH level, therefore demonstrating a feedback relationship only with serum LH. High levels of FSH in women are seen in menopause, preliminary ovarian failure, agenesia of ovaries; in men elevated FSH levels may be found in primary testicular failure, dysgenesia of seminiferous tubules, delayed sexual maturation, and Klinefelter syndrome. Elevated concentrations are also found in cases of starvation, renal failure, hyperthyroidism, cirrhosis and after intake of clomifen, l-DOPA.

Decreased FSH levels are found in hypopituitarism and after intake of oral contraceptives, phenotiazine, estrogens.

3. PRINCIPLE OF THE TEST

The determination of FSH is based on the two-site sandwich enzyme immunoassay principle. On the inner surface of the microplate wells are immobilized specific murine monoclonal antibodies to β-chain of human FSH. Second antibodies – murine monoclonal antibodies to α-chain human LH/FSH/HCG conjugated to the horseradish peroxidase is used as enzyme conjugate.

The analysis procedure includes two stages of incubation:

- during the first stage FSH from the specimen is captured by the antibodies coated onto the microwell surface, as well as horseradish peroxidase-conjugated monoclonal antibodies bind to free epitopes of immobilized α-chain human LH/FSH/HCG;
- during the second stage, the complexes formed due to the reaction with the chromogen 3,3',5,5'-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is directly related to the quantity of the measured FSH in the serum specimen (plasma). The concentration is determined according to the calibration graph of the dependence of the optical density on the content of FSH in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P203Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to β-chain of human FSH; ready to use
C203Z	CAL 1	**Calibrator C1**	2 mL	1	PSolution based on human serum free of human FSH, with preservative, ready to use (colourless liquid)
C203Z	CAL 2-5	**Calibrators**	0.8 mL	4	Solutions based on human serum, containing 5; 25; 50; 100 IU/L of human FSH, with preservative, ready to use (green liquids)
Q203Z	CONTROL	**Control Serum**	0.8 mL	1	Solution based on human serum, containing of known human FSH content, with preservative, ready to use (colourless liquid)
T203Z	CONJ HRP	**Conjugate Solution**	14 mL	1	Solution of murine monoclonal antibodies to α-chain human LH/FSH/HCG conjugated to the horseradish peroxidase; ready to use (green liquid)
R055Z	SUBS TMB	**Substrate Solution**	14 mL	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	14 mL	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (2 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

– microplate photometer with 450 nm wavelength or 450\620-680 nm;
– dry thermostat for 37 °C±2 °C;
– automatic plate washer (optional);
– micropipettes with variable volume, range volume 5-1000 µL;
– graduated cylinder of 1000 mL capacity;
– distilled or deionized water;
– timer;
– vortex mixer;
– disposable gloves;
– absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below; do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The FSH EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The FSH EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- strips that remain unused must be carefully sealed with the plate sealing tape and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months.
- diluted Washing Solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. Unused strips must be sealed with plate sealing tape to prevent moisture from affecting the plate's holes and placed back in the bag.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of Washing Solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

9.4. Samples preparation

If suggested analyte concentration in the sample exceeds the 100 IU/L, additionally dilute this sample accordingly, using (Calibrator C1). Use of other buffers or reagents for sample dilution may lead to incorrect measurement.

NOTE: in order to obtain reliable results, we recommend to use several successive dilutions of the blood serum (plasma) sample.

10. ПРОВЕДЕННЯ АНАЛІЗУ

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 12 wells for Calibrators and Control Serum (2 wells for each Calibrator (CAL 1-5) and 2 wells for Control Serum (Q)).

10.2 If necessary, dilute the test samples as described in 9.4.

10.3 Dispense **100 µL of Conjugate Solution** to all wells.

10.4 Dispense **50 µL of Calibrators and Control Serum as well as 50 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

NOTE: during performing several independent series of tests, Calibrators, and Control Serum should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP3	SAMP3	SAMP11	SAMP11						
B	CAL2	CAL2	SAMP4	SAMP4	SAMP12	SAMP12						
C	CAL3	CAL3	SAMP5	SAMP5								
D	CAL4	CAL4	SAMP6	SAMP6								
E	CAL5	CAL5	SAMP7	SAMP7								
F	Q	Q	SAMP8	SAMP8								
G	SAMP1	SAMP1	SAMP9	SAMP9								
H	SAMP2	SAMP2	SAMP10	SAMP10								

10.5 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at +37°C**.

10.6 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 5 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the wash solution volume can be increased to 350 µL.

