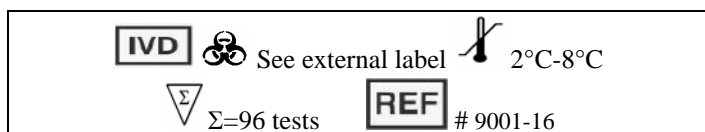



DIAGNOSTIC AUTOMATION, INC.

23961 Craftsman Road, Suite E/F

Calabasas, CA 91302

Tel: (818) 591-3030 Fax: (818) 591-8383

onestep@rapidtest.comtechnicalsupport@rapidtest.comwww.rapidtest.com

CHEMILUMINESCENCE ENZYME IMMUNOASSAY (CLIA) T3

**Chemiluminescence Enzyme Immunoassay for the Quantitative
Determination of Triiodothyronine (T3) in Human Serum**

INTRODUCTION OF CHEMILUMINESCENCE IMMUNOASSAY

Chemiluminescence Immunoassay (CLIA) detection using Microplate luminometers provides a sensitive, high throughput, and economical alternative to conventional colorimetric methodologies, such as Enzyme-linked immunosorbent assays (ELISA).

ELISA employs a label enzyme and a colorimetric substrate to produce an amplified signal for antigen, haptens or antibody quantitation. This technique has been well established and considered as the technology of choice for a wide variety of applications in diagnostics, research, food testing, process quality assurance and quality control, and environmental testing. The most commonly used ELISA is based on colorimetric reactions of chromogenic substrates, (such as TMB) and label enzymes.

Recently, a chemiluminescent immunoassay has been shown to be more sensitive than the conventional colorimetric method(s), and does not require long incubations or the addition of stopping reagents, as is the case in some colorimetric assays. Among various enzyme assays that employ light-emitting reactions, one of the most successful assays is the enhanced chemiluminescent immunoassay involving a horseradish peroxidase (HRP) labeled antibody or antigen and a mixture of chemiluminescent substrate, hydrogen peroxide, and enhancers.

The CLIA Kits are designed to detect glow-based chemiluminescent reactions. The kits provide a broader dynamic assay range, superior low-end sensitivity, and a faster protocol than the conventional colorimetric methods. The series of the kits covers Thyroid panels, such as T3, T4, TSH, Hormone panels, such as hCG, LH, FSH, and other panels. They can be used to replace conventional colorimetric ELISA that have been widely used in many research and diagnostic

applications. Furthermore, with the methodological advantages, Chemiluminescent immunoassay will play an important part in the Diagnostic and Research areas that ELISAs can not do.

The CLIA Kits have been validated on the *MPL2* microplate luminometer from Berthold Detection System, *Lus2* microplate luminometer from Anthos, *Centro LB960* microplate luminometer from Berthold Technologies, and *Platelumino* from Stratec Biomedical Systems AG. We got acceptable results with all of those luminometers.

INTRODUCTION OF T3 IMMUNOASSAY

The Human thyroid gland is a major component of the endocrine system. Thyroid hormones perform many important functions. They exert powerful and essential regulatory influences on growth, differentiation, cellular metabolism, and general hormonal balance of the body, as well as on the maintenance of metabolic activity and the development of the skeletal and organ system.

The hormones thyroxine (T4) and 3,5,3' triiodothyronine (T3) circulate in the bloodstream, mostly bound to the plasma protein, thyroxine binding globulin (TBG). The concentration of T3 is much less than that of T-4, but its metabolic potency is much greater.

T3 determinations an important factor in the diagnosis of thyroid disease. Its measurement has uncovered a variant of hyperthyroidism in thyrotoxic patients with elevated T3 values and normal T4 values. An increase in T3 without an increase in T4 is frequently a forerunner of recurrent thyrotoxicosis in previously treated patients. The clinical significance of T3 is also evident in patients in whom euthyroidism is attributable only to normal T3, although their T4 values are subnormal.

T3 determination is also useful in monitoring both patients under treatment for hyperthyroidism and patients who have discontinued anti-thyroid drug therapy. It is especially valuable in distinguishing between euthyroid and hyperthyroid subjects.

In addition to hyperthyroidism, T3 levels are elevated in women who are pregnant, and in women receiving oral contraceptives or estrogen treatment, paralleling TBG increases in a manner analogous to T4 levels. Likewise, a reduction in TBG concentration decreases T3 concentration. These changes in the T3 level, however, are not a true reflection of thyroid status.

Principle of the test

In the T3 CLIA, a certain amount of anti-T3 antibody is coated on microtiter wells. A measured amount of patient serum, and a constant amount of T3 conjugated with horseradish peroxidase are added to the microtiter wells. During incubation, T3 in the samples and conjugated T3 compete for the limited binding sites on the anti-T3 antibody of the wells. After a 60 minutes incubation at room temperature, the wells are washed 5 times by wash solution to remove unbound T3 conjugate. A solution of chemiluminescent substrate is then added and read relative light units (RLU) in a Luminometer. The intensity of the emitting light is proportional to the amount of enzyme present and is inversely related to the amount of unlabeled T3 in the sample. By reference to a series of T3 standards assayed in

the same way, the concentration of T3 in the unknown sample is quantified.

