

# QDx Instacheck™ Vitamin D

## INTENDED USE

**QDx Instacheck™ Vitamin D** along with **QDx Instacheck™ Reader** is a fluorescence Immunoassay (FIA) for the quantitative determination of total 25(OH)D2/D3 level in **human serum/plasma**. It is useful as an aid in management and monitoring of regulating the concentration of calcium and phosphate in the bloodstream and promoting the healthy growth and remodeling of bone.

## INTRODUCTION

Vitamin D from the diet or dermal synthesis from sunlight is biologically inactive and is a fat soluble steroid hormone involved in the active intestinal absorption of calcium and in the regulation of its homeostasis. In humans, the most important compounds in this group are vitamin D3 (also known as cholecalciferol) and vitamin D2 (ergocalciferol).<sup>1</sup> In the liver, cholecalciferol (vitamin D3) is converted to calcidiol, 25-hydroxycholecalciferol (abbreviated 25(OH)D3). Ergocalciferol (vitamin D2) is converted in the liver to 25-hydroxyergocalciferol (25(OH)D2). It is widely known that circulating 25(OH)D is the best indicator of vitamin D status.<sup>2,3</sup> 25(OH)D3 is then converted in the kidneys (by the enzyme 25(OH)D-1 $\alpha$ -hydroxylase) into 1,25-(OH)<sub>2</sub>D<sub>3</sub>, a steroid hormone that is the active form of vitamin D. It can also be converted into 24-hydroxycalcidiol in the kidneys via 24-hydroxylation.<sup>4,5</sup> 1,25-(OH)<sub>2</sub>D<sub>3</sub> circulates as a hormone in the blood, regulating the concentration of calcium and phosphate in the bloodstream and promoting the healthy growth and remodeling of bone. 1,25-(OH)<sub>2</sub>D<sub>3</sub> also affects neuromuscular and immune function.<sup>6</sup> Vitamin D has a significant role in calcium homeostasis and metabolism. Its discovery was due to effort to find the dietary substance lacking in rickets (the childhood form of osteomalacia).<sup>7</sup>

This test can be used to diagnose vitamin D deficiency, and it is indicated in patients with high risk for vitamin D deficiency and when the results of the test would be used as supporting evidence for beginning aggressive therapies.<sup>8</sup> Patients with osteoporosis, chronic kidney disease, malabsorption, obesity, and some other infections may be high risk and thus have greater indication for this test.<sup>9,10</sup>

## PRINCIPLE

The test uses a competitive immunodetection method; In this method, the target material in the sample bind to the fluorescence (FL)-labeled detection antibodies in the detection buffer, to form the complex as sample mixture. This complex is loaded to migrate onto the nitrocellulose matrix, where the covalent couple of 25(OH)D3 and bovine serum albumin (BSA) is immobilized on the test strip, and interferes with the binding of target material and FL-labeled antibody. If the more target material exists in blood, the less detection antibody is accumulated, resulting in the less fluorescence signal.

## COMPONENTS AND REAGENTS

**QDx Instacheck™ Vitamin D** consists of 'Cartridges', 'Detection Buffer Vial', 'Releasing Buffer Vial', 'Sample Mixing Tubes' and an 'ID chip'.

- The cartridge contains a test strip, the membrane which has 25(OH)D3-BSA-conjugated at the test line, with rabbit IgG at the control line.
- Each cartridge is individually sealed in an aluminum foil pouch containing of a desiccant. 25 sealed cartridges are packed in a box which also contains an ID chip.
- The releasing buffer contains NaOH and DMSO.
- The detection buffer contains anti 25(OH)D2/3-fluorescence conjugate, anti rabbit IgG-fluorescence conjugate, gelatin as a

- stabilizer and sodium azide in Tris-HCl buffer as a preservative.
- The releasing buffer and detection buffer are dispensed in a vial. Releasing buffer vial and detection buffer vial are packed in a Styrofoam box with ice-packs for shipping.

