

# FERR4

Tina-quant Ferritin Gen.4

**Order information****cobas**<sup>®</sup>

REF		CONTENT		Analyzer(s) on which <b>cobas c</b> pack(s) can be used
08057648190*	08057648500	Tina-quant Ferritin Gen.4 (400 tests)	System-ID 2057 001	<b>cobas c 303, cobas c 503, cobas c 703</b>
08057648214*	08057648500	Tina-quant Ferritin Gen.4 (400 tests)	System-ID 2057 001	<b>cobas c 303, cobas c 503, cobas c 703</b>

Materials required (but not provided):

11355279216	Calibrator f.a.s. Proteins (5 x 1 mL)	Code 20656	
10557897122	Precinorm Protein (3 x 1 mL)	Code 20302	
11333127122	Precipath Protein (3 x 1 mL)	Code 20303	
05117003190	PreciControl ClinChem Multi 1 (20 x 5 mL)	Code 20391	
05947626190	PreciControl ClinChem Multi 1 (4 x 5 mL)	Code 20391	
05117216190	PreciControl ClinChem Multi 2 (20 x 5 mL)	Code 20392	
05947774190	PreciControl ClinChem Multi 2 (4 x 5 mL)	Code 20392	
08063494190	Diluent NaCl 9 % (123 mL)	System-ID 2906 001	

\* Some kits shown may not be available in all countries.

**English****System information****FERR4:** ACN 20570**Intended use**

In vitro test for the quantitative determination of ferritin in human serum and plasma on **cobas c** systems.

**Summary**

Ferritin measurements, performed with this assay in human serum and plasma, are used as an aid in diagnosis of iron deficiencies and iron overload.

Ferritin is an iron-storage protein synthesized by many body cells and it is mainly found in the liver, spleen, muscle and bone marrow, with only a small fraction found in blood. The protein plays an important role in the cellular uptake, storage and release of iron.<sup>1</sup> The storage function is not only important for adequate amounts of bioavailable iron to be provided, but also to protect the cells from toxicity. Iron can indeed generate reactive species which can directly damage DNA and proteins.<sup>2,3</sup>

The iron-free protein, apoferritin, consists of 24 subunits and has a molecular weight of approximately 450 kDa. The iron core of ferritin can contain up to approximately 4500 iron atoms in the form of Fe<sup>3+</sup> ions.<sup>4,5</sup> Several isoforms of ferritin exist which are composed of different subunits that are partially tissue specific.<sup>1,4</sup>

Under steady-state conditions, the serum ferritin concentration is proportional to the total body iron stores: 1 ng of serum ferritin per mL corresponds to 10 mg of total iron stores.<sup>6,7,8</sup> Therefore, in the literature, the measurement of serum ferritin levels is proposed as the best and most convenient laboratory test to estimate iron stores and diagnose iron deficiency or iron related disorders.<sup>5,6,8,9</sup> It has substituted the invasive and semiquantitative histochemical examination of bone marrow aspirate or biopsy as the gold standard for diagnosis of iron deficiency anemia.<sup>2,9</sup> Serum ferritin is a good indicator of storage iron in the body; however it does not provide information about the amount of iron actually available for erythropoiesis.<sup>10</sup>

Decreased serum ferritin concentrations of < 15 µg/L (ng/mL) always indicate iron deficiency and can be the result of prior blood loss, altered iron uptake, transferrin deficiency, reduced erythropoiesis (e.g. chronic kidney disease) or increased iron demand.<sup>8,9,10,11,12,13,14</sup>

Different aetiologies can cause increased serum ferritin levels, like iron overload, inflammation, liver or renal disease, malignancy or metabolic syndrome.<sup>15,16</sup> An elevated serum ferritin in the absence of infection or inflammation may suggest the presence of an iron overload state due to clinical conditions such as hereditary hemochromatosis, transfusional iron overload, ineffective erythropoiesis (e.g., thalassemia).<sup>10,15,16</sup>

Through release and leakage of damaged cells and tissue death, elevated serum ferritin is also recognized as an acute phase reactant. Patients with infections, acute or chronic inflammation, and malignancies have increased serum ferritin levels. Clinical conditions unrelated to iron stores, such as

alcoholic or viral hepatitis and chronic renal failure, exhibit increased serum ferritin levels. The absolute ferritin level cannot be interpreted in isolation and should not be the sole basis for treatment decisions. Diagnosis should be made looking at the entire clinical situation of the individual patient.<sup>2,10,15</sup>

**Test principle<sup>17</sup>**

Particle enhanced immunoturbidimetric assay

Human ferritin agglutinates with latex particles coated with anti-ferritin antibodies. The precipitate is determined turbidimetrically at 570/800 nm.

