



### EG-Konformitätserklärung/EC Declaration of Conformity

gemäß Anhang III der Richtlinie 98/79/EG des Europäischen Parlaments und des Rates vom 27. Oktober 1998

as per Annex III of Directive 98/79/EC of the European Parliaments and Council of 27 October 1998

Hersteller/Manufacturer: Roche Diagnostics GmbH

Adresse/Address: Roche Centralized Diagnostics  
Sandhofer Straße 116  
D-68305 Mannheim

Die Roche Diagnostics GmbH erklärt, dass das Produkt/die Produktfamilie (bei rezepturgleichen Produkten)

*Roche Diagnostics GmbH declares that the product/the product line (in case of products manufactured by identical recipes)*

Produktname/Product name: **ALP2S**  
Alkaline phosphatase acc. to IFCC Gen. 2

Art.-Nr./Id. No.: 04657373

Beschreibung/Description: In vitro Test zur quantitativen Bestimmung der alkalischen Phosphatase in Humanserum und -plasma mit dem cobas c 111 System.  
*In vitro test for the quantitative determination of alkaline phosphatase in human serum and plasma on the cobas c 111 system.*

auf das/die sich diese Erklärung bezieht, den Forderungen der EG-Richtlinie 98/79/EG des Rates vom 27. Oktober 1998 (bzw. seine Umsetzung in nationales Recht der Mitgliedsstaaten in welchen das Produkt vermarktet werden soll) über In-vitro-Diagnostica entspricht.

*to which this declaration relates fulfils the requirements of EC Directive 98/79/EC of the Council of 27 October 1998 (and its relevant transposition into the national laws of the Member States in which the device is intended to be placed on the market) concerning in-vitro diagnostic devices.*

Mannheim, 02.11.2006

Roche Diagnostics GmbH

*ppa./on behalf of the company*

Dr. M. Thein  
Head of Quality Management & Regulatory Affairs  
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Peter-Claus Schiller,  
Prof. Dr. Dr. Klaus Strein

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Hersteller/Manufacturer: Roche Diagnostics GmbH  
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*Roche Diagnostics GmbH declares that the product/the product line (in case of products manufactured by identical recipes)*

Produktname/Product name: **BILT3**  
Bilirubin Total Gen.3

Art.-Nr./Id. No.: **05795648**

Beschreibung/Description: In-vitro-Test zur quantitativen Bestimmung von Gesamtbilirubin in Serum und Plasma von Erwachsenen und Neugeborenen mit dem **cobas c 111** System.  
*In vitro test for the quantitative determination of total bilirubin in serum and plasma of adults and neonates on the cobas c 111 system.*

auf das/die sich diese Erklärung bezieht, den Forderungen der EG-Richtlinie 98/79/EG des Rates vom 27. Oktober 1998 (bzw. seine Umsetzung in nationales Recht der Mitgliedsstaaten in welchen das Produkt vermarktet werden soll) über In-vitro-Diagnostica entspricht.  
*to which this declaration relates fulfils the requirements of EC Directive 98/79/EC of the Council of 27 October 1998 (and its relevant transposition into the national laws of the Member States in which the device is intended to be placed on the market) concerning in-vitro diagnostic devices.*

Mannheim, 01.02.2013

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Sitz der Gesellschaft: Mannheim - Registergericht: AG Mannheim HRB 3962 - Geschäftsführung: Thomas Schmid, Sprecher; Edgar Vieth - Aufsichtsratsvorsitzender: Dr. Severin Schwan

## EG-Konformitätserklärung/EC Declaration of Conformity

gemäß Anhang III der Richtlinie 98/79/EG des Europäischen Parlaments und des Rates vom 27. Oktober 1998  
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Hersteller/Manufacturer: Roche Diagnostics GmbH

Adresse/Address: Sandhofer Strasse 116  
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Die Roche Diagnostics GmbH erklärt, dass das Produkt/die Produktfamilie  
*Roche Diagnostics GmbH declares that the product/the product line*

Produktname/Product name: **ALTL**  
Alanine aminotransferase acc. IFCC with or without pyridoxal phosphate activation

