Elecsys Folate III

cobas®

Folate RBC application

REF		Σ	SYSTEM
07027290190	07027290501	300	**cobas e** 402 **cobas e** 801

English

System information

Short name	ACN (application code number)	Application
RBC-FOL	10010	Folate RBC application

Intended use

This assay is used for the in vitro quantitative determination of folate in erythrocytes (red blood cells, RBC).

The electrochemiluminescence binding assay is intended for use on **cobas e** immunoassay analyzers.

Summary

Folate belongs to the family of B-group vitamins composed of an aromatic pteridine ring linked through a methylene group to p-aminobenzoic acid and a glutamate residue. Folate (folic acid) is vital for normal cellular functions and plays an essential role in nucleic acid synthesis, methionine regeneration, shuttling and redox reactions of one-carbon units required for normal metabolism and regulation.[1,2]

The folate metabolism can be exemplified as a cycle, where folate facilitates the transfer of one-carbon units from one molecule to another required in various biochemical reactions: for example, tetrahydrofolate (THF) accepts a single carbon unit from serine, which is reduced in a number of steps to 5-methyltetrahydrofolate (5-MTHF). 5-MTHF gives its methyl group to homocysteine, which is - with involvement of methionine synthase and vitamin B12 - enzymatically converted to methionine. The resulting THF starts again the cycle of methyl group synthesis. From methionine, the methyl groups are transferred to S-adenosylmethionine (SAM).[3] SAM serves as a methyl group donor in several methylation reactions, like DNA, RNA and protein methylation.[1]

The methionine cycle is highly sensitive to folate deficiency: with a low folate status, the ability of the cell to re-methylate homocysteine is impaired and this results in increased homocysteine concentrations in plasma.[2]

Folate also plays an essential role in the synthesis of purine and pyrimidine precursors of nucleic acids. Altered distribution of methyl groups and impaired DNA synthesis play an essential role in the development of cancers. Abnormal folate status has also been linked with the development of diseases like cardiovascular diseases, neural tube defects, cleft lip and palate, late pregnancy complications, neurodegenerative and psychiatric disorders.[1,2]

Folate belongs to the group of essential vitamins, i.e. it cannot be synthesized by the human organism and therefore must be absorbed from diet. Primary sources of folates are green and leafy vegetables, sprouts, fruits, brewer's yeast and liver.[1,2]

Folate deficiency can be caused by decreased nutritional intake, poor absorption of ingested folate in the intestine or increased demand of folate, for example during physical activity or pregnancy. Deficiency of folate can also be a result of liver diseases or impaired folate metabolism due to genetic defects or drug interactions.[2]

A clinical manifestation of both folate and vitamin B12 deficiency is the so called megaloblastic (macrocytic) anemia: due to the affected DNA synthesis and cell maturation, especially involving the cells of erythropoiesis, the total count of erythrocytes is significantly reduced. The hemoglobin synthesis capacity however is normal, which leads to abnormally large erythrocyte precursors ("macrocytes" or "megaloblasts"), which have an elevated hemoglobin content ("hyperchromic anemia").[3,4]

Serum folate concentrations may be affected by recent folate intakes, whereas red blood cell (RBC) folate is a measure of the folate intake across the 90-120 days lifespan of erythrocytes. Thus, folate concentrations in RBC give a more accurate picture of a patient's underlying folate status than serum folate concentrations, and are considered by experts as the better measure for folate status.[5]

Because vitamin B12 and folate are closely interrelated in the cellular one-carbon unit metabolism, and also hematologic and clinical consequences of the two vitamin deficiency states might be similar, it is advisable to determine both parameters simultaneously in patients with the relevant symptoms of vitamin deficiency.[3,4]

Test principle

Competition principle. Total duration of assay: 27 minutes.

Whole blood treated with anticoagulants (heparin or EDTA) is mixed with ascorbic acid solution and incubated for approximately 90 minutes at 20-25 °C. Lysis of the erythrocytes takes place, with liberation and stabilization of the intracellular folate. The resulting hemolysate sample is then used for subsequent measurement.

