

## Free Triiodothyronine (FT3)

Current Revision and Date <sup>a</sup>	Rev. 03, 2020-06	
Product Name	Atellica IM Free Triiodothyronine (FT3)	<div>REF 10995585 (60 tests)</div> <div>REF 10995584 (300 tests)</div>
Abbreviated Product Name	Atellica IM FT3	
Test Name/ID	FT3	
Systems	Atellica IM Analyzer	
Materials Required but Not Provided	Atellica IM CAL A	<div>REF 10995500 (2-pack)</div> <div>REF 10995501 (6-pack)</div>
Optional Materials	Atellica IM FT3 MCM	REF 10995586
Specimen Types	Serum, EDTA plasma, lithium heparin plasma	
Sample Volume	35 µL	
Measuring Interval	0.20–20.00 pg/mL (0.31–30.80 pmol/L)	

<sup>a</sup> A vertical bar in the page margin indicates technical content that differs from the previous version.



## Intended Use

The Atellica® IM Free Triiodothyronine (FT3) assay is for *in vitro* diagnostic use in the quantitative determination of free triiodothyronine (FT3) in human serum and plasma (EDTA and lithium heparin) using the Atellica® IM Analyzer.

Measurements of free triiodothyronine are used in the diagnosis and treatment of thyroid disease.

## Summary and Explanation

Triiodothyronine (3,5,3'-L-triiodothyronine, T<sub>3</sub>) is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T<sub>4</sub>). T<sub>3</sub> and T<sub>4</sub> are secreted into the circulation in response to thyroid-stimulating hormone (TSH) and play an important role in regulating metabolism. The T<sub>3</sub> and T<sub>4</sub> secretion are regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.

In the circulation, 99.7% of  $T_3$  is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin.<sup>1</sup> The remaining  $T_3$  does not bind to transport proteins, but is free in circulation. This unbound fraction of the total  $T_3$  concentration is free triiodothyronine (free  $T_3$ , FT<sub>3</sub>). Unbound  $T_3$  is metabolically active.<sup>1-3</sup>

Free  $T_3$  levels correlate with  $T_3$  secretion and metabolism. In hypothyroidism and hyperthyroidism, free  $T_3$  levels parallel changes in total  $T_3$  levels.<sup>2</sup> However, measuring free  $T_3$  is useful when altered levels of total  $T_3$  occur due to changes in  $T_3$  binding proteins, especially TBG. TBG levels remain relatively constant in healthy individuals, but certain conditions such as normal pregnancy and steroid therapy can alter these levels. In these conditions, free  $T_3$  levels are unchanged, while total  $T_3$  levels parallel the changes in TBG.

## Principles of the Procedure

The Atellica IM FT3 assay is a competitive immunoassay using direct chemiluminescent technology. FT<sub>3</sub> in the sample competes with a  $T_3$  analog, which is covalently coupled to paramagnetic particles in the Solid Phase for a limited amount of acridinium-ester-labeled mouse monoclonal anti- $T_3$  antibodies in the Lite Reagent.

An inverse relationship exists between the amount of FT<sub>3</sub> present in the patient sample and the amount of relative light units (RLUs) detected by the system.

## Reagents

Material Description	Storage	Stability <sup>a</sup>
<b>Atellica IM FT3 ReadyPack® primary reagent pack</b>	Unopened at 2–8°C	Until expiration date on product
<b>Lite Reagent</b>		
4.2 mL/reagent pack		
Mouse monoclonal anti- $T_3$ antibodies (~8 ng/mL) labeled with acridinium ester in HEPES buffer; protein stabilizers; sodium azide (0.1%)	Onboard	28 days
<b>Solid Phase</b>		
18.9 mL/reagent pack		
$T_3$ analog (~1.6 µg/mL) covalently coupled to paramagnetic particles in HEPES buffer; sodium azide (0.1%)		

<sup>a</sup> Refer to *Storage and Stability*.

## Warnings and Precautions

For *in vitro* diagnostic use.

For Professional Use.

### CAUTION

Federal (USA) law restricts this device to sale by or on the order of a licensed healthcare professional.

Safety data sheets (SDS) available on [siemens.com/healthineers](https://www.siemens.com/healthineers).

### CAUTION

This device contains material of animal origin and should be handled as a potential carrier and transmitter of disease.

