



BIOLABO
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BIO-SIL APTT Silica

Reagent for the determination of activated partial thromboplastin time (APTT) in human plasmas

REF	13660	R1	6 x 3 mL
REF	13670	R1	6 x 10 mL



Made In France

TECHNICAL SUPPORT AND ORDERS

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Latest revision: www.biolabo.fr

I: corresponds to significant modifications



INTENDED USE

I This reagent is designated for professional use in laboratory (semi-automated or automated method). It allows the determination of activated partial thromboplastin time (APTT) in human plasmas.

GENERALITIES (1)

BIO-SIL Reagent is a basic coagulation screening test, useful to investigate the intrinsic coagulation pathway (factors XII, XI, IX, VIII, X, V, II and I) except the platelets.

The main application of the APTT is to monitor heparin therapy.

APTT is also used to detect congenital and acquired deficiencies related to the factors mentioned above.

Prolonged APTT may require further investigations related to congenital or acquired deficiencies.

PRINCIPLE (4)

The BIO-SIL reagent involves recalcification of plasma in the presence of standardised amount of cephalin (platelet substitute) and a micronized activator (Silica). The use of Silica avoids sedimentation of the reagent (standardised activation of XII factor).

REAGENTS (3)

R1 **BIOSIL** Freeze dried Reagent

Cephalin (Rabbit cerebral tissues)

Silica

Before reconstitution:

Warning Skin Sens.1: H317-May cause an allergic skin reaction,

P261: Avoid breathing dust, P302+P352: If on skin, wash with plenty of water, P333+P313 : If skin irritation or rash occurs, get medical advice

P501: Dispose of contents/container in accordance with dangerous goods regulations. Classification due to: Silica < 1%. For more details refer to current Material Safety Data Sheet (MSDS)

Once reconstituted, working reagent is not classified as dangerous

SAFETY CAUTIONS

- Refer to current Material Safety Data Sheet available on request or on www.biolabo.fr
- Verify the integrity of the contents before use.
- Waste disposal: Respect legislation in force in the country.
- All specimens or reagents of biological origin should be handled as potentially infectious. Respect legislation in force in the country.

I Any serious incident that has occurred in connection with the device is notified to the manufacturer and the competent authority of the Member State in which the user and/or patient is based.

REAGENTS PREPARATION

Vial R1: Use a non-sharp instrument to remove the cap.

Transfer immediately the volume of demineralized water indicated in vial R1.

Mix gently until complete dissolution

STABILITY AND STORAGE

Stored away from light, well capped in the original vial at 2-8°C, and used as described, reagents are stable:

Unopened:

- Until expiry date stated on the label of the kit

Once opened:

- Reconstitute immediately the contents of vial R1.
- Transfer requested quantity, well recap vials and store at 2-8°C
- Working reagent is stable for:
 - ✓ 8 hours at room temperature
 - ✓ 30 days at 2-8°C

Don't use working reagent after expiry date.

SPECIMEN COLLECTION AND HANDLING (1) (6)

- Careful venipuncture:
- Blood/anticoagulant ratio: 4.5 mL of blood for 0.5 mL of trisodium citrate 2 H₂O 0.109 M.
- Avoid blood drawing with a syringe that could result in the formation of micro-clots.
- Centrifuge for 10 minutes at 2500 g as soon as possible and run the assay within 3 hours following the blood collection.
- Use plastic disposable test tubes to store plasmas refrigerated before testing.
- Patient's specimen on heparin therapy: centrifuge and run the assay within 1 hour following the blood collection.
- Simultaneously prepare a pool of at least 2 freshly drawn normal plasmas as reference.

MATERIAL REQUIRED BUT NOT PROVIDED

1. Medical analysis laboratory equipment
2. Automated or semi-automated coagulation analyzer
3. Demineralised water for preparation of reagent
4. REF 13565: Calcium chloride 0.025 M

LIMITS (2) (4) (5)

- Heparin, depending on its origin and composition (calcium or sodium salt) has a different influence on the sensitivity of reagent.
- Mishrahi and al. indicate an easy procedure to determine the sensitivity of the method used in each laboratory and to inform the clinician in order to optimize the posology.

