

QDx Instacheck™ Progesterone

INTENDED USE

QDx Instacheck™ Progesterone along with QDx Instacheck™ Reader is a fluorescence Immunoassay (FIA) for the quantitative determination of progesterone in human serum/plasma. It is useful as an aid in management and monitoring of the cause of infertility, track ovulation, diagnose an ectopic or failing pregnancy, monitor the health of a pregnancy.

INTRODUCTION

Progesterone also known as P4 (pregn-4-ene-3,20-dione) is a C-21 steroid hormone involved in the female menstrual cycle, pregnancy (supports gestation) and embryogenesis of humans and other species.² Progesterone belongs to a class of hormones called progestogens, and is the major naturally occurring human progestogen.

In mammals, progesterone, like all other steroid hormones, is synthesized from pregnenolone, which in turn is derived from cholesterol.

Progesterone is essential for the regulation of normal female reproductive functions. The major physiological actions of progesterone are: a) in the uterus and ovary: induction of ovulation, facilitation of implantation, and maintenance of early pregnancy; b) in the mammary gland: lobular-alveolar development in preparation for milk secretion^{3,4}; c) in the brain: neurobehavioral expression associated with sexual responsiveness⁵ and d) in the bone: prevention of bone loss⁶.

During the follicular phase of the cycle, progesterone levels remain low^{7,9}. Following the LH surge and ovulation, luteal cells in the ruptured follicle produce progesterone in response to LH. During this, the luteal phase, progesterone rises rapidly to a maximum of 10-20 ng/mL at day 5-7 following ovulation. During the luteal phase, progesterone transforms the estrogen-primed endometrium from a proliferative to a secretory state.⁸ If pregnancy does not occur, progesterone levels decrease during the last four days of the cycle due to the regression of the corpus luteum.^{7,8-13} If conception occurs, the levels of progesterone are maintained at mid-luteal levels by the corpus luteum until about week six. At that time the placenta becomes the main source of progesterone and levels rise from approximately 10-50 ng/mL in the first trimester to approximately 50-280 ng/mL in the third trimester.^{7,14,15}

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 progesterone 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™ Progesterone consists of 'Cartridges', 'Detection Buffer Tubes' and an 'ID chip'.

- The cartridge contains a test strip, the membrane which has BSA-progesterone conjugate at the test line, with streptavidin 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 detection buffer contains anti human progesterone-fluorescence conjugate, biotin-BSA-fluorescence conjugate, bovine serum albumin (BSA) as a stabilizer and sodium azide as a preservative in phosphate buffered saline.
- The detection buffer is pre-dispensed in a tube. 25 detection buffer tubes are packaged in a box and further 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, 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 detection buffer 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 and sample to be at room temperature for approximately 30 minutes.
- QDx Instacheck™ Progesterone 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, pipette tips and cartridges should be handled carefully and discarded by an appropriate method in accordance with relevant local regulations.
- 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™ Progesterone will provide accurate and reliable results subject to the following conditions.
 - QDx Instacheck™ Progesterone should be used only in conjunction QDx Instacheck™ Reader.
 - Any anticoagulants other than Sodium heparin, EDTA 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 pre-dispensed in a tube is stable for 20 months if stored at 2-8 °C.
- 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-24

Components of QDx Instacheck™ Progesterone

- Cartridge Box:
 - Cartridges 25
 - ID Chip 1
 - Instruction For Use 1
- Box containing Detection Buffer Tubes:
 - Detection Buffer tubes 25

MATERIALS REQUIRED BUT SUPPLIED ON DEMAND

Following items can be purchased separately from QDx Instacheck™ Progesterone. 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™ Progesterone is human serum /plasma.

- To avoid time related absorption, serum samples should not be stored in collection tube with gel separators.
- It is recommended to test the sample within 24 hours after collection.
- The serum or plasma should be separated from the clot by centrifugation within 3 hours after the collection of whole blood.
- 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 2 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

- Check the components of QDx Instacheck™ Progesterone: Sealed Cartridge, Detection Buffer Tube and ID Chip.
- Ensure that the lot number of the test cartridge matches with that of the ID chip as well as the detection buffer.
- Keep the sealed cartridge (if stored in refrigerator) and detection buffer tube 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.
- Turn on power supply of the QDx Instacheck™ Reader.
- Insert the ID chip into the 'ID Chip Port' of the QDx Instacheck™ Reader.
- Press 'Select' button on the QDx Instacheck™ Reader.
(Please refer to the 'QDx Instacheck™ Reader Operation Manual' for complete information and operating instructions.)

CAUTION

- To minimize erroneous test results, we suggest that the ambient temperature of the cartridge should be 25 °C during the reaction time after loading sample mixture to the cartridge.
- To maintain the ambient temperature to 25 °C, you can use various devices such as an i-Chamber or an incubator and so on.

