

Free Triiodothyronine (fT3) ELISA

Enzyme immunoassay for the quantitative determination of free
Triiodothyronine (fT3) in human serum or plasma.

REF

RE55231



96



2-8°C

EU:

IVD



U.S.: *For research use only.
Not for use in diagnostic procedures.*



1. INTENDED USE

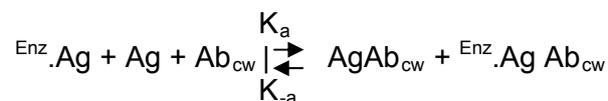
Enzyme immunoassay for the direct quantitative determination of FT3 (free Triiodothyronine) in human serum or plasma.

2. SUMMARY AND EXPLANATION

The thyroid hormone, triiodothyronine (T3), is produced by the thyroid gland. An important component in the synthesis is iodine. Thyroxine is converted to the active T3 (three to four times more potent than T4) within cells by deiodinases (5'-iodinase). Thyroxine-binding globulin (TGB) is the major carrier protein for circulating thyroid hormone. Only a very small fraction of the circulating hormone is free (unbound) 0.3%; this fraction is biologically active. Thus, measurements of free triiodothyronine concentrations correlate more reliably with clinical status than total triiodothyronine levels. For example, the increase in total triiodothyronine levels associated with pregnancy, oral contraceptives and oestrogen therapy result in higher total T3 levels while the free T3 (FT3) concentration remains basically unchanged. The concentrations of the carrier proteins are altered in many clinical conditions, such as pregnancy. In normal thyroid function as the concentrations of the carrier proteins alters, the total triiodothyronine level changes so that the free triiodothyronine concentration remains constant. The binding of T3 plays a key role in the feedback control of the thyroid, with FT3 acting on the pituitary to inhibit thyroid hormone secretion. The thyronines act on the body to increase the basal metabolic rate, affect protein synthesis and increase the body's sensitivity to catecholamine (such as adrenaline). The thyroid hormones are essential to proper development and differentiation of all cells of the human body. These hormones also regulate protein, fat, and carbohydrate metabolism, affecting how human cells use energetic compounds. Numerous physiological and pathological stimuli influence thyroid hormone synthesis. Thyrotoxicosis or hyperthyroidism is the clinical syndrome caused by an excess of circulating free thyroxine, free triiodothyronine, or both. Both T3 and T4 are used to treat thyroid hormone deficiency (hypothyroidism). Since conditions such as pregnancy, oestrogen therapy and other non-thyroid factors alter TBG concentrations, assessment of thyroid function through total T3 measurement may result in an erroneous diagnosis, because FT3 levels, are unaffected by binding protein changes.

3. TEST PRINCIPLE

Competitive Enzyme Immunoassay – Analogue Method for Free T3. The essential reagents required for a solid phase enzyme immunoassay include immobilized T3 antibody, enzyme-T3 conjugate and native FT3 antigen. The enzyme-T3 conjugate should have no measurable binding to serum proteins especially TBG and albumin. The method achieves this goal. Upon mixing immobilized antibody, enzyme-T3 conjugate and a serum containing the native FT3 antigen, a competition reaction results between the native FT3 and the enzyme-T3 conjugate for a limited number of not solubilized binding sites. The interaction is illustrated by the following equation:



Ab_{cw} : Monospecific immobilised antibody (constant quantity)

Ag: Native Antigen (variable quantity)

Enz. Ag.: Enzyme-Antigen conjugate (constant quantity)

Ag Ab_{cw} : Antigen-Antibody complex

Enz Ag Ab_{cw} : Enzyme-antigen conjugate-Antibody complex

K_a : Rate constant of association

K_{-a} : Rate constant of disassociation

$\text{K} = \text{k}_a / \text{k}_{-a}$: Equilibrium constant

After equilibrium is attained, the antibody-bound fraction is separated from unbound antigen by decantation or aspiration. The enzyme activity in the antibody-bound fraction is inversely proportional to the native free antigen concentration. By utilizing several different serum references of known antigen concentration, a standard curve can be generated from which the antigen concentration of an unknown can be ascertained.

