



Atlas D-Dimer Latex Kit

IVD For In Vitro Diagnostic Use Only.

Store at 2°C to 8°C.

INTENDED USE

A manual slide latex agglutination test for the qualitative and semi-quantitative detection of circulating derivatives of cross-linked fibrin degradation products (XL-FDP) in human citrated plasma to exclude Venous Thromboembolism (VTE) in patients suspected of Deep Vein Thrombosis (DVP) and Pulmonary Embolism (PE).

INTRODUCTION

During blood coagulation, fibrinogen is converted to fibrin by the activation of thrombin. The resulting fibrin monomers polymerize to form a soluble gel of non-cross-linked fibrin. This fibrin gel is then converted to cross-linked fibrin by thrombin activated Factor XIII to form an insoluble fibrin clot. Production of plasmin, the major clot-lysing enzyme, is triggered when a fibrin clot is formed. Fibrinogen and fibrin are both cleaved by the fibrinolytic enzyme plasmin to yield degradation products, but only degradation products from cross-linked fibrin contain D-Dimer. Therefore, cross-linked fibrin degradation products (XL-FDP) are a specific marker of fibrinolysis.

PRINCIPLE

Atlas D-Dimer Latex is a rapid agglutination assay utilizing latex beads coupled with a highly specific D-Dimer monoclonal antibody. XL-FDP present in a plasma sample bind to the coated latex beads, which results in visible agglutination occurring when the concentration of D-Dimer is above the threshold of detection of the assay.

MATERIALS

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- D-Dimer Latex Reagent: a 0.83% suspension of latex particles coated with murine anti-D-Dimer monoclonal antibody, 10mg/mL BSA and 0.1% sodium azide.
- D-Dimer Positive Control: a solution containing purified human D-Dimer fragment, 5mg/mL BSA and 0.1% sodium azide.
- D-Dimer Negative Control: a buffer solution containing 5mg/mL BSA and 0.1% sodium azide.
- Dilution Buffer
- Reaction slide
- Stirring Sticks
- Instructions for Use.

NOTE: This package insert is also used for individually packed reagent.

MATERIALS NEEDED BUT NOT PROVIDED

- Precision pipettes and tips - 20 µL and 100 µL
- Plastic test tubes and rack
- Stopwatch or timing device
- Disposable gloves
- Tissue (for wiping dropper bottle tips)

PACKAGING CONTENT

REF 8.00.17.0.0025 (D-Dimer Latex 1x0.5mL, 2x0.4mL Controls, 1x10mL Glycine Buffer)

REF 8.00.17.0.0050 (D-Dimer Latex 1x1mL, 2x0.5mL Controls, 1x10mL Glycine Buffer)

REF 8.00.17.0.0100 (D-Dimer Latex 1x2mL, 2x1mL Controls, 2x10mL Glycine Buffer)

REF 8.00.17.2.0100 (D-Dimer Latex 1x2mL, 2x0.5mL Controls, 2x10mL Glycine Buffer)

REF 8.00.17.0.0200 (D-Dimer Latex 1x4mL, 2x2mL Controls, 1x40mL Glycine Buffer)

PRECAUTIONS

- For In Vitro Diagnostic Use Only.
- Harmful if swallowed. Avoid contact with skin and eyes. Do not empty into drains.
- Wear suitable protective clothing.
- CAUTION: All reagents in Atlas D-Dimer Latex Kit contain sodium azide (0.1%) as preservative. Do not ingest or allow to contact skin or mucous membranes. Sodium azide may form explosive azides in metal plumbing. Use proper disposal procedures.
- CAUTION: The Positive Control in Atlas D-Dimer Latex Kit contain components of human origin. Each individual blood donation intended for the production of this reagent is tested for HBsAg, anti-HCV, anti-HIV1 and anti-HIV2. Only donations with negative findings are employed. As complete absence of infectious agents can never be assured, all materials derived from human blood should be treated as potentially infectious and handled with due care following the precautions recommended for biohazardous material.
- Do not use the kit if damaged or the glass vials are broken or leaking and discard the contents immediately.
- Do not use these reagents if the label is not available or damaged.
- Test materials and samples should be discarded properly in a biohazard container.

STORAGE AND STABILITY

- Store at 2°C to 8°C.
- DO NOT FREEZE.
- Stability: Refer to outer package and vial labels for expiration date.
- Opened vials are stable until specified expiry date printed on vial label when stored refrigerated (2 - 8°C).
- Indication of Reagent Deterioration
Reagent deterioration is indicated by failure of the Latex Reagent to agglutinate with the Positive Control, agglutination with the Negative Control, or evidence of microbial contamination.