10.7 Add **100 µL of Substrate Solution** to all wells. The introduction of the Substrate Solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.8 Add **100 µL of Stop Solution** to all wells in the same order as the Substrate Solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.9 Read the optical density (OD) of the wells at 450nm and reference light filters 620–680 nm using a microplate photometer within 5 minutes of adding the Stop Solution. Set photometer blank on CAL1.

10.10 Plot a calibration curve in linear coordinates: (x) is the FSH concentration in the calibrators IU/L, (y) – OD versus FSH concentration (OD 450 nm / 620–680 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve.

10.11 Determine the corresponding concentration of FSH in tested samples from the calibration curve. In the case of preliminary dilution of the test sample (see 9.4), the obtained result should be multiplied by the dilution factor.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 0.15, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for FSH. Based on data obtained by XEMA, the following normal range is recommended (see below).

NOTE: values of FSH concentrations in the tested samples that are below the LoD (0.15 IU/L) and also exceed the value of the upper Calibrator (100 IU/L) should be provided in the following form : «the FSH concentration of tested sample X is «lower than 0.15 IU/L» or «higher than 100 IU/L».

Sex, age	Units, IU/L	
	Lower limit	Upper limit
Children under 11 yrs	-	4.0
Males	0.8	25.0
Females		
Menstrual cycle:		
follicular phase	3.0	12
ovulation	2.0	12
luteinic phase	6.0	25
post menopausal	10.0	150

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, IU/L	CV, %
1	18.76	6.69
2	6.51	7.29

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, IU/L	CV, %
1	9,28	7,16
2	13,78	7,28

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, IU/L	Concentration2, IU/L	Concentration3, IU/L	CV, %
1	8,32	8,77	7,81	8,6
2	12,34	12,56	12,00	6,7

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known FSH concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 5-50 IU/L ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest FSH concentration in the serum or plasma sample that is detected by the FSH EIA kit is no lower than 0.15 IU/L.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for FSH EIA kit is 2.5 IU/L.

13.1.5 Hook Effect

Hook effect is absent for all samples up to reasonably foreseen concentrations 100 IU/L.

13.1.6 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of FSH with other analytes is shown in the table:

Analyte	Cross-reactivity, %
HCG	< 0.1
TSH	< 0.1
LH	< 0.1

14. REFERENCES

1. Ross, F. T., Vande Wiele, R. L. and Franty, A. G.: Text of Endocrinol., Chapter 7, Ed.: R. H. Williams,W .B. Saunders, Philadelphia (1981).
2. Marshall, J. C.: Clinic in Endocrinol. Metab., 4, 545 (1975).
3. Jeffcoate, S. L.: Clinic. in Endocrinol. Metab. 4, 521 (1975).
4. Cohen, K. L.: Metabolism, 26, 1165 (1977).
5. Shome, B. and Parlow, A. F.: J. Clin. Endocrinol. Metab., 39, 199 (1974).
6. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
7. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
8. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81)

SAMPLES IDENTIFICATION PLAN

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A												
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C												
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LOT _____ DATE _____

XEMA

SAMPLES IDENTIFICATION PLAN

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LOT _____ DATE _____

	Manufacturer
	*In vitro* diagnistic medical device
	Catalogue number
	Use-by date
	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
	Authorized representative in the European Community/European Union
	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

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Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of progesterone in human serum or plasma

