

ADVIA® Chemistry XPT

Systems

Glucose Oxidase (GLUO)

Current Revision and Date^a	Rev. J, 2021-03	
Product Name	ADVIA® Chemistry Glucose Oxidase (GLUO) Reagents	REF 10492319
Systems	ADVIA Chemistry XPT System	
Materials Required but Not Provided	Siemens Chemistry Calibrator Reagent container adapters Commercially available controls	REF 09784096 (T03-1291-62)
Specimen Types	Human serum, plasma (lithium heparin, potassium EDTA, sodium fluoride/potassium oxalate), urine, cerebrospinal fluid (CSF)	
Assay Principle	Glucose Oxidase Trinder	
Assay Range	Serum: 6–750 mg/dL (0.3–41.6 mmol/L) Plasma: 6–750 mg/dL (0.3–41.6 mmol/L) Urine: 6–750 mg/dL (0.3–41.6 mmol/L) CSF: 6–750 mg/dL (0.3–41.6 mmol/L)	
Reagent Storage	2–8°C	
Reagent On-System Stability	60 days	
Reagent Code	74020	

^a In Rev. F or later, a vertical bar in the margin indicates a technical update to the previous version.

Intended Use

For *in vitro* diagnostic use in the quantitative determination of glucose in human serum, cerebrospinal fluid (CSF), plasma, and urine on ADVIA® Chemistry XPT systems. Such measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia, idiopathic hypoglycemia, and insulin overdose.

Summary and Explanation

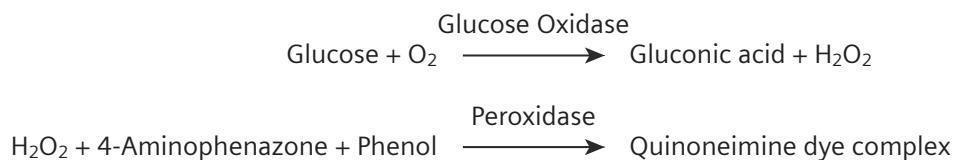
The ADVIA Chemistry Glucose Oxidase (GLUO) assay is based on the modified method of Keston.^{1,2}

The ADVIA Chemistry GLUO assay utilizes a single reagent. Sample is added to Reagent 1, which initiates the conversion of glucose and the quantitative formation of a dye complex. The absorbance of the dye is measured at 505/694 nm, and is proportional to the glucose concentration.

Principles of the Procedure

Glucose is determined after enzymatic oxidation in the presence of glucose oxidase. The formed hydrogen peroxide reacts under catalysis of peroxidase with phenol and 4-aminophenazone to form a red-violet quinoneimine dye as indicator.

Reaction Equation



Reagents

Reagent	Description	Storage	Reagent Stability
REF 10492319	ADVIA Chemistry Glucose Oxidase (GLUO) Reagent		
Glucose Oxidase Reagent 1	38 mL in 40-mL containers Buffer Phenol (11 mmol/L) 4-Aminophenazone (0.77 mmol/L) Glucose oxidase (microbial source) (≥ 1.5 kU/L) Peroxidase (horseradish) (≥ 1.5 kU/L) NaN ₃ (0.04%)	2–8°C	Unopened: Stable until the expiration date on product. On-system: 60 days

Warnings and Precautions

Safety data sheets (MSDS/SDS) available on siemens.com/healthcare.

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 the 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.

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

For *in vitro* diagnostic use.

Preparing Reagents

All reagents are liquid and ready to use.

Before use, gently invert the capped reagent to disrupt bubbles and ensure homogeneity. If bubbles still exist or foam is present, use a clean transfer pipette to aspirate them from the reagent container prior to use.

Storing and Stability

Unopened reagents are stable until the expiration date printed on the product label when stored at 2–8°C. Do not freeze reagents.

Specimen Collection and Handling

Siemens Healthcare Diagnostics validated serum, plasma (lithium heparin, potassium EDTA, sodium fluoride/potassium oxalate), urine, and cerebrospinal fluid (CSF) for the ADVIA Chemistry GLUO assay.

Follow these guidelines for specimens used for this assay:

- Serum and plasma can be collected using recommended procedures for collection of diagnostic blood specimens by venipuncture.³ Follow the instructions provided with your specimen collection device for use and processing.⁴
- Complete clot formation should take place before centrifugation.
- Serum or plasma should be physically separated from cells as soon as possible with a maximum limit of 2 hours from the time of collection.⁵
- Specimens should be free of particulate matter.
- Specimens should be as fresh as possible.
- The use of icteric or lipemic samples may cause a significant interference with this method.

