Whole PTH™ (1-84) Specific

Immunoradiometric (IRMA) Assay
(Coated Tube-Technology)
For the quantitative determination
of human whole PTH
**For In Vitro Diagnostic Use Only

INTENDED USE
This kit has been designed for the quantitative
determination of human whole parathyroid hormone
(PTH) without cross-reaction to PTH (7-84) fragment in
plasma and serum.

PHYSIOLOGY
The Whole PTH peptide (1-84) is secreted by
parathyroid glands under the regulation of the extra-
cellular concentration of ionized calcium, vitamin D and
magnesium. PTH acts with respect to calcium on the
kidney and the skeleton. PTH binds to receptors,
which stimulate adenylate-cyclase to produce cyclic
adenosine monophosphate (cAMP) from adenosine
triphosphate (ATP). The biological activity of PTH
resides in the first 2 amino acids of the N-terminal
portion of the molecule. PTH is metabolized either intra
glandular or in the peripheral organs into fragments.
Circulatory PTH are immunologically heterogenous.
A recent study of circulation
immunoreactive PTH showed that significant amounts
of a large carboxyl-terminal PTH fragment, PTH (7-84),
presented in blood samples from uremic patients.
Biologically inactive fragments with molecular weights
of 4000 - 7000 Daltons circulate with a half-life of 30
minutes in healthy persons.
cAMP or other PTH dependent processed metabolites
(e.g. hypophosphatemia) stimulate the renal
hydroxylation of 25-(OH) vitamin D to 1,25-(OH)₂
vitamin D. This vitamin D metabolite stimulates calcium
absorption by the small intestine. Severe vitamin D
deficiency results in an enhanced secretion of PTH
compared to the secretion of calcium.
Hypomagnesemia in the primary stage stimulates
hypocalcemia. Severe hypomagnesemia results in the
reduced secretion of PTH.
Primary and secondary hyperparathyroidism, kidney
insufficiency, malabsorption-syndrome and pseudo-
hypoparathyroidism result in elevated concentrations of
PTH. Decreased concentrations of PTH coincide
with high doses of vitamin-D, milk-alkali-syndrome,
Morbus Boeck, hyperthyreosis, ingestion of thiazide
and hypercalcemia of malignancy. PTH concentration is
also decreased with absorptive hypercalciuria and
hypoparathyroidism.

PRINCIPLE OF PROCEDURE
Scantibodies 1-84 PTH or Whole PTH Kit is an
immunoradiometric (IRMA) assay utilizing a polyclonal
1-84 PTH antibody with a tendency to bind in the N
terminal region of 1-84 PTH (Label Antibody), and a
polyclonal 1-84 PTH antibody with a tendency to bind in
the C terminal region of 1-84 PTH (Capture Antibody).
The use of these antibodies guarantees that only Whole
PTH (CAP) is detected. The Label Antibody is labeled
with 125I. The Capture Antibody is fixed to the tubes. 1-
84 PTH or Whole PTH (CAP) in patient samples is
bound both to the tubes and the Label Antibody. After
incubation free 125I antibodies and bound 125I antibody
fractions are separated by discarding the supernatant.
Simple wash steps reduce the non-specific binding
(NSB) to a minimum for increased precision at the low
end of the calibration curve. The concentration of
Whole PTH (CAP) is directly proportional to the
radioactivity bound to the tubes after separation. The
concentration of PTH in unknown patient samples and
controls is determined by interpolation using a
calibration curve.

REAGENTS
The Scantibodies Whole PTH Kit contains sufficient
reagents for 100 single determinations. The kit is stable
at 2 - 8 °C until the stated expiration date.

PTH CALIBRATORS
One set of calibrators consists of seven vials
containing lyophilized human serum with nominal
Whole PTH (CAP) concentrations. The lyophilized
calibrators are prepared in stabilized human serum
containing sodium azide 0.1% (w/v). The Whole
PTH (CAP) concentrations are declared on the vial
label.