Progesterone EIA

Catalogue number REF **K207**

Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

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tel.:+ 49 911 931 639 67
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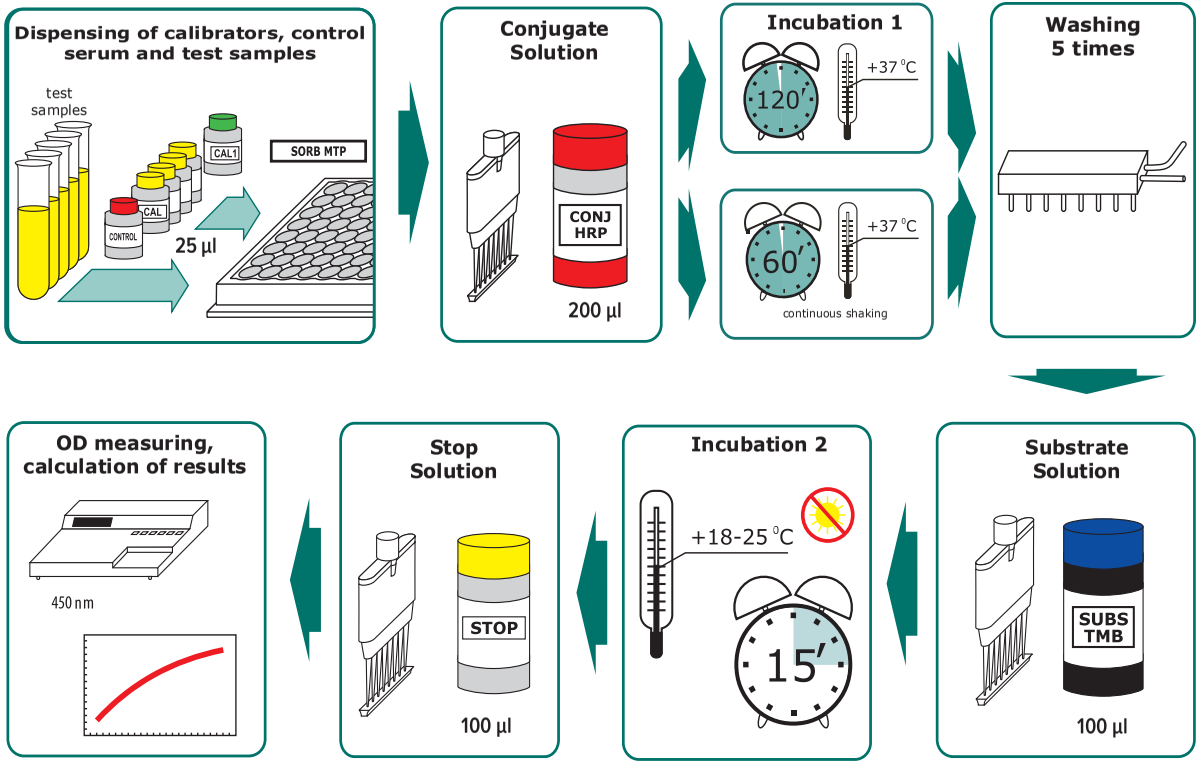
ASSAY PROCEDURE



K207

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of progesterone in human serum or plasma
Progesterone EIA

1. INTENDED USE

The Progesterone EIA kit is an enzyme immunoassay, intended for the quantitative determination of progesterone in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

Progesterone is a gestagen with a MW of 314.5 Dalton. Progesterone is secreted by corpus luteum, adrenals and testis; it plays a role of a precursor for corticosteroids and androgens. Being an estrogen antagonist, Progesterony induces characteristic changes in endometrium necessary for implantation of an impregnated ovum.

During normal menstrual cycle, Progesterone level remains low until LH peak level begins to drop: only slight but statistically significant elevation of Progesterone level occurs concomitantly with LH peak followed by a decrease of Progesterone concentration. During second stage of the cycle, Progesterone and Estradiol levels increase again to complete luteinization. By the end of the cycle, Progesterone level drops again up to levels seen during follicular phase. This quick drop causes menstrual bleeding.

During pregnancy, Progesterone concentration continuously increases, and it induces proliferation and development of mammary glands and inhibits ovulation. During the first trimester, Progesterone is secreted by corpus luteum while from month 3–4 – by mitochondria of the trophoblast. Progesterone level in maternal blood increases rapidly – by week 7–8 it increases 2-fold and continues to increase by week 37–38. Decreased Progesterone levels indicate pathology of pregnancy while elevated levels suggest renal insufficiency.

Elevated Progesterone levels are found in pregnancy, tumours of adrenals or testicles, chorionepithelioma, in lipid tumours of ovaries as well as after intake of preparations of Progesterone or its analogues.

Decreased Progesterone levels are seen in galactorrhea-amenorrhea syndrome, in pregnant women at risk of premature delivery, and in persons taking some drugs such as oral contraceptives, ampicilline, ethynilestradiol.

3. TEST PRINCIPLE

The determination of the progesterone is based on the competition principle of the enzyme immunoassay. On the inner surface of the microplate wells are immobilized specific to progesterone murine monoclonal antibodies. Progesterone conjugated to the horseradish peroxidase is used as enzyme conjugate.

The analysis procedure includes two stages of incubation:

- during the first stage progesterone from the specimen competes with the conjugated progesterone for coating antibodies. As a result, a complex bounded to the solid phase and containing peroxidase is formed.
- during the second stage, the complexes formed due to the reaction with the chromogen 3,3',5,5'-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is inversely related to the quantity of the measured progesterone in the serum specimen (plasma).