**Reagents - working solutions**

**R1** TRIS buffer, pH 7.5; immunoglobulins (rabbit); preservative, stabilizers

**R3** Aqueous matrix containing latex particles coated with anti-human ferritin antibodies (rabbit); preservative, stabilizers

R1 is in position B and R3 is in position C.

**Precautions and warnings**

For in vitro diagnostic use for laboratory 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:

**Warning**

H317 May cause an allergic skin reaction.

H412 Harmful to aquatic life with long lasting effects.

**Prevention:**

P261 Avoid breathing mist or vapours.

P273 Avoid release to the environment.

P280 Wear protective gloves.

**Response:**

# FERR4

## Tina-quant Ferritin Gen.4



P333 + P313 If skin irritation or rash occurs: Get medical advice/attention.

P362 + P364 Take off contaminated clothing and wash it before reuse.

### Disposal:

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

### Hazardous components:

- reaction mass of 5-chloro-2-methyl-2H-isothiazol-3-one and 2-methyl-2H-isothiazol-3-one (3:1)

Product safety labeling follows EU GHS guidance.

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

### Reagent handling

Ready for use

Carefully invert reagent container several times prior to use to ensure that the reagent components are mixed.

### Storage and stability

Shelf life at 2-8 °C: See expiration date on **cobas c** pack label.

On-board in use and refrigerated on the analyzer: 26 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

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

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; with K<sub>3</sub>-EDTA tubes pay particular attention that the tubes are adequately filled.

Centrifuge samples containing precipitates before performing the assay.

See the limitations and interferences section for details about possible sample interferences.

Stability:<sup>18</sup>

7 days at 15-25 °C
7 days at 2-8 °C
1 year at -20 °C (±5 °C)

Freeze only once.

Do not thaw frozen specimens in a 37 °C bath. Violent mixing may denature ferritin.<sup>19</sup>

### 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

### Test definition

Reporting time 10 min

Wavelength (sub/main)	800/570 nm		
Reagent pipetting	Diluent (H <sub>2</sub> O)		
R1	60 µL	–	
R3	60 µL	–	
Sample volumes	Sample	Sample dilution	
		Sample	Diluent (NaCl)
Normal	7.5 µL	–	–
Decreased	7.5 µL	10 µL	70 µL
Increased	7.5 µL	–	–

For further information about the assay test definitions refer to the application parameters setting screen of the corresponding analyzer and assay.

### Calibration

Calibrators	S1: H <sub>2</sub> O
	S2-6: C.f.a.s. Proteins
Calibration mode	Non-linear
Calibration frequency	Automatic full calibration
	- after reagent lot change
	Full calibration
	- as required following quality control procedures

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

Traceability: This method has been standardized against the Elecsys Ferritin assay (immunological method) which is traceable to NIBSC (WHO).

### 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. It is recommended to perform quality control always after lot calibration and subsequently at least every 26 weeks. 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

**cobas c** systems automatically calculate the analyte concentration of each sample in the unit µg/L (pmol/L, ng/mL).

Conversion factors:<sup>20</sup>

µg/L × 2.247 = pmol/L
µg/L = ng/mL

### Limitations - interference

Criterion: Recovery within ±4 µg/L of initial values for samples ≤ 40 µg/L and within ±10 % for samples > 40 µg/L.

Icterus:<sup>21</sup> No significant interference up to an I index of 60 for conjugated and unconjugated bilirubin (approximate conjugated and unconjugated bilirubin concentration: 1026 µmol/L or 60 mg/dL).

Hemolysis:<sup>21</sup> No significant interference up to an H index of 500 (approximate hemoglobin concentration: 310 µmol/L or 500 mg/dL).

Lipemia (Intralipid):<sup>21</sup> No significant interference up to an L index of 700 (approximate Intralipid concentration: 700 mg/dL). There is poor correlation between the L index (corresponds to turbidity) and triglycerides concentration.

Rheumatoid factors: No significant interference from rheumatoid factors up to a concentration of 1200 IU/mL.

Drugs: No interference was found at therapeutic concentrations using common drug panels.<sup>22,23</sup>

# FERR4

## Tina-quant Ferritin Gen.4

High-dose hook effect: Using prozone check automatically performed by the analyzer, no false result without a flag was observed up to a ferritin concentration of 80000 µg/L (80000 ng/mL).

The polyclonal antibodies used in this assay are specific for ferritin from human liver and also recognize ferritin from human spleen. The antibodies show no cross reactivity to the human ferritin H subunit, which is the major component of human heart ferritin.