- 1st incubation: By incubating 15 µL of hemolysate sample with the folate pretreatment reagents 1 and 2, bound folate is released from endogenous folate binding proteins.
- 2nd incubation: By incubating the pretreated sample with the ruthenium labeled folate binding protein, a folate complex is formed, the amount of which is dependent upon the analyte concentration in the sample.
- 3rd incubation: After addition of streptavidin-coated microparticles and folate labeled with biotin, the unbound sites of the ruthenium labeled folate binding protein become occupied, with formation of a ruthenium labeled folate binding protein-folate biotin complex. The entire complex becomes bound to the solid phase via interaction of biotin and streptavidin.
- The reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of the electrode. Unbound substances are then removed with ProCell II M. Application of a voltage to the electrode then induces chemiluminescent emission which is measured by a photomultiplier.
- Results are determined via a calibration curve which is instrument-specifically generated by 2-point calibration and a master curve provided via the **cobas** link.

Reagents - working solutions

The **cobas e** pack (M, R1, R2) and the pretreatment reagents (PT1, PT2) are labeled as FOL.

PT1 Pretreatment reagent 1, 1 bottle, 7.3 mL:
Sodium 2-mercaptoethanesulfonate (MESNA) 40 g/L, pH 5.5.

PT2 Pretreatment reagent 2, 1 bottle, 7.3 mL:
Sodium hydroxide 25 g/L.

M Streptavidin-coated microparticles, 1 bottle, 12.4 mL:
Streptavidin-coated microparticles 0.72 mg/mL; preservative.

R1 Folate binding protein~$Ru(bpy)_3^{2+}$, 1 bottle, 16.7 mL:
Ruthenium labeled folate binding protein 75 µg/L; human serum albumin (stabilizer); borate/phosphate/citrate buffer 70 mmol/L, pH 5.5; preservative.

R2 Folate~biotin, 1 bottle, 13.9 mL:
Biotinylated folate 17 µg/L; biotin 120 µg/L; human serum albumin (stabilizer); borate buffer 100 mmol/L, pH 9.0; preservative.

Precautions and warnings

For in vitro diagnostic use for health care professionals. Exercise the normal precautions required for handling all laboratory reagents.

Infectious or microbial waste:
Warning: handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

Environmental hazards:
Apply all relevant local disposal regulations to determine the safe disposal.

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:

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Danger

H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.

Prevention:

P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P280	Wear protective gloves/ protective clothing/ eye protection/ face protection/ hearing protection.

Response:

P301 + P330 + P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303 + P361 + P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water.
P304 + P340 + P310	IF INHALED: Remove person to fresh air and keep comfortable for breathing. Immediately call a POISON CENTER/ doctor.
P305 + P351 + P338 + P310	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER/ doctor.

Product safety labeling follows EU GHS guidance.

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

All human material should be considered potentially infectious. All products derived from human blood are prepared exclusively from the blood of donors tested individually and shown to be free from HBsAg and antibodies to HCV and HIV. The testing methods use assays that have been approved by the FDA or that are in compliance with the legal rules applicable to placing in vitro diagnostic medical devices for human use on the market in the European Union.

However, as no testing method can rule out the potential risk of infection with absolute certainty, the material should be handled with the same level of care as a patient specimen. In the event of exposure, the directives of the responsible health authorities should be followed.[6,7]

Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).

Reagent handling

The Elecsys Folate III assay can be used for both the folate serum/plasma application and the folate RBC application.

Both applications use the same reagents.

The reagents in the kit have been assembled into a ready-for-use unit that cannot be separated.

All information required for correct operation is available via the **cobas** link.

Storage and stability

Store at 2-8 °C.

Do not freeze.

Store the **cobas e** pack **upright** in order to ensure complete availability of the microparticles during automatic mixing prior to use.

Stability:	
unopened at 2-8 °C	up to the stated expiration date
on the analyzers	16 weeks

Specimen collection and preparation

Only the specimens listed below were tested and found acceptable.

Hemolysate prepared from whole blood treated with anticoagulants (Na-heparin or K_3-EDTA).

- *For the determination of folate in RBC*
  Determine hematocrit in whole blood samples and record the value.
- *Preparation of the hemolysate sample*
  Mix 3.0 mL of Folate RBC Hemolyzing Reagent (ascorbic acid solution, 0.2 %) and 100 µL of well-mixed whole blood, avoiding foam formation. Incubate with closed caps for 90 ± 15 minutes at 20-25 °C.

Stability:
If the hemolysate sample is prepared from fresh whole blood, it is possible to store the prepared hemolysate sample for 28 days at -20 °C (± 5 °C). Freeze only once. Analyze the sample promptly after thawing.

Whole blood storage prior to hemolysate preparation: 2 hours at 20-25 °C[8], 24 hours at 2-8 °C, 28 days at -20 °C (± 5 °C; only EDTA blood). If the whole blood sample was stored in one of these ways, the hemolysate sample must be used directly after preparation.