Art.-Nr./Cat. No.: **04718569190**

Beschreibung/Description: In-vitro-Test zur quantitativen Bestimmung der Alaninaminotransferase (ALT) mit oder ohne Pyridoxalphosphataktivierung in Humanserum und -plasma mit dem **cobas c 111** System.  
*In vitro test for the quantitative determination of alanine aminotransferase (ALT), with or without pyridoxal phosphate activation, in human serum and plasma on the cobas c 111 system.*

auf das/die sich diese Erklärung bezieht, den Forderungen der Richtlinie 98/79/EG des Europäischen Parlaments und des Rates vom 27. Oktober 1998 über In-vitro-Diagnostica (bzw. seine Umsetzung in nationales Recht der Mitgliedsstaaten in welchen das Produkt vermarktet werden soll) entspricht.  
*to which this declaration relates fulfils the requirements of Directive 98/79/EC of the European Parliament and Council of 27 October 1998 on in-vitro diagnostic medical devices (and its relevant transposition into the national laws of the Member States in which the device is intended to be placed on the market).*

Mannheim, 25 August 2017

Roche Diagnostics GmbH

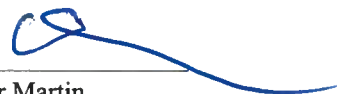
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ppa. Dr. Lydia Langen



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# UREAL

**cobas**<sup>®</sup>

Urea/BUN

**Order information**

REF	CONTENT	Analyzer(s) on which kit(s) can be used
04657616 190	Urea/BUN (4 x 100 tests)	<b>cobas c 111</b>
10759350 190	Calibrator f.a.s. (12 x 3 mL)	Code 401
12149435 122	Precinorm U plus (10 x 3 mL)	Code 300
12149443 122	Precipath U plus (10 x 3 mL)	Code 301
05117003 190	PreciControl ClinChem Multi 1 (20 x 5 mL)	Code 391
05947626 190	PreciControl ClinChem Multi 1 (4 x 5 mL)	Code 391
05117216 190	PreciControl ClinChem Multi 2 (20 x 5 mL)	Code 392
05947774 190	PreciControl ClinChem Multi 2 (4 x 5 mL)	Code 392
04774230 190	NaCl Diluent 9 % (4 x 12 mL)	Code 951
11930630 001	Chimneys	

**English****System information**

UREL: ACN 418

URELU: ACN 417

**Intended use**

In vitro test for the quantitative determination of urea/urea nitrogen in human serum, plasma and urine on the **cobas c 111** system.

**Summary<sup>1</sup>**

Urea is the major end product of protein nitrogen metabolism. It is synthesized by the urea cycle in the liver from ammonia which is produced by amino acid deamination. Urea is excreted mostly by the kidneys but minimal amounts are also excreted in sweat and degraded in the intestines by bacterial action.

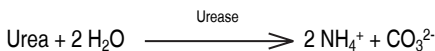
Determination of blood urea nitrogen is the most widely used screening test for renal function. When used in conjunction with serum creatinine determinations it can aid in the differential diagnosis of the three types of azotemia: prerenal, renal and postrenal.

Elevations in blood urea nitrogen concentration are seen in inadequate renal perfusion, shock, diminished blood volume (prerenal causes), chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis (renal causes) and urinary tract obstruction (postrenal causes). Transient elevations may also be seen during periods of high protein intake. Unpredictable levels occur with liver diseases.

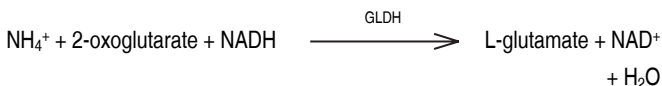
**Test principle**

Kinetic test with urease and glutamate dehydrogenase<sup>2,3,4,5</sup>

Urea is hydrolyzed by urease to form ammonium and carbonate.



In the second reaction 2-oxoglutarate reacts with ammonium in the presence of glutamate dehydrogenase (GLDH) and the coenzyme NADH to produce L-glutamate. In this reaction two moles of NADH are oxidized to NAD for each mole of urea hydrolyzed.



The rate of decrease in the NADH concentration is directly proportional to the urea concentration in the specimen and is measured photometrically.

**Reagents - working solutions**

**R1** TRIS buffer: 220 mmol/L, pH 8.6; 2-oxoglutarate: 73 mmol/L; NADH: 2.5 mmol/L; ADP: 6.5 mmol/L; urease (jack bean):  $\geq 300 \mu\text{kat/L}$ ; GLDH (bovine liver):  $\geq 80 \mu\text{kat/L}$ ; preservative

**Precautions and warnings**

For in vitro diagnostic use.