Contains sodium azide as a preservative. Sodium azide can react with copper or lead plumbing to form explosive metal azides. On disposal, flush reagents with a large volume of water to prevent buildup of azides. Disposal into drain systems must be in compliance with prevailing regulatory requirements.

Dispose of hazardous or biologically contaminated materials according to the practices of your institution. Discard all materials in a safe and acceptable manner and in compliance with prevailing regulatory requirements.

**Note** For information about reagent preparation, refer to *Preparing the Reagents* in the *Procedure* section.

## Storage and Stability

Store reagents in an upright position. Protect the product from heat and light sources. Unopened reagents are stable until the expiration date on the product when stored at 2–8°C.

Do not use products beyond the expiration date printed on the product labeling.

## Onboard Stability

Reagents are stable onboard the system for 28 days. Discard reagents at the end of the onboard stability interval. Do not use products beyond the expiration date printed on the product labeling.

## Specimen Collection and Handling

Serum and plasma (EDTA and lithium heparin) are the recommended sample types for this assay.

### Collecting the Specimen

- Observe universal precautions when collecting specimens. Handle all specimens as if they are capable of transmitting disease.<sup>4</sup>
- Follow recommended procedures for collection of diagnostic blood specimens by venipuncture.<sup>5</sup>
- Follow the instructions provided with your specimen collection device for use and processing.<sup>6</sup>
- Allow blood specimens to clot completely before centrifugation.<sup>7</sup>
- Keep tubes capped at all times.<sup>7</sup>

### Storing the Specimen

- Do not use samples that have been stored at room temperature for longer than 8 hours.
- Tightly cap and refrigerate specimens at 2–8°C if the assay is not completed within 8 hours.
- Freeze samples at ≤ -20°C if the sample is not assayed within 48 hours.
- Freeze samples only 1 time and mix thoroughly after thawing.

The handling and storage information provided here is based on data or references maintained by the manufacturer. It is the responsibility of the individual laboratory to use all available references and/or its own studies when establishing alternate stability criteria to meet specific needs.

### Transporting the Specimen

Package and label specimens for shipment in compliance with applicable federal and international regulations covering the transport of clinical specimens and etiological agents.

## Preparing the Samples

This assay requires 35 µL of sample for a single determination. This volume does not include the unusable volume in the sample container or the additional volume required when performing duplicates or other tests on the same sample. For information about determining the minimum required volume, refer to the online help.

**Note** Do not use specimens with apparent contamination.

Before placing samples on the system, ensure that samples are free of:

- Bubbles or foam.
- Fibrin or other particulate matter.

**Note** Remove particulates by centrifugation according to CLSI guidance and the collection device manufacturer's recommendations.<sup>7</sup>

**Note** For a complete list of appropriate sample containers, refer to the online help.

## Procedure

### Materials Provided

The following materials are provided:

REF	Contents	Number of Tests
10995585	1 ReadyPack primary reagent pack containing Atellica IM FT3 Lite Reagent and Solid Phase Atellica IM FT3 master curve and test definition <span>MC TDEF</span>	60
10995584	5 ReadyPack primary reagent packs containing Atellica IM FT3 Lite Reagent and Solid Phase Atellica IM FT3 master curve and test definition <span>MC TDEF</span>	300

### Materials Required but Not Provided

The following materials are required to perform this assay, but are not provided:

REF	Description
	Atellica IM Analyzer <sup>a</sup>
10995500	Atellica IM CAL A (calibrator) <div>             2 x 5.0 mL low calibrator <span>CAL L</span>              2 x 5.0 mL high calibrator <span>CAL H</span>              Calibrator lot-specific value sheet <span>CAL LOT VAL</span> </div>
10995501	Atellica IM CAL A (calibrator) <div>             6 x 5.0 mL low calibrator <span>CAL L</span>              6 x 5.0 mL high calibrator <span>CAL H</span>              Calibrator lot-specific value sheet <span>CAL LOT VAL</span> </div>

<sup>a</sup> Additional system fluids are required to operate the system: Atellica IM Wash, Atellica IM Acid, Atellica IM Base, and Atellica IM Cleaner. For system fluid instructions for use, refer to the Document Library.

