

**Bilirubin Direct Gen.2****Order information**

REF	CONTENT		Analyzer(s) on which <b>cobas c</b> pack(s) can be used
05589061 190	Bilirubin Direct Gen.2 350 test	System-ID 07 7479 0	Roche/Hitachi <b>cobas c</b> 311, <b>cobas c</b> 501/502
10759350 190	Calibrator f.a.s. (12 x 3 mL)	Code 401	
10171743 122	Precinorm U (20 x 5 mL)	Code 300	
10171735 122	Precinorm U (4 x 5 mL)	Code 300	
10171778 122	Precipath U (20 x 5 mL)	Code 301	
10171760 122	Precipath U (4 x 5 mL)	Code 301	
12149435 122	Precinorm U plus (10 x 3 mL)	Code 300	
12149443 122	Precipath U plus (10 x 3 mL)	Code 301	
05117003 190	PreciControl ClinChem Multi 1 (20 x 5 mL)	Code 391	
05947626 190	PreciControl ClinChem Multi 1 (4 x 5 mL)	Code 391	
05117216 190	PreciControl ClinChem Multi 2 (20 x 5 mL)	Code 392	
05947774 190	PreciControl ClinChem Multi 2 (4 x 5 mL)	Code 392	
10158046 122	Precibil (4 x 2 mL)	Code 306	

**English****System information**

For **cobas c** 311/501 analyzers:

**BILD2**: ACN 734

For **cobas c** 502 analyzer:

**BILD2**: ACN 8734

**Intended use**

In vitro test for the quantitative determination of direct bilirubin in human serum and plasma on Roche/Hitachi **cobas c** systems.

**Summary<sup>1</sup>**

Bilirubin is formed in the reticuloendothelial system during the degradation of aged erythrocytes. The heme portion from hemoglobin and from other heme-containing proteins is removed, metabolized to bilirubin, and transported as a complex with serum albumin to the liver. In the liver, bilirubin is conjugated with glucuronic acid for solubilization and subsequent transport through the bile duct and elimination via the digestive tract. Diseases or conditions which, through hemolytic processes, produce bilirubin faster than the liver can metabolize it, cause the levels of unconjugated (indirect) bilirubin to increase in the circulation. Liver immaturity and several other diseases in which the bilirubin conjugation mechanism is impaired cause similar elevations of circulating unconjugated bilirubin. Bile duct obstruction or damage to hepatocellular structure causes increases in the levels of both conjugated (direct) and unconjugated (indirect) bilirubin in the circulation.

**Test principle**

Diazo method.<sup>2</sup>

Conjugated bilirubin and  $\delta$ -bilirubin (direct bilirubin) react directly with 3,5 Dichlorophenyl diazonium salt in acid buffer to form the red-colored azobilirubin.

bilirubin + 3,5 DPD  $\longrightarrow$  azobilirubin

The color intensity of the red azo dye formed is directly proportional to the direct (conjugated) bilirubin concentration and can be determined photometrically.

Remark: Under the influence of blue light, e.g. during phototherapy of newborn children, unconjugated bilirubin is partly transformed into a water-soluble isomer called photobilirubin, a substrate for direct bilirubin tests. This fraction is detected by BILD2 and may lead to above-normal results in healthy children.

**Reagents - working solutions**

**R1** Phosphoric acid: 85 mmol/L; HEDTA: 4.0 mmol/L; NaCl 50 mmol/L; detergent; pH 1.9

**R2** 3,5 Dichlorophenyl diazonium: 1.5 mmol/L; pH 1.3

R1 is in position B and R2 is in position C.

**Precautions and warnings**

For in vitro diagnostic use.

Exercise the normal precautions required for handling all laboratory reagents.

Disposal of all waste material should be in accordance with local guidelines. Safety data sheet available for professional user on request.

This kit contains components classified as follows in accordance with the Regulation (EC) No. 1272/2008:



Danger

H314 Causes severe skin burns and eye damage.

**Prevention:**

P264 Wash skin thoroughly after handling.

P280 Wear protective gloves/ protective clothing/ eye protection/ face protection.

**Response:**

P301 + P330 + P331 IF SWALLOWED: rinse mouth. Do NOT induce vomiting.

P303 + P361 + P353 IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/shower.

P304 + P340 IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P310 Immediately call a POISON CENTER or doctor/physician.

P363 Wash contaminated clothing before reuse.

**Storage:**

P405 Store locked up.

**Disposal:**

P501 Dispose of contents/container to an approved waste disposal plant.

Contact phone: all countries: +49-621-7590

**Reagent handling**

Ready for use



**Storage and stability****BILD2**

Shelf life at 2-8 °C:

See expiration date on **cobas c** pack label.

On-board in use and refrigerated on the analyzer: 6 weeks

**Specimen collection and preparation**

For specimen collection and preparation only use suitable tubes or collection containers.

Only the specimens listed below were tested and found acceptable.