Exercise the normal precautions required for handling all laboratory reagents.

Disposal of all waste material should be in accordance with local guidelines.

Safety data sheet available for professional user on request.

**Reagent handling**

Ready for use

Under conditions of extreme humidity, condensation may lead to a dilution of the reagent that affects the measurements. Hence under environmental conditions in which temperature and humidity are equal to, or in excess of 25 °C/80 %, 28 °C/70 %, 30 °C/60 % or 32 °C/55 % a chimney (Cat. No. 11930630 001) should be used to reduce the condensation rate. Place a white chimney in R1. The chimneys can be reused for reagent bottles within the same kit. However, to avoid contamination of the reagent with detergent or dilution of the reagent with water it is not permitted to wash the chimneys before reuse.

**Storage and stability****UREAL**

Shelf life at 2-8 °C: See expiration date on reagent  
On-board in use and refrigerated on the analyzer: 4 weeks

**NaCl Diluent 9 %**

Shelf life at 2-8 °C: See expiration date on reagent  
On-board in use and refrigerated on the analyzer: 4 weeks

**Specimen collection and preparation**

For specimen collection and preparation only use suitable tubes or collection containers.

Only the specimens listed below were tested and found acceptable.

Serum

Plasma: Li-heparin, K<sub>3</sub>-EDTA plasma. Do not use ammonium heparin.

Urine

Bacterial growth in the specimen and high atmospheric ammonia concentration as well as contamination by ammonium ions may cause erroneously elevated results.

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

Centrifuge samples containing precipitates before performing the assay.

See the limitations and interferences section for details about possible sample interferences.

Stability in *serum/plasma*:<sup>6</sup> 7 days at 20-25 °C  
7 days at 2-8 °C  
1 year at (-15)-(-20) °C



Stability in <i>urine</i> : <sup>6</sup>	2 days at 20-25 °C
	7 days at 2-8 °C
	1 year at (-15)-(-20) °C

**Materials provided**

See "Reagents – working solutions" section for reagents.

**Materials required (but not provided)**

See "Order information" section

General laboratory equipment

**Assay**

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

The performance of applications not validated by Roche is not warranted and must be defined by the user.

**Application for serum, plasma and urine****cobas c 111 test definition**

Measuring mode	Absorbance
Abs. calculation mode	Kinetic
Reaction direction	Decrease
Wavelength A/B	340/409 nm
Calc. first/last	10/13
Unit	mmol/L

*Serum, plasma*

Reaction mode	R-S
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*Urine*

Reaction mode	R-S
Predilution factor	50

**Pipetting parameters**

		Diluent (H <sub>2</sub> O)
R	50 µL	95 µL
Sample	2 µL	98 µL
Total volume	245 µL	

**Calibration**

Calibrator	Calibrator f.a.s. Deionized water is used automatically by the instrument as the zero calibrator.
Calibration mode	Linear regression
Calibration interval	Each lot and as required following quality control procedures

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

Traceability: This method has been standardized against ID/MS.

**Quality control***Serum, plasma*

For quality control, use control materials as listed in the "Order information" section. In addition, other suitable control material can be used.

*Urine*

Quantitative urine controls are recommended for routine quality control.

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

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

**Calculation**

The **cobas c 111** analyzer automatically calculates the analyte concentration of each sample.

Conversion factors:

mmol/L urea × 6.006 = mg/dL urea
mmol/L urea × 2.801 = mg/dL urea nitrogen
mmol/L urea = mmol/L urea nitrogen
mg/dL urea × 0.167 = mmol/L urea
mg/dL urea × 0.467 = mg/dL urea nitrogen
mg/dL urea × 0.167 = mmol/L urea nitrogen

**Limitations - interference**

Criterion: Recovery within ± 10 % of initial value at a urea concentration of 8.3 mmol/L (49.8 mg/dL urea, 23.2 mg/dL urea nitrogen) in serum/plasma and at a urea concentration of 150 mmol/L (901 mg/dL urea, 421 mg/dL urea nitrogen) in urine.

*Serum, plasma*

Icterus:<sup>7</sup> No significant interference up to an I index of 60 for conjugated and unconjugated bilirubin (approximate conjugated and unconjugated bilirubin concentration: 1026 µmol/L or 60 mg/dL).

Hemolysis:<sup>7</sup> No significant interference up to an H index of 1000 (approximate hemoglobin concentration: 621 µmol/L or 1000 mg/dL).