## Optional Materials

The following materials may be used to perform this assay, but are not provided:

REF	Description
10995586	Atellica IM FT3 MCM (master curve material) 7 x 1.0 mL levels of master curve material <b>MCM</b>

## Assay Procedure

The system automatically performs the following steps:

1. Dispenses 35 µL of sample into a cuvette.
2. Dispenses 70 µL of Lite Reagent, then incubates for 6 minutes at 37°C.
3. Dispenses 315 µL of Solid Phase, then incubates for 6 minutes at 37°C.
4. Separates, aspirates, then washes the cuvette with Atellica IM Wash.
5. Dispenses 300 µL each of Atellica IM Acid and Atellica IM Base to initiate the chemiluminescent reaction.
6. Reports results.

## Preparing the Reagents

All reagents are liquid and ready to use. Before loading primary reagent packs onto the system, mix them by hand and visually inspect the bottom of the reagent pack to ensure that all particles are resuspended. For information about preparing the reagents for use, refer to the online help.

## Preparing the System

Ensure that the system has sufficient reagent packs loaded in the reagent compartment. The system automatically mixes reagent packs to maintain homogeneous suspension of the reagents. For information about loading reagent packs, refer to the online help.

## Master Curve Definition

Before initiating calibration on each new lot of reagent, load the assay master curve and test definition values by scanning the **MC TDEF** 2D barcodes. For loading instructions, refer to the online help.

## Performing Calibration

For calibration of the Atellica IM FT3 assay, use the Atellica IM CAL A. Use the calibrators in accordance with the calibrator instructions for use.

## Calibration Frequency

Perform a calibration if one or more of the following conditions exist:

- When changing lot numbers of primary reagent packs.
- At the end of the lot calibration interval, for a specified lot of calibrated reagent on the system.
- At the end of the pack calibration interval, for calibrated reagent packs on the system.
- When indicated by quality control results.
- After major maintenance or service, if indicated by quality control results.

At the end of the onboard stability interval, replace the reagent pack on the system with a new reagent pack. Recalibration is not required, unless the lot calibration interval is exceeded.

Stability Interval	Days
Lot Calibration	82
Pack Calibration	28
Reagent Onboard Stability	28

For information about lot calibration and pack calibration intervals, refer to the online help.

Follow government regulations or accreditation requirements for calibration frequency. Individual laboratory quality control programs and procedures may require more frequent calibration.

## Performing Quality Control

For quality control of the Atellica IM FT3 assay, use an appropriate quality control material of known analyte concentration with at least 2 levels (low and high) at least once during each day that samples are analyzed. Use the quality control material in accordance with the quality control instructions for use.

A satisfactory level of performance is achieved when the analyte values obtained are within the expected control interval for the system or within your interval, as determined by an appropriate internal laboratory quality control scheme. Follow your laboratory's quality control procedures if the results obtained do not fall within the acceptable limits. For information about entering quality control definitions, refer to the online help.

Follow government regulations or accreditation requirements for quality control frequency. Individual laboratory quality control programs and procedures may require more frequent quality control testing.

Test quality control samples after a successful calibration.

## Taking Corrective Action

If the quality control results do not fall within the assigned values, do not report results. Perform corrective actions in accordance with established laboratory protocol. For suggested protocol, refer to the online help.

## Results

### Calculation of Results

The system determines the result using the calculation scheme described in the online help. The system reports results in pg/mL (common units) or pmol/L (SI units), depending on the units defined when setting up the assay.

Conversion formula: 1 pg/mL (common units) = 1.54 pmol/L (SI units)

For information about results outside the specified measuring interval, refer to *Measuring Interval*.

## Interpretation of Results

Results of this assay should always be interpreted in conjunction with the patient's medical history, clinical presentation, and other findings.

## Limitations

The following information pertains to limitations of the assay:

- Performance of this assay has not been established with neonatal specimens.
- Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. This assay is designed to minimize interference from heterophilic antibodies.<sup>8,9</sup> Additional information may be required for diagnosis.

## Expected Values

The reagent formulations used on the Atellica IM Analyzer are the same as those used on the ADVIA Centaur® and ACS:180™ systems. Expected values were established using the ADVIA Centaur and ACS:180 systems and confirmed by assay comparison. Refer to *Assay Comparison*.

The reference interval was established using samples from 594 apparently healthy adult individuals using the ACS:180™ system. Ninety-five percent of the FT<sub>3</sub> values for these individuals fell in the range of 2.3–4.2 pg/mL (3.5–6.5 pmol/L).

