



#### Alkaline Phosphatase acc. to IFCC Gen.2

#### Order information

REF	CONTENT		Analyzer(s) on which <b>cobas c</b> pack(s) can be used
<b>05166888</b> 190*	Alkaline Phosphatase acc. to IFCC Gen.2 (1050 tests)	System-ID 05 6760 3	Roche/Hitachi cobas c 701/702
<b>05166888</b> 214*	Alkaline Phosphatase acc. to IFCC Gen.2 (1050 tests)	System-ID 05 6760 3	Roche/Hitachi cobas c 701/702
<b>10759350</b> 190	Calibrator f.a.s. (12 x 3 mL)	Code 401	
<b>10759350</b> 360	Calibrator f.a.s. (12 x 3 mL, for USA)	Code 401	
<b>12149435</b> 122	Precinorm U plus (10 x 3 mL)	Code 300	
<b>12149435</b> 160	Precinorm U plus (10 x 3 mL, for USA)	Code 300	
<b>12149443</b> 122	Precipath U plus (10 x 3 mL)	Code 301	
<b>12149443</b> 160	Precipath U plus (10 x 3 mL, for USA)	Code 301	
<b>05117003</b> 190	PreciControl ClinChem Multi 1 (20 x 5 mL)	Code 391	
<b>05947626</b> 190	PreciControl ClinChem Multi 1 (4 x 5 mL)	Code 391	
<b>05947626</b> 160	PreciControl ClinChem Multi 1 (4 x 5 mL, for USA)	Code 391	
<b>05117216</b> 190	PreciControl ClinChem Multi 2 (20 x 5 mL)	Code 392	
<b>05947774</b> 190	PreciControl ClinChem Multi 2 (4 x 5 mL)	Code 392	
<b>05947774</b> 160	PreciControl ClinChem Multi 2 (4 x 5 mL, for USA)	Code 392	
<b>05172152</b> 190	Diluent NaCl 9 % (119 mL)	System-ID 08 6869 3	

<sup>\*</sup> Some kits shown may not be available in all countries.

### **English**

# System information ALP2L: ACN 8683

#### Intended use

In vitro test for the quantitative determination of alkaline phosphatase in human serum and plasma on Roche/Hitachi **cobas c** systems.

## $Summary ^{1,2,3,4,5,6}$

Alkaline phosphatase in serum consists of four structural genotypes: the liver-bone-kidney type, the intestinal type, the placental type and the variant from the germ cells. It occurs in osteoblasts, hepatocytes, leukocytes, the kidneys, spleen, placenta, prostate and the small intestine. The liver-bone-kidney type is particularly important.

A rise in the alkaline phosphatase occurs with all forms of cholestasis, particularly with obstructive jaundice. It is also elevated in diseases of the skeletal system, such as Paget's disease, hyperparathyroidism, rickets and osteomalacia, as well as with fractures and malignant tumors. A considerable rise in the alkaline phosphatase activity is sometimes seen in children and juveniles. It is caused by increased osteoblast activity following accelerated bone growth.

The assay method was first described by King and Armstrong, modified by Ohmori, Bessey, Lowry and Brock and later improved by Hausamen et al. In 2011 the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) Scientific Division, Committee on Reference Systems of Enzymes (C-RSE) recommended a reference procedure for the determination of alkaline phosphatase using an optimized substrate concentration and 2-amino-2-methyl-1-propanol as buffer plus the cations magnesium and zinc at 37 °C. This assay follows the recommendations of the IFCC, but was optimized for performance and stability.

# Test principle<sup>6</sup>

Colorimetric assay in accordance with a standardized method.

In the presence of magnesium and zinc ions, p-nitrophenyl phosphate is cleaved by phosphatases into phosphate and p-nitrophenol.

ALP

p-nitrophenyl phosphate + H<sub>2</sub>O phosphate + p-nitrophenol

The p-nitrophenol released is directly proportional to the catalytic ALP activity. It is determined by measuring the increase in absorbance.

# Reagents - working solutions

R1 2-amino-2-methyl-1-propanol: 1.724 mol/L, pH 10.44 (30 °C); magnesium acetate: 3.83 mmol/L; zinc sulfate: 0.766 mmol/L; N-(2-hydroxyethyl)-ethylenediamine triacetic acid: 3.83 mmol/L

**R3** p-nitrophenyl phosphate: 132.8 mmol/L, pH 8.50 (25 °C); preservatives

R1 is in position B and R3 is in position C.

#### **Precautions and warnings**

For in vitro diagnostic use.

Exercise the normal precautions required for handling all laboratory reagents.

