



ORDERING INFORMATION

	Code	Composition
OPEN KONELAB INDIKO	 B75182568	n° 10 vials x 8 mL (R.A) n° 2 vials x 10 mL (R.B)
	 B75182569	n° 8 vials x 2,4 mL (R.A) n° 1 vials x 5 mL (R.B)

INTENDED USE

Product for use in the quantitative determination in vitro of the concentration of CK MB serum or plasma. The results of the test must always be interpreted in conjunction with the clinical context. FOR PROFESSIONAL USE ONLY.

CLINICAL SIGNIFICANCE

Creatine kinase (CK) is an enzyme made up of isoenzymes – mainly muscular (CK-M) – and cerebral tissue (CK-B). CK exists in the human body in dimeric form as CK-MM, CK-MB and CK-BB and as macro-enzymes. Measurement of CK-MB is a specific test to individuate damage to the heart muscle and is utilized for diagnosis and monitoring of myocardial infarction.

PRINCIPLE OF THE METHOD

UV test UV optimized according to DGKC (German Society of Clinical Chemistry) and IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) specifications.

creatine phosphate + ADP \xrightarrow{CK} Creatine + ATP

Glucose + ATP \xrightarrow{HK} Glucose – 6 – phosphate + ADP

Glucose – 6 – phosphate + NADP⁺ $\xrightarrow{G6P-DH}$ 6 – phosphogluconolactone + NADPH + H⁺



Storage and stability



= Storage temperature 2-8 °C

If stored closed at the indicated temperature, avoiding direct light, evaporation and contamination of any kind, the intact reagents are stable until the expiration date, printed on the label.

Concentration

Reagent A			 GHS08*
	Conc.	U.M.	
Imidazole buffer	120	mmol/L	
Glucose	25	mmol/L	
N - Acetylcysteine	25	mmol/L	
Magnesium Acetate	12.5	mmol/L	
EDTA-Na ₂	2	mmol/L	
NADP	2.5	mmol/L	
Hexokinase	≥ 5	kU/L	
Anti-CK-M monoclonal ab	2500	U/L	
Reagent B			 GHS08*
Imidazole buffer	90	mmol/L	
ADP	10	mmol/L	
AMP	28	mmol/L	
Glucose-6-phosphate dehydrogenase	≥ 15	kU/L	
Di-Adenosine 5 phosphate	50	μmol/L	
Creatine phosphate	150	mmol/L	

*Signal word: **DANGER**

Contains: imidazole (CAS 288-32-4)

H360D- May damage the unborn child.

P201 - Obtain special instructions before use.

P202 - Do not handle until all safety precautions have been read and understood.

P280 - Wear protective gloves/protective clothing/eye protection/face protection/hearing protection.

P308+P313 - IF exposed or concerned: Get medical advice/attention.

P501- Dispose of contents/container in accordance with local/ Regional /national /international regulations.

Reagents included in the kit

The reagent is described above.

Materials required but not supplied in the kit

Controls, calibrators and pipettes with adequate volume.

PRECAUTIONS and WARNINGS

- Reagents and waste materials shall be disposed of in accordance with Community waste provisions or national or regional provisions.
- Reagents may contain non-active components such as preservatives and detergents. The total concentration of these components is below the limits set out in Regulation

1272/2008 EC and subsequent amendments and additions.

3. It is recommended that the reagent be handled in accordance with the rules of good laboratory practice and that appropriate personal protective equipment be used.

4. Do not use the reagent if it is visibly degraded (e.g. presence of corpuscles).

5. All human samples shall be handled and disposed of as potentially infectious material.

6. The kit should only be used by qualified and properly trained technical personnel.

7. Diagnoses shall be carried out exclusively by authorised and qualified personnel.

8. Comply with national directives on occupational safety and quality assurance.

9. Use equipment that complies with current regulations.

Reporting of serious incidents

In the event of a serious incident in relation to the use of the device, please inform the manufacturer (via your distributor) and the competent authority of the European Union member state where the incident occurred. For other jurisdictions, reporting must be made in accordance with regulatory requirements.

Reporting serious incidents helps provide more information about the safety of the diagnostic medical device.

PROCEDURE

Quality control

Control serum with a known titer of CK-MB is commercially available for quality control, with values and confidence limits included. The dedicated control serum "Isocontrol Serum CK-MB" Sclavo Code B35181359 is available. The values obtained must be contained within the acceptability range.

SAMPLE

Sample types and storage

Serum and plasma with heparin or EDTA.

In serum /	2 days	20-25 °C
plasma	7 days	4-8 °C
	4 weeks	-20 °C

PREPARATION OF THE REAGENT

Slight variations in coloration among batches will not affect test results.

Procedure (monoreactive)

Add 1 volume of RB + 4 volumes RA, shake gently. The reagent thus prepared is ready to use. The reagent is stable for 2 weeks at 2 – 8 °C or 24 hours at 15 – 25 °C.

Automation

The kit can be used with all automatic analyzers that can meet the operating conditions of the reagent while maintaining the volumetric ratios R1 / R2 / C. Validated applications are available for Sclavo Konelab® - Indiko® instruments. Applications not approved by Sclavo Diagnostics do not guarantee the performance of the reagent and must therefore be approved under the responsibility of the user.

