



Cardiac Troponin I

Fast Test Kit

(Immunofluorescence Assay)

Getein1100: Cat.# IF1001
Getein1600: Cat.# IF2001

User Manual

INTENDED USE

Cardiac Troponin I Fast Test Kit (Immunofluorescence Assay) is intended for *in vitro* quantitative determination of Cardiac Troponin I (cTnI) in serum, plasma or whole blood. This test is used as an aid in the diagnosis of myocardial injury such as Acute Myocardial Infarction (AMI), Unstable Angina, Acute Myocarditis and Acute Coronary Syndrome (ACS).

SUMMARY

Troponin, a molecular complex that is bound to the thin filament (actin) of striated muscle fibers, acts with intracellular calcium to control the interaction of the thin filament with the thick filament (myosin), thus regulating muscle contraction. Troponin consists of three regulatory proteins: T, which connects the troponin complex and tropomyosin (another cardiac muscle regulatory protein); I, which prevents muscle contraction in the absence of calcium; C, which binds calcium. Cardiac Troponin I (MW 22.5 kDa) and the two skeletal muscle isoforms of Troponin I have considerable amino acid sequence homology, but cTnI contains an additional N-terminal sequence and is highly specific for myocardium.

Clinical studies have demonstrated the release of cTnI into the blood stream within hours following acute myocardial infarction (AMI) or ischemic damage. Elevated levels of cTnI are detectable in blood within 4 to 6 hours after the onset of chest pain, reaching peak concentrations in approximately 8 to 28 hours, and remain elevated for 3 to 10 days following AMI. Due to the high myocardial specificity and the long duration of elevation, cTnI has become an important marker in the diagnosis and evaluation of patients suspected of having an AMI.

The current guideline of The Joint European Society of Cardiology/ American College of Cardiology Committee support the use of cTnI as a preferred marker of myocardial injury. Several major studies have shown that cTnI is also a predictor of cardiac risk in patients with unstable angina. The American College of Cardiology and the American Heart Association's current

guidelines recommend using troponin results when making treatment decisions regarding unstable angina and non-ST segment elevation MI (NSTEMI).

PRINCIPLE

The test uses an anti-human cTnI monoclonal antibody conjugated with fluorescence latex and another anti-human cTnI monoclonal antibody coated on the test line. After the sample has been applied to the test strip, the fluorescence latex-labelled anti-human cTnI monoclonal antibody binds with the cTnI in sample and forms a marked antigen-antibody complex. This complex moves to the test card detection zone by capillary action. Then marked antigen-antibody complex is captured on the test line by the anti-human cTnI monoclonal antibody. The fluorescence intensity of the test line increases in proportion to the amount of cTnI in sample.

Then insert test card into Getein1100 Immunofluorescence Quantitative Analyzer/Getein1600 Immunofluorescence Quantitative Analyzer (hereinafter referred to as Getein1100 and Getein1600), the concentration of cTnI in sample will be measured and displayed on the screen. The value will be stored in Getein1100/Getein1600 and available for downloading. The result can be easily transmitted to the laboratory or hospital information system.

CONTENTS

1. A kit for Getein1100 contains:
 - Getein cTnI test card in a sealed pouch with desiccant 25
 - Disposable pipet 25
 - Whole blood buffer 1
 - SD card 1
 - User manual 1
2. A kit for Getein1600 contains:
 - Sealed cartridge with 24/48 Getein cTnI test cards 2
 - User manual 1
 - Package specifications:
 - 2x24 tests/kit, 2x48 tests/kit
 - Materials required for Getein1600:
 - Sample diluent 1
 - Box with pipette tips 1
 - Mixing plate 1
3. Sample diluent/Whole blood buffer composition:
 - Phosphate buffered saline, proteins, detergent, preservative, stabilizer.
4. A test card consists of:
 - A plastic shell and a reagent strip which is composed of a sample pad, nitrocellulose membrane (one end of the membrane is coated with a fluorescence latex-labelled anti-

human cTnI monoclonal antibody, the test line is coated with another anti-human cTnI monoclonal antibody, and the control line is coated with rabbit anti-mouse IgG antibody), absorbent paper and liner.

Note: Do not mix or interchange different batches of kits.

APPLICABLE DEVICE

Getein1100 Immunofluorescence Quantitative Analyzer
Getein1600 Immunofluorescence Quantitative Analyzer

STORAGE AND STABILITY

Store the test card at 4~30°C with a valid period of 24 months. Use the test card for Getein1100 within 1 hour once the foil pouch is opened.

For test card of Getein1600: if the cartridge is opened, it could be stable within 24 hours once exposed to air. If the test cards can't be used up at a time, please put the cartridge back to the foil pouch and reseal along the entire edge of zip-seal. The remaining test cards should be used up within 7 days.

Store the sample diluent/whole blood buffer at 0~30°C with a valid period of 24 months.

Store the sample diluent/whole blood buffer at 2~8°C for better results.

PRECAUTIONS

1. For *in vitro* diagnostic use only.
2. For professional use only.
3. Do not use the kit beyond the expiration date.
4. Do not use the test card if the foil pouch or the cartridge is damaged.
5. Do not open pouches or the cartridge until ready to perform the test.
6. Do not reuse the test card.
7. Do not reuse the pipet.
8. Handle all specimens as potentially infectious. Proper handling and disposal methods should be followed in accordance with local regulations.
9. Carefully read and follow user manual to ensure proper test performance.