TEST PROCEDURE

[Multi mode]

- Transfer 30 µL (Human serum/plasma/control) of sample using a transfer pipette to a tube containing the detection buffer.
- Close the lid of the detection buffer tube and mix the sample thoroughly by shaking it about 10 times. (The sample mixture used immediately.)
- Pipette out 75 µL of a sample mixture and load it into the sample well on the cartridge.
- Insert the sample-loaded cartridge into the slot of the i-Chamber or an incubator (25 °C).
- Leave the sample-loaded cartridge in the i-Chamber or an incubator for 15 minutes.
- 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.
- Press 'Select' button on the QDx Instacheck™ Reader to start the scanning process.
- QDx Instacheck™ Reader will start scanning the sample-loaded test cartridge immediately.
- 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 progesterone concentration of the test sample in terms of nmol/L and ng/mL.
- Reference range

	Type	Mean (nmol/L)	Range (nmol/L)
Non-pregnant	Males	2.67	0.46-6.55.
	Mid-follicular phase	2.19	0.99-4.83
Females	Mid-luteal phase	36.32	16.4-59.02
	Post menopausal	0.80	<0.25-2.48
Pregnancy	First trimester	70.50	15.04-161.35
	Second trimester	94.54	61.72-144.05

*SI : nmol/L = 3.18 X ng/mL

- Working range : 4.45-127.2 nmol/L and 1.4-40 ng/mL

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™ Progesterone. For more information regarding obtaining the control reagents, contact the technical section at Diasys Diagnostics India Private Limited.

- **Internal Control:** QDx Instacheck™ Progesterone 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 Instacheck™ Reader** indicating that the test should be repeated.

PERFORMANCE CHARACTERISTICS

1. Analytical sensitivity

Limit of Blank (LoB)	1.2 nmol/L
Limit of Detection (LoD)	1.7 nmol/L
Limit of Quantification (LoQ)	4.45 nmol/L

2. Analytical specificity

- Cross-reactivity

There was no significant cross-reactivity from these materials with the **QDx Instacheck™ Progesterone** test measurements.

Cross reactivity materials	Concentration of cross reactivity materials	Cross reactivity (%)
17- α -OH-progesterone	2 μ g/ml	1.2
17 β -estradiol(oestradiol)	2 μ g/mL	0.1
5 α -progane-3, 20-dione	0.2 μ g/mL	5.5
Hydrocortisone	2 μ g/mL	0.1
Danasol	20 μ g/mL	*N/D
Estrilol	2 μ g/mL	0.2
Testosterone	2 μ g/mL	0.1
Dexamethasone	2 μ g/mL	*N/D
Estrone	2 μ g/mL	0.2
Transferrin	2 μ g/mL	*N/D

*N/D: Not Detection

- Interference

There was no significant interference from these materials with the **QDx Instacheck™ Progesterone** test measurements.

Interference materials	Concentration of interference materials	Interference (%)
D-glucose	600 mM/L	1.4
L-Ascorbic acid	2 mM/L	1.6
Bilirubin [unconjugated]	4 mM/L	0.6
Hemoglobin[human]	20 g/L	1.1
Cholesterol	130 mM/L	2.8
Triglyceride	100 mg/mL	1.6

3. Precision

- Intra-assay

For testing intra-assay precision, one person tested three different lots of **QDx Instacheck™ Progesterone**, ten times at each concentration of the control standard.

Progesterone [nmol/L]	Lot 1		Lot 2		Lot 3	
	Mean	CV (%)	Mean	CV (%)	Mean	CV (%)
5.39	5.3	12.6	5.4	13.6	5.1	8.6
34.7	35.4	4.7	34.2	8.3	32.8	6.7
108.0	101.4	6.3	102.8	4.2	99.2	5.1

- Inter-assay

For testing inter-assay precision under the same conditions, three persons tested three different lots of **QDx Instacheck™ Progesterone** during five days; six times at each concentration of

the control standard.

