



ichroma™ LH Plus

INTENDED USE

ichroma™ LH Plus is a fluorescence Immunoassay (FIA) for the quantitative determination of Luteinizing hormone (LH) in human whole blood/serum/plasma. It is useful as an aid in management and monitoring of determination of evaluating fertility issues, function of reproductive organs (ovaries or testicles), or detection of the ovulation. For *in vitro* diagnostic use only.

INTRODUCTION

Human luteinizing hormone (LH, lutropin) is a glycoprotein hormone with two dissimilar subunits (α and β). LH has a molecular weight of approximately 29,000 daltons.¹ The α -subunit of LH contains 92 amino acid residues and is essentially identical to the β -subunits of follicle stimulating hormone (FSH, follitropin), thyroid stimulating hormone (TSH, thyrotropin), and human chorionic gonadotropin (hCG).¹⁻⁴ The β -subunit of LH contains 112 amino acid residues and is considerably different from that of FSH and TSH.^{1,4,5} However, the β -subunits of LH and hCG are very similar. The structural similarities between LH and hCG are responsible for the observed similarity in biological properties.^{1,5,6} In the female, hLH stimulates the final maturation of the follicle, follicular rupture, and ovulation.⁷ Human LH is secreted by the gonadotropic cells of the anterior lobe of the pituitary gland in response to gonadotropin releasing hormone (GnRH) from the medial basal hypothalamus. Both hLH and hFSH are secreted in a pulsatile nature; however, this is less noticeable for hFSH perhaps due to the longer half-life in the circulation.⁷ In a normal menstrual cycle negative feedback by estradiol suppresses hLH secretion in the follicular phase. As the follicle develops (in response to hFSH) estradiol production increases which triggers an increase in GnRH and an increased sensitivity of the pituitary to GnRH. A GnRH surge results in the preovulatory (mid-cycle) surge of hLH and ovulation. Following this surge, hLH is suppressed during the luteal phase due to negative feedback from progesterone and estradiol.⁷⁻⁹ Variation in cycle lengths are observed in normally menstruating females due to variations in the length of the follicular phase. In the menopausal female, hLH levels are elevated in response to decreased production of ovarian estrogens and progestogens, which eliminates the negative feedback mechanism on the pituitary gland. As a result, ovulation and menstrual cycles decrease and eventually cease.¹⁰ In the male, hLH is often referred to as interstitial cell-stimulating hormone and influences the production of testosterone by the Leydig cells of the testes.¹¹ At menopause, or following ovariectomy in women, concentrations of estrogens decline to low levels. The lowered concentrations of estrogens result in a loss of the negative feedback on gonadotropin release. The consequence is an increase in the concentrations of LH and FSH.^{12,13,14} Concentrations of hLH and hFSH are commonly determined in investigations of menstrual cycle, fertility, and pubertal developmental abnormalities, such as premature ovarian failure, menopause, ovulatory disorders and pituitary failure.¹⁵ The ratio of hLH/hFSH has been used to assist in the diagnosis of polycystic ovary disease. Low concentrations of hLH and hFSH may indicate pituitary failure while elevated concentrations of hLH and hFSH along with decreased concentrations of gonadal steroids may indicate gonadal failure (menopause, ovariectomy, premature ovarian syndrome, Turners Syndrome).¹⁶ Low concentrations of gonadotropin are usually observed in females taking oral steroid based contraceptives.¹⁷ In the male, elevated hLH and hFSH with low concentrations of gonadal steroids may indicate testicular failure or anorchia. In Klinefelter's syndrome hLH may be elevated due to Sertoli cell failure.¹⁸

PRINCIPLE

The test uses a sandwich immunodetection method; Dried antibodies in the detector tube, once diluted with the diluent, bind with antigens in the sample to form antigen-antibody complexes. These complexes then migrate through the nitrocellulose matrix and are captured by another sets of immobilized antibodies on the test line.

The more antigens in the sample, the more antigen-antibody complexes, which leads to a stronger fluorescence signal. This signal then is interpreted by the reader to display the LH concentration in the sample.

COMPONENTS

ichroma™ LH Plus consists of 'Cartridges', 'Detectors', 'Diluent', 'Capillary tubes' and an 'ID chip'.