In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.<sup>24</sup>

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

### ACTION REQUIRED

**Special Wash Programming:** The use of special wash steps is mandatory when certain test combinations are run together on **cobas c** systems. All special wash programming necessary for avoiding carry-over is available via the **cobas** link. The latest version of the carry-over evasion list can be found with the NaOHD/SMS/SCCS Method Sheet. For further instructions refer to the operator's manual.

### Limits and ranges

#### Measuring range

5-1000 µg/L (11.2-2247 pmol/L)

Determine samples having higher concentrations via the rerun function. Dilution of samples via the rerun function is a 1:8 dilution. Results from samples diluted using the rerun function are automatically multiplied by a factor of 8.

#### Lower limits of measurement

*Limit of Blank, Limit of Detection and Limit of Quantitation*

Limit of Blank = 3 µg/L (6.7 pmol/L)

Limit of Detection = 5 µg/L (11.2 pmol/L)

Limit of Quantitation = 8 µg/L (18.0 pmol/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 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 20 %. It has been determined using low concentration ferritin samples.

### Expected values<sup>25</sup>

**Adults:** Expected values for ferritin concentrations in clinically healthy subjects are strongly dependent upon age and sex.

Results of a study with Tina-quant Ferritin on samples from 224 healthy test subjects (104 women, mainly premenopausal, and 120 men) are given below. These values correspond to the 5<sup>th</sup> and 95<sup>th</sup> percentiles.

#### µg/L

Men (20-60 years) 30-400 µg/L

Women (17-60 years) 15-150 µg/L

#### pmol/L

Men (20-60 years) 67-899 pmol/L

Women (17-60 years) 34-337 pmol/L

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. These data represent the performance of the analytical procedure itself.

Results obtained in individual laboratories may differ due to heterogenous sample materials, aging of analyzer components and mixture of reagents running on the analyzer.

### Precision

Precision was determined using human samples and controls in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP05-A3 requirements with repeatability ( $n = 84$ ) and intermediate precision (2 aliquots per run, 2 runs per day, 21 days). Results for repeatability and intermediate precision were obtained on the **cobas c 503** analyzer.

Repeatability	Mean µg/L	SD µg/L	CV %
PCCC <sup>1a)</sup>	108	0.906	0.8
PCCC <sup>2b)</sup>	202	1.37	0.7
Human serum 1	10.6	0.781	7.3
Human serum 2	29.8	1.18	4.0
Human serum 3	207	1.14	0.6
Human serum 4	479	2.71	0.6
Human serum 5	827	4.68	0.6

Intermediate precision	Mean µg/L	SD µg/L	CV %
PCCC <sup>1a)</sup>	108	1.26	1.2
PCCC <sup>2b)</sup>	202	2.10	1.0
Human serum 1	10.6	0.816	7.7
Human serum 2	29.8	1.30	4.4
Human serum 3	206	1.62	0.8
Human serum 4	479	3.96	0.8
Human serum 5	827	7.50	0.9

a) PreciControl ClinChem Multi 1

b) PreciControl ClinChem Multi 2

The data obtained on **cobas c 503** analyzer(s) are representative for **cobas c 303** analyzer(s) and **cobas c 703** analyzer(s).

### Method comparison

Ferritin values for human serum and plasma samples obtained on a **cobas c 503** analyzer (y) were compared to those determined using the corresponding reagent on a **cobas c 501** analyzer (x).

Sample size (n) = 73

Passing/Bablok <sup>26</sup>	Linear regression
$y = 1.007x + 0.488 \mu\text{g/L}$	$y = 0.980x + 2.67 \mu\text{g/L}$
$r = 0.960$	$r = 0.999$

The sample concentrations were between 6.70 and 800 µg/L.

Ferritin values for human serum and plasma samples obtained on a **cobas c 303** analyzer (y) were compared to those determined using the corresponding reagent on a **cobas c 501** analyzer (x).

Sample size (n) = 89

Passing/Bablok <sup>26</sup>	Linear regression
$y = 1.030x - 0.666 \mu\text{g/L}$	$y = 1.029x - 0.379 \mu\text{g/L}$
$r = 0.966$	$r = 1.000$

The sample concentrations were between 6.00 and 979 µg/L.

Ferritin values for human serum and plasma samples obtained on a **cobas c 703** analyzer (y) were compared with those determined using the corresponding reagent on a **cobas c 503** analyzer (x).

# FERR4

## Tina-quant Ferritin Gen.4

Sample size (n) = 70

Passing/Bablok<sup>26</sup>

$$y = 0.956x + 0.240 \mu\text{g/L}$$

$$r = 0.986$$

Linear regression

$$y = 0.956x - 0.561 \mu\text{g/L}$$

$$r = 1.000$$

The sample concentrations were between 7.35 and 969  $\mu\text{g/L}$ .

