

PIT-LACI-EN-v3 (05/2022)

INTENDED USE

ELITech Clinical Systems LACTATE is an *in vitro* diagnostic reagent intended for the quantitative determination of lactate in human plasma samples on analyzers. This *in vitro* diagnostic device is for professional use only.

CLINICAL SIGNIFICANCE ⁽¹⁻²⁾

Lactate is the basic form of lactic acid at blood physiological pH. It is a byproduct resulting from the transformation of Pyruvate by Lactate dehydrogenase in cellular cytoplasm during anaerobic glycolysis. This synthesis occurs in all organs but specifically in skeletal muscles or red blood cells. The blood lactate concentration depends on the rate of production in these tissues and the rate of metabolism in the liver. An increase of lactate in blood associated with pH < 7.35 (lactic acidosis) occurs in 2 clinical settings:

- type A, lactic acidosis associated with tissue hypoxia, and
- type B, hyperlactatemia without tissue hypoxia, associated with systemic disease, drug or toxin poisoning, or in-born metabolic failure.

In sports, a lactate test can be used to evaluate the capacity of exercise of athletes (recovery after transient lactic acidosis).

In clinical practice, lactate measurement is an aid to diagnostic in the presence of acidosis.

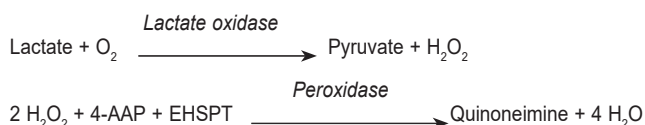
LIMITATION OF USE

The quantitative assay of lactate alone cannot be used to diagnose a disease or a specific pathology.

The results must be interpreted in conjunction with other diagnostic test results, clinical findings and the patient's medical history.

METHOD & PRINCIPLE ⁽³⁾

Enzymatic / PAP – End Point



4-AAP: Amino-4-antipyrine

EHSPT=N-Ethyl-N-(2-Hydroxy-3-Sulfopropyl)-m-Toluidine

COMPOSITION

Reagent: R1

Good's buffer, pH 7.5		
EHSPT	1.78	mmol/L
Sodium azide	< 0.1	% (w/w)

Reagent: R2

Good's buffer, pH 7.5		
Amino-4-antipyrine	2.46	mmol/L
Peroxidase	≥ 10 000	U/L
Lactate oxidase	≥ 2 000	U/L
Sodium azide	< 0.1	% (w/w)

MATERIALS REQUIRED BUT NOT PROVIDED

- CALI-0550 ELICAL 2
- CONT-0060 ELITROL I
- CONT-0160 ELITROL II
- Normal saline solution (NaCl 9 g/L).
- Analyzers.
- General Laboratory equipment (e.g. pipette).
- Do not use materials that are not required as indicated above.

PRECAUTIONS OF USE AND WARNINGS

- Consult Safety Data Sheet (SDS) for a proper handling.
- The reagents contain sodium azide which may react with lead or copper plumbing to form potentially explosive metal azides. When disposing of these reagents always flush with copious amounts of water to prevent azide buildup.
- Take normal precautions and adhere to good laboratory practice.
- Use clean or single use laboratory equipment only to avoid contamination.
- Do not interchange reagent vials from different kits.

STABILITY

Store at 2-8 °C and protect from light. Do not freeze.

Do not use after expiration dates indicated on the vial labels.

On board stability :

The on-board stability is specific for each analyzer. (Refer to § PERFORMANCE DATA).

PREPARATION

The reagents are ready to use.

PRODUCT DETERIORATION

- The product should be clear. Cloudiness would indicate deterioration.
- Do not use the product if there is visible evidence of contamination or damage (e.g. particle matter).
- Damage to the product container may impact on product performance. Do not use the product if there is physical evidence of deterioration (e.g. leakages or punctured container).

SAMPLES

Specimen required ^(1,4,5)

- Plasma (sodium fluoride/potassium oxalate)
- CSF (Cerebrospinal Fluid) samples are compatible with this device based on data obtained by ELITechGroup Clinical Systems. It is recommended the use of CSF be validated by the laboratory.
- Using any other specimen type must be validated by the laboratory prior to use.

Warnings and precautions

- The patient should avoid exercise of the hand and arm before and during procedure.⁽¹⁾
- Venous sample must be collected without use of a tourniquet or immediately after it has been applied. Alternatively, an arterial sample can be withdrawn. ⁽¹⁾
- Cool the sample at 4°C immediately after collection. Separate from cells within 15 minutes. If the sample is not preserved as directed, lactate rapidly increases in blood as a result of glycolysis. ^(1,5)
- Samples should be collected in accordance with Good Laboratory Practice and appropriate guidelines that may be in place.