Disposal of all waste material should be in accordance with local guidelines. Safety data sheet available for professional user on request.

For USA: Caution: Federal law restricts this device to sale by or on the order of a physician.

This kit contains components classified as follows in accordance with the Regulation (EC) No. 1272/2008:



## Warning

H315 Causes skin irritation.

H319 Causes serious eye irritation.

Prevention:

P264 Wash skin thoroughly after handling.

P280 Wear protective gloves/ eye protection/ face protection.

Response:

P302 + P352 IF ON SKIN: Wash with plenty of water.

P332 + P313 If skin irritation occurs: Get medical advice/attention.

P337 + P313 If eye irritation persists: Get medical advice/attention.

P362 + P364 Take off contaminated clothing and wash it before reuse.

Product safety labeling follows EU GHS guidance.

Contact phone: all countries: +49-621-7590, USA: 1-800-428-2336

#### Reagent handling

Ready for use



#### Alkaline Phosphatase acc. to IFCC Gen.2

cobas®

Storage and stability	
ALP2	
Shelf life at 2-8 °C:	See expiration date on <b>cobas c</b> pack label.
On-board in use and refrigerated on the analyzer:	4 days
On-board on the Reagent Manager:	24 hours
Diluent NaCl 9 %	
Shelf life at 2-8 °C:	See expiration date on <b>cobas c</b> pack label.

4 weeks

24 hours

# On-board on the Reagent Manager: Specimen collection and preparation

On-board in use and refrigerated on the

For specimen collection and preparation only use suitable tubes or collection containers.

Only the specimens listed below were tested and found acceptable. Serum

Plasma: Li-heparin plasma.

analyzer:

The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Centrifuge samples containing precipitates before performing the assay. See the limitations and interferences section for details about possible sample interferences.

Sample stability claims were established by experimental data by the manufacturer or based on reference literature and only for the temperatures/time frames as stated in the method sheet. It is the responsibility of the individual laboratory to use all available references and/or its own studies to determine specific stability criteria for its laboratory.

Stability:<sup>7</sup> 7 days at 20-25 °C 7 days at 4-8 °C 2 months at -20 °C

#### Materials provided

See "Reagents – working solutions" section for reagents.

### Materials required (but not provided)

See "Order information" section General laboratory equipment

#### **Assay**

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

The performance of applications not validated by Roche is not warranted and must be defined by the user.

# Application for serum and plasma

#### cobas c 701/702 test definition

Assay type Rate A
Reaction time / Assay points 10 / 24-38
Wavelength (sub/main) 480/450 nm
Reaction direction Increase
Units U/L (µkat/L)

Reagent pipetting Diluent (H<sub>2</sub>O)

R1	75 μL	25 μL	
R3	17 μL	21 µL	
Sample volumes	Sample	San	nple dilution
		Sample	Diluent (NaCl)
Normal	2.8 μL	-	_
Decreased	2.8 μL	20 μL	80 μL
Increased	5.6 μL	_	_
Calibration			
Calibrators	S1: H <sub>2</sub> O S2: C.f.a.s.		
Calibration mode	Linear		
Calibration frequency	2-point calibration - after reagent lot change - as required following quality control procedures		

Calibration interval may be extended based on acceptable verification of calibration by the laboratory.

Traceability: This method has been standardized against the IFCC procedure (2011).<sup>6</sup>

#### Quality control

For quality control, use control materials as listed in the "Order information" section. In addition, other suitable control material can be used.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

Follow the applicable government regulations and local guidelines for quality control.

#### Calculation

Roche/Hitachi **cobas c** systems automatically calculate the analyte activity of each sample.

Conversion factor: U/L x 0.0167 = µkat/L

### **Limitations - interference**

Criterion: Recovery within  $\pm$  10 % of initial value at an alkaline phosphatase activity of 100 U/L (1.67  $\mu kat/L).$ 

lcterus:  $^8$  No significant interference up to an I index of 60 for conjugated and unconjugated bilirubin (approximate conjugated and unconjugated bilirubin concentration:  $1026~\mu mol/L$  or 60~mg/dL).

Hemolysis:<sup>8</sup> No significant interference up to an H index of 200 (approximate hemoglobin concentration: 124 µmol/L or 200 mg/dL).

Lipemia (Intralipid):<sup>8</sup> No significant interference up to an L index of 2000. There is poor correlation between the L index (corresponds to turbidity) and triglycerides concentration.