4. WARNINGS AND PRECAUTIONS

1. For *in-vitro diagnostic* use only. For professional use only.
2. Before starting the assay, read the instructions completely and carefully. Use the valid version of the package insert provided with the kit. Be sure that everything is understood.
3. In case of severe damage of the kit package please contact IBL or your supplier in written form, latest one week after receiving the kit. Do not use damaged components in test runs, but keep safe for complaint related issues.
4. Obey lot number and expiry date. Do not mix reagents of different lots. Do not use expired reagents.
5. Follow good laboratory practice and safety guidelines. Wear lab coats, disposable latex gloves and protective glasses where necessary.
6. Reagents of this kit containing hazardous material may cause eye and skin irritations. See MATERIALS SUPPLIED and labels for details. Material Safety Data Sheets for this product are available on the IBL-Homepage or upon request directly from IBL.
7. Chemicals and prepared or used reagents have to be treated as hazardous waste according to national biohazard and safety guidelines or regulations.
8. Avoid contact with Stop solution. It may cause skin irritations and burns.
9. Avoid the exposure of reagent TMB/H₂O₂ to directed sunlight, metals or oxidants.
10. All reagents of this kit containing human serum or plasma have been tested and were found negative for anti-HIV I/II, HBsAg and anti-HCV. However, a presence of these or other infectious agents cannot be excluded absolutely and therefore reagents should be treated as potential biohazards in use and for disposal.
11. Several drugs are known to effect the binding of Triiodothyronine to the thyroid hormone carrier proteins or its metabolism to T3 and complicate the interpretation of FT3 results.
12. Circulating autoantibodies to T3 and hormonebinding inhibitors may interfere. Heparin has been reported to have in vivo and in vitro effects on FT3 concentration. Therefore, do not obtain samples in which this anti-coagulant has been used.
13. In severe no thyroidal illness (NTI), the assessment of thyroid status becomes very difficult. TSH measurements are recommended to identify thyroid dysfunction.
14. Familial dysalbuminemic conditions may yield erroneous results on direct FT3 assays.
15. Not intended for newborn screening.

5. STORAGE AND STABILITY

The kit is shipped at ambient temperature and should be stored at 2-8°C. Keep away from heat or direct sun light. The storage and stability of specimen and prepared reagents is stated in the corresponding chapters. Store all kit components at 2-8°C, do not use after expiration date. Reagents are stable for 60 days at 2-8°C.

6. SPECIMEN COLLECTION AND STORAGE

Serum, Plasma

The usual precautions for venipuncture should be observed. It is important to preserve the chemical integrity of a blood specimen from the moment it is collected until it is assayed. Do not use grossly hemolytic, icteric or grossly lipemic specimens. Samples appearing turbid should be centrifuged before testing to remove any particulate material.

Storage:	2-8°C	-20°C (Aliquots)	Keep away from heat or direct sun light. Avoid repeated freeze-thaw cycles.
Stability:	48 h	1 mon	

7. MATERIALS SUPPLIED

Quantity	Symbol	Component
1 x 12 x 8	MTP	Microtiterplate Ready to use. Break apart strips. Coated with anti-T3 IgG antibody.
1 x 12 mL	ENZCONJ	Enzyme Conjugate Ready to use. Contains: T3 HRP Conjugate.
1 x 6 x 1 mL	CAL A-F	Standard A-F Ready to use. Approx. 0, 0.4, 1.2, 4.5, 8.0, 18.0 pg/mL Contains: Anti-T3 IgG antibody with a preservative. Refer to vial labels for exact concentrations. For SI units: 1pg/mL x 1.536 = pmol/L
1 x 20 mL	WASHBUF CONC	Wash Buffer, Concentrate (50x) Contains: 45 g/L NaCl; 55 g/L Tween-20.
1 x 12 mL	TMB SUBS	TMB Substrate Ready to use. Contains: 0.26 g/L H ₂ O ₂ -TMB.
1 x 12 mL	STOP	Stop Solution Ready to use. Contains: 0.15 mol/L sulphuric acid.