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.

Samples should not subsequently be altered with additives (biocides, anti-oxidants or substances possibly changing the pH of the sample) in order to avoid erroneous folate recovery.

Ensure the samples and calibrators are at 20-25 °C prior to measurement.

Due to possible evaporation effects, samples and calibrators on the analyzers should be analyzed/measured within 2 hours.

If measurements cannot be carried out within 2 hours please store the hemolysate sample at -20 °C (± 5 °C).

Materials provided

See “Reagents – working solutions” section for reagents.

Materials required (but not provided)

- REF 07396473190, CalSet Folate, for 4 x 1.0 mL
- REF 05944317190, Folate RBC Hemolyzing Reagent kit for 4 x 200 mL, contains ascorbic acid
- General laboratory equipment
- **cobas e** analyzer

Additional materials for **cobas e** 402 and **cobas e** 801 analyzers:

- REF 06908799190, ProCell II M, 2 x 2 L system solution
- REF 04880293190, CleanCell M, 2 x 2 L measuring cell cleaning solution
- REF 07485409001, Reservoir Cup, 8 cups to supply ProCell II M and CleanCell M
- REF 06908853190, PreClean II M, 2 x 2 L wash solution
- REF 05694302001, Assay Tip/Assay Cup tray, 6 magazines x 6 magazine stacks x 105 assay tips and 105 assay cups, 3 wasteliners
- REF 07485425001, Liquid Flow Cleaning Cup, 2 adaptor cups to supply ISE Cleaning Solution/Elecsys SysClean for Liquid Flow Cleaning Detection Unit
- REF 07485433001, PreWash Liquid Flow Cleaning Cup, 1 adaptor cup to supply ISE Cleaning Solution/Elecsys SysClean for Liquid Flow Cleaning PreWash Unit
- REF 11298500316, ISE Cleaning Solution/Elecsys SysClean, 5 x 100 mL system cleaning solution

Assay

The well-mixed hemolysate sample is placed in the sample zone of the analyzer and recorded by entering the sample identification data. Complete determinations on the analyzer within 2 hours after finalizing the preparation of the hemolysate sample.

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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.

Resuspension of the microparticles takes place automatically prior to use.

Place the cooled (stored at 2-8 °C) **cobas e** pack on the reagent manager. Avoid foam formation. The system automatically regulates the temperature of the reagents and the opening/closing of the **cobas e** pack.

Calibration

Traceability: This application has been standardized against the Elecsys Folate III assay (REF 04476433190)/RBC application.

The standardization of the folate RBC application includes the volume correction to account for the preparation of hemolysate sample (1:31 vol/vol).

The predefined master curve is adapted to the analyzer using the relevant CalSet.

Calibration frequency: Calibration must be performed once per reagent lot using fresh reagent (i.e. not more than 24 hours since the **cobas e** pack was registered on the analyzer).

Calibration interval may be extended based on acceptable verification of calibration by the laboratory.

Renewed calibration is recommended as follows:

- after 12 weeks when using the same reagent lot
- after 28 days when using the same **cobas e** pack on the analyzer
- as required: e.g. quality control findings outside the defined limits

Quality control

For quality control, use commercially available whole blood control material.

Controls for the various concentration ranges should be run individually at least once every 24 hours when the test is in use, once per **cobas e** pack, and following each calibration.

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.

If necessary, repeat the measurement of the samples concerned.

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

Calculation

1. Whole blood folate (from hemolysate sample)

The standardization of the folate RBC application includes the volume correction to account for the preparation of hemolysate sample (1:31 vol/vol).

The analyzer automatically calculates the analyte concentration of each sample in nmol/L or ng/mL.

Conversion factors: nmol/L x 0.44 = ng/mL

ng/mL x 2.27 = nmol/L

2. RBC folate

To calculate the folate concentration in the erythrocyte fraction of the sample **(RBC folate)**, the predetermined sample specific hematocrit value must be taken into account using the following equation:

$$\text{RBC folate} = \frac{\text{analyzer result}}{\text{\% hematocrit}} \times 100$$

Limitations - interference

The effect of the following endogenous substances and pharmaceutical compounds on assay performance was tested with the folate serum/plasma application. Interferences were tested up to the listed concentrations and no impact on results was observed.