The concentration is determined according to the calibration graph of the dependence of the optical density on the content of progesterone in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P207Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to progesterone; ready to use
C207Z	CAL 1	**Calibrator C1**	0.5 mL	1	Solution based on human plasma, free of progesterone, with preservative, ready to use (yellow liquid)
C207Z	CAL 2-7	**Calibrators**	0.5 mL	6	Solutions based on human plasma, containing 1; 3; 10; 30; 100 and 300 nmol/L of progesterone, with preservative, ready to use (magenta liquids)
Q207Z	CONTROL	**Control serum**	0.5 mL	1	Solution based on human plasma, containing of known progesterone content, with preservative, ready to use (colourless liquid)
T207Z	CONJ HRP	**Conjugate Solution**	22 mL	1	Solution of progesterone conjugated to the horseradish peroxidase; ready to use (red liquid)
R055Z	SUBS TMB	**Substrate Solution**	12 mL	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	12 mL	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (1 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

– microplate photometer with 450 nm wavelength;
– dry thermostat for +37 °C±1°C or thermostat shaker maintaining a speed of 600 rpm and temperature of +37°C ±1°C;
– automatic plate washer (optional);
– micropipettes with variable volume, range volume 5-1000 µL;
– graduated cylinder of 1000 mL capacity;
– distilled or deionized water;
– timer;
– vortex mixer;
– disposable gloves;
– absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below; do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The Progesterone EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The Progesterone EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- the remaining strips should be immediately resealed in the bag along with the silica gel, closed with the zip-lock, and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;
- diluted washing solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. The remaining strips should be immediately resealed in the bag along with the silica gel and closed with the zip-lock to prevent moisture from affecting the plate's strips.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of washing solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

10. ASSAY PROCEDURE

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 16 wells for Calibrators and Control Serum (2 wells for each calibrator (CAL 1-7) and 2 wells for control serum (Q)).

10.2 Dispense **25 µL of Calibrators and Control Serum as well as 25 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

Note: during performing several independent series of tests, Calibrators, and Control Sample should be used each time

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP1	SAMP1	SAMP9	SAMP9						
B	CAL2	CAL2	SAMP2	SAMP2	SAMP10	SAMP10						
C	CAL3	CAL3	SAMP3	SAMP3	SAMP11	SAMP11						
D	CAL4	CAL4	SAMP4	SAMP4	SAMP12	SAMP12						
E	CAL5	CAL5	SAMP5	SAMP5								
F	CAL6	CAL6	SAMP6	SAMP6								
G	CAL7	CAL7	SAMP7	SAMP7								
H	Q	Q	SAMP8	SAMP8								

10.3 Add **200 µL of the Conjugate Solution** to all wells.

10.4 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **120 minutes at +37°C**. Incubation for 60 minutes at +37°C with continuous shaking 600 rpm is allowed.

10.5 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 5 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the Washing Solution volume can be increased to 350 µL.

10.6 Add **100 µL of Substrate Solution** to all wells. The introduction of the substrate solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.7 Add **100 µL of Stop Solution** to all wells in the same order as the substrate solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.8 Read the optical density (OD) of the wells at 450nm using a microplate photometer within 5 minutes of adding the Stop Solution.

10.9 Plot a calibration curve in semi-logarithmic coordinates: (x) is the decimal logarithm of the progesterone concentration in the calibrators nmol/L, (y) – OD versus progesterone concentration (OD 450 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve.

10.10 Determine the corresponding concentration of progesterone in tested samples from the calibration curve.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 1.2, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

12.1. Therapeutical consequences should not be based on the results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for Progesterone. Based on data obtained by XEMA, the following normal range is recommended (see below).

NOTE: values of progesterone concentrations in the tested samples that are below the LoD (0.25 nmol/L) and also exceed the value of the upper calibrator (300 nmol/L) should be provided in the following form : «the progesterone concentration of tested sample X is «lower than 0.25 nmol/L» or «higher than 300 nmol/L».

12.2. The calibrators concentration values of the Progesterone EIA kit are expressed in nmol/L. To calculate concentrations in ng/ml, the received concentration value in nmol/L shall be multiplied by 0.318.

