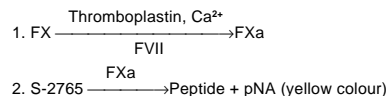


Intended Use

For the photometric determination of factor VII activity in plasma such as when identifying elevated levels of Factor VII or factor VII deficiency and monitoring of patients on replacement therapy.

Principle



The method is based on a two-stage principle. In stage one Factor X is activated to FXa via the extrinsic pathway (FVII-thromboplastin). Factor VII is completely converted to FVIIa during this process and accordingly there is no interference in the assay of preactivated FVII. In stage two the generated Factor Xa hydrolyses the chromogenic substrate S-2765 thus liberating the chromophoric group, pNA. The colour is then read photometrically at 405 nm. The generated Factor Xa and thus the intensity of colour is proportional to the FVII activity in the sample.

Composition

The Coaset FVII kit contains:

- | | |
|--|--------|
| 1. S-2765
Chromogenic substrate (N-a-Cbo-D-Arg-Gly-Arg-pNA), (8 mg) with mannitol added (bulking agent). | 1 vial |
| 2. Bovine Serum Albumin
BSA 20% | 1 vial |
| 3. Buffer stock solution
Tris 1.0 mol/L, pH 7.4 | 1 vial |
| 4. Factor X
Bovine Factor X, 3.1 IU. | 1 vial |
| 5. CaCl₂
Calcium chloride solution, 40 mmol/L. | 1 vial |
| 6. Thromboplastin
Human placenta thromboplastin. | 1 vial |

PRECAUTION AND WARNING

Each donor unit used in the preparation of human source reagent has been tested by FDA approved methods for the presence of Hepatitis B surface antigen and antibodies to HIV 1 and 2 and Hepatitis C and found to be negative. However, since no test can completely rule out the presence of these blood borne diseases, the handling and disposal of human source reagents from this product should be made with care. Handle as potentially infectious¹⁵. Harmful if swallowed (R22). Avoid contact with skin and eyes (S24/25). Do not empty into drains (S29). Wear suitable protective clothing (S36).

This product is for *in vitro* diagnostic use.

Preparation

- S-2765:** Reconstitute with 6 mL of sterile water¹¹ to obtain a concentration of 1.87 mmol/L.
- Bovine Serum Albumin:** Ready to use
- Buffer stock solution:** Before use dilute accordingly:
 - 1 volume of stock solution with 19 volumes of sterile water¹¹.
 - To 100 volumes of this solution add 1 volume of BSA 20%. (Tris-BSA working buffer containing 0.2% BSA)
- Factor X:** Reconstitute in 1.0 mL sterile water¹¹. Before use, dilute further by mixing 1 volume of Factor X with 3 volumes of Tris-BSA working buffer to obtain a concentration of 0.8 IU/mL.
- CaCl₂:** ready to use
- Thromboplastin:** Reconstitute with 4.0 mL of sterile water¹¹. Before use, dilute further by mixing 1 volume of Thromboplastin with 4 volumes of Tris-BSA working buffer.

Reagent storage and Stability

When kept at 2-8°C the sealed reagents are stable until the expiry date printed on the label. Contamination by microorganisms should be avoided once the vials are opened.

- S-2765:** Reconstituted substrate is stable for 6 months at 2-8°C.
- Bovine Serum Albumin:** The opened vial is stable for 1 week at 2-8°C.
- Buffer stock solution:** The stock solution is stable for 2 months at 2-8°C. Tris-BSA working buffer is stable for 5 days at 2-8°C.
- Factor X:** Reconstituted Factor X is stable for one week at 2-8°C.

- CaCl₂:** Stable at 2-8°C until the expiry date printed on the label.
- Thromboplastin:** Reconstituted thromboplastin is stable for 1 month at 2-8°C.