Serum: Collect serum using standard sample tubes.

Plasma: Li-heparin, K<sub>2</sub>-, K<sub>3</sub>-EDTA.

Protect specimens from exposure to light.

The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Centrifuge samples containing precipitates before performing the assay.

Stability:<sup>a,3,4</sup>

2 days at 15-25 °C

7 days at 2-8 °C

6 months at (-15)-(-25) °C

a) If care is taken to prevent exposure to light

**Materials provided**

See "Reagents – working solutions" section for reagents.

**Materials required (but not provided)**

- See "Order information" section

General laboratory equipment

**Assay**

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

The performance of applications not validated by Roche is not warranted and must be defined by the user.

**Application for serum and plasma****cobas c 311 test definition**

Assay type	2 Point End		
Reaction time / Assay points	10 / 6-8		
Wavelength (sub/main)	800/546 nm		
Reaction direction	Increase		
Units	µmol/L (mg/dL, mg/L)		
Reagent pipetting	Diluent (NaCl)		
R1	120 µL	–	
R2	24 µL	–	
<b>Sample volumes</b>	<b>Sample</b>	<b>Sample dilution</b>	
		Sample	Diluent (H <sub>2</sub> O)
Normal	6.7 µL	–	–
Decreased	3.4 µL	–	–
Increased	6.7 µL	–	–

**cobas c 501/502 test definition**

Assay type 2 Point End

Reaction time / Assay points 10 / 10-13

Wavelength (sub/main) 800/546 nm

Reaction direction Increase

Units µmol/L  
(mg/dL, mg/L)

Reagent pipetting Diluent (NaCl)

R1 120 µL –

R2 24 µL –

<b>Sample volumes</b>	<b>Sample</b>	<b>Sample dilution</b>	
		Sample	Diluent (H <sub>2</sub> O)
Normal	6.7 µL	–	–
Decreased	3.4 µL	–	–
Increased	6.7 µL	–	–

**Calibration**Calibrator S1: H<sub>2</sub>O

S2: Calibrator f.a.s.

Calibration mode Linear regression

Calibration frequency 2-point calibration  
- after reagent lot change  
- as required following quality control procedures

Traceability: This method has been standardized against the manual test performance using the Jendressik Grof method.<sup>5</sup>

**Quality control**

For quality control, use control materials as listed in the "Order information" section.

In addition, other suitable control material can be used.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

Follow the applicable government regulations and local guidelines for quality control.

**Calculation**

Roche/Hitachi **cobas c** systems automatically calculate the analyte concentration of each sample.

Conversion factors: µmol/L x 0.0585 = mg/dL

mg/dL x 10 = mg/L

mg/dL x 17.1 = µmol/L

**Limitations - interference**

Criterion: Recovery within ± 10 % of initial values at a direct bilirubin concentration of 34 µmol/L (2 mg/dL).

Hemolysis:<sup>6</sup> No significant interference up to an H index of 25 (approximate hemoglobin concentration: 15.5 µmol/L or 25 mg/dL).

Lipemia (Intralipid):<sup>6</sup> No significant interference up to an L index of 750. There is poor correlation between the L index (corresponds to turbidity) and triglycerides concentration.

Drugs: No interference was found at therapeutic concentrations using common drug panels.<sup>7,8</sup>

Exception: Phenylbutazone causes artificially low bilirubin results.

In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.<sup>9</sup>

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

In certain cases specimens may give a direct bilirubin result slightly greater than the total bilirubin result. This is observed in patient samples when nearly all the reacting bilirubin is in the direct form. In such cases the result



for the total bilirubin should be reported for both direct bilirubin and total bilirubin values.

**ACTION REQUIRED**

**Special Wash Programming:** The use of special wash steps is mandatory when certain test combinations are run together on Roche/Hitachi **cobas c** systems. The latest version of the carry-over evasion list can be found with the NaOHD/SMS/Multiclean/SCCS or the NaOHD/SMS/SmpCln1+2/SCCS Method Sheets. For further instructions refer to the operator's manual. **cobas c** 502 analyzer: All special wash programming necessary for avoiding carry-over is available via the **cobas** link, manual input is not required.

**Where required, special wash/carry-over evasion programming must be implemented prior to reporting results with this test.**

**Limits and ranges****Measuring range**

1.5-291 µmol/L (0.09-17 mg/dL)

Determine samples having higher concentrations via the rerun function. Dilution of samples via the rerun function is a 1:2 dilution. Results from samples diluted using the rerun function are automatically multiplied by a factor of 2.

**Lower limits of measurement**

*Limit of Blank (LoB), Limit of Detection (LoD) and Limit of Quantitation (LoQ)*

LoB = 1.0 µmol/L (0.06 mg/dL)

LoD = 1.5 µmol/L (0.09 mg/dL)

LoQ = 3.0 µmol/L (0.18 mg/dL)

The Limit of Blank, Limit of Detection and Limit of Quantitation were determined in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP17-A requirements.