1 nmol/L = 0.318 ng/mL

Sex, age	Units, nmol/L		Units alternative, ng/mL	
	Lower limit	Upper limit	Lower limit	Upper limit
Males	-	4.0	-	1.27
12-17 yrs	0.3	4.3	0.1	1.37
Females				
12-17 yrs	0.3	41	0.1	13
post menopausal	-	2.3	-	0.73
Pregnancy				
1st trimester	36	240	11.4	76.3
2nd trimester	60	240	19.1	76.3
3rd trimester	156	722	49.6	229.6
Menstrual cycle				
follicular phase	0.6	4.6	0.19	1.46
luteinic phase	7.5	80	2.39	25.4
ovulation	11	80	3.5	25.4

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, nmol/L	CV, %
1	13.56	6.12
2	42.71	3.15

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, nmol/L	CV, %
1	34.25	5.02
2	124.03	4.87

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, nmol/L	Concentration2, nmol/L	Concentration3, nmol/L	CV, %
1	27.87	28.33	26.81	8.9
2	65.43	67.98	66.34	5.6

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known progesterone concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 1–300 nmol/L ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest progesterone concentration in the serum or plasma sample that is detected by the Progesterone EIA kit is no lower than 0.25 nmol/L.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for Progesterone EIA kit is 0.75 nmol/L.

13.1.5 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of progesterone with other analytes is shown in the table:

Analyte	Cross-reactivity, %
17-Hydroxyprogesterone	1.0
11-Hydroxyprogesterone	25
Corticosterone	0.01
Pregnenolone	0.9
Deoxycorticosterone	0.3
Deoxycortisol	0.03
Cortisole	0.002

14. REFERENCES

1. Christian De Geyter, Maria De Geyter, Peter R. Huber, Eberhard Nieschlag, and Wolfgang Holzgreve – Progesterone serum levels during the follicular phase of the menstrual cycle originate from the crosstalk between the ovaries and the adrenal cortex. Hum. Reprod., Apr 2002; 17: 933 – 939.
2. J. Jaroslav Stern, F. Voss, and C. B. Coulam – Early diagnosis of ectopic pregnancy using receiver — operator characteristic curves of serum progesterone concentrations. Hum. Reprod., May 1993; 8: 775 – 779.
3. B. Gellersen, M. S. Fernandes, and J. J. Brosens – Non-genomic progesterone actions in female reproduction. Hum. Reprod. Update, Jan 2009; 15: 119 – 138.
4. J. Dinny Graham and Christine L. Clarke – Physiological Action of Progesterone in Target Tissues. Endocr. Rev., Aug 1997; 18: 502 – 519.
5. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
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LOT _____ DATE _____

	Manufacturer
	*In vitro* diagnistic medical device
	Catalogue number
	Use-by date
	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
	Authorized representative in the European Community/European Union
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Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of estradiol in human serum or plasma

