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# **Specimen Collection Container A**



#### Manufactured by:

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Refer to the following URL for the package inserts in

languages other than English:

https://alfresa-pharma-global.com/fit/products/



# FOR IN VITRO DIAGNOSTIC USE ONLY

#### 1.0 INTENDED USE

Specimen Collection Container A is a specimen container used for the reagent kits below to determine the concentrations of target analytes in feces using a Discrete Clinical Chemistry Analyzer NS-Prime or AA01. This assay can be used as not only quantitative but also qualitative.

Name of reagent kit	Analyte
FIT Hemoglobin NS-Prime	Human Hemoglobin
FIT Transferrin NS-Prime	Human Transferrin
NESCAUTO Cp Auto NS-Prime	Human Calprotectin
FIT Hemoglobin AA01	Human Hemoglobin
FIT Transferrin AA01	Human Transferrin
NESCAUTO Cp Auto AA01	Human Calprotectin

FIT refers to fecal immunochemical test.

Cp refers to fecal calprotectin.

# 2.0 SUMMARY AND EXPLANATION OF THE TEST

The fecal immunochemical test (FIT) is used to diagnose hemorrhagic gastrointestinal disease. The fecal calprotectin test (FCP) is used to aid in the assessment of intestinal mucosal inflammation in inflammatory bowel disease (IBD) patients, and aid in the differentiation of IBD from irritable bowel syndrome (IBS). The reagent kits described in 1.0 are used to measure concentrations of target analytes in feces, using an immunochemical method combined with a colloidal gold colorimetric method. This colloidal gold immune colorimetric method is intended to measure optical color changes that arise due to agglutination between colloidal gold-conjugated polyclonal/monoclonal antibodies and antigens of the target analytes. These tests have both high specificity and high sensitivity. This assay can be used as not only quantitative but also qualitative.

# 3.0 PRINCIPLE OF THE TEST

The reaction of colloidal gold-conjugated polyclonal/monoclonal antibodies with target analytes in feces produces a color change due to agglutination of colloidal gold particles through an antigen-antibody reaction. Concentrations of the target analytes in feces are determined by measuring color changes over time.

# \* 4.0 STORAGE AND COMPONENTS

Specimen Collection Container A is a specimen container used for the reagent kits described in 1.0. Store at 1-30 °C. Use Specimen Collection Container A within expiry date on the container label.

Specimen Collection Container A contains 1.9 mL of the following buffer:

MES Buffer, pH 6.30 (25 ℃): 30 mmol/l Sodium chloride: 8 0 mg/ml Bovine serum albumin: 0.15 % Boric acid: < 0.3 % Sodium azide < 0.1 %

The buffer contains less than 0.3 % boric acid and less than 0.1 % sodium azide. For safety precautions, see 6.0 WARNINGS AND PRECAUTIONS. Safety Data Sheet is available upon request by users.

# 5.0 ADDITIONAL REQUIRED EQUIPMENT

# 5.1 Analyzer

Discrete Clinical Chemistry Analyzer NS-Prime Discrete Clinical Chemistry Analyzer AA01

5.2 Reagent FIT Hemoglobin NS-Prime FIT Transferrin NS-Prime NESCAUTO Cp Auto NS-Prime FIT Hemoglobin AA01 FIT Transferrin AA01

NESCAUTO Cp Auto AA01

5.3 Calibrator

FIT Hemoglobin NS-Prime Calibrator FIT Transferrin NS-Prime Calibrator NESCAUTO Cp Auto Calibrator

5.4 Specimen diluent

FIT NS-Prime Specimen Diluent FIT AA01 Specimen Diluent

5.5 Wash solution Wash Solution A

#### 6.0 WARNINGS AND PRECAUTIONS

#### 6.1 General precautions

For in vitro diagnostic use.