Based on a pediatric population (infants, children, and adolescents), reference intervals were established in accordance with the CLSI guideline C28-A3c using the ADVIA Centaur system.<sup>10,11</sup> Samples were collected prospectively from apparently healthy (euthyroid) pediatric subjects, using predefined inclusion criteria.

The reference interval for infants was calculated by a robust measure of location and spread as developed by Horn and Pesce.<sup>12</sup> A non-parametric approach based on the CLSI guideline was used to establish the reference intervals for children and adolescents. The 2.5th and 97.5th percentiles of the distribution of values were calculated for each age group. Based on this population, the following reference intervals were established:

Pediatric Age Group	Number of Samples	Reference Intervals	
		(pg/mL)	(pmol/L)
Infants (1–23 months)	72	3.3–5.2	5.1–8.0
Children (2–12 years)	190	3.3–4.8	5.1–7.4
Adolescents (13–20 years)	129	3.0–4.7	4.7–7.2

As with all *in vitro* diagnostic assays, each laboratory should determine its own reference interval for the diagnostic evaluation of patient results.<sup>11</sup> Consider these values as guidance only.

## Performance Characteristics

The reagent formulations used on the Atellica IM Analyzer are the same as those used on the ADVIA Centaur® and ACS:180 systems. Some performance characteristics for the Atellica IM assay were established using the ADVIA Centaur or ACS:180 systems.

## Measuring Interval

The Atellica IM FT3 assay provides results from 0.20–20.00 pg/mL (0.31–30.80 pmol/L). The lower end of the measuring interval is defined by the analytical sensitivity. Report results below the measuring interval as < 0.20 pg/mL (< 0.31 pmol/L).

## Specificity

Specificity was determined in accordance with CLSI Document EP07-A2.<sup>13</sup> The cross-reactivity of the FT3 assay with a substance is expressed as the ratio of:

- the amount of T<sub>3</sub> required to displace 50% of the labeled T<sub>3</sub> analog from anti-T<sub>3</sub>, and
- the amount of cross-reacting substance to give the same 50% displacement.

Cross-Reactant	% Cross-Reactivity
Thyroxine	< 1.0
Diiodothyronine	< 1.0
Diiodotyrosine	< 1.0
Monoiodotyrosine	< 1.0
Reverse T <sub>3</sub>	< 1.0

Results were established using the Atellica IM Analyzer. Assay results obtained at individual laboratories may vary from the data presented.

## Detection Capability

Detection capability was determined in accordance with CLSI Document EP17-A2.<sup>14</sup> The assay is designed to have an analytical sensitivity of  $\leq 0.20$  pg/mL (0.31 pmol/L), a limit of blank (LoB) of  $\leq 0.20$  pg/mL (0.31 pmol/L), and a limit of detection (LoD) of  $\leq 0.40$  pg/mL (0.62 pmol/L).

Representative detection capability data are shown below. Assay results obtained at individual laboratories may vary from the data presented.

Analytical sensitivity is defined as the concentration of FT<sub>3</sub> that corresponds to the RLUs that are 2 standard deviations less than the mean RLUs of 20 replicate determinations of the FT3 zero standard. This response is an estimate of the minimum detectable concentration with 95% confidence. The analytical sensitivity for the Atellica IM FT3 assay is 0.06 pg/mL (0.09 pmol/L).

The LoB corresponds to the highest measurement result that is likely to be observed for a blank sample. The LoB of the Atellica IM FT3 assay is 0.00 pg/mL (0.00 pmol/L).

The LoD corresponds to the lowest concentration of FT<sub>3</sub> that can be detected with a probability of 95%. The LoD for the Atellica IM FT3 assay is 0.02 pg/mL (0.03 pmol/L), and was determined using 480 determinations, with 240 blank and 240 low-level replicates, and an LoB of 0.00 pg/mL (0.00 pmol/L).



## Precision

Precision was determined in accordance with CLSI Document EP05-A3.<sup>15</sup> Samples were assayed on an Atellica IM Analyzer in duplicate in 2 runs per day for 20 days. The assay was designed to have within-laboratory precision of  $\leq 0.24$  pg/mL (0.37 pmol/L) SD for samples  $< 2$  pg/mL (3.08 pmol/L),  $\leq 12\%$  CV for samples from 2.00–3.00 pg/mL (3.08–4.62 pmol/L),  $\leq 10\%$  CV for samples from 3.10–4.40 pg/mL (4.77–6.78 pmol/L),  $\leq 15\%$  CV for samples from 4.50–5.50 pg/mL (6.93–8.47 pmol/L), and  $\leq 15\%$  CV for samples  $> 5.50$  pg/mL (8.47 pmol/L).