- The cartridge contains a test strip, the membrane which has anti human LH at the test line, with chicken IgY at the control line.
- Each cartridge is individually sealed in an aluminum foil pouch containing a desiccant. 25 sealed cartridges are packed in a box which also contains an ID chip and 25 sealed capillary tubes.
- The detection buffer contains anti human LH-fluorescence conjugate, anti chicken IgY-fluorescence conjugate, bovine serum albumin (BSA) as a stabilizer and sodium azide as a preservative in phosphate buffered saline (PBS).
- Each detector contains 2 granules. 25 tubes of detector are packed in a pouch and packed in a box with 5 ml of diluent.

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, detector and diluent) should agree.
- Do not interchange test components between different lots or use test components after the expiration date, either of which might yield misleading of test result(s).
- Do not reuse. A detector 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 applicable local requirement. A Sample with severe hemolytic and hyperlipidemia cannot be used and should be recollected.
- Just before use, allow the cartridge, the detector and the sample reach the room temperature by leaving them in the room for approximately 30 minutes at the least.
- **ichroma™ LH Plus** as well as the instrument for **ichroma™** tests should be used away from vibration and/or magnetic field. During normal usage, it can be noted that instrument for **ichroma™** tests may produce minor vibration.
- Used detectors, 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.
- **ichroma™ LH Plus** will provide accurate and reliable results subject to the following conditions.
 - Use **ichroma™ LH Plus** should be used only in conjunction with instrument for **ichroma™** tests.
 - Any anticoagulants other than EDTA, sodium heparin, sodium citrate should be avoided.

STORAGE AND STABILITY

- The cartridge is stable for 20 months (while sealed in the original aluminum foil pouch) if stored at 4-30 °C.
- The detector and the diluent are stable for 20 months if stored at 2-8 °C.
- After the cartridge pouch is opened, the test should be performed immediately.

LIMITATION 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 CFPC-69

Components of **ichroma™ LH Plus**

- Cartridge Box:
 - Cartridges 25
 - 35 µL Capillary tube 25
 - ID Chip 1
 - Instruction For Use 1
- Buffer Box
 - ✓ For ichroma™ II
 - Detectors (Capped with plastic lid) 25
 - Diluent 1
 - ✓ For AFIAS-50
 - Detectors (Sealed with aluminum foil) 25
 - Diluent 1

MATERIALS REQUIRED BUT SUPPLIED ON DEMAND

Following items can be purchased separately from **ichroma™ LH Plus**. Please contact our sales division for more information.

- Instrument for ichroma™ tests
 - **ichroma™ II** **REF** FPRR021
 - **AFIAS-50** **REF** FPRR022
- **Boditech Hormone Control** **REF** CFPO-95

SAMPLE COLLECTION AND PROCESSING

The sample type for **ichroma™ LH Plus** is human whole blood/serum/plasma.

- 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. If longer storage is required, e.g. if the test could not be performed within 24 hours, serum or plasma should be immediately frozen below -20 °C. The freezing storage of sample up to 3 months does not affect the quality of results.
- However, the whole blood sample should not be kept in a freezer in any case.
- Once the sample was frozen, it should be thawed only once time

and only for test, because repeated freezing and thawing can result in the change of test values.

- Fingertip blood samples should be collected as follows:
 - Position the hand with the palm facing upwards. Blood should be normally drawn from the middle or ring finger of the non-dominant hand. Apply intermittent pressure towards its tip.
 - Wipe the fingertip clean with an alcohol pad.
 - Allow the finger to dry completely because blood will not form a drop if the puncture site is moist and because the residual alcohol at the fingertip may dilute the blood sample and affect the test result.
 - Hold the finger and puncture the fingertip by firmly pressing a new sterile lancet against it at an off-center position.
 - Wipe away the first drop of blood with a sterile gauze pad or cotton ball.
 - Massage the finger towards its tip to form a new drop of blood. Blood will flow easily if the finger is held lower than the elbow.
 - Hold the handle of a capillary tube and touch the mouth of the capillary to the drop of blood.
 - Let blood fill the capillary tube completely.
- It may be sometimes necessary to massage the finger again for an additional drop of blood for filling the capillary tube.