Only experienced laboratory personnel should use this; the test should be used in a manner consistent with Good Laboratory Practice. If you become aware of a serious incident related to this product, be sure to report it to the manufacturer and the component authorities

#### 6.2 Safety precautions

- 1. Do not smoke, eat or apply cosmetics in areas where patient specimens are handled
- 2. Cuts, abrasions, and other skin lesions should be properly protected with an appropriate waterproof dressing.
- 3. Take care to avoid self-inoculation, splashing of mucous membranes or generation of aerosols.
- 4. Laboratory gloves should be worn while handling patient specimens or disposing of solid or liquid waste.
- \* 5. Specimen Collection Container A contains less than 0.3 % boric acid. Reproductive toxicity: May damage fertility or the unborn child. Obtain special instructions before use. If exposed or concerned: Get medical advice/attention. Regulations currently in use regarding effluent must be
- 6. Specimen Collection Container A contains less than 0.1 % sodium azide. Sodium azide can react with copper and lead plumbing to form explosive metal azides. Regulations currently in use regarding dangerous waste elimination must be respected. If discharge occurs via canalization, rinse
- 7. Specimen Collection Container A contains bovine serum albumin that is free of infectious agents. However it should be considered potentially infectious nonetheless and handled with care.

# 6.3 Limitations

- 1. Cloudiness, aggregation, or precipitation in any part of Specimen Collection Container A indicates the possibility of deterioration. Call your local dealer
- 2. As with all assays, the results of this test can be influenced by various factors present in some patient specimens. 3 For diagnostic purposes, the results obtained from this assay should always
- be used in combination with a clinical examination, patient medical history. and other findings.
- 4. Procedural directions must be followed exactly since any modification of the procedure may alter the results. 5. Use of reagents, disposables, or spare parts other than those supplied by
- the authorized distributor may produce incorrect results.
- 6. Do not damage or stain the bar-code label on each container. Do not remove the container label
- 7. Specimen Collection Container A is for single-use only. Do not reuse it.
- 8. Do not recycle the container. It may be infectious.
- 9. Do not use glassware for the FCP. Calprotectin could be absorbed to the glass, resulting in incorrect result.
- 10. In the case of diarrhea, collection of feces may be inadequate and correct ement values may not be obtained

# 7.0 SAMPLE PREPARATION AND STORAGE

- 1. Specimen Collection Container A is supplied ready to use.
- 2. Use fresh human feces.
- 3. To prepare a sample, scrape several surfaces of the fecal specimen thoroughly with the stick attached to the lid of Specimen Collection Container A.
- 4. Shake the container sufficiently to dissolve the feces from the grooved tip of
- 5. Leave the container at room temperature for 1 hour. When measuring on the next day, refrigerate at 2-8 °C. Depending on the fecal specimen, dissolution of target analytes from feces may be insufficient in 1 hour.
- 6. Fecal specimens which concentrations exceed the upper limit of the calibration curve should be diluted with FIT NS-Prime Specimen Diluent or FIT AA01 Specimen Diluent and retested.
- 7. This test should not be used to analyze samples taken from patients who are menstruating or who have hemorrhoids.

# 7.1 Specimen collection

Collect feces on the grooved tip of the stick by scraping several surfaces of the fecal specimen. Place the stick with feces back into the container and fasten it tightly in place to close. Do not reopen it. See the instruction manual for Specimen Collection Container A

#### 7.2 Sample storage

After the specimen collection, the sample should be kept under 25 °C or below for maximum 7 days. If temperature control at room temperature below 25 °C is difficult to perform, refrigerate the sample at 2-8 °C until sample measurement

#### 7.3 Hemoglobin stability after specimen collection

The stability of human hemoglobin in the buffer of Specimen Collection Container A was examined on the Discrete Clinical Chemistry Analyzer NS-Prime.

After storage of four different concentrations of human hemoglobin for, 7, 14, and 33 days at -40, 7, 25, and 37 °C, the residual ratios of human hemoglobin were as

NS-Prime	-40 °C, for 33 days	7 °C, for 33 days	25 °C, for 14 days	37 ℃, for 7 days
50 ng/mL	≥ 90 %	≥ 90 %	≥ 90 %	≥ 90 %
169 ng/mL	≥ 90 %	≥ 90 %	≥ 90 %	≥ 70 %
266 ng/mL	≥ 90 %	≥ 90 %	≥ 70 %	≥ 50 %*
381 ng/mL	≥ 90 %	≥ 90 %	≥ 50 %*	≥ 30 %*

<sup>\*</sup>Hb residual ratios decreased to 37-55 %, but the results were still positive

This result is provided for reference only. The stability varies depending on the fecal specimen

#### 7.4 Transferrin stability after specimen collection

The stability of human transferrin in the buffer of Specimen Collection Container A was examined on the Discrete Clinical Chemistry Analyzer NS-Prime.