Estradiol EIA

Catalogue number REF **K208**

Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

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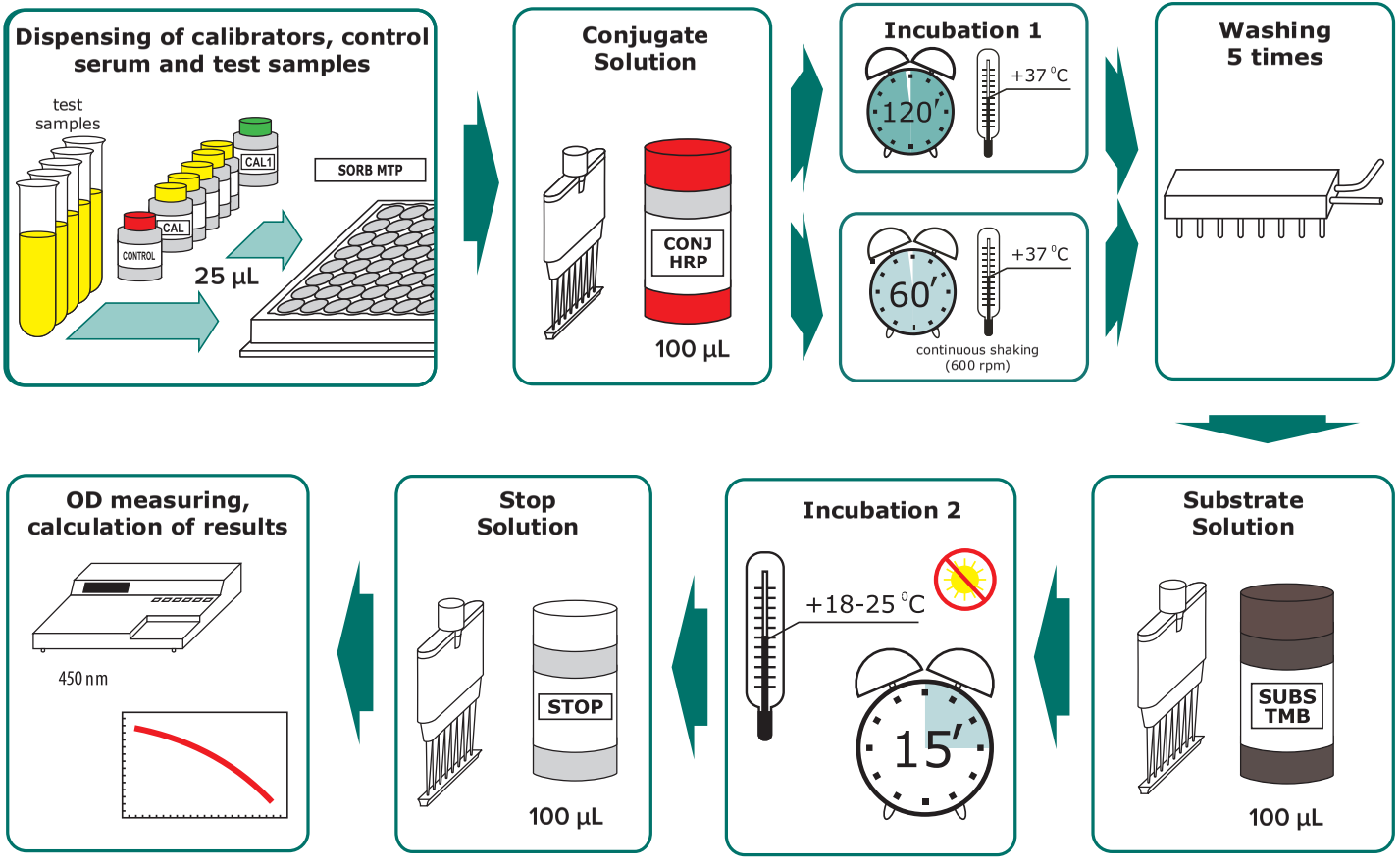
www.polmed.de

ASSAY PROCEDURE



During performing several independent series of tests, Calibrators and Control Serum should be used **each time**.

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of estradiol in human serum or plasma

Estradiol EIA

1. INTENDED USE

The Estradiol EIA kit is an enzyme immunoassay, intended for the quantitative determination of estradiol in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

Estradiol (E2) is a steroid hormone with a molecular weight of 272.4 Da. It is the most active estrogen in the human body. In men, it is believed that small amounts of estradiol are produced in the adrenal cortex and testes. In the female body, it is produced in the ovaries, follicular lining and granulosa cells. The physiological role of E2 is to shape the specific functions of the female body. The secretion of E2 is regulated by the interaction of hormones from the hypothalamus, pituitary and ovaries with the participation of liberins, gonadotropins, prolactin and sex steroids. Estradiol levels remain low at the beginning and middle of the follicular phase of a normal menstrual cycle. 3-5 days before the peak of luteinising hormone (LH), E2 levels begin to rise and reach a maximum value approximately 12 hours before the peak of LH. After a sharp drop to minimum values (48 hours after the peak of LH), E2 levels begin to rise again. The maximum concentration of the hormone in the luteal phase is observed on the 9th day after ovulation, and by the end of the cycle it decreases again as the corpus luteum atresia occurs. During pregnancy, determining the level of estradiol in the blood allows you to monitor the state of the fetoplacental system. The content of E2 in the mother's blood at the beginning of pregnancy corresponds to its content in non-pregnant women during ovulation. A sharp increase in its level is observed at 9-10 weeks (12 times), then gradually increases until the end of pregnancy. A decrease in the concentration of estradiol in a dynamic study is an indicator of fetal developmental disorders. Elevated serum estradiol levels are observed in uterine bleeding during menopause, adrenal hyperplasia, estrogen-producing tumours, liver cirrhosis, feminisation in children, gonadotropins, clomiphene, and estrogens. A decrease in estradiol levels is observed in Turner's syndrome, primary and secondary hypogonadism, hermaphroditism, menopausal and postmenopausal syndromes, fetal disorders during pregnancy, and oral contraceptives.

3. TEST PRINCIPLE

The determination of the estradiol is based on the competition principle of the enzyme immunoassay. On the inner surface of the microplate wells are immobilized rabbit polyclonal antibodies to estradiol. Estradiol conjugated to the horseradish peroxidase is used as enzyme conjugate.

