820183-14B * REF 905860 * REF 910169 * Date of revision October 1,2024 (Revision 15) Specimen Collection Container A





Manufactured by:

Alfresa Pharma Corporation

2-2-9 Kokumachi, Chuo-ku, Osaka 540-8575, Japan For any incidents: incident-ivdr@alfresa-pharma.co.jp For technical support: technical-support@alfresa-pharma.co.jp

Refer to the following URL for the package inserts in

languages other than English:

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

CE 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 (EIT) is used to diagnose hemorrhadic 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 °C): 30 mmol/L

Sodium chloride:	8.0 mg/mL
Bovine serum albumin:	0.15 %
Boric acid:	<0.3 %
Sodium azide:	<0.1 %
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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 Hemoalobin 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 competent 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
- 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 followed.
- 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 with plenty of water.
- 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 for advice.
- 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 measurement 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 the stick.
- 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 can be executed

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 follows

NS-Prime	-40 °C, for 33 days	7 ℃, 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 %*	
*Hb residual ratios decreased to 37-55 %, but the results were still positive					

(cut-off: 100 ng/mL).

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

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	e -40 °C, 7 °C, for 35 days for 35 days		25 ℃, 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 %*	

*Tf residual ratios decreased to 70 % or above, but the results were still positive (cut-off: 50 ng/mL)

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

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 NS-Prime

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 fecal specimen

8.0 PERFORMANCE CHARACTERISTICS

Claimed repeatability: CV ≤ 10 %

9.0 BIBLIOGRAPHY

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- 2) Carroll MRR. et al."Evaluation of quantitative faecal immunochemical tests for haemoglobin". Guildford Medical Device Evaluation Centre (GMEC), Guildford UK 2013 73p
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- 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; 27(9): 793-8.

10.0 SYMBOLS USE	0.0 SYMBOLS USED IN PRODUCT INSERTS AND ON LABELS				
Symbols	Meanings of the symbols				
CE	CE marking				
	Manufacturer				
IVD	In vitro diagnostic medical device (In vitro diagnostic)				
LOT	Batch code				
REF	Catalogue number				
	Use-by date (Expiry date)				
X	Temperature limit (for storage)				
Σ	Contains sufficient for < n > tests				
ī	Consult instructions for use				
EC REP	Authorized representative in the European Community (Authorized European representative)				
2	Do not re-use				
	Store in this position only Keep upright				
\triangle	Caution: Products containing hazardous substance				

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).

Product box					
	Outer box	Outer box label		Inner box	
	PAP 20	PP 5		PAP 20	
Others					
Stool collection instructions*		Instructions for use			
PAP 22		PA	P 22		

*Only if attached