## WARNINGS AND PRECAUTIONS

- For *in vitro* diagnostic use only.
- Carefully follow the instructions and procedures described in this 'instruction for use'.
- Use only fresh samples and avoid direct sunlight.
- Lot numbers of all the test components (Cartridge, ID chip, releasing buffer and detection buffer) must agree each other.
- Do not interchange the test components between different lots or use the test components after the expiration date, either of which might yield misleading test result(s).
- Do not reuse. A sample mixing tube should be used for processing one sample only. So should a cartridge.
- The cartridge should remain sealed in its original pouch before use. Do not use the cartridge, if it is damaged or already opened.
- Frozen sample should be thawed only once. For shipping, samples must be packed in accordance with the regulations. Sample with severe hemolytic and hyperlipidemia cannot be used and should be recollected.
- Just before use, allow the cartridge, detection buffer, releasing buffer and sample to be at room temperature for approximately 30 minutes.
- **QDx Instacheck™ Vitamin D** as well as the **QDx Instacheck™ Reader** should be used away from vibration and/or magnetic field. During normal usage, it can be noted the **QDx Instacheck™ Reader** may produce minor vibration.
- Used detection buffer tubes, releasing buffer, pipette tips and cartridges should be handled carefully and discarded by an appropriate method in accordance with relevant local regulations.
- As releasing buffer is basic and contain organic solvent, please avoid contact with eyes, skin or clothing.
- An exposure to larger quantities of sodium azide may cause certain health issues like convulsions, low blood pressure and heart rate, loss of consciousness, lung injury and respiratory failure.
- **QDx Instacheck™ Vitamin D** will provide accurate and reliable results subject to the following conditions.
  - **QDx Instacheck™ Vitamin D** should be used only in conjunction **QDx Instacheck™ Reader**.
  - Any anticoagulants other than EDTA, heparin sodium citrate should be avoided.

## STORAGE AND STABILITY

- The cartridge is stable for 20 months (while sealed in an aluminum foil pouch) if stored at 4-30 °C.
- The detection buffer dispensed in a vial is stable for 20 months if stored at 2-8 °C.
- The releasing buffer dispensed in a vial is stable for 20 months if stored at 2-8 °C.
- Opened detection buffer and releasing buffer are stable for 12 months at 2-8 °C if kept capped in original container and free from contaminations.
- After the cartridge pouch is opened, the test should be performed immediately.

## LIMITATIONS OF THE TEST SYSTEM

- The test may yield false positive result(s) due to the cross-reactions and/or non-specific adhesion of certain sample components to the capture/detector antibodies.

- The test may yield false negative result. The non-responsiveness of the antigen to the antibodies is most common where the epitope is masked by some unknown components, so as not to be detected or captured by the antibodies. The instability or degradation of the antigen with time and/or temperature may cause the false negative as it makes antigen unrecognizable by the antibodies.
- Other factors may interfere with the test and cause erroneous results, such as technical/procedural errors, degradation of the test components/reagents or presence of interfering substances in the test samples.
- Any clinical diagnosis based on the test result must be supported by a comprehensive judgment of the concerned physician including clinical symptoms and other relevant test results.

## MATERIALS SUPPLIED

**REF** IFPC-29

### Components of QDx Instacheck™ Vitamin D

- Cartridge Box:
  - Cartridges 25
  - Sample Mixing Tubes 25
  - ID Chip 1
  - Instruction For Use 1
- Detection Buffer Vial (3 mL) 1
- Releasing Buffer Vial (2 mL) 1

## MATERIALS REQUIRED BUT SUPPLIED ON DEMAND

Following items can be purchased separately from QDx Instacheck™

**Vitamin D.** Please contact our sales division for more information.

- QDx Instacheck™ Reader **REF** FPRR010
- Thermal Printer

## SAMPLE COLLECTION AND PROCESSING

The sample type for QDx Instacheck™ Vitamin D human serum/plasma.

- It is recommended to test the sample within 24 hours after collection.
- Samples may be stored for up to a week at 2-8 °C prior to being tested. If testing will be delayed more than a week, samples should be frozen at -20 °C.
- Samples stored frozen at -20 °C for 6 months showed no performance difference.
- Once the sample was frozen, it should be used one time only for test, because repeated freezing and thawing can result in the change of test values

## TEST SETUP

1. Check the components of QDx Instacheck™ Vitamin D: Sealed Cartridge, Detection Buffer Vial, Releasing Buffer Vial, Sample Mixing Tubes and ID Chip.
2. Ensure that the lot number of the test cartridge matches with that of the ID chip as well as the detection buffer & releasing Buffer.
3. Keep the sealed cartridge (if stored in refrigerator), detection buffer tube and releasing Buffer at room temperature for at least 30 minutes just prior to performing the test. Place the cartridge on a clean, dust-free and flat surface.
4. Turn on power supply of the QDx Instacheck™ Reader.
5. Insert the ID chip into the 'ID Chip Port' of the QDx Instacheck™ Reader.
6. Press 'Select' button on the QDx Instacheck™ Reader.
7. Turn on the i-Chamber and set the temperature at 35 °C.
8. Insert 'Inserting tube block' into the i-Chamber slot at least 10 min

before the test.

(Please refer to the 'QDx Instacheck™ Reader Operation Manual' for complete information and operating instructions.)