TEST SETUP

- Check the contents of **ichroma™ LH Plus**: Sealed Cartridge, Detectors, Diluent, Capillary tubes and ID Chip.
- Ensure that the lot number of the cartridge matches that of the ID chip as well as the buffer box.
- Keep the sealed cartridge (if stored in refrigerator) and the buffer box at room temperature for at least 30 minutes just prior to the test. Place the cartridge on a clean, dust-free and flat surface.
- Turn on the instrument for ichroma™ tests.
- Insert the ID Chip into the ID chip port of the instrument for ichroma™ tests.
- Press the 'Select' button on the instrument for ichroma™ tests. (Please refer to the 'Instrument for ichroma™ tests Operation Manual' for complete information and operating instructions.)

TEST PROCEDURE

► **ichroma™ II**

- 1) Transfer 150 µL of diluent using a pipette to a tube containing detector granules.
- 2) Transfer 35 µL of sample (Human whole blood/serum/plasma/control) to the detector tube.
If the test use whole blood, transfer the fingertip blood (collected in a capillary tube) to the detector tube.
- 3) Close the lid of the detector tube and mix the sample thoroughly by shaking it about 20 times.
- 4) Pipette out 75 µL of a sample mixture and load it into the sample well on the cartridge.
- 5) Leave the sample-loaded cartridge at room temperature for 12 minutes.
⚠ Scan the sample-loaded cartridge immediately when the incubation time is over. If not, it will cause inexact test result.
- 6) To scan the sample-loaded cartridge, insert it into the cartridge holder of the instrument for ichroma™ tests. Ensure proper orientation of the cartridge before pushing it all the way inside the cartridge holder. An arrow has been marked on the cartridge especially for this purpose.
- 7) Press 'Select' button on the instrument for ichroma™ tests to start the scanning process.
- 8) Instrument for ichroma™ tests should start scanning the sample-loaded cartridge immediately.
- 9) Read the test result on the display screen of the instrument for ichroma™ tests.

(Please refer to the ichroma™ II operation manual for complete information and operation instructions.)

► **AFIAS-50**

- 1) Insert the tip array in the tip station.
 - 2) Insert the detector array in the Reagent station and cover the reagent station.
 - 3) Open the diluent and insert the diluent in the diluent station.
 - 4) Open the cover of the magazine station and pull and lift the cartridge magazine.
 - 5) Insert the cartridges in the cartridge magazine individually.
 - 6) Insert the cartridge loaded cartridge magazine into the magazine station and close the cover of the magazine station.
 - 7) Insert the sample tube into the blood collection tube rack and load the blood collection tube rack into the sampling station (loading part).
 - 8) Tap the button located in the upper side of the No. of test cartridge region to select ID chip what you want to use.
 - 9) When the selected cartridge slot is activated, set the number of test cartridge by tapping.
 - 10) Tap the button located in the upper side of the No. of reagent region to select ID chip what you want to use.
 - 11) When the selected slot is activated, set the number of Detector by tapping.
 - 12) Set the number of pipette tips by tapping.
 - 13) Tap the 'START' button on the left upper of the main screen to start test.
- (Please refer to the AFIAS-50 operation manual for complete information and operation instructions.)

INTERPRETATION OF TEST RESULT

- Instrument for ichroma™ tests calculates the test result automatically and displays LH concentration of the test sample in terms of mIU/mL.
- The cut-off (reference range)

Type	Conc. [mIU/mL]
Males	1.0 – 8.0
Follicular phase	1.0 – 12.0
Females	
Ovulatory phase	17.0 – 77.0
Luteal phase	0.0 – 15.0
Postmenopausal	11.0 – 40.0

- Working range : 0.1-100.0 mIU/mL

QUALITY CONTROL

- Quality control tests are a part of the good testing practice to confirm the expected results and validity of the assay and should be performed at regular intervals.
- The control tests should be performed immediately after opening a new test lot to ensure the test performance is not altered.
- Quality control tests should also be performed whenever there is any question concerning the validity of the test results.
- Control materials are not provided with **ichroma™ LH Plus**. For more information regarding obtaining the control materials, contact **Boditech Med Inc.'s Sales Division** for assistance. (Please refer to the instruction for use of control material.)