The Limit of Blank is the 95<sup>th</sup> percentile value from  $n \geq 60$  measurements of analyte-free samples over several independent series. The Limit of Blank corresponds to the concentration below which analyte-free samples are found with a probability of 95 %.

The Limit of Detection is determined based on the Limit of Blank and the standard deviation of low concentration samples.

The Limit of Detection corresponds to the lowest analyte concentration which can be detected (value above the Limit of Blank with a probability of 95 %).

The Limit of Quantitation is the lowest analyte concentration that can be reproducibly measured with a total error of 30 %. It has been determined using low concentration bilirubin samples.

**Expected values<sup>1</sup>**

Direct bilirubin  $\leq 5$  µmol/L ( $\leq 0.30$  mg/dL)

An upper limit of 10 µmol/L direct bilirubin for neonates has been cited in the literature, although this has not been confirmed by internal data.<sup>10</sup>

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference ranges.

**Specific performance data**

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.

**Precision**

Precision was determined using human samples and controls in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP5 requirements with repeatability ( $n = 21$ ) and intermediate precision (4 aliquots per run, 1 run per day, 21 days). The following results were obtained:

Repeatability	Mean µmol/L (mg/dL)	SD µmol/L (mg/dL)	CV %
Precinorm U	16.2 (0.948)	0.1 (0.006)	0.6
Precipath U	42.0 (2.46)	0.1 (0.01)	0.3
Human serum 1	2.5 (0.146)	0.1 (0.006)	2.9
Human serum 2	174 (10.2)	1 (0.1)	0.3

Human serum 3	280 (16.4)	1 (0.1)	0.3
Intermediate precision	Mean µmol/L (mg/dL)	SD µmol/L (mg/dL)	CV %
Precinorm U	14.9 (0.872)	0.4 (0.023)	2.6
Precipath U	38.8 (2.27)	0.5 (0.03)	1.4
Human serum 1	1.8 (0.105)	0.2 (0.018)	10
Human serum 2	179 (10.5)	2.6 (0.15)	1.5
Human serum 3	260 (15.2)	4.0 (0.23)	1.5

**Method comparison**

Bilirubin values for human serum and plasma samples obtained with the Roche BILD2 reagent on a Roche/Hitachi **cobas c** 501 analyzer (y) were compared to those determined with the previous Roche DBIL reagent on a Roche/Hitachi MODULAR P analyzer (x).

Sample size (n) = 65

Passing/Bablok<sup>11</sup> Linear regression

$y = 1.010x + 1.17$  µmol/L  $y = 0.998x + 2.38$  µmol/L

$\tau = 0.950$

$r = 0.997$

The sample concentrations were between 2.4 and 161 µmol/L (0.14 and 9.42 mg/dL).

**References**

- McPherson RA, Pincus MR. Henry's Clinical Diagnosis and Management by Laboratory Methods. 21st ed. Saunders Elsevier, 2007:1405.
- Malloy HT, Evelyn KA. The determination of bilirubin with the photoelectric colorimeter. J Biol Chem 1937;119:481-490.
- Quality of Diagnostic Samples, Recommendations of the Working Group on Preanalytical Quality of the German Society for Clinical Chemistry and Laboratory medicine, 3rd completely revised ed. 2010.
- Use of Anticoagulants in Diagnostic Laboratory Investigations. WHO Publication WHO/DIL/LAB/99.1 Rev. 2. Jan. 2002.
- Jendrassik L, Grof P. Biochem J 297, 81-89 (1938).
- Glick MR, Ryder KW, Jackson SA. Graphical Comparisons of Interferences in Clinical Chemistry Instrumentation. Clin Chem 1986;32:470-475.
- Breuer J. Report on the Symposium "Drug effects in Clinical Chemistry Methods". Eur J Clin Chem Clin Biochem 1996;34:385-386.
- Sonntag O, Scholer A. Drug interference in clinical chemistry: recommendation of drugs and their concentrations to be used in drug interference studies. Ann Clin Biochem 2001;38:376-385.
- Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. Clin Chem Lab Med 2007;45(9):1240-1243.
- Soldin JS, Brugnara C, Wong EC. Pediatric Reference Intervals. AACC Press, 5th ed., 2005.
- Bablok W, Passing H, Bender R, et al. A general regression procedure for method transformation. Application of linear regression procedures for method comparison studies in clinical chemistry, Part III. J Clin Chem Clin Biochem 1988 Nov;26(11):783-790.

A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

**Symbols**

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard.

**CONTENT**

Contents of kit



Volume after reconstitution or mixing

COBAS, COBAS C, PRECIBIL, PRECINORM, PRECIPATH, MODULAR and PRECICONTROL are trademarks of Roche.

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# BILD2

## Bilirubin Direct Gen.2

Significant additions or changes are indicated by a change bar in the margin.

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