Materials Provided with Test Kit

1. Anti-T3 Antibody Coated Microtiter Wells, 96 wells.
2. T3 HRPO Conjugate Concentrate, 0.8 ml.
3. T3 HRPO Conjugate Diluent, 15.0 ml
4. Reference Standard, 1 set. Ready to use.
5. 20x Wash Buffer, 30 ml
6. Chemiluminescence Reagent A, 6.0 ml
7. Chemiluminescence Reagent B, 6.0 ml

Materials Required but not Provided

1. Distilled water.
2. Precision pipettes: 0.05ml, 0.1ml, 0.2ml
3. Disposable pipette tips.
4. Glass tube or flasks to mix Reagent A and B.
5. Microtiter well reader.
6. Vortex mixer or equivalent.
7. Absorbent paper.
8. Graph paper.

Reagent Preparation

1. All reagents should be allowed to reach room temperature (18-25°C) before use.
2. To prepare T3-HRPO Conjugate Reagent, add 0.10 ml of T3-HRPO Conjugate Concentrate to 2.0 ml of T3 Conjugate Diluent (1:20 dilution), and mix well. The amount of conjugate diluted is depend on your assay size. The Conjugate Reagent is stable at 4°C at least for two weeks.
3. To prepare substrate solution, make an 1:1 mixing of Reagent A with Reagent B right before use. Mix gently to ensure complete mixing. Discard excess after use.
4. Prepare the washing solution by diluting 1 part of the 20X PBS concentrate to 19 parts of distilled water.

Assay Procedure

1. Secure the desired number of coated well in the holder. Make data sheet with sample identification.
2. Dispense 50 µl of standard, samples, and controls into appropriate wells.
3. Thoroughly mix for 10 seconds, then dispense 100 µl of Enzyme Conjugate Reagent into each well.
4. Thoroughly mix for 30 seconds. It is important to have complete mixing in this step.
5. Incubate at room temperature for 60 minutes.
6. Remove the incubation mixture by flicking plate contents into a waste container.
7. Rinse and flick the microtiter wells 5 times with washing buffer.
8. Strike the wells sharply onto absorbent paper to remove residual water droplets.
9. Dispense 100 µl Chemiluminescence substrate solution into each well. Gently mix for 5 seconds.
10. Read wells with a chemiluminescence microwell reader 5 minutes later. (between 5 and 20 min. after dispensing the substrates).

Important Note:

1. The wash procedure is critical. Insufficient washing will result in poor precision and falsely elevated absorbance readings.
2. If there are bobbles existing in the wells, the false readings will be created. Please use distilled water to remove the bobbles before adding the substrate.

Calculation of Results

1. Calculate the average read relative light units (RLU) for each set of reference standards, control, and samples.
2. We recommend to use a proper software to calculate the results. The best curve fitting used in the assays are 4-parameter regression or cubic spline regression. If the software is not available, construct a standard curve by plotting the mean RLU obtained for each reference standard against T3 concentration in ng/ml on linear graph paper, with RLU on the vertical (y) axis and concentration on the horizontal (x) axis.
3. Using the mean absorbance value for each sample, determine the corresponding concentration of T3 in ng/ml from the standard curve.

Example of Standard Curve

Results of a typical standard run are shown below. This standard curve is for the purpose of illustration only, and should not be used to calculate unknowns. It is required that running assay together with a standard curve each time. The calculation of the sample values must be based on the particular curve, which is running at the same time.

T3 (ng/ml)	Relative Light Units (RLU) (10 ⁵)
0.0	18.86
0.5	12.08
1.0	9.47
2.5	4.17
5.0	0.60
10.0	0.11

Expected Values:

Normal Range: 0.6~ 2.00 ng/ml

References

1. Rongen HA, Hoetelmans RM, Bult A, van Bennekom WP. Chemiluminescence and immunoassays. **J Pharm Biomed Anal** 1994 Apr;12(4):433-62.
2. Koszegi T, Immunoluminometric detection of human procalcitonin. **J Biochem Biophys Methods** 2002 Oct;53(1-3):157-64.
3. Roda A, Simoni P, Mirasoli M, Baraldini M, Violante FS. Development of a chemiluminescent enzyme immunoassay for urinary 1-hydroxypyrene **Anal Bioanal Chem** 2002 Apr;372(7-8)
4. Laffin RJ, et al, Hybritech total and free prostate-specific antigen assays developed for the Beckman Coulter access automated chemiluminescent immunoassay system: a multicenter evaluation of analytical performance. **Clin Chem** 2001 Jan;47(1):129-32
5. Koszegi T, Walker W.H.C. Introduction: An Approach to Immunoassay. **Clin. Chem.** 1977; 23: 384
7. Kirkegaard C., Friis T. and Siersback-Nielsen K. **Acta Endocrinol.** 1974; 77: 71

8. Wisdom G.B. Enzyme-Immunoassay. **Clin. Chem.** 1976; 22: 1243
9. Hoffenberg R. **Medicine** 1978; 8: 392
10. Lieblich J., Utiger R.D. **J. Clin. Invest.** 1972; 51: 1939



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Calabasas, CA 91302

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