Lipemia (Intralipid):<sup>7</sup> No significant interference up to an L index of 2000. There is poor correlation between the L index (corresponds to turbidity) and triglycerides concentration.

Ammonium ions may cause erroneously elevated results.

Drugs: No interference was found at therapeutic concentrations using common drug panels.<sup>8,9</sup>

In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.<sup>10</sup>

*Urine*

Drugs: No interference was found at therapeutic concentrations using common drug panels.<sup>9</sup>

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

**ACTION REQUIRED**

**Special Wash Programming:** The use of special wash steps is mandatory when certain test combinations are run together on the **cobas c 111** analyzer. For information about test combinations requiring special wash steps, please refer to the latest version of the carry-over evasion list found with the CLEAN Method Sheet and the operator's manual for further instructions.

**Where required, special wash/carry-over evasion programming must be implemented prior to reporting results with this test.**

**Limits and ranges****Measuring range***Serum, plasma*

0.5-40 mmol/L (3.0-240 mg/dL urea, 1.40-112 mg/dL urea nitrogen)

Determine samples having higher concentrations via the rerun function. Dilution of samples via the rerun function is a 1:10 dilution. Results from samples diluted using the rerun function are automatically multiplied by a factor of 10.

*Urine*

1.0-2000 mmol/L (6-12000 mg/dL urea, 2.8-5600 mg/dL urea nitrogen)

Determine samples having higher concentrations via the rerun function. Dilution of samples via the rerun function is a 1:3 dilution. Results from samples diluted using the rerun function are automatically multiplied by a factor of 3.

**Lower limits of measurement***Serum, plasma*

Lower detection limit of the test:

0.5 mmol/L (3.0 mg/dL urea, 1.40 mg/dL urea nitrogen)

The lower detection limit represents the lowest measurable analyte level that can be distinguished from zero. It is calculated as the value lying



3 standard deviations above that of the lowest standard (standard 1 + 3 SD, repeatability, n = 21).

**Urine**

Lower detection limit of the test:

1.0 mmol/L (6 mg/dL urea, 2.8 mg/dL urea nitrogen)

The lower detection limit represents the lowest measurable analyte level that can be distinguished from zero. It is calculated as the value lying 3 standard deviations above that of the lowest standard (standard 1 + 3 SD, repeatability, n = 21).

**Expected values****Urea***Serum, plasma*<sup>11</sup>

Adults 2.76-8.07 mmol/L (16.6-48.5 mg/dL)

*Urine*<sup>12</sup>

24-hour urine 428-714 mmol/24 h (25.7-42.9 g/24 h),  
corresponding to  
286-595 mmol/L (1.71-3.57 g/dL)<sup>a)</sup>

a) Based on average urine output of 1.2-1.5 L/24 h

**Urea nitrogen (BUN)***Serum/plasma*<sup>12</sup>

Adult (18-60 years) 2.14-7.14 mmol/L (6-20 mg/dL)

Adult (60-90 years) 2.86-8.21 mmol/L (8-23 mg/dL)

Infant (< 1 year) 1.43-6.78 mmol/L (4-19 mg/dL)

Infant/child 1.79-6.43 mmol/L (5-18 mg/dL)

*Urine*<sup>12</sup>

24-hour urine: 428-714 mmol/24 h (12-20 g/24 h),  
corresponding to  
286-595 mmol/L (801-1666 mg/dL)<sup>a)</sup>

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

**Specific performance data**

Representative performance data on the **cobas c 111** analyzer are given below. Results obtained in individual laboratories may differ.

**Precision**

Precision was determined using human samples and controls in an internal protocol with repeatability (n = 21) and intermediate precision (3 aliquots per run, 1 run per day, 10 days). The following results were obtained:

*Serum, plasma*

Repeatability	Mean mmol/L (mg/dL urea)	SD mmol/L (mg/dL urea)	CV %
Precinorm U	6.53 (39.2)	0.07 (0.4)	1.1
Precipath U	23.3 (140)	0.1 (1)	0.6
Human serum 1	3.75 (22.5)	0.05 (0.3)	1.2
Human serum 2	35.3 (212)	0.3 (2)	0.7