Sample Type	N <sup>a</sup>	Mean		Repeatability			Within-Laboratory Precision		
		(pg/mL)	(pmol/L)	SD <sup>b</sup>		CV <sup>c</sup> (%)	SD		CV (%)
				(pg/mL)	(pmol/L)		(pg/mL)	(pmol/L)	
Serum A	80	0.79	1.22	0.06	0.09	7.59	0.07	0.11	9.14
Serum B	80	2.87	4.42	0.03	0.05	0.94	0.05	0.08	1.78
Serum C	80	3.24	4.99	0.03	0.05	1.06	0.05	0.08	1.48
Serum D	80	4.96	7.64	0.03	0.05	0.67	0.05	0.08	1.07
Serum E	80	8.71	13.41	0.07	0.11	0.78	0.10	0.15	1.13
Serum F	80	18.13	27.92	0.36	0.55	1.96	0.55	0.85	3.05
Control 1	80	2.58	3.97	0.03	0.05	1.24	0.04	0.06	1.71
Control 2	80	6.34	9.76	0.08	0.12	1.27	0.10	0.15	1.56
Control 3	80	11.59	17.85	0.32	0.49	2.72	0.35	0.54	3.04

<sup>a</sup> Number of samples tested.

<sup>b</sup> Standard deviation.

<sup>c</sup> Coefficient of variation.

Assay results obtained at individual laboratories may vary from the data presented.

## Assay Comparison

The Atellica IM FT3 assay is designed to have a correlation coefficient of  $\geq 0.98$  and a slope of  $1.0 \pm 0.1$  compared to the ADVIA Centaur FT3 assay. Assay comparison was determined using the Passing-Bablok regression model in accordance with CLSI Document EP09-A3.<sup>16</sup> The following results were obtained:

Specimen	Comparative Assay (x)	Regression Equation	Sample Interval	N <sup>a</sup>	r <sup>b</sup>
Serum	ADVIA Centaur FT3	$y = 0.99x + 0.007$ pg/mL ( $y = 0.99x + 0.011$ pmol/L)	0.65–19.70 pg/mL (1.00–30.34 pmol/L)	139	0.99

<sup>a</sup> Number of samples tested.

<sup>b</sup> Correlation coefficient.

The relationship between the ADVIA Centaur and ACS:180 FT3 assays is described by this equation:

Specimen	Comparative Assay (x)	Regression Equation	Sample Interval	N <sup>a</sup>	r <sup>b</sup>
Serum	ACS:180 FT3	$y = 0.99x + 0.014$ pg/mL ( $y = 0.99x + 0.022$ pmol/L)	1.76–17.57 pg/mL (2.71–27.06 pmol/L)	239	0.99

<sup>a</sup> Number of samples tested.

<sup>b</sup> Correlation coefficient.

Agreement of the assays may vary depending on the study design, comparative assay, and sample population used. Assay results obtained at individual laboratories may vary from the data presented.

## Specimen Equivalency

Specimen equivalency was determined with the Deming linear regression model in accordance with CLSI Document EP09-A3.<sup>16</sup> The following results were obtained:

Tube (y) vs. Serum (x)	N <sup>a</sup>	Sample Interval	Slope	Intercept	r <sup>b</sup>
EDTA plasma	86	0.57–15.18 pg/mL (0.88–23.38 pmol/L)	1.02	-0.13 pg/mL (-0.20 pmol/L)	0.99
Lithium heparin plasma	86	0.57–15.18 pg/mL (0.88–23.38 pmol/L)	1.04	-0.24 pg/mL (-0.37 pmol/L)	0.99

<sup>a</sup> Number of samples tested.

<sup>b</sup> Correlation coefficient.

The assay is designed to have a slope of 0.90–1.10 for alternate tube types versus serum.

Agreement of the specimen types may vary depending on the study design and sample population used. Assay results obtained at individual laboratories may vary from the data presented.

## Interferences

Interference testing was performed in accordance with CLSI Document EP07-A2<sup>13</sup> using the Atellica IM Analyzer.