SPECIMEN COLLECTION AND PREPARATION

1. This test can be used for *serum, plasma and whole blood samples*. *Heparin and sodium citrate* should be used as the anticoagulant for plasma and whole blood. Samples should be free of hemolysis.

- Suggest using serum or plasma for better results.
- Serum or plasma can be used directly. For whole blood sample, one drop of whole blood buffer must be added before testing.
- If testing will be delayed, serum and plasma samples may be stored up to 7 days at 2~8℃ or stored at -20℃ for 6 months before testing (whole blood sample may be stored up to 3 days at 2~8℃).
- Refrigerated or frozen sample should reach room temperature and be homogeneous before testing. Avoid multiple freeze-thaw cycles.
- Do not use heat-inactivated samples.
- SAMPLE VOLUME (for Getein1100): 100 µl.

TEST PROCEDURE

- Collect specimens according to user manual.
- Test card, sample and reagent should be brought to room temperature before testing.

For Getein1100:

- Confirm SD card lot No. in accordance with test kit lot No.. Perform "SD Card Calib" calibration when necessary (Details refer to 8.5.2 of Getein1100 User Manual).
- On the main interface of Getein1100, press "ENT" button to enter testing interface.
- Remove the test card from the sealed pouch immediately before use. Label the test card with patient or control identification.
- Put the test card on a clean table, horizontally placed.
- Using sample transfer pipette, deliver 100 µl of sample (or 3~4 drops of sample when using disposable pipet) into the sample port on the test card (for whole blood sample, one drop of whole blood buffer must be added after loading 100 µl sample on the test card).
- Reaction time: 10 minutes. Insert the test card into Getein1100 and press "ENT" button after reaction time is elapsed. The result will be shown on the screen and printed automatically.

For Getein1600:

- Each cartridge for Getein1600 contains a specific RFID card which can calibrate automatically.
- Place samples in the designed area of the sample holder, insert the holder and select the right test item, Getein1600 will do the testing and print the result automatically.

Notes:

- It is required to perform "SD Card Calib" calibration when using a new batch of kits.
- It is suggested to calibrate once for one batch of kits for Getein1100.
- Make sure the test card and the sample insertion is correct and complete.

TEST RESULTS

Getein1100/Getein1600 can scan the test card automatically and display the result on the screen. For additional information, please refer to the user manual of Getein1100/Getein1600.

EXPECTED VALUE

The expected normal value for Troponin I was determined by testing samples from 500 apparently healthy individuals. The 99th percentile of the concentration for cTnI is 0.1 ng/mL. (The probability that value of a normal person below 0.1 ng/mL is 99%.)

It is recommended that each laboratory establish its own expected values for the population it serves.

PERFORMANCE CHARACTERISTICS

Measuring Range	0.1~50 ng/mL
Lower Detection Limit	≤ 0.1 ng/mL
Within-Run Precision	≤10%
Between-Run Precision	≤15%

Method Comparison:

The assay was compared with SIEMENS IMMULITE 2000 and its matching cTnI test kits with 200 serum samples (60 positive samples and 140 negative samples). The correlation coefficient (r) for cTnI is 0.952.

LIMITATIONS

- As with all diagnostic tests, a definitive clinical diagnosis should not be made based on the result of a single test. The test results should be interpreted considering all other test results and clinical information such as clinical signs and symptoms.
- Samples containing interferents may influence the results. The table below listed the maximum allowance of these potential interferents.

Interferent	Hemoglobin	Triglyceride	Bilirubin
Concentration (Max)	5 g/L	10 g/L	0.2 g/L

REFERENCES

- Mauro Pantaghini. Undefined International Federation of Clinical Chemistry and Laboratory Medicine (IFCC). Scientific Division Committee on Standardization of Markers of Cardiac Damage. Clin Chem Lab Med, 1998, 36:887~893.
- Antman EM, Anbe DT, Armstrong PW, et al. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice

Guidelines (Committee to Revise the 1999 Guidelines for the Management 2004).

- EN ISO 18113-1:2009 *In vitro* diagnostic medical devices - Information supplied by the manufacturer (labelling) - Part 1: Terms, definitions and general requirements.
- EN ISO 18113-2:2009 *In vitro* diagnostic medical devices - Information supplied by the manufacturer (labelling) - Part 2: *In vitro* diagnostic reagents for professional use (ISO 18113-2:2009).

DESCRIPTION OF SYMBOLS USED

The following graphical symbols used in or found on Cardiac Troponin I Fast Test Kit (Immunofluorescence Assay) are the most common ones appearing on medical devices and their packaging. They are explained in more details in the European Standard EN 980:2008 and International Standard ISO 15223-1:2007.

Key to symbols used			
	Manufacturer		Expiration date
	Do not reuse		Date of manufacture
	Consult instructions for use		Batch code
	Temperature limitation		<i>In vitro</i> diagnostic medical device
	Sufficient for		Authorized representative in the European Community
	CE mark		Do not use if package is damaged

Thank you for purchasing Cardiac Troponin I Fast Test Kit (Immunofluorescence Assay). Please read this user manual carefully before operating to ensure proper use.

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