Storage and stability ⁽⁶⁾

- Plasma:
- 8 hours at room temperature
- 3 days at 2-8°C.

REFERENCE VALUES ⁽⁵⁾

Plasma	mg/dL	mmol/L
Venous sampling	4.5 – 19.8	0.5 – 2.2
Arterial sampling	4.5 – 14.4	0.5 – 1.6

Lactate concentrations in plasma may increase 20-50% after meals. They also increase rapidly during exercise and hyperventilation.

Note : The quoted range should serve as a guide only. It is recommended that each laboratory verifies this range or establishes a reference interval for the intended population.

INSTALLATION AND USE

Consult Selectra Pro operator manual.

Special Programming instructions: Programming special instructions is mandatory when some combinations of tests are performed together on the analyzer. Refer to Instructions For Use of ACID SOLUTION & SYSTEM CLEANING SOLUTION for adequate programming (See PIT-SOL).

PROCEDURE

For ELITech Clinical Systems Selectra Analyzers

applications are available on request.

Wavelength 546 nm
Temperature: 37 °C
Read against distilled water

	BLANK	CALIBRATION	TEST
Reagent R1	1 200 µL	1 200 µL	1 200 µL
Distilled water	15 µL	-	-
Calibrator	-	15 µL	-
Sample	-	-	15 µL
Reagent R2	300 µL	300 µL	300 µL

Mix them quickly and measure immediately after add of R2.

Measure again after 120 seconds of reaction.

Calculate the sample ΔDO by linear regression.

- With Selectra TouchPro software, use the application included in the barcode available at the end of this insert.

CALCULATION

$$\frac{\Delta A_{\text{Sample}}}{\Delta A_{\text{Calibrator}}} \times n \quad n = \text{calibrator concentration}$$

Conversion factor : mg/dL x 0.1110 = mmol/L

CALIBRATION

ELICAL 2 is traceable to a primary reference material (weighed in purified material).
Calibration frequency : The calibration is specific for each analyzer. (Refer to § PERFORMANCE DATA).

QUALITY CONTROL

It is recommended that quality control sera such as ELITROL I and ELITROL II be used to monitor the performance of the assay.
Controls have to be performed :
- prior to assaying patient samples,
- at least once per day,
- after every calibration,
- and/or in accordance with laboratory and regulatory requirements.
Results should be within the defined ranges. If values fall outside of the defined ranges, each laboratory should take necessary corrective measures.

WASTE MANAGEMENT

Disposal of all waste material should be in accordance with local, state and federal regulatory requirements (please refer to the Safety Data Sheet (SDS)).

PERFORMANCES

Performances were obtained on Selectra ProM, following CLSI technical recommendations, under controlled environmental conditions.

- Measuring range

3.0 – 120.0 mg/dL (0.33 – 13.32 mmol/L)
Samples having greater concentrations should be diluted 1:5 with NaCl 9 g/L solution and re-assayed. This procedure extends the measuring range up to 600.0 mg/dL (66.61 mmol/L).
Do not report results outside this extended range.

For users with Selectra TouchPro software, the «dilute» function performs the sample dilution automatically. Results take the dilution into account.

Limit of Detection (LoD) and Limit of Quantification (LoQ)

LoD = 0.3 mg/dL (0.03 mmol/L)
LoQ = 3.0 mg/dL (0.33 mmol/L)

- Precision

Imprecision data has been obtained on 2 Selectra ProM analyzers over 20 days (2 runs per day, tests performed in duplicate).
Representative results are presented below :

	n	Mean		Within-run	Total
		mg/dL	mmol/L	CV (%)	
Level 1	80	11.4	1.27	0.5	3.6
Level 2	80	24.6	2.73	1.1	2.7
Level 3	80	79.9	8.87	1.1	2.8

- Correlation

A comparative study has been performed between LACTATE reagent on a Selectra Pro M analyzer and a similar commercially available system on 106 human plasma samples.
The sample concentrations ranged from 3.5 to 115.4 mg/dL. (0.39 - 12.81 mmol/L).
The results are as follows :
Correlation coefficient : (r) = 1.000
Linear regression: y = 1.020 x - 0.9 mg/dL (0.10 mmol/L).