PERFORMANCE CHARACTERISTICS

▪ **Analytical sensitivity**

Sample Type	Whole Blood	Serum/Plasma
Limit of Blank (LOB)	0.05 mIU/mL	0.02 mIU/mL
Limit of Detection (LOD)	0.07 mIU/mL	0.05 mIU/mL
Limit of Quantitation (LOQ)	0.1 mIU/mL	0.1 mIU/mL

▪ **Analytical specificity**

- Cross-reactivity

There was no significant cross-reactivity from these materials with the **ichroma™ LH Plus** test measurements.

Cross-reactivity material	Conc.
hTSH	500 µIU/mL
hFSH	1,000 mIU/mL
hCG	500,000mIU/mL

- Interference

There was no significant interference from these materials with the **ichroma™ LH Plus** test measurements.

Interference material	Conc.
D-Glucose	60 mM/L
L-Ascorbic acid	0.2 mM/L
Bilirubin	0.4 mM/L
Hemoglobin	2 g/L
Cholesterol	13 mM/L
Triglyceride	10 mg/mL

▪ **Precision**

- Between Lot

One person tested three different lots of **ichroma™ LH Plus**, twenty times at each concentration of the control standard.

- Between person

Three different persons tested **ichroma™ LH Plus**, three times at each concentration of the control standard.

- Between day

One person tested **ichroma™ LH Plus** during five days, three times at each concentration of the control standard.

- Between site

One person tested **ichroma™ LH Plus** at three different sites, three times at each concentration of the control standard.

Conc. [mIU/mL]	Whole blood type							
	between Lot		between person		between day		between site	
	mean	CV (%)	mean	CV (%)	mean	CV (%)	mean	CV (%)
1	1.05	3.38	1.02	5.05	1.02	5.05	0.98	6.18
15	15.53	6.06	15.30	5.75	15.46	6.26	15.36	6.31
50	50.09	4.71	48.37	3.20	50.24	4.84	49.71	5.62
Conc. [mIU/mL]	Serum/Plasma type							
	between Lot		between person		between day		between site	
	mean	CV (%)	mean	CV (%)	mean	CV (%)	mean	CV (%)
1	0.99	6.15	0.98	5.66	1.02	7.41	0.99	7.44
15	15.31	5.08	15.47	5.22	15.48	5.83	15.68	4.56
50	49.85	4.10	51.54	3.30	48.67	3.10	50.34	4.60

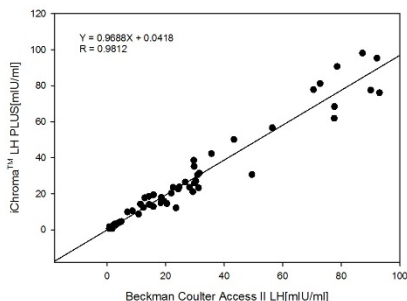
▪ **Accuracy**

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

Conc. [mIU/mL]	Whole blood type					
	Lot1		Lot2		Lot3	
	AVG	Recovery (%)	AVG	Recovery (%)	AVG	Recovery (%)
75	72.50	97	71.92	96	73.11	97
50	49.23	98	48.48	97	48.75	98
25	24.75	99	25.72	103	24.02	96
12.5	12.14	97	11.99	96	12.14	97
6.25	5.85	94	5.94	95	5.88	94
Conc. [mIU/mL]	Serum/Plasma type					
	Lot1		Lot2		Lot3	
	AVG	Recovery (%)	AVG	Recovery (%)	AVG	Recovery (%)
75	74.00	99	74.37	99	72.87	97
50	49.41	99	49.50	99	50.07	100
25	25.01	100	24.67	99	24.69	99
12.5	12.03	96	12.20	98	11.92	95
6.25	5.95	95	5.93	95	5.89	94

- **Compatibility:** LH concentrations of 100 serum samples were quantified independently with **ichroma™ LH Plus** and Access2 (Beckman Coulter Inc. USA) 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 $Y = 0.9688X + 0.0418$ and $R = 0.9812$ respectively.



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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

For technical assistance; please contact:

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