

# C-REACTIVE PROTEIN HIGH SENSITIVE

Cat. No.	Pack name	Packaging (Content)
BLT20011	CRP-HS	2 x 25 ml CRP-HS Buffer 1 x 10 ml CRP-HS Latex 1 x 1 ml CRP-HS Calibrator



## INTENDED USE

Diagnostic reagent for in vitro high sensitive determination of C-Reactive Protein (CRP) by turbidimetric immunoassay.

## DIAGNOSTIC IMPLICATIONS

C-Reactive Protein (CRP) is an acute marker of inflammatory processes. In case of an acute inflammation the concentration of CRP increases and decreases more quickly than the red cell sedimentation rate.

The increase of CRP occurs in a non-specific way in different kinds of tissular aggression, as for example in infectious states, rheumatoid arthritis, myocard infarct, malignant tumour, etc.

Although not diagnostic it is very useful for following-up and monitoring such illnesses, as well as for differential diagnosis in certain cases.

Routinely available immunochemical assay methods for CRP have limited sensitivity, and until recently, CRP concentrations below 10 mg/l could not be measured precisely, leading to the wide spread adoption of this value as the upper limit of the health-associated reference range. This is satisfactory for most purposes in general medicine.

However, in neonatal pediatric practice, a high sensitive CRP immunoassay shows that health-associated reference values are below 1 – 2 mg/l and that any rise above such values is associated with serious disease, usually bacterial infection.

More recently, application of sensitive CRP assays to studies of adult cardiovascular disease has revealed important prognostic relationships between modest increase of CRP and the occurrence, progression, and thrombo-occlusive complications of atherosclerosis. We therefore developed a high sensitive CRP assay with a detection limit around 0.13 mg/l and a high measuring range (0 – 140 mg/l HS CRP).

## METHOD

Measurement of antigen-antibody reaction by the end-point method.

## REAGENTS PROVIDED

### Buffer

Sodium chloride (9 g/l).  
Detergent (0.1%)  
Sodium azide (0.09 %).

### Latex

Glycine buffer (pH 8.42)  
Rabbit anti-human CRP sensitized latex (0.20%).  
Sodium azide (0.09 %).

### Calibrator

Dilution of purified CRP with phosphate buffered saline.  
Contains 0.09 % sodium azide.  
Concentration: see bottle label

## PREPARATION AND STABILITY OF REAGENTS

### Reagent Preparation

Liquid reagents, ready for use.

### Stability and Storage

The reagents are stable until expiry date when kept at 2-8°C. Stability in the instrument is at least 4 weeks if contamination is avoided. Do not freeze.

## REAGENTS REQUIRED BUT NOT SUPPLIED

Saline (9 g/l NaCl)

## SAMPLE COLLECTION

Use fresh serum. If the test can not be carried out on the same day, the serum may be stored at 2 - 8°C for 48 hours. If stored for a longer period, the sample should be frozen.

## AUTOMATION

Application procedures on clinical chemistry analyzers are available upon request.

## Reference Values

Less than 1.0 mg/l = Low Risk for CVD

1.0 – 2.9 mg/l = Intermediate Risk for CVD

Greater than 3.0 mg/l = High Risk for CVD

## Manual Procedure

Sample/Control dilution: none

Reference curve: Generate a reference curve by successive 1:2 dilutions of HS CRP Calibrator in saline 9 g/l. Use saline 9 g/l as zero point.

Test: Mix 8 µl of calibrators, controls and samples with 1000 µl of buffer. Read optical density (OD1) of calibrators, controls and samples at 600 nm. Add 240 µl of HS CRP latex, mix and incubate for 5 minutes at room temperature. Read optical density (OD2) of calibrators, controls and samples at 600 nm.

Calculate ΔOD's, plot a calibration curve and read the concentration of controls and samples.

## PERFORMANCES

The performance characteristics for the CRP reagents were measured on a clinical chemistry analyzer (Cobas Mira).

Measuring Range: 0 - 140 mg/l

Detection Limit: 0.13 mg/l

Hook Effect: No risk

### Precision:

[%CV]

	Ultra Low	Low	Medium	High
Intra-Run	3.63	3.15	1.61	1.66
Inter-Run	4.23	3.84	2.41	2.08

### Accuracy:

[mg/dl]

Control	Assigned	Measured
Aptec	6.2 (5.3 – 7.1)	6.6
Behring	12.3 (10.5 – 14.1)	12.5

Specificity: Monospecific

Interferences: No interference for: Haemoglobin (500 mg/dl), bilirubin (30 mg/dl), intrafat (5%), rheumatoid factor (560 IU/ml), triglyceride (2500 mg/dl) and Heparin (50 mg/dl)

Limitations: None

Comparison with nephelometry:  $y = 1.114x + 0.6988$   
 $r = 0.9962$

## PRECAUTIONS AND WARNINGS

1. *In vitro* diagnostic use only.

2. Sodium azide has been reported to form lead or copper azide in laboratory plumbing which may explode on percussion. Flush drains with water thoroughly after disposing of fluids containing sodium azide.

3. Polyethyleneglycol is not biohazardous

4. Each donor unit used in the preparation of the calibrators and controls was found to be negative for the presence of HIV1 and HIV2 antibodies, as well as for the hepatitis B surface antigen and anti-hepatitis C antibodies, using a method approved by the FDA.

## Also available Calibrators and Controls

Cat. No.	Product name	Pack name	Content
BLT20014	CRP CONTROL	CRP CON L	1 x 1 ml
BLT20034	MULTICONTROL LEVEL 1	MULTICON L1	1 x 1 ml
BLT20035	MULTICONTROL LEVEL 2	MULTICON L2	1 x 1 ml

## REFERENCES

1. Claus DR, Osmand AP, Gewurz H. Radioimmunoassay of human C-reactive protein and levels in normal sera. J Lab Clin Med 1976; 87: 120-128
2. Wasunna A, Whitelaw A, Gallimore R, Hawkins PN, Pepys MB. C-reactive protein and bacterial infection in preterm infants. Eur J Pediatr 1990; 149:424-427
3. Heinrich J, Schulte H, Schönfeld R, Köhler E, Assmann G. Association of variables of coagulation, fibrinolysis and acute-phase with atherosclerosis in coronary and peripheral arteries and those arteries supplying the brain. Thromb Haemostas 1995; 73: 374-379
4. Grau AJ, Bugge F, Becher H, Werle E, Hacke W. The association of leukocyte count, fibrinogen and C-reactive protein with vascular risk factors and ischemic vascular diseases. Thromb Res 1996; 82:245-255
5. Dixon JS, Bird HA, Sitton NG et al. C-Reactive protein in the serial assessment of disease activity in rheumatoid arthritis. Scand J Rheum 1984; 13: 39-44
6. Hind CRH, and Pepys MB. The role of serum C-Reactive protein (CRP) measurement in clinical practice. Int Med 1984; 5: 112-151
7. Hanson LA, Wadsworth Ch. Das C-reactive Protein und sein diagnostischer Wert, insbesondere bei Infektionen. Laboratoriumblätter 1979; 29: 58-68
8. Macy EM, Hayes TE, Tracy RP. Variability in the measurement of C-reactive protein in healthy subjects: implications reference intervals and epidemiological applications. Clin Chem 1997; 43: 52-58

## USED SYMBOLS

**LOT** Lot Number

**IVD** In vitro Diagnostics

**i** See Instruction for Use

**REF** Catalogue Number

**M** Manufacturer

**CONT** Content

**E** Expiry Date

**T** Storage Temperature