Endogenous substances

Compound	Concentration tested
Bilirubin	≤ 496 µmol/L or ≤ 29 mg/dL
Intralipid	≤ 1500 mg/dL
Biotin	≤ 86.1 nmol/L or ≤ 21 ng/mL
Rheumatoid factors	≤ 1000 IU/mL
IgG	≤ 1.6 g/dL
IgA	≤ 0.4 g/dL
IgM	≤ 1 g/dL

Criterion: For concentrations of 0.6-4 ng/mL the deviation is ≤ 0.4 ng/mL. For concentrations > 4 ng/mL the deviation is ≤ 10 %.

Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.

Pharmaceutical substances

In vitro tests were performed on 16 commonly used pharmaceuticals and in addition on human erythropoietin. No interference with the folate serum/plasma application was found.

It is contraindicated to measure samples of patients receiving therapy with certain pharmaceuticals, e.g. methotrexate or leucovorin, because of the cross-reactivity of folate binding protein with these compounds.

In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur. These effects are minimized by suitable test design.

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

In rare cases, samples with low erythrocyte folate concentration, but high serum folate concentration can occur. In these cases, a correction of the folate concentration in erythrocytes by the serum folate concentration with the following equation is recommended*:

* expected values can be used as an indicator for high serum folate concentration

$$\text{Corrected RBC folate concentration} = \text{RBC folate concentration} - \left(\text{serum folate concentration} \times \frac{100 - \text{\% hematocrit}}{\text{\% hematocrit}}\right)$$

Example

RBC folate concentration: 241 (ng/mL RBC);

serum folate concentration: 10.5 (ng/mL S);

hematocrit measured (%) = 45

$$\text{Corrected RBC folate concentration} = 241 \text{ ng/mL RBC} - \left(10.5 \text{ ng/mL S} \times \frac{100 - 45}{45}\right) = 228 \text{ ng/mL RBC}$$

Limits and ranges

Measuring range

120-620 ng/mL or 272-1407 nmol/L (defined by the Limit of Quantitation and the maximum of the master curve). Values below the Limit of Quantitation are reported as < 120 ng/mL (< 272 nmol/L). Values above the measuring range are reported as > 620 ng/mL (> 1407 nmol/L). Values are not corrected for the sample hematocrit.

Lower limits of measurement

Limit of Blank, Limit of Detection and Limit of Quantitation:

Limit of Blank = 45 ng/mL (102 nmol/L)

Limit of Detection = 70 ng/mL (159 nmol/L)

Limit of Quantitation = 120 ng/mL (272 nmol/L)

The Limit of Blank, Limit of Detection and Limit of Quantitation were determined in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP17-A2 requirements.

The Limit of Blank is the 95th percentile value from n ≥ 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 an intermediate precision CV of ≤ 30 %.

It has been determined using low concentration folate samples.

Dilution

Hemolysate samples with folate concentrations above the measuring range can be diluted manually with Elecsys Folate RBC Hemolyzing Reagent (ascorbic acid solution, 0.2 %). The recommended dilution is 1:2. The concentration of the diluted sample must be ≥ 265 ng/mL or ≥ 602 nmol/L. After manual dilution, multiply the results by the dilution factor 2.

Expected values

The values shown below were measured on samples from an apparently healthy population, using the Elecsys Folate III/RBC application. The values can be applied for the folate RBC application on all Elecsys and **cobas e** analyzers. The calculation is based on 290 sera (96 men, 194 women) from an European population. The age range was between 18 and 65 years. Pregnant or lactating women were excluded. The reference population was selected according to normal homocysteine values. The following values were obtained:

Whole blood folate (from hemolysate samples)					
	N	Median		2.5^{th}-97.5^{th} percentile	
		nmol/L	ng/mL	nmol/L	ng/mL
Europe	290	673	296	481-1212	212-534

The measured hematocrit value in this study showed a range from 37.1-46.1 %.

RBC folate (folate in erythrocyte fraction)					
	N	Median		2.5^{th}-97.5^{th} percentile	
		nmol/L	ng/mL	nmol/L	ng/mL
Europe	290	1657	730	1187-2854	523-1257

If pathologically low hematocrit values are considered for calculation of RBC folate in the erythrocyte fraction, elevated RBC folate concentrations may be observed. No medical conclusion should be based on the calculation considering hematocrit values in such cases. Instead, whole blood folate results (from hemolysate samples) and suitable expected values may be used.