SPECIMEN COLLECTION AND PREPARATION

- Use fresh plasma prepared by centrifugation of whole blood collected using tube contain sodium citrate anticoagulant. (The use of EDTA and heparin will result in an increased level of false positive reaction).
- The test works best on fresh plasma samples. If testing cannot be done immediately, plasma samples should be stored at -20°C up to 2 weeks.
- Specimen may be tested directly for the presence of XL-FDP. Defibrination of the plasma is not recommended.
- Frozen specimen should be rapidly thawed at 37 °C and centrifuged before testing.

PROCEDURE

- Equilibrate reagents to room temperature (20°C to 25°C) before use.
- Latex Reagent should be mixed by inversion immediately prior to use.

Qualitative Method

1. Bring reagents and specimens to room temperature before use.
2. Place 20 µL of the reagent within a field on the reaction slide.
3. Accurately pipette 20 µL of undiluted plasma or of control solution next to the drop of Latex Reagent.
4. Mix the Latex Reagent and sample with a stirrer until the Latex is uniformly distributed.
5. Place the slide on a mechanical rotator at 80-100 r.p.m. for three minutes.
6. At exactly 3 minutes, check for agglutination under a strong light source.

NOTE

If test reading is delayed beyond 3 minutes, the latex suspension may dry out **giving a false agglutination pattern. If this is suspected, the specimen must be retested.**

Semi quantitative Method

1. Prepare serial dilutions of the test plasma with Buffer as follows:
1:2 dilution 100 µL plasma plus 100 µL Buffer solution
1:4 dilution 100 µL 1:2 dilution plus 100 µL Buffer solution
1:8 dilution 100 µL 1:4 dilution plus 100 µL Buffer solution
2. Test each dilution as described in the qualitative method.

QUALITY CONTROL

- It is recommended that both Positive and Negative Controls be included in each batch of tests to ensure proper functioning of the system. Control solutions should be tested by the same procedures as patient samples.
- D-Dimer Positive Control consists of a solution of human D-Dimer at a level of approximately ≥ 0.80 mg/L (≥ 800 ng/mL).

RESULTS

A. Qualitative Assay

For the qualitative assay protocol, the following pattern of results should be obtained:

Undiluted Plasma D-Dimer (XL-FDP) concentration

- Less than 0.15 mg/L (150ng/mL): Negative result
- Greater than 0.15 mg/L (150ng/mL): Positive result

B. Semiquantitative Assay

Approximate levels of XL-FDP, containing the D-Dimer domain, for specimen dilutions are shown in Table 1. As with all semiquantitative tests, some variability in dose-response can be expected.

Approximate Range of D-Dimer (XL-FDP) mg/L (ng/ml)	Sample Dilution			
	Undil.	1:2	1:4	1:8
< 0.2 (< 200)	-	-	-	-
0.2 – 0.4 (200 – 400)	+	-	-	-
0.4 – 0.8 (400 – 800)	+	+	-	-
0.8 – 1.6 (800 – 1600)	+	+	+	-
1.6 – 3.2* (1600 – 3200*)	+	+	+	+

“+” = agglutination, “-” = no agglutination

* Levels of XL-FDP greater than 3.20 mg/L (3200 ng/mL) can be estimated by further dilutions beyond 1:8.

EXPECTED VALUES

A positive result, indicating active fibrinolysis, should be obtained with D-Dimer Latex Test when XL-FDP (D-Dimer) levels are at or greater than approximately 0.20 mg/L (200ng/mL). Plasma specimens from normal subjects are expected to give negative results because their plasma XL-FDP concentrations are typically less than 0.20 mg/L (200ng/mL). Due to many variables that may affect results, each laboratory should establish its own normal range.

Elevated levels of XL-FDP (containing the D-Dimer domain) have been demonstrated in patients by a combination of immunoprecipitation and gel electrophoresis techniques. Monoclonal antibodies allow the specific detection of the D-Dimer domain. Monoclonal antibody based D-Dimer assay is of diagnostic value in disseminated intravascular coagulation (DIC) and acute vascular diseases, including pulmonary embolism (PE) and deep venous thrombosis (DVT), conditions that are difficult to detect reliably by clinical examination.

The amount of XL-FDP detected in a specimen will depend on several interrelated factors in vivo, such as the severity of the thrombotic episode, the rate of cross linked fibrin formation, and the time elapsed after the thrombotic event until blood is drawn from the patient.

Elevated levels of XL-FDP as an indication of reactive fibrinolysis have also been reported in surgery, trauma, sickle cell disease, liver disease, severe infection, sepsis, inflammation, and malignancy. D-Dimer levels also rise during normal pregnancy but very high levels are associated with complications.