8. MATERIALS REQUIRED BUT NOT SUPPLIED

1. Micropipettes (Multipette Eppendorf or similar devices, < 3% CV). Volume: 50 and 100 µL
2. 8-Channel Micropipettor with reagent reservoirs
3. Wash bottle, automated or semi-automated microtiter plate washing system
4. Microtiter plate reader capable of reading absorbance at 450 nm (reference wavelength 600-650 nm)
5. Bidistilled or deionised water
6. Paper towels, pipette tips and timer

9. PROCEDURE NOTES

1. Any improper handling of samples or modification of the test procedure may influence the results. The indicated pipetting volumes, incubation times, temperatures and pretreatment steps have to be performed strictly according to the instructions. Use calibrated pipettes and devices only.
2. Once the test has been started, all steps should be completed without interruption. Make sure that required reagents, materials and devices are prepared ready at the appropriate time. Allow all reagents and specimens to reach room temperature (18-25°C) and gently swirl each vial of liquid reagent and sample before use. Mix reagents without foaming.
3. Avoid contamination of reagents, pipettes and wells/tubes. Use new disposable plastic pipette tips for each component and specimen. Do not interchange caps. Always cap not used vials. Do not reuse wells/tubes or reagents.
4. It is advised to determine samples in duplicate to be able to identify potential pipetting errors.
5. Use a pipetting scheme to verify an appropriate plate layout.
6. Incubation time affects results. All wells should be handled in the same order and time sequences. It is recommended to use an 8-channel Micropipettor for pipetting of solutions in all wells.
7. Microplate washing is important. Improperly washed wells will give erroneous results. It is recommended to use a multichannel pipette or an automatic microplate washing system. Do not allow the wells to dry between incubations. Do not scratch coated wells during rinsing and aspiration. Rinse and fill all reagents with care. While rinsing, check that all wells are filled precisely with Wash Buffer, and that there are no residues in the wells.
8. Humidity affects the coated wells/tubes. Do not open the pouch until it reaches room temperature. Unused wells/tubes should be returned immediately to the resealed pouch including the desiccant.
9. Each test run needs a standard curve.

10. PRE-TEST SETUP INSTRUCTIONS

10.1. Preparation of lyophilized or concentrated components

Dilute / dissolve	Component	with	Diluent	Relation	Storage	Stability
20 mL	WASHBUF CONC	980 mL	bidist. water	1:50	2-8°C	1 mon

11. TEST PROCEDURE

Before proceeding with the assay, bring all reagents, serum references and controls to room temperature (18-25°C).

1.	Pipette 50 µL of each Standard, Control and sample into the respective wells of the Microtiter Plate.
2.	Pipette 100 µL of Enzyme Conjugate into each well.
3.	Cover plate with adhesive foil. Shake plate carefully for 20-30 seconds to mix and cover. Incubate 60 minutes at RT (18-25°C).
4.	Remove adhesive foil. Discard incubation solution. Wash plate 3 x with 300 µL of diluted Wash Buffer . Remove excess solution by tapping the inverted plate on a paper towel. An automatic or manual plate washer can be used. Follow the manufacturer's instruction for proper usage.
5.	For adding of Substrate and Stop Solution use, if available, an 8-channel Micropipettor. Pipetting should be carried out in the same time intervals for Substrate and Stop Solution. Use positive displacement and avoid formation of air bubbles.
6.	Pipette 100 µL of TMB Substrate Solution into each well.
7.	Incubate at RT (18-25°C) for 15 minutes.
8.	Stop the substrate reaction by adding 100 µL of TMB Stop Solution into each well. Briefly mix contents by gently shaking the plate. Color changes from blue to yellow.
9.	Mix gently for 15-20 seconds.
10.	Measure optical density with a photometer at 450 nm (Reference-wavelength: 600-650 nm) within 30 min after pipetting of the Stop Solution.

12. QUALITY CONTROL

Each laboratory should assay controls at levels in the hypothyroid, euthyroid and hyperthyroid range for monitoring assay performance. These controls should be treated as unknowns and values determined in every test procedure performed. Quality control charts should be maintained to follow the performance of the supplied reagents. Pertinent statistical methods should be employed to ascertain trends. The individual laboratory should set acceptable assay performance limits. Other parameters that should be monitored include the 80, 50 and 20% intercepts of the standard curve for run-to-run reproducibility. In addition, maximum absorbance should be consistent with past experience. Significant deviation from established performance can indicate unnoticed change in experimental conditions or degradation of kit reagents. Fresh reagents should be used to determine the reason for the variations.

13. CALCULATION OF RESULTS

13.1. Interpretation of results

If computer controlled data reduction is used to calculate the results of the test, it is imperative that the predicted values for the calibrators fall within 10% of the assigned concentrations.

