

Order information

REF	CONTENT	System-ID	Analyzers on which cobas c pack can be used
05589061 190	Bilirubin Direct Gen.2 (350 tests)	System-ID 07 7479 0	COBAS INTEGRA 400 plus COBAS INTEGRA 800
10759350 190	Calibrator f.a.s. (12 x 3 mL)	System-ID 07 3718 6	
12149435 122	Precinorm U plus (10 x 3 mL)	System-ID 07 7999 7	
12149443 122	Precipath U plus (10 x 3 mL)	System-ID 07 8000 6	
10171743 122	Precinorm U (20 x 5 mL)	System-ID 07 7997 0	
10171735 122	Precinorm U (4 x 5 mL)	System-ID 07 7997 0	
10171778 122	Precipath U (20 x 5 mL)	System-ID 07 7998 9	
10171760 122	Precipath U (4 x 5 mL)	System-ID 07 7998 9	
05117003 190	PreciControl ClinChem Multi 1 (20 x 5 mL)	System-ID 07 7469 3	
05947626 190	PreciControl ClinChem Multi 1 (4 x 5 mL)	System-ID 07 7469 3	
05117216 190	PreciControl ClinChem Multi 2 (20 x 5 mL)	System-ID 07 7470 7	
05947774 190	PreciControl ClinChem Multi 2 (4 x 5 mL)	System-ID 07 7470 7	
10158046 122	Precibil (4 x 2 mL)	System-ID 07 6604 6	
20756350 322	NaCl Diluent 9 % (6 x 22 mL)	System-ID 07 5635 0	

English**System information**

Test DBIL2, test ID 0-735

Intended use

In vitro test for the quantitative determination of direct bilirubin concentration in human serum and plasma on COBAS INTEGRA systems.

Summary¹

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 principleDiaz method²

Conjugated bilirubin and δ -bilirubin (direct bilirubin) react directly with 3,5-dichlorophenyl diazonium salt in acid buffer to form the red-colored 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

SR 3,5-Dichlorophenyl diazonium: 1.5 mmol/L; pH 1.3

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

Precautions and warnings

Pay attention to all precautions and warnings listed in Section 1 / Introduction of this Method Manual.

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:

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

Response:

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

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

P304 + P340 IF INHALED: Remove person to fresh air and keep comfortable for breathing. + P310 Immediately call a POISON CENTER/ doctor

P305 + P351 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. + P338 Continue rinsing. Immediately call a POISON CENTER/ doctor. + P310

Disposal:

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

Product safety labeling primarily follows EU GHS guidance.

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

Reagent handling

Ready for use

Storage and stability

Shelf life at 2-8 °C

See expiration date on
cobas c pack label

COBAS INTEGRA 400 plus systems

On-board in use at 10-15 °C 6 weeks
COBAS INTEGRA 800 systems

On-board in use at 8 °C 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 sampling tubes.

Plasma: Li-heparin, K₂-, K₃-EDTA plasma

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:^{a),3,4} 2 days at 20-25 °C
7 days at 4-8 °C
6 months at -20 °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)

NaCl Diluent 9 %, Cat. No. 20756350 322, system-ID 07 5635 0 for automatic sample dilution.

The NaCl Diluent 9 % is placed in its predefined rack position and is stable for 4 weeks on-board COBAS INTEGRA 400 plus/800 analyzers.

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.

Application for serum and plasma**COBAS INTEGRA 400 plus test definition**

Measuring mode	Absorbance
Abs. calculation mode	Endpoint
Reaction mode	R1-S-SR
Reaction direction	Increase
Wavelength A/B	552/659 nm
Calc. first/last	MP 33-36
Unit	µmol/L

Pipetting parameters

		Diluent (H ₂ O)
R1	120 µL	–
SR	24 µL	–
Sample	7 µL	2 µL
Total volume	153 µL	

COBAS INTEGRA 800 test definition

Measuring mode	Absorbance
Abs. calculation mode	Endpoint
Reaction mode	R1-S-SR

Reaction direction	Increase
Wavelength A/B	552/659 nm
Calc. first/last	44-49
Unit	µmol/L

Pipetting parameters

		Diluent (H ₂ O)
R1	120 µL	–
SR	24 µL	–
Sample	7 µL	2 µL
Total volume	153 µL	

Calibration

Calibrator	Calibrator f.a.s. Use deionized water as zero calibrator.
Calibration mode	Linear regression
Calibration replicate	Duplicate recommended
Calibration interval	Each lot and as required following quality control procedures

Traceability: This method has been standardized against the manual test performance using the Doumas method.⁵

Quality control

Reference range	Precinorm U or Precinorm U plus or PreciControl ClinChem Multi 1
Pathological range	Precipath U or Precipath U plus, PreciControl ClinChem Multi 2 or Precibil
Control interval	24 hours recommended
Control sequence	User defined
Control after calibration	Recommended

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

COBAS INTEGRA analyzers automatically calculate the analyte concentration of each sample. For more details, please refer to Data Analysis in the Online Help (COBAS INTEGRA 400 plus/800 analyzers).