PTH CONTROLS
One set of controls consists of two vials containing
Whole PTH (CAP) in lyophilized human serum with
0.1% (w/v) sodium azide. The concentration ranges
of Whole PTH (CAP) are declared on the vial
labels.

125I-ANTI N-TERMINAL PTH TRACER
One set of tracer consists of two bottles of 125I-
antibodies. Each bottle contains goat anti N-
terminal PTH antibodies which are labeled with 125I
and dissolved in 5 ml phosphate buffered saline
with sodium azide 0.1% (w/v) and protein
stabilizers. The maximum radioactivity in a bottle is
<370 kBq (<10 µCi). This kit contains $^{125}$I (half life: 60 Days), emitting ionizing X (28 keV) and Gamma $\gamma$ (35.5 keV) radiations.

**PTH (39-84) ANTIBODY COATED TUBES**

Two packages of 50 tubes plus desiccant. The tubes are coated with goat anti-PTH (39-84). The desiccant contains silica.

**WASH CONCENTRATE**

One bottle contains 30 ml of a 30 fold concentrate of phosphate buffered saline with sodium azide 1.5% (w/v) and detergent.

**PREPARATION AND STORAGE OF REAGENTS**

**PTH CALIBRATORS**

The Scantibodies Laboratory, Inc. Whole PTH Coated Tube Diagnostic Kit contains the PTH standards prepared analytically on a mass basis from purified synthetic Whole PTH (1-84). These standards are further evaluated against "primary standards" which are stored at -70° C to maintain calibration.

Reconstitute the zero calibrator with 5 ml of distilled or deionized water. Reconstitute the remaining calibrators with 2 ml of distilled or deionized water. After addition of the water, mix each vial thoroughly but gently. Use the reconstituted calibrators within 1 hour. Store the unused portion of the calibrators below -20° C until the stated expiration date. Do not store the calibrators at room temperature for more than one hour at any given time. Do not thaw any calibrator vial more than two times.

**PTH CONTROLS**

Reconstitute the vials of controls with 2 ml of distilled or deionized water. After addition of the water, mix each vial thoroughly but gently. Use the reconstituted controls within 1 hour. Store the unused portion of the controls below -20° C until the stated expiration date. Do not store the controls at room temperature for more than one hour at any given time. Do not thaw any control vial more than two times.

$^{125}$I-ANTI N-TERMINAL PTH TRACER

The tracer is ready to use. Store the tracer at 2 - 8° C until the stated expiration date.

**PTH (39-84) ANTIBODY COATED TUBES**

The antibody coated tubes are ready to use. Store the tubes at 2 - 8° C until the stated expiration date. Allow the tubes to equilibrate to ambient temperature prior to opening package. Reseal the package immediately after removing the required number of tubes.

**WASH CONCENTRATE**

Mix the contents of the wash concentrate thoroughly with 870 ml of distilled or deionized water (1:30). Store the diluted wash solution at room temperature (18 - 25° C) until the stated expiration date.

**WARNINGS AND PRECAUTIONS FOR USERS**

**Use of The Assay**

The reagents are for in vitro diagnostic use only.

**Human Serum Caution**

The human serum in this kit has been prepared from human donors and it has been tested by FDA approved immunoassays and found to be non-reactive for Hepatitis B Surface Antigen (HBsAg), Anti HIV I/II and Anti HCV. However, it is recommended to consider the calibrators and controls as a potential biohazard and handle them with the same precautions as applied to any untested patient sample.

**Radioactivity Warning**

This radioactive material may be received, acquired, possessed, or used only by physicians, clinical laboratories, or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority.