LIMITATIONS

Clinical diagnosis should not be based on the result of D-Dimer Latex alone. Clinical signs and other relevant test information should be included in the diagnostic decision.

SPECIFIC PERFORMANCE CHARACTERISTICS

- Diagnostic Sensitivity: 100.00% (95% CI (97.34% to 100.00%))
- Diagnostic Specificity: 94.38% (95% CI (89.91% to 97.27%)).
- Positive Predictive Value: 93.20% (95% CI (88.24% to 96.16%)).
- Negative Predictive Value : 100%
- Accuracy: 96.83% (95% CI (94.24% to 98.47%)).
- Intra-assay (within run) reproducibility was determined for 10 replicates of 3 plasma samples that contained different levels of XL-FDP. The results were equivalent for all replicates.
- Inter-assay (run-to-run) reproducibility was determined using 10 plasma samples with XL-FDP titers ranging from 1 to 16. In 10 runs, the replicates of these specimens did not vary by more than one titer.
- In an anticoagulant study of 50 parallel citrated, EDTA and heparin plasma samples, the test result showed that the following:
 - Plasma prepared from whole blood anticoagulated with sodium citrate is recommended.
 - The use of EDTA and heparin sodium will result in an increased level of false positive reaction.
- No assay interference was demonstrated with Atlas D-Dimer Latex with spiked specimens containing potential interfering substances at the following concentrations:
 - Bilirubin 0.2 mg/mL
 - Hemoglobin 5.0 mg/mL
 - Lipids (triglycerides) 30 mg/mL
 - Protein (gamma globulin) 0.06 g/mL

REFERENCES



















1. Gaffney, P.J. Distinction between Fibrinogen and Fibrin Degradation Products in Plasma. Clin. Chim. Acta. 65 (1): 109-115; 1975.
2. Lane, D.A. et al. Characterisation of Serum Fibrinogen and Fibrin Fragments Produced During Disseminated Intravascular Coagulation. Br. J. Haematol. 40 (4): 609-615; 1978.
3. Whitaker, A.N. et al. Identification of D-Dimer-E complex in Disseminated Intravascular Coagulation. Thromb. Res. 18 (3-4): 453-459; 1980.
4. NCCLS Publication H21-A3 - Collection, Transport, and Processing of Blood Specimens for Coagulation Testing and General Performance of Coagulation Assays; Approved Guideline Third Edition; 1998.
5. Graeff, H. et al. Detection and Relevance of Crosslinked Fibrin Derivatives in Blood. Semin. Thromb. Hemost. 8 (1): 57-68; 1982.
6. Yoshioka, K. et al. Distinction between Fibrinogen and Fibrin Products Produced during Disseminated Intravascular Coagulation in Childhood. Eur. J. Pediatr. 138 (1): 46-48; 1982.
7. Rylatt, D.B. et al. An Immunoassay for Human D-Dimer using Monoclonal Antibodies. Thromb. Res. 31 (6): 767-778; 1983.
8. Elms, M.J. et al. Rapid Detection of Cross-Linked Fibrin Degradation Products in Plasma using Monoclonal Antibody-Coated Latex Particles. Am. J. Clin. Pathol. 85 (3): 360-364; 1986.
9. Whitaker, A.N. et al. Measurement of Cross-Linked Fibrin Derivatives in Plasma: an Immunoassay using Monoclonal Antibodies. J. Clin. Pathol. 37 (8): 882-887; 1984.

10. Hunt, F.A. et al. Serum Crosslinked Fibrin (XDP) and Fibrinogen/Fibrin Degradation Products (FDP) in Disorders Associated with Activation of the Coagulation or Fibrinolytic Systems. Br. J. Haematol. 60 (4): 715-722; 1985.
11. Smith, R.T. et al. Fibrin Degradation Products in the Postoperative Period. Evaluation of a New Latex Agglutination Method. Am. J. Clin. Pathol. 60 (5): 644-647; 1973.
12. Nolan, T.E. et al. Maternal Plasma D-Dimer Levels in Normal and Complicated Pregnancies. Obstet. Gynecol. 81 (2): 235-238, 1993.

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PPI1473A01

Rev D (06.05.2023)

	Catalogue Number		Temperature limit
	In Vitro diagnostic medical device		Caution
	Contains sufficient for <n> tests and Relative size		Consult instructions for use (IFU)
	Batch code		Manufacturer
	Fragile, handle with care		Use-by date
	Manufacturer fax number		Do not use if package is damaged
	Manufacturer telephone number		Date of Manufacture
	Keep away from sunlight		Keep dry
	Positive control		Negative control