Reagents not provided:

— Normal human plasma for calibration, which should be calibrated against an International Standard. Blood samples are taken from at least 20 healthy donors. 10-30 mL of citrated blood (9 volumes blood and 1 volume 0.1 mol/L sodium citrate) are taken from each donor. The first 3-5 mL of blood is discarded. Plasma is prepared by centrifugation at 2000xg for 20 minutes. Equal amounts of plasma from the donors are mixed and dispensed in small volumes and frozen immediately. The normal plasma is stable for one year at -70°C or for three months at -20°C. Avoid refreezing. Thaw rapidly at 37°C just before use.

- Acetic acid 20% or citric acid 2%.
- Sterile water¹¹

Materials required but not provided:

- Photometer, 405 nm (and 490 nm for the microplate procedure)
- Heat incubator 37°C ±0.2°C. Verify that the incubator provides an even temperature distribution within these specifications.
- Calibrated pipettes with an accuracy of 1% or better.
- Plastic test tubes
- Semi-micro cuvettes
- Vortex mixer
- Sample diluter/dispenser
- Stopwatch
- Centrifuge, 2000xg

Specimen collection and Preparation

Blood (9 volumes) is mixed with 0.1 mol/L sodium citrate (1 volume). The first 3-5 mL of blood is discarded. Centrifuge at 2000xg for 20 minutes. Separate the plasma from the cells within two hours of collection. If the plasma is not tested immediately, store at 2-8°C or at room temperature for a maximum of 4 hours. The plasma may also be dispensed in aliquots and kept frozen at -70°C for a maximum of three months before testing. Avoid refreezing. Thaw rapidly at 37°C just before use.

Quality Control

Two levels of FVII controls, calibrated against International Standards, are recommended for a complete quality control program. Each laboratory should establish its own mean and standard deviation and should establish a quality program to monitor laboratory testing. Controls should be analyzed at least once every 8 hour shift in accordance with good laboratory practice. Refer to Westgard et al for identification and resolution for out-of-control situations.

Procedure

- Prepare a Combined reagent by mixing:

1 part	Thromboplastin dilution
5 parts	FX 0.8 IU/mL
3 parts	CaCl ₂ 40 mmol/L

The mixture is stable for 30 minutes at 37°C or 3 hours at 2-8°C.

- Preparation of Calibrators.

A Calibration curve is required for each series of assays. Normal human plasma, calibrated against an International Standard, is used for standardization. This plasma is diluted in Tris-BSA working buffer accordingly:

%FVII	Dilution with Tris-BSA working buffer
200	1:500
100	1:1000
50	1:2000
25	1:4000
12.5	1:8000

- Preparation of plasma sample.

The plasma sample is diluted 1:1000 in Tris-BSA working buffer. The plasma dilutions are stable for at least 2 hours at 2-8°C. For optimal results, high precision diluting equipment is recommended.

- Assay

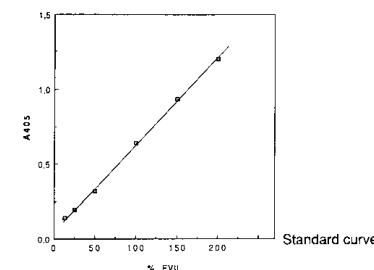
A reagent blank (Tris-BSA working buffer instead of sample) should be included in each series. Place the required volume of substrate and Combined reagent at 37°C.

Add to a plastic test tube:	Volumes
Standard, sample dilution or Tris-BSA working buffer (2-8°C)	200 µL
<i>Incubate 3-4 minutes at 37°C</i>	
Combined reagent (37°C)	200 µL
<i>Mix and incubate 7 minutes at 37°C</i>	
S-2765 (37°C)	200 µL
<i>Mix and incubate 5 minutes at 37°C</i>	
Acetic Acid, 20% or citric acid 2%	200 µL

Read the absorbance in a photometer at 405 nm against the reagent blank. The colour is stable for at least 4 hours.