All radioactive materials must be disposed of according to the regulations (regulations differ from country to country) and guidelines of the agencies with jurisdiction over the laboratory. Do not eat, drink, smoke or apply cosmetics in areas where radioactive materials are used. Storage of radioactive materials should be limited to specifically designated and appropriately secured areas. Access to radioactive materials should be limited to authorized and trained personnel only. Do not pipette radioactive solutions by mouth. Avoid direct contact with radioactive materials by using protective articles such as lab coats and disposable gloves. Radioactive materials must be stored in designated areas in their original containers or in containers providing equivalent radiation protection. A record of disposal of all radioactive materials must be kept. Immediately remove spilled solutions and decontaminate contaminated devices. Check laboratory equipment and glassware regularly to detect contamination with radioisotopes.

**Sodium Azide (NaN$_3$) Warning**

Some reagents in the Scantibodies PTH assay contain sodium azide. Sodium azide may react with lead and copper plumbing to form highly explosive metal azides. On disposal flush the drain with a large volume of water to prevent azide build-up. Avoid direct contact with skin and mucous membranes.

**SAMPLE PREPARATION AND STORAGE**
Specimen Collection
The determination of human PTH should be made on EDTA-plasma or serum. Four hundred microliters of plasma are required to assay one sample in duplicate. To obtain plasma, collect blood by venipuncture into a tube containing EDTA. Invert the tube gently 5 - 6 times after collection to ensure adequate mixing. Whole blood may be stored refrigerated for up to 48 hours prior to centrifugation. Centrifuge the sample and separate the plasma from the cells. To obtain serum, collect blood by venipuncture into a tube containing EDTA. Invert the tube gently 5 - 6 times after collection to ensure adequate mixing. Whole blood may be stored refrigerated for up to 48 hours prior to centrifugation. Centrifuge the sample and separate the plasma from the cells. Plasma and serum should be stored at -20° C or lower if not tested immediately. Avoid repeated freezing and thawing of plasma. Do not use patient samples which have been frozen and thawed more than two times.

Dilution of Patient Samples
Dilute patient samples with PTH concentrations greater than the highest calibrator with Scantibodies PTH Zero Calibrator before assay. The dilution factor is applied to the diluted sample assay result in order to determine the PTH concentration in the undiluted sample.

Quality Control
Two levels of controls are provided with each assay kit. The values assigned to these controls are printed on the container label. The control value should fall within the specified range when tested in the same manner as the unknowns. Controls should be included in each assay. If the control values do not meet the established range, the assay may be invalid and should be repeated.

ASSAY PROCEDURE
Materials Provided
The Scantibodies Whole PTH Kit (Part No. 3KG014) is supplied with the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTH Standards</td>
<td>7 vials</td>
</tr>
<tr>
<td>3CA650, 3CB650, 3CC650, 3CD650,</td>
<td></td>
</tr>
<tr>
<td>3CE650, 3CF650, 3CG650</td>
<td></td>
</tr>
<tr>
<td>PTH Controls</td>
<td>2 vials</td>
</tr>
<tr>
<td>Part Nos. 3CA651, 3CB651</td>
<td></td>
</tr>
<tr>
<td>PTH (39-84) Antibody Coated Tubes</td>
<td>2 packages of 50 tubes</td>
</tr>
<tr>
<td>Part No. 3KT001</td>
<td></td>
</tr>
<tr>
<td>Goat Anti-N-Terminal PTH 125I Antibody</td>
<td>2 vials</td>
</tr>
<tr>
<td>Part No. 3KL022</td>
<td></td>
</tr>
<tr>
<td>Wash Concentrate</td>
<td>1 bottle</td>
</tr>
<tr>
<td>Part No. 3KW001</td>
<td></td>
</tr>
<tr>
<td>Directional Insert</td>
<td>1 insert</td>
</tr>
<tr>
<td>Part No. 7KI024</td>
<td></td>
</tr>
</tbody>
</table>

Materials And Equipment Required But Not Provided:
Distilled or deionized water
Round-bottomed polystyrene or polystyrene test tubes (12 x 55, 12 x 75, 12 x 70 mm or equivalent)
Pipettor with disposable tips: 0.2 ml
Wash station
Vortex mixer
Gamma counter calibrated to detect 125I
Rotator, capable of maintaining 170 ± 10 RPM.