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 Elecsys reagents and hemolysate samples in a protocol (EP05-A3) of the CLSI (Clinical and Laboratory Standards Institute): 2 runs per day in duplicate each for 21 days (n = 84). Results are given as whole blood folate (from hemolysate sample). The following results were obtained:

cobas e 801 and **cobas e** 402 analyzers					
		Repeatability		**Intermediate precision**	
Sample	Mean ng/mL	SD ng/mL	CV %	SD ng/mL	CV %
Hemolysate 1	128	9.31	7.3	10.0	7.8
Hemolysate 2	181	10.3	5.7	10.4	5.8
Hemolysate 3	195	11.8	6.1	12.4	6.4
Hemolysate 4	349	10.4	3.0	14.1	4.0
Hemolysate 5	553	19.7	3.6	23.4	4.2

cobas e 801 and **cobas e** 402 analyzers					
		Repeatability		**Intermediate precision**	
Sample	Mean nmol/L	SD nmol/L	CV %	SD nmol/L	CV %
Hemolysate 1	291	21.1	7.3	22.7	7.8
Hemolysate 2	411	23.4	5.7	23.6	5.8
Hemolysate 3	443	26.8	6.1	28.1	6.4
Hemolysate 4	792	23.6	3.0	32.0	4.0
Hemolysate 5	1255	44.7	3.6	53.1	4.2

Method comparison

a) A comparison of the Elecsys Folate RBC assay, REF 05944295190 (y) with the Elecsys Folate III/RBC application, REF 04476433190 (x) using hemolyzed clinical samples gave the following correlations (ng/mL). Results are given as whole blood folate (from hemolysate sample):

Number of samples measured: 187

Passing/Bablok[9]	Linear regression
y = 1.02x - 14.1	y = 1.00x - 12.0
τ = 0.869	r = 0.985

The sample concentrations were between 151 and 551 ng/mL (343 and 1251 nmol/L).

b) A comparison of the Elecsys Folate III/RBC application, REF 07027290190 (**cobas e** 801 analyzer; y) with the Elecsys Folate RBC assay, REF 05944295190 (**cobas e** 601 analyzer; x) gave the following correlations (ng/mL):

Number of samples measured: 122

Passing/Bablok[9]	Linear regression
y = 0.979x - 3.06	y = 0.982x - 2.51
τ = 0.902	r = 0.984

The sample concentrations were between 125 and 620 ng/mL (284 and 1407 nmol/L).

c) A comparison of the Elecsys Folate III/RBC application, REF 07027290190 (**cobas e** 402 analyzer; y) with the Elecsys Folate III/RBC application, REF 07027290190 (**cobas e** 801 analyzer; x) gave the following correlations (ng/mL):

Number of samples measured: 110

Passing/Bablok[9]	Linear regression
y = 0.969x - 2.00	y = 0.971x - 1.17
τ = 0.913	r = 0.990

The sample concentrations were between 129 and 609 ng/mL (293 and 1382 nmol/L).

References

1 Nazki FH, Sameer AS, Ganaie BA. Folate: Metabolism, genes, polymorphisms and the associated diseases. Gene 2014;533(1):11-20.

2 Scaglione F, Panzavolta G. Folate, folic acid and 5-methyltetrahydrofolate are not the same thing. Xenobiotica 2014;44(5):480-488.

3 Reynolds EH. The neurology of folic acid deficiency. Handb Clin Neurol 2014;120:927-43.

4 Wick M, Pinggera W, Lehmann P. Clinical Aspects and Laboratory. Iron metabolism, Anemias. Springer Verlag, Wien, New York, 6th edition 2011:41-42.

5 Yetley EA, Pfeiffer CM, Phinney KW, et al. Biomarkers of folate status in NHANES: a roundtable summary. Am J Clin Nutr 2011;94(1):303S-312S.

6 Occupational Safety and Health Standards: Bloodborne pathogens. (29 CFR Part 1910.1030). Fed. Register.

7 Directive 2000/54/EC of the European Parliament and Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work.

8 Eijsden M, van der Wal MF, Hornstra G, et al. Can whole blood samples be stored over 24 hours without compromising stability of C-Reactive Protein, Retinol, Ferritin, Folic Acid and Fatty Acids in Epidemiology Research? Clin Chem 2005;51(1):230-232.

9 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.

For further information, please refer to the appropriate operator's manual for the analyzer concerned, the respective application sheets, the product information and the Method Sheets of all necessary components (if available in your country).

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.

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the Member State in which the user and/or the patient is established.

Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see dialog.roche.com for definition of symbols used):

CONTENT	Contents of kit
SYSTEM	Analyzers/Instruments on which reagents can be used
REAGENT	Reagent
CALIBRATOR	Calibrator
→	Volume after reconstitution or mixing
GTIN	Global Trade Item Number

CE 0123

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