The purpose of handling and storage information is to provide guidance to users. 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.

Procedure

Materials Provided

The following materials are provided:

Item	Contents	Number of Tests
REF 10492319	Reagent 1: 7 × 40-mL container	7 × 350

Materials Required but Not Provided

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

Item	Description
REF 09784096 (T03-1291-62)	Siemens Chemistry Calibrator
REF 10719152	40-mL reagent container adapter for 70-mL slot
	Commercially available control materials

Assay Procedure

Sampling, reagent delivery, mixing, and processing are automatically performed by the ADVIA Chemistry system.

For detailed information on performing the procedure, refer to the system operating instructions.

Preparing the System

For detailed information on preparing the system, refer to the system operating instructions.

Preparing the Samples

Before placing samples on the system, ensure that samples have the following characteristics:

- Samples are free of fibrin or other particulate matter.
- Samples are free of bubbles.

On-System Stability

The ADVIA Chemistry GLUO reagents are stable on the system for 60 days.

Do not use reagents beyond the expiration date.

Performing Calibration

To calibrate the ADVIA Chemistry GLUO assay, use the Siemens Chemistry Calibrator (REF 09784096 (T03-1291-62)).

Enter the lot-specific calibrator values that are provided with each lot of calibrator. Perform the calibration as described in the calibrator instructions for use.

Calibration Frequency

Calibrate the assay every 60 days.

Calibrate the assay after the following events:

- When the reagent lot number changes
- When a reagent pack is replaced by a new reagent pack with the same lot number, and the previous reagent pack was recalibrated during use
- After replacing critical optical or hydraulic components
- When indicated by quality control procedures

Individual laboratory quality control programs and procedures may require more frequent calibration.

Reagent Blank (RBL) Frequency

The ADVIA Chemistry system measures the RBL during assay calibration.

Run an additional RBL on the same reagent pack every 7 days.

Run an additional RBL when a reagent pack is replaced by a new reagent pack with the same lot number, and an additional reagent blank was run during use.

Note Use deionized water as the sample for the RBL in the ADVIA Chemistry GLUO assay.

Performing Quality Control

Follow government regulations or accreditation requirements for quality control frequency.

At least once each day of use, analyze 2 levels (low and high) of a commercially available quality control (QC) material with known glucose concentrations.

A satisfactory level of performance is achieved when the analyte values obtained are within the expected control range for the system or within your range, as determined by an appropriate internal laboratory quality control scheme.

The actual frequency of control in a laboratory is based on many factors, such as workflow, system experience, and government regulation. Each laboratory should evaluate the controls based on the frequency established by their laboratory guidelines.

Also, assay controls under the following conditions:

- Whenever you use a new reagent lot
- Following any system maintenance, cleaning, or troubleshooting procedure
- After performing a new calibration or an additional reagent blank

Follow your laboratory internal QC procedures if the results obtained are outside acceptable limits.

Taking Corrective Action

If the quality control results do not fall within the expected control range or within the laboratory's established values, do not report results. Take the following actions:

1. Determine and correct the cause of the unacceptable control results:
 - a. Verify that the assay was performed according to the instructions for use.
 - b. Verify that the materials are not expired.
 - c. Verify that required maintenance was performed.
 - d. Rerun the assay with fresh quality control samples, and confirm that quality control results are within acceptable limits before running patient samples.
 - e. If the quality control results are not within acceptable limits, recalibrate the assay, and repeat the prior step.
 - f. If necessary, contact your local technical support provider or distributor for assistance.
2. After corrective action is complete, repeat required testing of patient samples before reporting results.

Perform corrective actions in accordance with your established laboratory protocol.

Results

Calculation of Results

The system calculates and reports results based on the absorbance measurements of the test sample during the test, and of the calibrator(s) from calibration.

The instrument calculates the concentration of glucose in mg/dL (common units) or mmol/L (SI units).

Conversion factor: $\text{mg/dL} \times 0.0555 = \text{mmol/L}$

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

A number of substances cause physiological changes in serum, plasma (lithium heparin, potassium EDTA, and sodium fluoride/potassium oxalate), urine, or CSF analyte concentrations. A comprehensive discussion of possible interfering substances, their serum, plasma (lithium heparin, potassium EDTA, and sodium fluoride/potassium oxalate), urine, or CSF concentrations, and their possible physiological involvements is beyond the scope of this document. Consult the listed reference for specific details on known potential interfering substances.⁶

As with any chemical reaction, you must be alert to the possible effect on results of unknown interferences from medications or endogenous substances. The laboratory and physician must evaluate all patient results in light of the total clinical status of the patient.