Preparation for Assay
For each assay, prepare the following groups of tubes and place them in a test tube rack (double determination):
2 total count tubes (optional for QC). Use non-coated tubes.
2 Bo tubes (NSB) - provided with kit
2 tubes for each calibrator concentration - provided with kit
2 tubes for each control concentration - provided with kit
2 tubes for each patient sample - provided with kit

Pipetting and Incubation Steps
1. Pipette 0.2 ml of calibrators, samples and controls into the corresponding tubes.
2. Pipette 0.1 ml of goat anti-N-terminal PTH 125I antibody into each tube.
3. Gently vortex all tubes.
4. Seal the tubes and incubate them for 18 - 24 hours at room temperature (18 - 25° C) and shaking 170 ± 10 RPM.
5. Aspirate the supernatant from each tube except for the total count tubes. Wash the tubes 3 times with 2 ml of diluted wash solution. After each addition of diluted wash solution aspirate all of the wash solution.
6. Count each tube for at least 1 minute in a gamma counter calibrated to detect 125I. The total count tube should contain approximately 300,000 CPM (assuming the counter has an efficiency of 70% - 80%) when freshly iodinated 125I-anti-N-terminal PTH tracer is used. The total activity of the tracer decreases according to the half-life of 125I.

PIPETTING GUIDE

<table>
<thead>
<tr>
<th>Additive to Tube</th>
<th>Total Count Tubes</th>
<th>Bo Tubes</th>
<th>Calibrator Tubes</th>
<th>Control Tubes</th>
<th>Sample Tubes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calibrator</td>
<td>-</td>
<td>200 μl</td>
<td>200 μl</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Control</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>200 μl</td>
<td>-</td>
</tr>
<tr>
<td>Sample</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>200 μl</td>
</tr>
<tr>
<td>125I anti-N-terminal PTH</td>
<td>100 μl</td>
<td>100 μl</td>
<td>100 μl</td>
<td>100 μl</td>
<td>100 μl</td>
</tr>
</tbody>
</table>

Vortex mix all tubes, except for the TC tubes. Incubate tubes for 18 - 24 hours at room temperature (18 - 25° C) and shaking at 170 ± 10 RPM.
Aspirate the supernatant from all of the tubes except the total count tubes. Wash all tubes except the total count tubes by adding 2 ml of diluted wash solution and aspirating the wash solution. Repeat this wash step two more times for a total of three times.

Count each tube for at least 1 minute in a gamma counter.

PROCEDURAL COMMENTS

Interferences:
Samples containing up to 250 mg/dl triglyceride, 15 mg/dl hemoglobin and 15 mg/dl bilirubin do not exhibit any effect on the assay.
Grossly hemolyzed or lipemic samples.
Samples from patients receiving radioisotopes for diagnostic or therapeutic purposes.
Contamination of the sample or assay tube with $^{125}$I or other radioisotopes.

Reagents from different lot numbers must not be interchanged.
The patient sample or calibrator and the $^{125}$I-anti-N-terminal PTH tracer should be pipetted carefully into the bottom one-fourth of the assay tube. This is to avoid losing liquid on the surface of the tube as the liquid runs down the tube.
The washing step is an important step in the assay procedure. Accurate dispensing of the wash solution and complete aspiration of the tube contents is essential to achieving assay sensitivity, low background and assay precision.
It is recommended that calibrators and patient samples be assayed in duplicate. The average counts per minute of each duplicate should then be used for data reduction and the calculation of results.
Avoid sample to sample contamination by using a new pipette tip for each sample.
Proper reconstitution of the controls and standards in the assay is a critical specification as any under or over reconstitution may result in a faulty result including, poor recovery and precision.
Studies have shown that samples stored at 2 - 8° C or room temperature for any significant amount of time may degrade.