Drugs: No interference was found at the rapeutic concentrations using common drug panels.  $^{9,10}\,$ 

In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.<sup>11</sup>

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

### **ACTION REQUIRED**

Special Wash Programming: The use of special wash steps is mandatory when certain test combinations are run together on Roche/Hitachi cobas c systems. All special wash programming necessary for avoiding carry-over is available via the cobas link, manual input is required in certain cases. The latest version of the carry-over evasion list can be found with the NaOHD/SMS/SmpCln1+2/SCCS Method Sheet and for further instructions refer to the operator's manual.

Where required, special wash/carry-over evasion programming must be implemented prior to reporting results with this test.





# cobas®

## Limits and ranges

Measuring range

5-1200 U/L (0.084-20.0 µkat/L)

Determine samples having higher activities via the rerun function. Dilution of samples via the rerun function is a 1:5 dilution. Results from samples diluted using the rerun function are automatically multiplied by a factor of 5.

#### Lower limits of measurement

Lower detection limit of the test:

5 U/L (0.084 μkat/L)

The lower detection limit represents the lowest measurable analyte level that can be distinguished from zero. It is calculated as the value lying 3 standard deviations above that of the lowest standard (standard  $1 + 3 \, \text{SD}$ , repeatability, n = 21).

Values below the lower detection limit (< 5 U/L) will not be flagged by the instrument.

#### **Expected values**

(measured at 37 °C)

lhΑ	ılte	<b>ي</b> 12

40-129 U/L	(0.67-2.15 µkat/L)
35-104 U/L	(0.58-1.74 µkat/L)
83-248 U/L	(1.39-4.14 µkat/L)
122-469 U/L	(2.04-7.83 µkat/L)
142-335 U/L	(2.37-5.59 µkat/L)
129-417 U/L	(2.15-6.96 µkat/L)
116-468 U/L	(1.94-7.82 µkat/L)
82-331 U/L	(1.37-5.53 µkat/L)
55-149 U/L	(0.92-2.49 µkat/L)
83-248 U/L	(1.39-4.14 µkat/L)
122-469 U/L	(2.04-7.83 µkat/L)
142-335 U/L	(2.37-5.59 µkat/L)
129-417 U/L	(2.15-6.96 µkat/L)
57-254 U/L	(0.95-4.24 µkat/L)
50-117 U/L	(0.84-1.95 µkat/L)
45-87 U/L	(0.75-1.45 µkat/L)
	35-104 U/L  83-248 U/L  122-469 U/L  142-335 U/L  129-417 U/L  116-468 U/L  82-331 U/L  55-149 U/L  83-248 U/L  122-469 U/L  142-335 U/L  129-417 U/L  57-254 U/L  50-117 U/L

Roche has not evaluated reference ranges in a pediatric population.

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference ranges.

#### Specific performance data

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.

## Precision

Precision was determined using human samples and controls in an internal protocol with repeatability (n = 21) and intermediate precision (3 aliquots per run, 1 run per day, 21 days). The following results were obtained:

Repeatability	Mean U/L (μkat/L)	SD U/L (µkat/L)	CV %
Precinorm U	84.3 (1.41)	0.6 (0.01)	0.7
Precipath U	222 (3.70)	1 (0.02)	0.5

Human serum A	52.6 (0.88)	0.5 (0.01)	1.0
Human serum B	160 (2.66)	1 (0.02)	0.6
Human serum C	966 (16.1)	3 (0.1)	0.3
Intermediate precision  Precinorm U	Mean	SD	CV
	U/L (μkat/L)	U/L (μkat/L)	%
	92.8 (1.56)	2.2 (0.04)	2.4
Precipath U	224 (3.74)	4 (0.06)	1.7
Human serum 3	82.2 (1.37)	1.8 (0.03)	<ul><li>2.1</li><li>0.9</li></ul>
Human serum 4	1025 (17.1)	9 (0.2)	

Results for intermediate precision were obtained on the master system **cobas c** 501 analyzer.

#### Method comparison

Alkaline phosphatase values for human serum and plasma samples obtained on a Roche/Hitachi **cobas c** 701 analyzer (y) were compared with those determined using the corresponding reagent on a Roche/Hitachi **cobas c** 501 analyzer (x).

Sample size (n) = 73

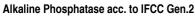
Passing/Bablok <sup>14</sup>	Linear regression
y = 1.0x - 1.0 U/L	y = 0.999x - 1.6 U/L
T = 0.991	r = 1.0

The sample activities were between 52 and 1089 U/L (0.87 and 18.2 µkat/L).

#### References

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A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

#### Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see https://usdiagnostics.roche.com for definition of symbols used):



Contents of kit

Volume after reconstitution or mixing

Global Trade Item Number

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