### References

- Wick M, Pinggera W, Lehmann P. Clinical aspects and laboratory. Iron metabolism, anemias. Springer Verlag, Wien, New York, 7th edition, 2011:pp.8-11.
- Thomas L. Clinical Laboratory Diagnostics: Use and Assessment of Clinical Laboratory Results; 1st Edition, Frankfurt/Main: TH-Books-Verl.-Ges., 1998:278-281.
- Knovich MA, Storey JA, Coffman LG, et al. Ferritin for the clinician. Blood Rev 2009;23(3):95-104.
- Sargent PJ, Farnaud S, Evans RW. Structure/function overview of proteins involved in iron storage and transport. Curr Med Chem 2005;12(23):2683-2693.
- Ferraro S, Mozzi R, Panteghini M. Reevaluating serum ferritin as a marker of body iron stores in the traceability era. Clin Chem Lab Med 2012;50(11):1911-1916.
- WHO. Guideline on use of ferritin concentrations to assess iron status in individuals and populations. Geneva: World Health Organization. 2020. Available from [www.who.int/publications/i/item/9789240000124](http://www.who.int/publications/i/item/9789240000124).
- Malyszko J, Levin-Iaina N, Myśliwiec M, et al. Iron metabolism in solid-organ transplantation: how far are we from solving the mystery? Pol Arch Med Wewn 2012;122(10):504-511.
- Polin V, Coriat R, Perkins G, et al. Iron deficiency: from diagnosis to treatment. Dig Liver Dis 2013;45(10):803-809.
- Castel R, Tax MG, Droogendijk J, et al. The transferrin/log(ferritin) ratio: a new tool for the diagnosis of iron deficiency anemia. Clin Chem Lab Med 2012;50(8):1343-1349.
- Wang W, Knovich MA, Coffman LG, et al. Serum ferritin: Past, present and future. Biochim Biophys Acta 2010;1800(8):760-769.
- Liu K, Kaffes AJ. Iron deficiency anaemia: a review of diagnosis, investigation and management. Eur J Gastroenterol Hepatol 2012;24:109-116.
- Fletcher A, Forbes A, Svenson N, et al. A British Society for Haematology Good Practice Paper. Guideline for the laboratory diagnosis of iron deficiency in adults (excluding pregnancy) and children. Br J Haematol 2022 Feb;196(3):523-529.
- Wojtaszek E, Glogowski T, Malyszko J. Iron and Chronic Kidney Disease: Still a Challenge. Front Med (Lausanne) 2020 Dec 18;7:565135.
- Chronic kidney disease: assessment and management. London: National Institute for Health and Care Excellence (NICE); 2021 Nov 24.
- Cullis JO, Fitzsimons EJ, Griffiths WJ, et al.; British Society for Haematology. Investigation and management of a raised serum ferritin. Br J Haematol 2018 May;181(3):331-340.
- Fitzsimons EJ, Cullis JO, Thomas DW, et al. British Society for Haematology. Diagnosis and therapy of genetic haemochromatosis (review and 2017 update). Br J Haematol 2018 May;181(3):293-303
- Dubois S, McGovern M, Ehrhardt V. Eisenstoffwechsel-Diagnostik mit Boehringer Mannheim/Hitachi-Analysensystemen: Ferritin, Transferrin und Eisen. GIT Labor-Medizin 1988;9:468-471.
- Use of Anticoagulants in Diagnostic Laboratory Investigations. WHO Publication WHO/DIL/LAB/99.1 Rev. 2: Jan 2002.
- Wu AHB, ed. Tietz Clinical Guide to Laboratory Tests. 4th ed. Philadelphia: WB Saunders; 2006:392.
- Young DS, Huth EJ. SI Units For Clinical Measurement. American College of Physicians 1998.
- 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.
- Lotz J, Hafner G, Prellwitz W. Reference Study for Ferritin Assays. Kurzmitteilung Clin Lab 1997;43:993-994.
- 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.

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:

CONTENT

Contents of kit



Volume for reconstitution

GTIN

Global Trade Item Number

Rx only

For USA: Caution: Federal law restricts this device to sale by or on the order of a physician.

COBAS, NAVIFY, PRECICONTROL, PRECINORM, PRECIPATH and TINA-QUANT are trademarks of Roche.

All other product names and trademarks are the property of their respective owners.

Additions, deletions or changes are indicated by a change bar in the margin.

© 2024, Roche Diagnostics



Roche Diagnostics GmbH  
Sandhofer Strasse 116  
68305 Mannheim, Germany  
[www.roche.com](http://www.roche.com)

+800 5505 6606