Calculation

Plot the absorbance (A405) for the standards against their concentration of FVII on a linear graph paper. Read the %FVII value for the corresponding absorbance for the unknown sample from the standard curve.



Results

FVII results are reported in activity (%).

Expected values

Males 54-138 (2 SD, n = 31), Females 56 – 200 (2 SD, n = 30)¹².

Performance Characteristics

Specificity and Interfering Factors

- Addition of rabbit anti-human FVII IgG blocked >98% of the amidolytic activity.
- Identical FVII activities were obtained with normal plasma prediluted 2-8 times in either buffer or FVII deficiency plasma before the final dilution of 1:1000 in buffer.
- A six-fold predilution of a plasma sample containing a high FVII concentration (pregnant woman, 3rd trimester) in FVII deficiency plasma compared to predilution in buffer resulted in assigned values of 236% and 229% respectively after correction for the dilution.

Heparin does not interfere at levels ≤ 0.5 IU/mL plasma.

Precision Microplate	CV% (within run)	n	CV% (Total)	n
Mean (% FVII)				
119	3.5	5	5.6	35
35	3.5	5	4.9	35

Correlation System	slope	intercept	r	Reference Method	n
Microplate	0.97	11.2	0.96	FVII Recombiplastin (ACL Futura)	47

A comparison to an ELISA antigen assay was also performed for samples from normal healthy individual (n=27) with average values of (±2SD) =108±25% and 102 ±22% for Coaset FVII and the ELISA method respectively. As expected, higher values were obtained for the ELISA method (51±14%) as compared to Coaset FVII (38 ±19%) when plasma from patients on oral anticoagulant therapy (n=42) were assayed.

Linearity System	
Microplate	12.5 - 200 % FVII

Sensitivity System	
Microplate	: 6.7 ΔmAbs /min per 1% of FVII activity.

Detection Limit System	
Microplate:	3% FVII.

Alternative Procedure

The assay can also conveniently be performed in microplates and will then permit 120 determinations. Care should be taken to keep to the reaction conditions as described above; however, when using proportional volume changes, e.g. from 200 μl to 50 μl, the substrate reaction time should be prolonged from 5 to 7 minutes. Start a timer when the combined reagent is added so that each sample is activated for 7 minutes. Then add the S-2765 at the same intervals as for the combined reagent. Use the same procedure for acetic acid or citric acid after 7 minutes to stop the reaction. Dual wavelength mode reading is preferable to compensate for differences between the microplate wells. ΔA(405-490nm) should preferably be ≤1.1 absorbance units in order to avoid non linearity due to substrate depletion. It is of crucial importance to use microplates which have low adsorptivity of proteins. Thus, microplates intended for immunoassays should be avoided. Also verify that the microplate incubator provides an even temperature distribution within the specifications above.

Bibliography / Literatur / Bibliografia / Bibliographie / Bibliografia / Bibliografia / Litteratur / Litteraturförteckning / Βιβλιογραφία