Progesterone [nmol/L]	Mean	Within run CV(%)	Between run CV(%)	Between day CV(%)	Total CV(%)
5.39	5.6	11.8	11.6	9.2	9.8
34.7	34.0	7.3	6.6	7.4	7.3
108.0	103.4	5.3	5.2	6.9	6.5

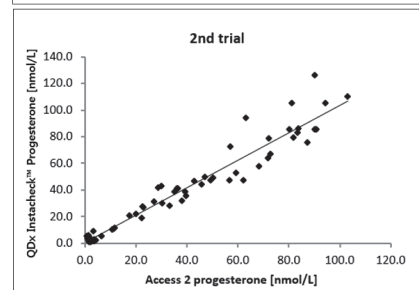
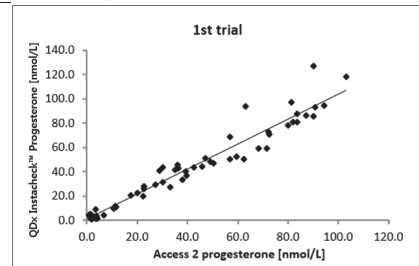
4. Accuracy

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

Progesterone [nmol/L]	Lot 1	Lot 2	Lot 3	AVG	SD	CV(%)	Bias(%)
5.4	5.3	5.7	5.5	5.5	0.65	11.8	101.9
34.7	35.5	32.7	33.5	33.9	3.02	8.9	97.7
108.0	103.1	107.0	111.1	107.1	5.53	5.2	99.2

5. **Comparability:** Progesterone concentrations of 95 clinical samples were quantified independently with **QDx Instacheck™ Progesterone** and Beckman Coulter Access2 as per prescribed test procedures. Test results were compared and their comparability was investigated with linear regression and coefficient of correlation (R). This study was performed 2 times using same serum samples. Linear regression and coefficient of correlation between the two tests were as below.













	Regression	Correlation coefficient(R)
1 st trial	$y = 1.0347x - 0.6367$	0.9847
2 nd trial	$y = 1.046x - 0.5723$	0.9841



REFERENCES

1. Potential use of single measurement of serum progesterone in detecting early pregnancy failure Hanita O MD, MPATH, Hanisah AH MD, MPATH
2. Metabocard for Hydroxyprogesterone. Human Metabolome Database. Retrieved 31 July 2013.
3. Progesterin regulation of cellular proliferation. Clark CL and Sutherland RL. Endocrine Review 1990;11: 266-301.
4. Physiological Action of Progesterone in Target Tissues. Graham JD and Clarke CL. Endocrine Reviews 1997;18: 502-519.
5. Progesterone, progestagens and the central nervous system. Hum Reprod Genazzani AR, Stomati M, Morittu A, Bernardi F, Monteleone P, Casarosa E, Gallo R, Salvestroni C and Luisi M. 2000; 15: 14-27.
6. Sex steroids and bone: current perspectives. Hum reprod update. Balasch J. 2003; 9: 207-22.
7. Simultaneous Radioimmunoassay of Plasma FSH, LH, Progesterone, 17-Hydroxyprogesterone, and Estradiol-17 beta During the Menstrual Cycle. Abraham GE, Odell WD, Swerdloff RS, Hopper K. J Clin Endocrinol Metab, 1972; 34:2, 312-318.
8. Studies on the Pattern of Circulating Steroids in the Normal Menstrual Cycle. Aedo AR, Nunez M, Landgren BM, Cekan SZ, Diczfalusy E. Circadian Variation in Theperi-Ovulatory Period. Acta Endocrinol (Copenh), 1977; 84:2, 320-332
9. Hormonal Profile of the Cycle in 68 Normally Menstruating Women. Landgren BM, Uden AL, and Diczfalusy E. Acta Endocrinol (Copenh), 1980; 94:1, 89-98.
10. Normal Ovarian Function. Erickson GG. Clin Obstet Gynecol, 1978; vol. 21 No.1, 31-53.
11. Physiological Profiles of Episodic Progesterone Release During the Midluteal Phase of the Human Menstrual Cycle: Analysis of Circadian and Ultradian Rhythms, Discrete Pulse Properties, and Correlations with Simultaneous Luteinizing Hormone Release. Veldhuis JD, Christiansen E, Evans WS, Kolp LA, Rogol AD, Johnson ML. J Clin Endocrinol Metab, 1988; 66:2, 414-421.
12. Neuroendocrine Regulation of the Corpus Luteum in the Human. Evidence for Pulsatile Progesterone Secretion. Filicori M, Butler JP, Crowley WF Jr., J Clin Invest, 1984; 73:6, 1638-1647.
13. The Pattern of Luteal Phase Plasma Progesterone and Estradiol in Fertile Cycles. Laufer N, Navot D, Schenker JG. Am J Obstet Gynecol, 1982; 143:7, 808-813.
14. Method for Monitoring Plasma Progesterone Concentrations in Pregnancy. Winkel P, Gaede P, Lyngbye J Clin Chem 1976; 22:4, 422-428.
15. The Applications of Steroid Hormone Radioimmunoassays to Clinical Obstetrics. Buster JE, Abraham GE. Obstet Gynecol, 1975; 46:4, 489-499.

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

  **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

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

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

e-mail us at
 qmsupport.india@diasys.in
 www.diasys.in

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