After storage of four different concentrations of human transferrin for 6, 13, and 35 days at -40, 7, 25, and 37 °C, the residual ratios of human transferrin were as follows:

NS-Prime	-40 °C, for 35 days	7 °C, for 35 days	25 °C, for 13 days	37 ℃, for 6 days
39 ng/mL	≥ 90 %	≥ 90 %	≥ 80 %	≥ 70 %
66 ng/mL	≥ 90 %	≥ 90 %	≥ 80 %	≥ 70 %
157 ng/mL	≥ 90 %	≥ 90 %	≥ 80 %	≥ 70 %*
296 ng/mL	≥ 90 %	≥ 90 %	≥ 80 %	≥ 70 %*

<sup>\*</sup>Tf residual ratios decreased to 70 % or above, but the results were still positive

This result is provided for reference only. The stability varies depending on the

#### 7.5 Calprotectin stability after specimen collection

The stability of human calprotectin in the buffer of Specimen Collection Container A was examined on the Discrete Clinical Chemistry Analyzer

After storage of four different concentrations of human calprotectin for 8 and 32 days at -40, 4, 25, 37 and 50 °C, the residual ratios of human calprotectin were

as follows.					
NS-Prime	-40 °C, for 32 days	4 °C, for 8 days	25 °C, for 8 days	37 °C, for 8 days	50 °C, for 8 days
120 μg/g	109 %	110 %	99 %	84 %	81 %
275 μg/g	100 %	94 %	97 %	87 %	78 %
483 μg/g	104 %	101 %	93 %	91 %	79 %
670 μg/g	103 %	95 %	99 %	84 %	81 %

This result is provided for reference only. The stability varies depending on the

# 8.0 PERFORMANCE CHARACTERISTICS Claimed repeatability: CV ≤ 10 %

27(9): 793-8

# 9.0 BIBLIOGRAPHY

- 1) Fumio Y. et al."A comparison of six models of commercially available automated immunologic fecal occult blood analyzers". The Journal of Clinical Laboratory Instruments and Reagents. 2006; 29(2): 121-30. [Japanese]
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- 3) Kazuo F. et al. "3 kishu niyoru bensenketsujidoubunsekisouchi no hikakukentou". The Journal of Clinical Laboratory Instruments and Reagents. 2013; 36(5): 679-85. [Japanese]
- 4) Rapi S. et al. "Effects of fecal sampling on preanalytical and analytical phases in quantitative fecal immunochemical tests for hemoglobin". Int J Biol Markers. 2017; 32(3): 261-6.
- 5) Randell E. et al. "Evaluation of Hemo Techt NS-Plus system for use in a province-wide colorectal cancer screening program". Clinical Biochemistry. 2013: 46(4-5): 365-8.
- 6) Demian WLL. et al. "Evaluation of the analytical performance of the novel NS-Prime system and examination of temperature stability of fecal transferrin compared with fecal hemoglobin as biomarkers in a colon cancer screening program". Practical Laboratory Medicine. 2015; 2: 29-36.

7) Røseth AG. et al. "Assessment of the neutrophil dominating protein

calprotectin in feces. A methodologic study". Scand J Gastroenterol. 1992;

# 10.0 SYMBOLS USED IN PRODUCT INSERTS AND ON LABELS

Symbols	Meanings of the symbols		
C€	CE marking		
•••	Manufacturer		
IVD	In vitro diagnostic medical device (In vitro diagnostic)		
LOT	Batch code		
REF	Catalogue number		
	Use-by date (Expiry date)		
*	Temperature limit (for storage)		
Σ	Contains sufficient for < n > tests		
[]i	Consult instructions for use		
EC REP	Authorized representative in the European Community (Authorized European representative)		
2	Do not re-use		
<u> </u>	Store in this position only Keep upright		
	Caution: Products containing hazardous substance		
<u> </u>			

#### \* 11.0 INFORMATION ON PACKAGING MATERIALS

The following materials are used in the packaging of this product (Accordance with Directive 94/62/EC on packaging and packaging waste).

Instructions for use

PAP 22

	Product box				
	Outer box	Outer box label	Inner box		
	PAP 20	PP 5	PAP 20		
ĺ	Others				

PAP 22 \*Only if attached.

Stool collection instructions\*