1. G AVVISATI et al. Evaluation of a new chromogenic assay for Factor VII and its application in patients on oral anticoagulant treatment. Br J Haematol 45, 343-352 (1980).
2. E BRUCKERT et al. Interrelationship of plasma triglyceride and coagulant Factor VII levels in normotriglyceridemic hypercholesterolemia. Atherosclerosis 75, 129-134 (1989).
3. J CARVALHO DE SOUSA et al. Phospholipase C sensitive FVII and FVII antigen in hypertriglyceridemia. Nouv Rev Fr Hematol 31, 13-15 (1989).
4. J CARVALHO DE SOUSA et al. Plasma Factor VII, triglyceride concentration and fibrin degradation products in primary hyperlipidemia: A clinical and laboratory study. Haemostasis 19, 83-90 (1989).
5. C HOFFMAN et al. Factor VII activity state in coronary artery disease. J Lab Clin Med 111, 475-481 (1988).
6. T MEADE et al. Haemostatic function and ischaemic heart disease. Principal results of the Northwick Park Heart Study. Lancet 2, 533-537 (1986).
7. G MILLER et al. Association between dietary fat intake and plasma Factor VII coagulant activity – a predictor of cardiovascular mortality. Atherosclerosis 60, 269-277 (1986).
8. U OSWALSSON et al. A simple chromogenic assay for the determination of Factor VII in microplates. Thromb Haemostas 54, No 1, 26 (1985).
9. L POLLER et al. An assessment of an amidolytic assay for FVII in the laboratory control of oral anticoagulants. Br J Haematol 49, 69-75 (1981).
10. U SELIGHSON et al. Coupled amidolytic assay for Factor VII: its use with a clotting assay to determine the activity state of factor VII. Blood 52, 978-988 (1978).
11. National Committee for Clinical Laboratory Standards. Specifications for reagent water used in the clinical laboratory, NCCLS Approved Standard: ASC-3.
12. JWJ VAN WERSCH. A chromogenic assay for coagulation factor VII: analytical performance characteristics and application in several diseases. Int J Clin Lab Res 23, 221-224 (1993).
13. Zucker S, Cathey M H, West B. Preparation of Quality Control Specimens for Coagulation. Am J Clin Pathol 53, 924-927 (1970).
14. Westgard J O, Barry P L. Cost-effective quality control: Managing the quality and productivity of analytical process. AACC press (1988).
15. RICHARDSON J H and BACKLEY W E. Eds. Biosafety in Microbiological and Biomedical Laboratories. US. Dept. of Health and Human Services, Public Health Service, HHS

Symbols used / Verwendete Symbole / Símbolos utilizados / Symboles utilisés / Simboli impiegati / Símbolos utilizados / Anvendte symboler / Använda Symboler / Χρησιμοποιηθέντα σύμβολα

IVD	LOT				CONTROL			EC REP
<i>In vitro</i> diagnostic medical device <i>In-vitro</i> Diagnostikum De uso diagnóstico <i>in vitro</i> Dispositif médical de diagnostic <i>in vitro</i> Per uso diagnostico <i>in vitro</i> Dispositivo médico para utilização em diagnóstico <i>in vitro</i> "in vitro" diagnostisk udstyr <i>In vitro</i> diagnostisk medicinsk produkt Προϊόν για διαγνωστική χρήση <i>In vitro</i>	Batch code Chargen-Bezeichnung Identificación número de lote Désignation du lot Numero del lotto Número de lote Batch nr. Tillverkningskod Αρ. Παρτίδας	Use by Verwendbar bis Caducidad Utilizzabile jusqu'à Da utilizzare prima del Data limite de utilização Anvendelse Användning Χρήση έως	Temperature limitation Festgelegte Temperatur Temperatura de Almacenamiento Températures limites de conservation Limiti di temperatura Limite de temperatura Temperatur begrænsninger Temperatur gräns Περιορισμοί θερμοκρασίας	Consult instructions for use Beilage beachten Consultar la metódica Lire le mode d'emploi Vedere istruzioni per l'uso Consultar as instruções de utilização Se vejledning for anvendelse Ta del av instruktionerna före användning Συμβουλευτήτε τις οδηγίες χρήσης	Control Kontrollen Control Contrôle Controllo Controlo Kontrol Kontrol Υλικό ποιοτικού ελέγχου	Biological risks Biologisches Risiko Riesgo biológico Risque biologique Rischio biologico Risco biológico Miljø oplysninger Biologiska risker Βιολογικοί κίνδυνοι	Manufacturer Hergestellt von Fabricado por Fabricant Prodotto da Fabricado por Producent Tillverkare Κατασκευαστής	Authorised representative Bevollmächtigter Representante autorizado Mandataire Rappresentanza autorizzata Representante autorizado Leverandør Auktoriserad representant Εξουσιοδοτημένος αντιπρόσωπος