MANUAL METHOD

The kit, in Open format, can be used manually through the use of spectrophotometer or photometer with the following parameters:

Reaction conditions

Wavelength (primary):	340 nm
Temperature:	37°C
Reaction	Kinetic (increasing reaction)

Technique – Monoreactive

Bring the reagents to reaction temperature and operate away from direct light.

	U.M.	Blank	Sample
Reagent (A+B)	μL	1000	1000
Sample	μL	-	40
Water	μL	40	-

Mix well and after 5 minutes carry out reading at 37°C. Read the absorbances of the sample within 5 minutes (take at least 5 readings at 60 -second intervals). Determine the average of Δ D.O./min.

The reaction volumes can be varied proportionally without altering the result.

Calculation of results obtained against multiplication factor

Δ D.O./min x K-factor* = U/L di CK-MB

K-factor = $\frac{TV \times 1000}{6,3 \times SV \times P} \times 2 = 8254$

6,3 x SV x P

TV = Total reaction volume in ml

SV = Sample volume in ml

6,3 = Absorption coefficient in millimoles of NADH at 340 nm

P = Cuvette Diameter (1 cm)

2 = Multiplying by 2 determines the estimation of CK-MB activity



REFERENCE RANGE

Myocardial infarction: the risk of myocardial infarction is high if following three conditions are fulfilled:

CK (Male)	< 190 U/L	3,12 μkat/L
CK (Female)	< 167 U/L	2,87 μkat/L
CK-MB	< 16 U/L	0.40 μkat/L

CK-MB activity is between 6% and 25 % of total CK activity.

If myocardial infarction is suspected and the conditions are not fulfilled, the infarction may be fresh. In this case the measurements should be repeated after 4 hours with fresh samples. In healthy individuals' different values are found depending on race and age. Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary. For diagnostic purposes CK values should always be assessed in conjunction with the anamnesis, the clinical examination, and other findings.

ANALYTICAL CHARACTERISTICS/PERFORMANCES

Linearity

The method is linear up to 2000 U/L of CK MB

Accuracy - Recovery

Commercial control sera were analyzed with the kit in question following the guidelines of the CLSI protocol. The data obtained are shown in the table below.

Range	Replicates	Mean (U/L)	DS	CV%
Low	5	6.4	1	15.63
High	5	18.1	1.92	10.61

Interferences

Interference	Limits
Ascorbic Acid	30 mg/dL
Bilirubin	25 mg/dL
Lipids	900 mg/dL

Precision of the method

Accuracy in the series (Within-run precision) – Repeatability					
Range	U.M.	Average	S.D.	C.V. (%)	N
Low	U/L	26.7	0.70	2.61	20
High	U/L	106	1.03	0.97	20
Total precision (Within-lab precision)					
Range	U.M.	Average	S.D.	C.V. (%)	N
Basso	U/L	28.2	1.05	3.72	20
Alto	U/L	109	2.32	2.13	20

Limits of sensitivity








The Sensitivity limit has been measured using serial dilutions of high concentrated sera. The smallest detectable concentration is of about 2 U/L of CK-MB in the conditions established for this test.

Comparison between methods

The method was compared with a similar commercially available method, analyzing 90 human samples. The correlation data between the two methods are reported in the table below.

Parameter	Estimation
Intercept	2.08
Slope	1.00
Correlation Coeff. (R)	1.00

Symbols used in IFU and Packaging

 In vitro diagnostic medical device vitro	 Manufacturer
 Catalogue Number	 Instruction for use
 Lot Number	 Temperature limitation
 Expiration date	

REFERENCES

1. **Butris CA and Ashwood ER** (Ed.). Tietz Fundamentals of Clinical Chemistry. 5th Edition. W.B. Saunders Company. Philadelphia. 2001. p.797-799. 968.
2. **Janssen JW and Helbing AR** (1991). Arsenazo III. An improvement of the routine calcium determination in serum. Eur. J. Clin. Chem. Clin. Biochem. 29 (3) pp. 197-201.1991.
3. **Guder WG, Narayanan S, Wisser H, Zavata** (1996) B. List of analyses; preanalytical variables. Brochure in: Samples: from patient to the laboratory. Git Verlag GmbH. Darmstadt.
4. **Young D.** (2000) Effects of drugs on clinical laboratory tests. 5th Edition. AACC Press. Washington. DC. 3-149 – 3-158. 2000.
5. **Clinical Laboratory Standards Institute (CLSI).** User Verification of Performance for Precision and Trueness; Approved Guideline – Second Edition. EP15-A2. Vol 25 N. 17
6. **Clinical Laboratory Standards Institute (CLSI).** Evaluation of Precision Performance of Quantitative Measurements Methods; Approved Guideline – Second Edition. EP05-A2. Vol 24 N. 25
7. **Clinical Laboratory Standards Institute (CLSI).** Measurement Procedure Comparison and Bias Estimation Using Patient Samples; Approved Guideline – Third Edition. EP09-A3.
8. **Clinical Laboratory Standards Institute (CLSI).** Evaluation of Detection Capability for Clinical Laboratory Measurement Procedures, 2nd Edition – EP17
9. **Clinical Laboratory Standards Institute (CLSI).** Interference Testing in Clinical Chemistry, – Third Edition. - EP07
10. **Clinical Laboratory Standards Institute (CLSI).** Evaluation of Linearity of Quantitative Measurement Procedures, 2nd Edition - EP06.

REVISION	DATE	CHANGE
Rev.B	05/2025	Out of production of chemilab line