13.2. Mean Absorbance

Calculate the mean of the absorbance for each point of the standard curve and of each sample.

13.3. Standard Curve

Plot the mean value of absorbance of the standards against concentration. Draw the best-fit curve through the plotted points. (p.e.: Four Parameter Logistic).

13.4. Calculation of Results

Interpolate the values of the samples on the standard curve to obtain the corresponding values of the concentrations expressed in pg/mL.

14. EXPECTED VALUES

A study of euthyroid adult population was undertaken to determine expected values for the FT3 EIA Test System. The mean values, standard deviations and expected ranges are:

	Mean (pg/mL)	SD	Range (pg/mL)
Adult	2.8	0.7	1.4-4.2
Pregnancy	3.0	0.6	1.8-4.2

15. LIMITATIONS OF THE PROCEDURE

Sample(s), which are contaminated microbiologically, should not be used in the assay. Highly lipemic or hemolysed specimen(s) should similarly not be used. It is important that the time of reaction in each well is held constant for reproducible results. Pipetting of samples should not extend beyond 10 minutes to avoid assay drift. Addition of the substrate solution initiates a kinetic reaction, which is terminated by the addition of the stop solution. Therefore, the addition of the substrate and the stopping solution should be added in the same sequence to eliminate any time deviation during reaction. Plate readers measure vertically. Do not touch the bottom of the wells. Failure to remove adhering solution adequately in the aspiration or decantation wash step(s) may result in poor replication and spurious results.

16. PERFORMANCE

16.1. Precision

16.1.1. Intra-Assay Variation

Within run variation was determined by replicate measurements (24x) of three different control sera in one assay. The within assay variability is $\leq 4.94\%$.

16.1.2. Inter Assay Variation

Between run variations was determined by replicate measurements (12x) of three different control sera in different lots of kit. The between assay variability is $\leq 13.19\%$.

16.2. Sensitivity

The lowest detectable concentration of FT3 that can be distinguished from the zero standard is 0.05 pg/mL at the 95 % confidence limit.

16.3. Specificity

The cross-reactivity of the triiodothyronine antibody to selected substances was evaluated by adding the interfering substance to a serum matrix at various concentrations. The cross-reactivity was calculated by deriving a ratio between doses of interfering substance to dose of Triiodothyronine needed to displace the same amount of tracer.

Substance	Cross-reactivity	Concentration
I-Triiodo-thyronine	-	1.000
I-Thyroxine	10 µg/mL	< 0.0002
d-Thyroxine	10 µg/mL	< 0.0001
Iodo-thyrosine	10 µg/mL	< 0.0001
Diodo-thyrosine	10 µg/mL	< 0.0001
Triiodothyroacetic Acid	10 µg/mL	< 0.0001
Phenylbutazone	10 µg/mL	
Sodium Salicylate	10 µg/mL	N/D
Phenytoin	10 µg/mL	N/D
Oleic Acid	10 nmol/L	N/D
Albumin	50 mg/mL	N/D
Hemoglobin	10 µL/mL of red cells added to the serum	N/D

16.4. Correlation with RIA reference method

The IBL FT3 ELISA was compared to another commercially available FT3 assay. 151 serum samples were analysed according in both test systems. The linear regression curve was calculated:

$$(FT3 IBL) = 0.923*(FT3 RIA) + 0.350$$

$$r^2 = 0.903$$

17. ERROR POSSIBLE CAUSES / SUGGESTIONS

No colorimetric reaction

- no conjugate pipetted
- contamination of conjugates and/or of substrate
- errors in performing the assay procedure (e.g. accidental pipetting of reagents in a wrong sequence or from the wrong vial, etc.)