Venipuncture should occur prior to N-Acetyl Cysteine (NAC) or Metamizole (Sulpyrine) administration due to the potential for falsely depressed results.

In the presence of etamsylate at 5 mg/dL (190 $\mu\text{mol/L}$), falsely depressed results > 10% for glucose oxidase may be observed.

Expected Values

The reference range for glucose oxidase is listed in the following table.⁷

Sample Type		Reference Range
Serum/Plasma	Adult	74–106 mg/dL (4.1–5.9 mmol/L)
Urine		< 0.5 g/day (< 2.78 mmol/day)
CSF	Adult	40–70 mg/dL (2.2–3.9 mmol/L)
	Infant/Child	60–80 mg/dL (3.3–4.4 mmol/L)

Siemens provides this information for reference. As with all *in vitro* diagnostic assays, each laboratory should determine its own reference ranges for the diagnostic evaluation of patient results. Consider these values as a guideline only.

Performance Characteristics

Analytical Measuring Range

This assay is linear from 6–750 mg/dL (0.3–41.6 mmol/L) for serum, plasma, urine, and CSF.

Results that are below the assay range are flagged < **Conc Range**. You should report the test result as < 6 mg/dL (< 0.3 mmol/L) for serum, plasma, urine, and CSF.

Results that are above the assay range are flagged > **Conc Range**.

Extended Measuring Range

Siemens has validated an automatic rerun condition for this assay which extends the reportable range to 1500 mg/dL (83.3 mmol/L) for serum, plasma, urine, and CSF. You may configure the system to trigger automatic reruns. Rerun results will be flagged **Autorepeat**.

Sensitivity

The ADVIA Chemistry GLUO assay performance at low levels was analyzed as described in CLSI protocol EP17-A2, and the limit of blank (LoB) and limit of detection (LoD) were determined.⁸

The LoB is the highest measurement result that is likely to be observed on a blank sample. The LoB for the ADVIA Chemistry GLUO assay is 1 mg/dL (0.1 mmol/L) for serum and plasma. The LoB for urine and CSF is 0 mg/dL (0.0 mmol/L) (rounded to reportable digits).

The LoD is the smallest amount that this assay can reliably detect to determine presence or absence of an analyte. The LoD for the ADVIA Chemistry GLUO assay is 6 mg/dL (0.3 mmol/L) for serum, plasma, urine, and CSF.

The LoB and LoD values are determined with proportions of false positives (α) less than 5% and false negatives (β) less than 5%, based on 180 determinations with 120 blank and 60 low-level sample replicates.

Precision

The precision of the ADVIA Chemistry GLUO assay was evaluated according to the CLSI protocol EP05-A2.⁹ Each sample was assayed 3 times per run, 1 or 2 runs per day, for at least 10 days.

Precision: Common Units

Specimen Type	N	Mean (mg/dL)	Repeatability (Within-Run)		Between-Run		Between-Day		Within-Lab (Total)	
			SD ^a (mg/dL)	CV ^b (%)	SD (mg/dL)	CV (%)	SD (mg/dL)	CV (%)	SD (mg/dL)	CV (%)
Serum Control 1	60	88	0.5	0.5	0.9	1.0	0.5	0.6	1.1	1.2
Serum Control 2	60	288	0.9	0.3	2.8	1.0	0.3	0.1	2.9	1.0
Serum Pool 1	60	51	0.3	0.6	0.7	1.3	0.3	0.5	0.8	1.5
Serum Pool 2	60	474	1.7	0.4	6.6	1.4	6.2	1.3	9.2	1.9
Serum Pool 3	60	119	0.5	0.4	1.7	1.4	0.0	0.0	1.7	1.4
Urine Control 1	60	17	0.4	2.3	0.2	1.3	0.4	2.1	0.6	3.4
Urine Control 2	60	298	1.1	0.4	3.9	1.3	5.5	1.8	6.8	2.3
CSF Control 1	60	54	0.4	0.8	0.2	0.3	0.4	0.8	0.6	1.1
CSF Control 2	60	100	0.5	0.4	0.7	0.7	0.6	0.6	1.0	1.0