## TEST PROCEDURE

[Multi mode]

1. Put the cartridge into the i-Chamber slot.
2. Transfer 50 µL of releasing buffer using a transfer pipette to a sample mixing tube.
3. Add 50 µL sample (Human serum/plasma/control) using a transfer pipette to the sample mixing tube containing releasing buffer and mix well by pipetting 10 times.
4. Insert the sample mixing tube into the inserting tube block and leave the tube in the inserting tube block at 35 °C for 5 min.
5. Add 100 µL of detection buffer using a transfer pipette with new tip to the sample mixing tube containing the releasing buffer and sample mixture.
6. Mix well by pipetting 10 times and leave it in the inserting tube block again at 35 °C for 15 min.
7. Take out the half of cartridge from the i-Chamber, pipette out 75 µL of incubated mixture and load it into the sample well on the cartridge. Then push the test cartridge into the i-Chamber slot fully.
8. Leave the sample-loaded cartridge in i-Chamber for 8 minutes.
9. For scanning the sample-loaded cartridge, insert it into the test cartridge holder of the QDx Instacheck™ Reader. Ensure proper orientation of the test cartridge before pushing it all the way inside the test cartridge holder. An arrow has been marked on the test cartridge especially for this purpose.
10. Press 'Select' button on the QDx Instacheck™ Reader to start the scanning process.
11. QDx Instacheck™ Reader will start scanning the sample-loaded test cartridge immediately.
12. Read the test result on the display screen of the QDx Instacheck™ Reader.

## INTERPRETATION OF TEST RESULT

■ QDx Instacheck™ Reader calculates the test result automatically and displays total 25(OH)D2/D3 concentration of the test sample in terms of ng/mL.

■ The cut-off (reference range)

25(OH)D		status
<10 ng/mL	<25 nmol/L	Deficiency
10-30 ng/mL	25-75 nmol/L	Insufficiency
30-100 ng/mL	75-250 nmol/L	Sufficiency

■ Working range: 8.0-70 ng/mL

■ Conversion factor: 2.5 x ng/mL = nmol/L

## QUALITY CONTROL

- Quality control tests should be performed as a part of the good testing practice to confirm the expected quality control results and validity of the assay as well as to ensure accuracy of the test results with clinical samples.
- A quality control test should be performed at regular intervals. Before testing a clinical sample using a new test lot, control reagents should be tested to confirm the test procedure, and to verify whether the test produces the expected quality control results. Quality control tests should also be performed whenever there is any question concerning the validity of the test results.
- Control reagents are not provided with QDx Instacheck™ Vitamin D. For more information regarding obtaining the control reagents, contact the technical section at **Diasys Diagnostics India Private Limited**.

- **Internal Control:** QDx Instastackcheck™ Vitamin D test has an in-built quality control indicator that satisfies the routine quality control requirements. This internal control test is performed automatically each time a clinical sample is tested. An invalid result from the internal control leads to display an error message on the QDx Instastackcheck™ Reader indicating that the test should be repeated.

**PERFORMANCE CHARACTERISTICS**

**1. Analytical sensitivity**

Limit of Blank (LoB) 6.50 ng/mL (16.25 nmol/L)  
 Limit of Detection (LoD) 7.40 ng/mL (18.50 nmol/L)  
 Limit of Quantification (LoQ) 7.99 ng/mL (19.98 nmol/L)

**2. Analytical specificity**

- Cross-reactivity  
 There was no significant cross-reactivity from these materials with the QDx Instastackcheck™ Vitamin D test measurements.

Cross-reactivity material	Standard material conc. (ng/mL)		
	9.59	23.76	64.78
	Bias (%)		
Vitamin D2 (300 ng/ml)	9.37	8.32	2.97
Vitamin D3 (300 ng/ml)	5.98	6.65	-2.30

**- Interference**

There was no significant interference from these materials with the QDx Instastackcheck™ Vitamin D test measurements.

Interference material	Standard material conc. (ng/mL)		
	9.59	23.76	64.78
	Bias (%)		
EDTA (2 mg/ml)	0.17	5.44	-2.51
Heparin (200 U/ml)	-1.40	-0.93	-6.03
Sodium citrate (38 mg/ml)	-1.87	6.77	-3.61
Urea (2.6 mg/ml)	7.68	-3.74	-3.64
Ascorbic acid (300 µg/ml)	-2.25	4.14	1.09

**3. Precision**

- Between lot/person/day/site  
 The precision was confirmed by 3 different evaluators with 3 different lots, during 5 days, testing five times each different concentrations.

conc. (ng/mL)	Between-lot		Between-person		Between-day		Between-site	
	AVG	CV (%)	AVG	CV (%)	AVG	CV (%)	AVG	CV (%)
9.59	9.63	9.12	9.37	8.80	9.40	11.26	9.53	10.03
23.76	23.08	5.87	23.03	5.87	24.26	6.11	23.02	6.68
64.78	64.29	5.30	64.21	4.65	64.58	4.25	64.64	3.56