Too low reaction (too low ODs)

- incorrect conjugate (e.g. not from original kit)
- incubation time too short, incubation temperature too low

Too high reaction (too high ODs)

- incorrect conjugate (e.g. not from original kit)
- incubation time too long, incubation temperature too high
- water quality for wash buffer insufficient (low grade of deionization)
- insufficient washing (conjugates not properly removed)

Unexplainable outliers

- contamination of pipettes, tips or containers
- insufficient washing (conjugates not properly removed)

CV Intra-Assay too high

- reagents and/or strips not pre-warmed to Room Temperature prior to use
- plate washer is not washing correctly (suggestion: clean washer head)

CV Inter-Assay too

- incubation conditions not constant (time, temperature)
- controls and samples not dispensed at the same time (with the same intervals) (check pipetting order)
- person-related variation

18. PRODUCT LITERATURE REFERENCES

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5. Lundberg, P.R., et.al, Clin Chem 28, 1241 (1982)
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Symbols / Symbole / Symbôles / Símbolos / Símbolos / Σύμβολα

	Cat.-No.: / Kat.-Nr.: / No.- Cat.: / Cat.-No.: / N.º Cat.: / N.-Cat.: / Αριθμός-Κατ.:
	Lot-No.: / Chargen-Bez.: / No. Lot: / Lot-No.: / Lote N.º: / Lotto n.: / Αριθμός -Παραγωγή:
	Use by: / Verwendbar bis: / Utiliser à: / Usado por: / Usar até: / Da utilizzare entro: / Χρησιμοποιείται από:
	No. of Tests: / Kitgröße: / Nb. de Tests: / No. de Determ.: / N.º de Testes: / Quantità dei tests: / Αριθμός εξετάσεων:
	Concentrate / Konzentrat / Concentré / Concentrar / Concentrado / Concentrato / Συμπύκνωμα
	Lyophilized / Lyophilisat / Lyophilisé / Liofilizado / Liofilizado / Liofilizzato / Λυοφιλιασμένο
	In Vitro Diagnostic Medical Device. / In-vitro-Diagnostikum. / Appareil Médical pour Diagnostics In Vitro. / Dispositivo Médico para Diagnóstico In Vitro. / Equipamento Médico de Diagnóstico In Vitro. / Dispositivo Medico Diagnostico In vitro. / Ιατρική συσκευή για In-Vitro Διάγνωση.
	Evaluation kit. / Nur für Leistungsbewertungszwecke. / Kit pour évaluation. / Juego de Reactivos para Evaluació. / Kit de avaliação. / Kit di valutazione. / Κιτ Αξιολόγησης.
	Read instructions before use. / Arbeitsanleitung lesen. / Lire la fiche technique avant emploi. / Lea las instrucciones antes de usar. / Ler as instruções antes de usar. / Leggere le istruzioni prima dell'uso. / Διαβάστε τις οδηγίες πριν την χρήση.
	Keep away from heat or direct sun light. / Vor Hitze und direkter Sonneneinstrahlung schützen. / Garder à l'abri de la chaleur et de toute exposition lumineuse. / Manténgase alejado del calor o la luz solar directa. / Manter longe do calor ou luz solar directa. / Non esporre ai raggi solari. / Να φυλάσσεται μακριά από θερμότητα και άμεση επαφή με το φως του ηλίου.
	Store at: / Lagern bei: / Stocker à: / Almacene a: / Armazenar a: / Conservare a: / Αποθήκευση στους:
	Manufacturer: / Hersteller: / Fabricant: / Productor: / Fabricante: / Fabricante: / Παραγωγός:
	Caution! / Vorsicht! / Attention! / ¡Precaución! / Cuidado! / Attenzione! / Προσοχή!
<p>Symbols of the kit components see MATERIALS SUPPLIED. Die Symbole der Komponenten sind im Kapitel KOMPONENTEN DES KITS beschrieben. Voir MATERIEL FOURNI pour les symbôles des composants du kit. Símbolos de los componentes del juego de reactivos, vea MATERIALES SUMINISTRADOS. Para símbolos dos componentes do kit ver MATERIAIS FORNECIDOS. Per i simboli dei componenti del kit si veda COMPONENTI DEL KIT. Για τα σύμβολα των συστατικών του κιτ συμβουλευτείτε το ΠΑΡΕΧΟΜΕΝΑ ΥΛΙΚΑ.</p>	

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LIABILITY: Complaints will be accepted in each mode –written or vocal. Preferred is that the complaint is accompanied with the test performance and results. Any modification of the test procedure or exchange or mixing of components of different lots could negatively affect the results. These cases invalidate any claim for replacement. Regardless, in the event of any claim, the manufacturer's liability is not to exceed the value of the test kit. Any damage caused to the kit during transportation is not subject to the liability of the manufacturer