^a SD = standard deviation

^b CV = coefficient of variation

Precision: SI Units

Specimen Type	N	Mean (mmol/L)	Repeatability (Within-Run)		Between-Run		Between-Day		Within-Lab (Total)	
			SD ^a (mmol/L)	CV ^b (%)	SD (mmol/L)	CV (%)	SD (mmol/L)	CV (%)	SD (mmol/L)	CV (%)
Serum Control 1	60	4.9	0.03	0.5	0.05	1.0	0.03	0.6	0.06	1.2
Serum Control 2	60	16.0	0.05	0.3	0.16	1.0	0.01	0.1	0.16	1.0
Serum Pool 1	60	2.8	0.02	0.6	0.04	1.3	0.01	0.5	0.04	1.5
Serum Pool 2	60	26.3	0.09	0.4	0.36	1.4	0.35	1.3	0.51	1.9
Serum Pool 3	60	6.6	0.03	0.4	0.09	1.4	0.00	0.0	0.10	1.4
Urine Control 1	60	0.9	0.02	2.3	0.01	1.3	0.02	2.1	0.03	3.4
Urine Control 2	60	16.5	0.06	0.4	0.22	1.3	0.30	1.8	0.38	2.3
CSF Control 1	60	3.0	0.02	0.8	0.01	0.3	0.02	0.8	0.03	1.1
CSF Control 2	60	5.5	0.02	0.4	0.04	0.7	0.03	0.6	0.05	1.0

^a SD = standard deviation

^b CV = coefficient of variation

Actual results will vary depending on the study design, and on the sample and sample population used. Results obtained at individual laboratories may vary from the data provided.

Accuracy / Method Comparison

The performance of the ADVIA Chemistry GLUO assay (y) was compared with the performance of the comparison assay on the indicated system (x).

Specimen Type	Comparison Assay (x)	N	r	Regression Equation	Sy.x	Sample Range
Serum	ADVIA 2400 GLUO	111	1.000	$y = 1.02x + 0.8$ mg/dL $y = 1.02x + 0.04$ mmol/L	4.5 mg/dL 0.25 mmol/L	6–728 mg/dL 0.3–40.4 mmol/L
Serum	ADVIA 1800 GLUO	112	1.000	$y = 1.02x + 1.2$ mg/dL $y = 1.02x + 0.07$ mmol/L	6.1 mg/dL 0.34 mmol/L	6–732 mg/dL 0.3–40.6 mmol/L
Plasma (Lithium Heparin)	ADVIA 1800 GLUO	67	1.000	$y = 1.02x + 0.1$ mg/dL $y = 1.02x + 0.01$ mmol/L	2.4 mg/dL 0.13 mmol/L	9–690 mg/dL 0.5–38.3 mmol/L
Plasma ^a (Lithium Heparin) ADVIA 1650/1800	ADVIA 1650/1800 GLUO - Serum	48	0.999	$y = 0.99x + 2.90$ mg/dL $y = 0.99x + 0.16$ mmol/L	2.2 mg/dL 0.12 mmol/L	60–381 mg/dL 3.3–21.2 mmol/L
Plasma ^a (Potassium EDTA) ADVIA 1650/1800	ADVIA 1650/1800 GLUO - Serum	55	1.000	$y = 1.00x + 1.6$ mg/dL $y = 1.00x + 0.09$ mmol/L	3.9 mg/dL 0.22 mmol/L	8–691 mg/dL 0.4–38.4 mmol/L
Plasma (Potassium EDTA)	ADVIA 1800	49	1.000	$y = 1.03x - 0.6$ mg/dL $y = 1.03x - 0.03$ mmol/L	1.6 mg/dL 0.09 mmol/L	10–661 mg/dL 0.6–36.7 mmol/L
Plasma (NaFl-KOx) ^b	ADVIA 1800 GLUO	41	1.000	$y = 1.02x + 2.8$ mg/dL $y = 1.02x + 0.15$ mmol/L	1.7 mg/dL 0.09 mmol/L	9–708 mg/dL 0.5–39.3 mmol/L
Plasma ^a (NaFl-KOx) ^b ADVIA 1650/1800	ADVIA 1650/1800 GLUO - Serum	56	0.999	$y = 0.98x + 2.30$ mg/dL $y = 0.98x + 0.13$ mmol/L	4.6 mg/dL 0.26 mmol/L	10–593 mg/dL 0.6–32.9 mmol/L
Urine	ADVIA 2400 GLUO	41	1.000	$y = 1.03x - 0.8$ mg/dL $y = 1.03x - 0.04$ mmol/L	3.4 mg/dL 0.19 mmol/L	6–740 mg/dL 0.3–41.1 mmol/L
Urine	ADVIA 1800 GLUO	54	1.000	$y = 0.99x - 0.8$ mg/dL $y = 0.99x - 0.04$ mmol/L	2.0 mg/dL 0.11 mmol/L	6–720 mg/dL 0.3–40.0 mmol/L
CSF	ADVIA 2400 GLUO	60	1.000	$y = 0.98x + 0.6$ mg/dL $y = 0.98x + 0.03$ mmol/L	3.2 mg/dL 0.18 mmol/L	9–750 mg/dL 0.5–41.6 mmol/L
CSF	ADVIA 1800 GLUO	59	1.000	$y = 0.98x + 0.2$ mg/dL $y = 0.98x + 0.01$ mmol/L	1.6 mg/dL 0.09 mmol/L	9–747 mg/dL 0.5–41.5 mmol/L