Intermediate precision	Mean mmol/L (mg/dL urea)	SD mmol/L (mg/dL urea)	CV %
Precinorm U	6.33 (38.0)	0.06 (0.4)	0.9
Precipath U	22.3 (134)	0.2 (1)	1.1
Human serum 3	4.84 (29.1)	0.05 (0.3)	1.0
Human serum 4	32.3 (194)	0.3 (2)	0.8

**Urine**

Repeatability	Mean mmol/L (mg/dL urea)	SD mmol/L (mg/dL urea)	CV %
Control level 1	164 (984)	2 (13)	1.3
Control level 2	262 (1574)	3 (16)	1.0
Control level 3	286 (1720)	3 (19)	1.1
Urine sample 1	121 (729)	2 (15)	2.0
Urine sample 2	30.6 (183)	0.9 (5)	3.0
Urine sample 3	535 (3211)	5 (30)	0.9
Urine sample 4	1636 (9826)	14 (85)	0.9

**Method comparison**

Urea values for human samples obtained on the **cobas c 111** analyzer (y) were compared with those determined on a COBAS INTEGRA 400 analyzer (x), using the corresponding reagent.

*Serum, plasma*

Sample size (n) = 71

Passing/Bablok<sup>13</sup> Linear regression

$y = 1.014x - 0.006$  mmol/L  $y = 1.011x + 0.053$  mmol/L

$\tau = 0.987$   $r = 0.999$

The sample concentrations were between 1.35 and 38.6 mmol/L (8.1 and 232 mg/dL urea).

*Urine*

Sample size (n) = 86

Passing/Bablok<sup>13</sup> Linear regression

$y = 0.966x + 0.316$  mmol/L  $y = 0.954x + 4.56$  mmol/L

$\tau = 0.976$   $r = 0.999$

The sample concentrations were between 30.6 and 1909.3 mmol/L (183.8 and 1104 mg/dL urea) on the reference system (x).

**References**

- Rock RC, Walker WG, Jennings CD. Nitrogen metabolites and renal function. In: Tietz NW, ed. Fundamentals of Clinical Chemistry. 3rd ed. Philadelphia: WB Saunders 1987;669-704.
- Richterich R, Colombo JP. Klinische Chemie. 4th ed. Basel: Karger S 1978;319-324.
- Talke H, Schubert GA. Enzymatische Harnstoffbestimmung in Blut und Serum im optischen Test nach Warburg. Klin Wochenschr 1965;43:174.
- Tiffany TO, Jansen JM, Burtis CA, et al. Enzymatic kinetic rate and end-point analyses of substrate, by use of a GeMSAEC Fast Analyzer. Clin Chem 1972;18:829-840.
- Sampson EJ, Baired MA, Burtis CA, et al. A coupled-enzyme equilibrium method for measuring urea in serum: Optimization and evaluation of the AACC study group on urea candidate reference method. Clin Chem 1980;26:816-826.
- Guder WG, Narayanan S, Wisser H, et al. List of Analytes; Preanalytical Variables. Brochure in: Samples: From the Patient to the Laboratory. Darmstadt: GIT-Verlag 1996.
- Glick MR, Ryder KW, Jackson SA. Graphical Comparisons of Interferences in Clinical Chemistry Instrumentation. Clin Chem 1986;32:470-475.
- Breuer J. Report on the Symposium "Drug Effects in Clinical Chemistry Methods". Eur J Clin Chem Clin Biochem 1996;34:385-386.
- Sonntag O, Scholer A. Drug interference in clinical chemistry: recommendation of drugs and their concentrations to be used in drug interference studies. Ann Clin Biochem 2001;38:376-385.
- Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. Clin Chem Lab Med 2007;45(9):1240-1243.





# UREAL

## Urea/BUN



- 11 Löhr B, El-Samalouti V, Junge W, et al. Reference Range Study for Various Parameters on Roche Clinical Chemistry Analyzers. Clin Lab 2009;55:465-471.
- 12 Wu AHB, ed. Tietz Clinical Guide to Laboratory Tests, 4th edition. St. Louis (MO): Saunders Elsevier 2006;1096.
- 13 Bablok W, Passing H, Bender R, et al. A general regression procedure for method transformation. Application of linear regression procedures for method comparison studies in clinical chemistry, Part III. J Clin Chem Clin Biochem 1988 Nov;26(11):783-790.

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

### Symbols

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

	Contents of kit
	Reagent
	Volume after reconstitution or mixing
	Global Trade Item Number

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Additions, deletions or changes are indicated by a change bar in the margin.

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