The following substances were added to serum samples with low concentrations of FT<sub>3</sub>. These samples were tested against an appropriate control, and the observed change was noted. The observed change is presented in the following table:

Substance	Substance Test Concentration	Analyte Concentration pg/mL (pmol/L)	Observed Change (pmol/L)
Propylthiouracil	40 µg/mL	0.54 (0.83)	-0.06
Methimazole	4 µg/mL	0.54 (0.83)	0.03
Sodium salicylate	500 µg/mL	0.70 (1.08)	0.03
Diphenylhydantoin	40 µg/mL	0.62 (0.95)	0.11
L-3,5-diiodothyronine	50 pg/mL	0.48 (0.74)	0.02
Diiodotyrosine	0.8 pg/mL	0.45 (0.69)	0.06
Monoiodotyrosine	0.8 pg/mL	0.49 (0.75)	-0.02
Reverse T <sub>3</sub>	2000 pg/mL	3.43 (5.28)	0.06

Interference testing was performed in accordance with CLSI Document EP07-ed3.<sup>17</sup> The following results were obtained:

Substance	Substance Test Concentration	Analyte Concentration pg/mL (pmol/L)	Bias (%)
EDTA	9.0 mg/mL	2.69 (4.14)	-6
		16.71 (25.73)	-5
Heparin	75 U/mL	2.75 (4.24)	-1
		13.65 (21.02)	2

Assay results obtained at individual laboratories may vary from the data presented.

### Hemolysis, Icterus, and Lipemia (HIL)

The Atellica IM FT3 assay is designed to have  $\leq 10\%$  interference from hemoglobin, bilirubin, and lipemia. Interfering substances at the levels indicated in the table below were tested in accordance with CLSI Document EP07-A2<sup>13</sup> using the Atellica IM FT3 assay.

Bias is the difference in the results between the control sample (does not contain the interferent) and the test sample (contains the interferent) expressed in percent. Analyte results should not be corrected based on this bias.

Substance	Substance Test Concentration Common Units (SI Units)	Analyte Concentration pg/mL (pmol/L)	Bias (%)
Hemoglobin	500 mg/dL (0.3 mmol/L)	1.67 (2.57)	3
	500 mg/dL (0.3 mmol/L)	3.22 (4.96)	2
Bilirubin, conjugated	20 mg/dL (341 $\mu$ mol/L)	1.69 (2.60)	2
	20 mg/dL (341 $\mu$ mol/L)	3.42 (5.27)	0
Bilirubin, unconjugated	20 mg/dL (341 $\mu$ mol/L)	1.73 (2.66)	3
	20 mg/dL (341 $\mu$ mol/L)	3.38 (5.21)	5
Lipemia (Intralipid®)	1000 mg/dL (11.3 mmol/L)	1.70 (2.62)	-1
	1000 mg/dL (11.3 mmol/L)	3.21 (4.94)	0

Assay results obtained at individual laboratories may vary from the data presented.

### Standardization

The Atellica IM FT3 assay is traceable to an internal standard manufactured using U.S.P. (United States Pharmacopeia) material. Assigned values for calibrators are traceable to this standardization.

### Technical Assistance

For customer support, contact your local technical support provider or distributor.


