Conversion factors:	µmol/L × 0.0585 = mg/dL mg/dL × 10 = µmol/L mg/dL × 17.1 = µmol/L
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Limitations - interference

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

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

Lipemia (Intralipid):⁶ 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.^{7,8}

Exception: Phenylbutazone causes artificially low bilirubin results.

Samples containing indocyanine green must not be measured.

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

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 COBAS INTEGRA analyzers. Refer to the CLEAN Method Sheet for further instructions and for the latest version of the Extra wash cycle list.

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

Limits and ranges

Measuring range

1.2-236 µmol/L (0.07-13.8 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, Limit of Detection and Limit of Quantitation

Limit of Blank = 0.8 µmol/L (0.05 mg/dL)

Limit of Detection = 1.2 µmol/L (0.07 mg/dL)

Limit of Quantitation = 1.2 µmol/L (0.07 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-A2 requirements.

The Limit of Blank is the 95th 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 precision of 20 % CV. It has been determined using low concentration direct bilirubin samples.

Expected values

Direct bilirubin ≤ 3.4 µmol/L (≤ 0.20 mg/dL)¹

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.¹⁰

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 (2 aliquots per run, 2 runs per day, 21 days). The following results were obtained:

Repeatability	Mean µmol/L (mg/dL)	SD µmol/L (mg/dL)	CV %
Precinorm U	12.9 (0.75)	0.2 (0.01)	1.2
Precipath U	32.8 (1.9)	0.2 (0.01)	0.6

Repeatability	Mean µmol/L (mg/dL)	SD µmol/L (mg/dL)	CV %
Human serum 1	2.0 (0.12)	0.1 (0.01)	7.4
Human serum 2	64.2 (3.8)	0.2 (0.01)	0.4
Human serum 3	225 (13.2)	0.7 (0.04)	0.3

Intermediate precision	Mean µmol/L (mg/dL)	SD µmol/L (mg/dL)	CV %
Precinorm U	12.9 (0.75)	0.2 (0.01)	1.6
Precipath U	32.8 (1.9)	0.3 (0.02)	1.0
Human serum 1	2.0 (0.12)	0.2 (0.01)	7.7
Human serum 2	64.2 (3.8)	0.7 (0.04)	1.0
Human serum 3	225 (13.2)	0.8 (0.05)	0.4

Method comparison

Bilirubin values for human serum and plasma samples obtained with the BILD2 reagent (y) on a COBAS INTEGRA 800 analyzer were compared to those determined using the previous Roche BIL-D reagent (x) on the same analyzer.

Sample size (n) = 71

Passing/Bablok¹¹

$y = 1.049x + 1.20$ µmol/L

$r = 0.962$

Linear regression

$y = 1.020x + 2.09$ µmol/L

$r = 0.998$

The sample concentrations were between 1.4 and 235 µmol/L (0.08 and 13.7 mg/dL).

References

- 1 Balistreri WF, Shaw LM. Liver function. In: Tietz NW, ed. Fundamentals of Clinical Chemistry. 3rd ed. Philadelphia: WB Saunders 1987;729-761.
- 2 Malloy HT, Evelyn KA. The determination of bilirubin with the photoelectric colorimeter. J Biol Chem 1937;119:481-490.
- 3 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.
- 4 Use of Anticoagulants in Diagnostic Laboratory Investigations. Workshop Munich, November 29-30, 1990 Wien Klin Wschr 1991;103, Suppl.189:1-64.
- 5 Dumas BT, Perry BW, Jendrzeczek B, et al. Pitfalls in the American Monitor Kit Methods for Determination of Total and Direct Bilirubin. Clin Chem 1982;28(11):2305-2308.
- 6 Glick MR, Ryder KW, Jackson SA. Graphical Comparisons of Interferences in Clinical Chemistry Instrumentation. Clin Chem 1986;32:470-475.
- 7 Breuer J. Report on the Symposium "Drug effects in Clinical Chemistry Methods". Eur J Clin Chem Clin Biochem 1996;34:385-386.
- 8 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.
- 9 Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. Clin Chem Lab Med 2007;45(9):1240-1243.
- 10 Soldin JS, Brugnara C, Wong EC. Pediatric Reference Intervals. AACC Press, 5th ed., 2005.
- 11 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.

BILD2

Bilirubin Direct Gen.2 (Dumas Standardization)

cobas[®]
Substrates

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

GTIN

Global Trade Item Number

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