^a Matrix comparison. Correlations between serum and plasma samples on ADVIA 1650/1800 Chemistry systems are provided for reference.

^b Sodium fluoride/Potassium Oxalate

The correlation of the assay may vary depending on the study design, comparable method, and sample population. Results obtained at individual laboratories may vary from the data provided.

Interferences

Siemens tested the following potential interferences and found the results shown below.

The following results are from the ADVIA 2400 Chemistry system using the same reagent, with assay conditions identical to those on the ADVIA Chemistry XPT system.

Interferences: Serum

Interferent	Interferent Level	Glucose Sample Concentration	Interference
Bilirubin (conjugated)	7.5 mg/dL (128.3 µmol/L)	51 mg/dL (2.8 mmol/L)	NSI ^a
	15 mg/dL (256.5 µmol/L)	51 mg/dL (2.8 mmol/L)	+15.7%
	30 mg/dL (513.0 µmol/L)	195 mg/dL (10.8 mmol/L)	NSI
Bilirubin (unconjugated)	30 mg/dL (513 µmol/L)	50 mg/dL (2.8 mmol/L)	NSI
	30 mg/dL (513 µmol/L)	195 mg/dL (10.8 mmol/L)	NSI
Hemolysate (Hb)	500 mg/dL (5 g/L)	50 mg/dL (2.8 mmol/L)	NSI
	750 mg/dL (7.5 g/L)	50 mg/dL (2.8 mmol/L)	+12.0%
	1000 mg/dL (10 g/L)	191 mg/dL (10.6 mmol/L)	NSI
Lipemia ^b (triglycerides from Intralipid)	62.5 mg/dL (0.71 mmol/L)	51 mg/dL (2.8 mmol/L)	NSI
	125 mg/dL (1.41 mmol/L)	51 mg/dL (2.8 mmol/L)	+13.7%
	250 mg/dL (2.83 mmol/L)	198 mg/dL (11.0 mmol/L)	NSI
Lipemia ^b (triglycerides from triglycerides concentrate)	1000 mg/dL (11.3 mmol/L)	42 mg/dL (2.3 mmol/L)	NSI
	1000 mg/dL (11.3 mmol/L)	174 mg/dL (9.7 mmol/L)	NSI

^a NSI = No significant interference. A percentage effect $\geq 10\%$ is considered a significant interference.

^b SI units calculated as triolein

Interferences: Urine

Interferent	Interferent Level	Glucose Sample Concentration	Interference
Ascorbic Acid	2.5 mg/dL (0.1 mmol/L)	30 mg/dL (1.7 mmol/L)	-9.9% (NSI) ^a
	5.0 mg/dL (0.3 mmol/L)	30 mg/dL (1.7 mmol/L)	-18.7%
	7.5 mg/dL (0.4 mmol/L)	106 mg/dL (5.9 mmol/L)	-8.6% (NSI)
	10.0 mg/dL (0.6 mmol/L)	106 mg/dL (5.9 mmol/L)	-11.5%

Interferent	Interferent Level	Glucose Sample Concentration	Interference
Salicylate (Na salt)	50 mg/dL (3.1 mmol/L)	20 mg/dL (1.1 mmol/L)	+0.9% (NSI)
Caffeine	50 mg/dL (2.6 mmol/L)	27 mg/dL (1.5 mmol/L)	+0.7% (NSI)
Creatinine	500 mg/dL (44.2 mmol/L)	15 mg/dL (0.8 mmol/L)	+0.9% (NSI)
Urea	1000 mg/dL (166.6 mmol/L)	15 mg/dL (0.8 mmol/L)	+0.9% (NSI)

^a NSI = No significant interference. A percentage effect $\geq 10\%$ is considered a significant interference.