- Limitations/Analytical interferences

- Studies have been performed to determine the level of interference from different compounds.
The following lactate levels were tested: 10.0 mg/dL and 70.0 mg/dL.
No significant interference is defined by a recovery $\leq \pm 20\%$ of the initial value at lactate concentration of 10.0 mg/dL and $\leq \pm 10\%$ of the initial value at lactate concentration of 70.0 mg/dL.
Triglycerides: No significant interference up to 3 000 mg/dL (33.9 mmol/L).
Hemoglobin: No significant interference up to 500 mg/dL.
Unconjugated bilirubin: No significant interference up to 30.0 mg/dL (513 $\mu\text{mol/L}$).
Conjugated bilirubin: No significant interference up to 22.1 mg/dL (378 $\mu\text{mol/L}$).
Acid uric: No significant interference up to 20.0 mg/dL (1190 $\mu\text{mol/L}$).
Methyl Dopa: No significant interference up to 1.6 mg/dL.
L-Dopa: No significant interference up to 2.00 mg/dL.
Pyruvate: No significant interference up to 3.0 mg/dL.
Ascorbic acid: No significant interference up to 3.0 mg/dL.
Acetaminophen: No significant interference up to 30 mg/dL.
Acetylsalicylic acid: No significant interference up to 200 mg/dL.

- In very rare cases, monoclonal gammopathies (multiple myeloma), in particular IgM type (Waldenström's macroglobulinemia) can cause unreliable results.⁽⁷⁾

- Results can be falsely lowered by significant levels in the sample of NAC (N-Acetyl-Cysteine), NAPQI (metabolite of acetaminophene (paracetamol)) or metamazole.

- Many other substances and drugs may interfere. Some of them are listed in reviews published by Young.^(8,9)

- On board stability/Calibration frequency

On Board Stability: 56 days

Calibration frequency: 56 days

Recalibrate when reagent lots change, when quality control results fall outside the established range and after a maintenance operation.

These performances have been obtained using ELITech Selectra ProM analyzer. Results may vary if a different instrument is used.

The performances of applications not validated by ELITech are not warranted and must be defined by the user.

DECLARATION OF SERIOUS INCIDENT

Please notify the manufacturer (through your distributor) and competent authority of the Member State of the European Union in which the user and/or the patient is established, of any serious incident that has occurred in relation to the device. For other jurisdictions, the declaration of serious incident should be in accordance with local, state and federal regulatory requirements.

By reporting a serious incident, you provide information that can contribute to the safety of *in vitro* medical devices.

TECHNICAL ASSISTANCE






Contact your local distributor or ELITech Clinical Systems SAS (ccsupport@elitechgroup.com).

BIBLIOGRAPHY

1. Sacks, D. B., *Carbohydrates, Tietz Fundamentals of Clinical Chemistry*, 6th Ed., Burtis, C.A., Ashwood, E.R., Bruns, D.E. (W.B. Saunders eds.), (2008), 373.
2. Seheult, J, Fitzpatrick, G, Boran, G, *Lactic Acidosis: an update, Clin. Chem. Lab. Med.*, (2017), 55(3), 322-333.
3. Trinder P., *Determination of glucose in blood using glucose oxidase with an alternative oxygen acceptor*. Ann. Clin. Biochem., (1969), 6, 24-27.
4. Sherwin, J. E., *Acid-Base Control and Acid-Base Disorders, Clinical Chemistry: Theory, Analysis, Correlation*, 5th Ed., Kaplan, L.A, Pesce, A.J., (Mosby Inc. eds.), (2010), 550 and appendix.
5. Wu, A. H. B., *Clinical guide to laboratory tests*, 4th Ed., (W.B. Saunders eds.), (2006), 650-653.
6. Guder, W.G., et al., *Use of anticoagulants in diagnostic laboratory investigations and stability of blood, plasma and serum samples*. (2002). WHO/DIL/LAB/99.1 Rev.2
7. Berth, M. & Delanghe, J., *Protein precipitation as a possible important pitfall in the clinical chemistry analysis of blood samples containing monoclonal immunoglobulins: 2 case reports and a review of literature, Acta Clin Belg.*, (2004), 59, 263.
8. Young, D.S., *Effects of preanalytical variables on clinical laboratory tests*, 2nd Ed., AACC Press, (1997).
9. Young, D.S., *Effects of drugs on clinical laboratory tests*, 4th Ed., AACC Press, (1995).

SYMBOLS

Symbols used are defined on ISO 15223-1 standard, except those presented below.

	Content
	Reagent 1
	Reagent 2
	Modification from previous version
	European Conformity