The analysis procedure includes two stages of incubation:

- during the first stage estradiol from the specimen competes with the conjugated estradiol for coating antibodies. As a result, a complex bounded to the solid phase and containing peroxidase is formed;
- during the second stage, the complexes formed due to the reaction with the chromogen 3,3',5,5'-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is inversely related to the quantity of the measured estradiol in the serum specimen (plasma). The concentration of the estradiol is determined according to the calibration graph of the dependence of the optical density on the content of estradiol in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P208Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with rabbit polyclonal antibodies to estradiol, ready to use
C208Z	CAL 1	**Calibrator C1**	0.5 mL	1	Solution based on human plasma, free of estradiol, with preservative, ready to use (colourless liquid)
C208Z	CAL 2-6	**Calibrators**	0.5 mL	5	Solutions based on human plasma, containing 0.1; 0.3; 1; 3 and 20 nmol/L of estradiol, with preservative, ready to use (red liquids) *NOTE: The concentrations of estradiol in the calibration probe may slightly differ from the indicated values, the exact values are indicated on the labels of the components*
Q208Z	CONTROL	**Control serum**	0.5 mL	1	Solution based on human serum, containing of known estradiol content, with preservative, ready to use (colourless liquid)
T208Z	CONJ HRP	**Conjugate Solution**	12 mL	1	Solution of estradiol conjugated to the horseradish peroxidase, ready to use (red liquid)
R055Z	SUBS TMB	**Substrate Solution**	12 mL	1	Tetramethylbenzidine (TMB) substrate solution, ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	12 mL	1	5.0% solution of sulphuric acid, ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (1 pcs.).					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

– microplate photometer with 450 nm wavelength;
– dry thermostat for +37 °C±1°C or thermostat shaker maintaining a speed of 600 rpm and temperature of +37°C ±1°C;
– automatic plate washer (optional);
– micropipettes with variable volume, range volume 5-1000 µL;
– graduated cylinder of 1000 mL capacity;
– distilled or deionized water;
– timer;
– vortex mixer;
– disposable gloves;
– absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below, do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The Estradiol EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The Estradiol EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- the remaining strips should be immediately resealed in the bag along with the silica gel, closed with the zip-lock, and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;
  NOTE: Single freezing of Calibrators and Control Serum in aliquots is allowed.
- diluted washing solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. The remaining strips should be immediately resealed in the bag along with the silica gel and closed with the zip-lock to prevent moisture from affecting the plate's strips.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of washing solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

10. ASSAY PROCEDURE

10.1. Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 14 wells for Calibrators and Control Serum (2 wells for each calibrator (CAL 1-6) and 2 wells for control serum (Q)).

10.2. Dispense **25 µL of Calibrators and Control Serum as well as 25 µL of test serum/ plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

NOTE: during performing several independent series of tests, Calibrators and Control Sample should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP2	SAMP2	SAMP10	SAMP10						
B	CAL2	CAL2	SAMP3	SAMP3	SAMP11	SAMP11						
C	CAL3	CAL3	SAMP4	SAMP4	SAMP12	SAMP12						
D	CAL4	CAL4	SAMP5	SAMP5								
E	CAL5	CAL5	SAMP6	SAMP6								
F	CAL6	CAL6	SAMP7	SAMP7								
G	Q	Q	SAMP8	SAMP8								
H	SAMP1	SAMP1	SAMP9	SAMP9								

10.3. Add **100 µL of the Conjugate Solution** to all wells.

10.4. Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **120 minutes at +37°C**. Incubation for 60 minutes at +37°C with continuous shaking 600 rpm is allowed.

10.5. At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well **5 times** using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5 µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the Washing Solution volume can be increased to 350 µL.

10.6. Add **100 µL of Substrate Solution** to all wells. The introduction of the substrate solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.7. Add **100 µL of Stop Solution** to all wells in the same order as the substrate solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.8. Read the optical density (OD) of the wells at 450 nm using a microplate photometer within 5 minutes of adding the Stop Solution.

10.9. Plot a calibration curve in semi-logarithmic coordinates: (x) is the decimal logarithm of the testosterone concentration in the calibrators nmol/L, (y) – OD versus testosterone concentration (OD 450 nm). Manual or computerized data reduction is applicable at this stage. For the algorithm calculation (approximation) of the calibration curve, using the interval (segment-linear, point-to-point) method is recommended. Adjust the concentration of CAL1 to an infinitesimally small value, for example, 0.001 nmol/L.