Note There is poor correlation between turbidity and triglyceride concentration in a lipemic sample.¹⁰

Actual results will vary depending on the study design, the levels of the potential interferences tested, and the samples used. Results obtained at individual laboratories may vary from the data provided.

Standardization

The ADVIA Chemistry GLUO assay is traceable to the Standard Reference Material 965a from the National Institute of Standards and Technology (NIST). Assigned values of Siemens Chemistry Calibrators are traceable to this standardization.

Technical Assistance




















For customer support, please contact your local technical support provider or distributor.
siemens.com/healthcare

References

1. Keston A. Paper presented at the 129th meeting of the American Chemical Society. 1956:31c.
2. Barham D, Trinder P. An improved colour reagent for the determination of blood glucose by the oxidase system. *Analyst*. 1972;97(151):142–145.
3. Clinical and Laboratory Standards Institute (formerly NCCLS). *Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Guideline—Sixth Edition*. CLSI document GP41-A6. Wayne, PA: Clinical and Laboratory Standards Institute; 2008.
4. Clinical and Laboratory Standards Institute (formerly NCCLS). *Tubes and Additives for Venous Blood Specimen Collection: Approved Standard; Approved Guideline—Sixth Edition*. CLSI document GP39-A6. Wayne, PA: Clinical and Laboratory Standards Institute; 2010.
5. Clinical and Laboratory Standards Institute (formerly NCCLS). *Procedures for the Handling and Processing of Blood Specimens; Approved Guideline—Fourth Edition*. CLSI document GP44-A4. Wayne, PA: Clinical and Laboratory Standards Institute; 2010.
6. Young DS. *Effects of Drugs on Clinical Laboratory Tests*. 5th ed. Washington, DC: AACC Press; 2000.
7. Wu AHB. *Tietz Clinical Guide to Laboratory Tests*. 4th ed. St. Louis, MO: WB Saunders Company; 2006:444–450.
8. Clinical and Laboratory Standards Institute (formerly NCCLS). *Evaluation of Detection Capability for Clinical Laboratory Measurement Procedures; Approved Guideline—Second Edition*. CLSI document EP17-A2. Wayne, PA: Clinical and Laboratory Standards Institute; 2012.
9. Clinical and Laboratory Standards Institute (formerly NCCLS). *Evaluation of Precision Performance of Quantitative Measurement Methods; Approved Guideline—Second Edition*. CLSI document EP05-A2. Wayne, PA: Clinical and Laboratory Standards Institute; 2004.
10. Twomey PJ, Don-Wauchope AC, McCullough D. Unreliability of triglyceride measurement to predict turbidity induced interference. *J Clin Pathol*. 2003 Nov;56(11):861–862.

Definition of Symbols

The following symbols may appear on the product labeling:

Symbol	Definition	Symbol	Definition
	<i>In vitro</i> diagnostic medical device	 REF	Catalog number
	Legal manufacturer		Authorized Representative in the European Community
	CE Mark		CE Mark with identification number of notified body
	Consult instructions for use		Biological risk
	Keep away from sunlight and heat		Temperature limitation
	Lower limit of temperature		Upper limit of temperature
	Do not freeze (> 0°C)		Up
	Use by		Contains sufficient for (n) tests
	Recycle		Printed with soy ink
Rev.	Revision	YYYY-MM-DD	Date format (year-month-day)
	Batch code	RxOnly	Prescription Device (US only)

Trademarks

ADVIA is a trademark of Siemens Healthcare Diagnostics.

Intralipid is a trademark of Fresenius Kabi AB.

© 2014–2021 Siemens Healthcare Diagnostics. All rights reserved.



Siemens Healthcare Diagnostics Inc.
511 Benedict Avenue
Tarrytown, NY 10591 USA

**Global Siemens
Headquarters**
Siemens AG
Wittelsbacherplatz 2
80333 Muenchen
Germany

**Global Siemens
Healthcare Headquarters**
Siemens AG
Healthcare Sector
Henkestrasse 127
91052 Erlangen
Germany
Phone: +49 9131 84-0
siemens.com/healthcare

Global Division
Siemens Healthcare
Diagnostics Inc.
511 Benedict Avenue
Tarrytown, NY 10591
USA
siemens.com/healthcare