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





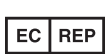






## References









1. Fernandez-Ulloa M, Maxon HR. Thyroid. In: Kaplan LA, Pesce AJ, eds. *Clinical Chemistry: Theory, Analysis, Correlation*. 2nd ed. St. Louis, MO: CV Mosby; 1989:620–638.
2. Watts NB, Keffer JH. *Practical Endocrine Diagnosis*. 3rd ed. Philadelphia, PA: Lea and Febiger; 1982:1–27, 77–96.
3. Chatteraj SC, Watts NB. Endocrinology. In: Tietz NW, ed. *Fundamentals of Clinical Chemistry*. 3rd ed. Philadelphia, PA: WB Saunders; 1987:584–592
4. Clinical and Laboratory Standards Institute. *Protection of Laboratory Workers From Occupationally Acquired Infections; Approved Guideline—Fourth Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2014. CLSI Document M29-A4.
5. Clinical and Laboratory Standards Institute. *Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard—Sixth Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2007. CLSI Document GP41-A6.
6. Clinical and Laboratory Standards Institute. *Tubes and Additives for Venous and Capillary Blood Specimen Collection; Approved Standard—Sixth Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2010. CLSI Document GP39-A6.
7. Clinical and Laboratory Standards Institute. *Procedures for the Handling and Processing of Blood Specimens for Common Laboratory Tests; Approved Guideline—Fourth Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2010. CLSI Document GP44-A4.
8. Kricka LJ. Human anti-animal antibody interferences in immunological assays. *Clin Chem*. 1999;45(7):942–956.
9. Vaidya HC, Beatty BG. Eliminating interference from heterophilic antibodies in a two-site immunoassay for creatine kinase MB by using F(ab')<sub>2</sub> conjugate and polyclonal mouse IgG. *Clin Chem*. 1992;38(9):1737–1742.
10. Clinical and Laboratory Standards Institute. *How to Define and Determine Reference Intervals in the Clinical Laboratory; Approved Guideline—Second Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2000. CLSI Document C28-A2.
11. Clinical and Laboratory Standards Institute. *Defining, Establishing, and Verifying Reference Intervals in the Clinical Laboratory; Approved Guideline—Third Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2010. CLSI Document EP28-A3c (formerly C28-A3c).
12. Horn PS, Pesce AJ. *Reference Intervals: A User's Guide*, Washington, DC: AACC Press; 2005.
13. Clinical and Laboratory Standards Institute. *Interference Testing in Clinical Chemistry; Approved Guideline—Second Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2005. CLSI Document EP07-A2.
14. Clinical and Laboratory Standards Institute. *Evaluation of Detection Capability for Clinical Laboratory Measurement Procedures; Approved Guideline—Second Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2012. CLSI Document EP17-A2.
15. Clinical and Laboratory Standards Institute. *Evaluation of Precision of Quantitative Measurement Procedures; Approved Guideline—Third Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2014. CLSI Document EP05-A3.
16. Clinical and Laboratory Standards Institute. *Measurement Procedure Comparison and Bias Estimation Using Patient Samples; Approved Guideline—Third Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2013. CLSI Document EP09-A3.
17. Clinical and Laboratory Standards Institute. *Interference Testing in Clinical Chemistry—Third Edition*. Wayne, PA: Clinical and Laboratory Standards Institute; 2018. CLSI Document EP07-ed3.

## Definition of Symbols

The following symbols may appear on the product labeling:

Symbol	Symbol Title and Description
	Consult instructions for use
 Rev. 01	Version of instructions for use
 <a href="https://www.siemens.com/healthcare">siemens.com/healthcare</a>	Internet URL address to access the electronic instructions for use
 <a href="https://www.siemens.com/document-library">siemens.com/document-library</a>	
Rev. 	Revision
	Caution Consult instructions for use or accompanying documents for cautionary information such as warnings and precautions that cannot, for a variety of reasons, be presented on the medical device.
	Biological risks Potential biological risks are associated with the medical device.
	Corrosive
	Dangerous to environment
	Irritant Oral, dermal, or inhalation hazard
	Inhalation hazard Respiratory or internal health
	Flammable Flammable to extremely flammable
	Oxidizing
	Explosive
	Toxic
	Compressed gas
	Keep away from sunlight Prevent exposure to sunlight and heat.

Symbol	Symbol Title and Description
	Up Store in an upright position.
	Do not freeze
	Temperature limit Upper and lower limits of temperature indicators are adjacent to the upper and lower horizontal lines.
	Handheld barcode scanner
	<i>In vitro</i> diagnostic medical device
	Contains sufficient for <n> tests Total number of IVD tests the system can perform with the IVD kit reagents appears adjacent to the symbol.
<b>RxOnly</b>	Prescription device (US only) Applies only to United States-registered IVD assays. CAUTION: Federal (USA) law restricts this device to sale by or on the order of a licensed healthcare professional.
	Mixing of substances Mix product before use.
	Reconstitute and mix lyophilized product before use.
	Target
	Interval
	Legal Manufacturer
	Authorized Representative in the European Community
	Use-by date Use by the designated date.
	Batch code
	Catalog number
	Recycle
	Printed with soy ink
	CE Mark

Symbol	Symbol Title and Description
	CE Mark with notified body ID number Notified body ID number can vary.
YYYY-MM-DD	Date format (year-month-day)
	Variable hexadecimal number that ensures the Master Curve and Calibrator definition values entered are valid.
	Common Units
	International System of Units
	Material
	Unique material identification number
	Name of control
	Type of control

## Legal Information

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