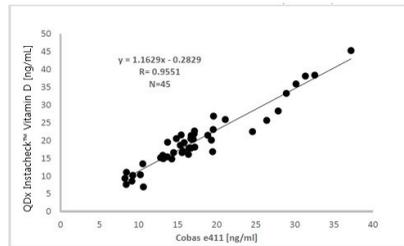
**4. Accuracy**

The accuracy was confirmed by 3 different lots testing ten times each different concentrations.

conc. [ng/ml]	Lot1	Lot2	Lot3	AVG	SD	CV (%)	Recovery (%)
9.59	9.56	9.74	9.61	9.63	0.88	9.12	100.46
23.76	22.71	22.84	23.68	23.08	1.35	5.87	97.13
64.78	63.21	65.05	64.62	64.29	3.41	5.30	99.25

**5. Comparability**

25(OH)D concentrations of 45 serum samples were quantified independently with QDx Instastackcheck™ Vitamin D and Roche Cobas e411 as per prescribed test procedures. Test results were compared and their comparability was investigated with linear regression and coefficient of correlation (R). Linear regression and coefficient of correlation between the two tests were  $Y=1.1629X - 0.2829$  and  $R = 0.9951$  respectively



**REFERENCES**

- Holick MF (March 2006). "High prevalence of vitamin D inadequacy and implications for health". Mayo Clin. Proc. 81 (3): 353–73.
- Hollis BW (January 1996). "Assessment of vitamin D nutritional and hormonal status: what to measure and how to do it". Calcif. Tissue Int. 58 (1): 4–5.
- Holick MF, Schnoes HK, DeLuca HF, Suda T, Cousins RJ (1971). "Isolation and identification of 1,25-dihydroxycholecalciferol. A metabolite of vitamin D active in intestine". Biochemistry 10 (14): 2799–804.
- Bender, David A.; Mayes, Peter A (2006). "Micronutrients: Vitamins & Minerals". In Victor W. Rodwell; Murray, Robert F.; Harper, Harold W.; Granner, Darryl K.; Mayes, Peter A. Harper's Illustrated Biochemistry. New York: Lange/McGraw-Hill. pp. 492–3.
- Institute of Medicine (1997). "Vitamin D". Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride. Washington, D.C: National Academy Press. p. 254.
- "Dietary Supplement Fact Sheet: Vitamin D". Office of Dietary Supplements (ODS). National Institutes of Health (NIH). Retrieved April 11, 2010.
- Wolf G (June 2004). "The discovery of vitamin D: the contribution of Adolf Windaus". J Nutr 134 (6): 1299–302.
- Sattar, N.; Welsh, P.; Panarelli, M.; Forouhi, N. G. (2012). "Increasing requests for vitamin D measurement: Costly, confusing, and without credibility". The Lancet 379 (9811): 95–96.
- Bilinski, K. L.; Boyages, S. C. (2012). "The rising cost of vitamin D testing in Australia: Time to establish guidelines for testing". The Medical Journal of Australia 197 (2): 90.
- Lu, Chuanyi M. (May 2012). "Pathology consultation on vitamin D testing: Clinical indications for 25(OH) vitamin D measurement [Letter to the editor]". American Journal Clinical Pathology (American Society for Clinical Pathology) (137): 831–832.

**Note:** Please refer to the table below to identify various symbols.

	Sufficient for <n> tests
	Read instruction for use
	Use by Date
	Batch code
	Catalog number
	Caution
	Manufacturer
	Authorized representative of the European Community
	In vitro diagnostic medical device
	Temperature limit
	Do not reuse
	This product fulfills the requirements of the Directive 98/79/EC on in vitro diagnostic medical devices

 **Boditech Med Incorporated**  
 43, Geodudanji 1-gil, Dongnae-myeon,  
 Chuncheon-si, Gang-won-do, 24398, Korea  
 Tel: +(82) -33-243-1400  
 Fax: +(82) -33-243-9373  
[www.boditech.co.kr](http://www.boditech.co.kr)

 **Obelis s.a**  
 Bd. Général Wahis 53,  
 1030 Brussels, BELGIUM  
 Tel: +(32) -2-732-59-54  
 Fax: +(32) -2-732-60-03  
 E-Mail: [mail@obelis.net](mailto:mail@obelis.net)

Imported and Marketed by  
**Diasys Diagnostics India Private Limited**  
 No 53, Ground Floor, Saravana Nagar,  
 3<sup>rd</sup> street, Perungudi,  
 Chennai 600096  
 Tamilnadu, India

Contact us on  
**Toll free No. India**  
**1800-120-1447**

e-mail us at  
[qmsupport.india@diasys.in](mailto:qmsupport.india@diasys.in)  
[www.diasys.in](http://www.diasys.in)

Revision No. 01  
 Date of last revision: September 7, 2018

**CE**