10.10. Determine the corresponding concentration of estradiol in tested samples from the calibration curve.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 1.2, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

12.1. Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for testosterone. Based on data obtained by XEMA LLC, the following normal range is recommended (see below).

NOTE: values of estradiol concentrations in the tested samples that are below the LoD (0.025 nmol/L) and also exceed the value of the upper calibrator (20 nmol/L) should be provided in the following form: «the estradiol concentration of tested sample X is «lower than 0.025 nmol/L» or «higher than 20 nmol/L».

12.2. The calibrators concentration values of the Estradiol EIA kit are expressed in nmol/L. To calculate concentrations in pg/mL, the received concentration value in nmol/L shall be multiplied by 272.

1 nmol/L = 272 pg/mL

Sex, age	Units, nmol/L		Units alternative, pg/mL	
	Lower limit	Upper limit	Lower limit	Upper limit
Males	0.029	0.3	7.9	81.6
Children < 11 yrs	-	0.2	-	54.4
Females				
Pregnancy week:				
1st trimester	0.1	10.5	27	2856
2nd trimester	3.0	21	816	5712
3rd trimester	6.0	80	1632	21760
Menstrual cycle:				
follicular phase	0.05	0.7	13.6	190.4
lutea phase	0.1	1.1	27.2	299.2
ovulation	0.34	1.8	92.5	489.6
menopause	-	0.23	-	62.6

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1. Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, nmol/L	CV, %
1	6.91	3.8
2	1.96	5.3

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, nmol/L	CV, %
1	6.87	4.0
2	2.02	6.2

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, nmol/L	Concentration2, nmol/L	Concentration3, nmol/L	CV, %
1	3.45	3.09	3.24	6.5
2	9.01	9.64	8.97	8.1

13.1.2. Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3. Linearity

Linearity was determined using sera samples with known estradiol concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 0.05–10nmol/L ±10%.

13.1.4. Analytical sensitivity

Limit of detection (LoD) – the lowest estradiol concentration in the serum or plasma sample that is detected by the Estradiol EIA kit is no lower than 0.025 nmol/L.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for Estradiol EIA kit is 0.05 nmol/L.

13.1.5. Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of estradiol with other analytes is shown in the table:

Analyte	Cross-reactivity, %
Estrone	0.2
Estriol	0.6
Cortisol	0.06
Prednisol	0.09
Corticosterone	<0.01
Progesterone	<0.01
17-OH progesterone	<0.05
Pregnenolone	<0.05
Testosterone	<0.01

14. REFERENCES

1. Hall, P. F., Testicular Steroid Synthesis: Organization and Regulation. In: The Physiology of Reproduction, Ed.: Knobil, E., and Neill, J. et al., pp 975-98. Raven Press, New York (1988).
2. Tsang, B. K., Armstrong, D. T. and Whitfield, J. F., Steroid biosyntheses by isolated human ovarian follicular cells in vitro, J. Clin. Endocrinol. Metab. 51:1407 - 11 (1980).
3. Gore-Langton, R.E . and Armstrong, D. T., Follicular steroidogenesis and its control. In: The physiology of Reproduction, Ed.: Knobil, E., and Neill, J. et al., pp. 331-85. Raven Press, New York (1988).
4. Siiteri, P. K. Murai, J. T., Hammond, G. L., Nisker, J.A., Raymoure, W.J . and Kuhn, R.W ., The serum transport of steroid hormones, Rec. Prog. Horm. Res. 38:457- 510 (1982).
5. Martin, B., Rotten, D., Jolivet, A. and Gautray, J-P-. Binding of steroids by proteins in follicular fluid of the human ovary, J.Clin. Endicrinol. Metab. 35: 443-47 (1981).
6. Baird, D.T ., Ovarian steroid secretion and metabolism in women. In: The Endocrine Function of the Human Ovary. Eds.: James, V.H:T., Serio, M. and Giusti, G. pp. 125-33, Academic Press, New York (1976).
7. McNastty, K.P ., Baird, D.T., Bolton, a., Chambers, P., Corker, C.S. and McLean, H., concentration of oestrogens and androgens in human ovarian venous plasma and follicular fluid throughout the menstrual cycle, J. Endocrinol. 71:77-85 (1976).
8. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
9. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
10. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81).

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
EC REP	Authorized representative in the European Community/European Union
CE	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

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