For a more comprehensive review of factors affecting this assay refer to the publication of Young D.S.

Manufacturer	Expiry date	In vitro diagnostic	Storage temperature	Dematerialized water	Biological risk
Product Reference	See Insert	Batch number	Store away from light	Sufficient for	Dilute with

CALIBRATION (4)

Results are method dependent.
The validity of the result depends on the time counting, the respect of reagent/specimen ratio and temperature.

QUALITY CONTROL

REF 13961	Control Plasmas Level 1	6 X 1 mL
REF 13962	Control Plasmas Level 2	6 X 1 mL
REF 13963	Control Plasmas Level 3	6 X 1 mL

Or

REF 13971	Coatrol 1	6 x 1 mL
REF 13972	Coatrol 2	6 x 1 mL

- External quality control program.

It is recommended to control in the following cases:

- At least once a run
- At least once within 24 hours
- When changing vial of reagent
- After maintenance operations on the instrument

If control is out of range, apply following actions:

- Prepare a fresh control serum and repeat the test
- If control is still out of range, use a new vial of fresh calibrator
- If control is still out of range, use a new vial of reagent and re-assay
- If control is still out of range, please contact BIOLABO technical support or your local Agent.

PERFORMANCES

On automatic analyser SOLEA 100 at 37°C:

Precision:

Within run N = 20			Between run N = 20		
	Level 1	Level 2		Level 1	Level 2
Mean (sec)	36	73	Mean (sec)	41	67
S.D. (sec)	0.48	0.58	S.D. (sec)	0.84	1.64
C.V. %	1.3	0.8	C.V. %	2.1	2.4

Comparison with commercially available reagent:

400 plasmas located between 25 and 76 sec were tested:

$$y = 1.663x - 18.053 \quad r = 0.9077$$

Interferences on APTT (sec):

Turbidity	No interference up to 0.404 abs
Bilirubin	Positive interference from 133 µmol/L
Hemoglobin	No interference up to 261 µmol/L

Other substances may interfere with the results (see § Limits)

Onboard stability: at least 30 days when kept 8 hours per days onboard

REFERENCE INTERVALS (1) (7)

Reference range varies with the reagent-instrument combination used and then should be determined by each laboratory.

Each laboratory should also determine its reference normal time using a pool of normal patient specimens.

In general, reference time of normal plasma is < 35 sec

The APTT is normally prolonged in newborns/infant.

The APTT gradually decreases into adult range by 6 months

Anticoagulant treatment

Antivitamins K

It is recommended to associate the PT results to the APTT results.

For patient under long-term treatment, APTT results are between 45 and 60 sec with a Patient time/Reference time ratio of 1.3 to 1.7.

Heparin

Usually a good monitoring will result in APTT between 50 and 90 seconds with a Patient time/Reference time ratio of 1.5 to 2.5.

A good laboratory practice is required for this assay namely because of the risks of contamination by the platelets. Variations are also observed depending on the way of taking heparin as well as the nature of heparin.

PROCEDURE

Manual method on semi-automate BIO SOLEA2, BIO SOLEA4

Pre-warm Calcium chloride 0.025 M REF 13565 at 37°C

Well homogenised BIO-SIL Reagent	0.1 mL
Controls, Reference Plasma r Patient plasma	0.1 mL
Mix, incubate exactly for 3 minutes at 37°C.	
REF 13565 : CaCl ₂ 0.025 M (37°C)	0.1 mL
The automatic Countdown timer will start immediately after CaCl ₂ addition and stop when the clot is formed.	

Automated Procedure on SOLEA 100:

Refer to the full detailed application.

Note:

- Performances and stability data have been validated on SOLEA100 and Thrombolyzer Compact X (available on request).
- With manual procedure and on other automated coagulation analyzer, performances and stability data must be validated by user.
- Other validated applications or proposal applications are available on request.

CALCULATION (5)

Results may be expressed as follows:

- In seconds (Patient time and Reference plasma time)
- In ratio (Patient time/Reference plasma time)

REFERENCES

- Clinical Guide to Laboratory Test, 4th Ed., N.W. TIETZ (2006) p.46-47*
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