CALCULATION OF RESULTS

Evaluation
1. Calculate the average CPM for each double determination.
2. Subtract the average CPM of the zero calibrator tubes from the CPM’s from all other tubes in order to obtain the corrected CPM for each tube.

<table>
<thead>
<tr>
<th>Tube</th>
<th>CPM</th>
<th>Ave.CPM</th>
<th>Corrected CPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Activity</td>
<td>331856</td>
<td>332975</td>
<td>332415</td>
</tr>
<tr>
<td>0 pg/ml</td>
<td>246</td>
<td>283</td>
<td>264</td>
</tr>
<tr>
<td>10 pg/ml</td>
<td>787</td>
<td>852</td>
<td>819</td>
</tr>
<tr>
<td>16 pg/ml</td>
<td>1349</td>
<td>1262</td>
<td>1306</td>
</tr>
<tr>
<td>46 pg/ml</td>
<td>3490</td>
<td>3557</td>
<td>3523</td>
</tr>
<tr>
<td>165 pg/ml</td>
<td>11178</td>
<td>11070</td>
<td>11124</td>
</tr>
<tr>
<td>700 pg/ml</td>
<td>39835</td>
<td>39907</td>
<td>39871</td>
</tr>
<tr>
<td>2300 pg/ml</td>
<td>110979</td>
<td>110168</td>
<td>110574</td>
</tr>
</tbody>
</table>

NOTE: The data presented are for demonstration purposes only and must not be used in place of data generated at the time of the assay.

REPRESENTATIVE STANDARD CURVE

Automated data reduction can also be used to construct the Scantibodies PTH calibration curve. To program automated data reduction systems or to adapt an existing program consult the data processor manufacturer or the programmer.
LIMITATIONS OF THE PROCEDURE
For diagnostic purposes PTH values should be used in addition to other diagnostic data and clinical information available to the physician.

The assay procedure must be followed exactly; careful technique must be used to obtain valid results. Any modification of the assay procedure is likely to alter the results.

Grossly hemolyzed, lipemic or icteric samples are likely to give non valid results.

The highest concentration of PTH measurable without sample dilution is the concentration of the highest calibrator. The lowest level measurable is approximately 1.91 pg/ml.

EXPECTED VALUES
The normal value range was determined following the NCCLS guidelines (C28-A) using 244 samples from apparently healthy individuals. It is recommended that each laboratory establish its own range of normal values. The values given are only indicative and may vary from other published data.

PATIENT CLASSIFICATION
<table>
<thead>
<tr>
<th>Whole PTH RANGE pg/ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Hyperparathyroidism</td>
</tr>
</tbody>
</table>

PERFORMANCE CHARACTERISTICS
Accuracy, Recovery
Different PTH samples were spiked with 2 amounts of PTH (1-84). The % recovery was determined following assay of the spiked samples.

<table>
<thead>
<tr>
<th>Sample value (pg/ml)</th>
<th>Added PTH (pg/ml)</th>
<th>Measured value (pg/ml)</th>
<th>Expected value (pg/ml)</th>
<th>Recovery (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.16</td>
<td>37.5</td>
<td>44.25</td>
<td>58.66</td>
<td>75.4</td>
</tr>
<tr>
<td>106.96</td>
<td>107.6</td>
<td>101.56</td>
<td>128.77</td>
<td>78.9</td>
</tr>
<tr>
<td>233.58</td>
<td>142.2</td>
<td>225.13</td>
<td>249.19</td>
<td>90.3</td>
</tr>
</tbody>
</table>

Accuracy, Dilution
Different samples with high concentrations of PTH were diluted in a sample with low concentrations of PTH. The % recovery was determined following assay of the diluted samples.

<table>
<thead>
<tr>
<th>Sample</th>
<th>Dilution</th>
<th>Measured value (pg/ml)</th>
<th>Expected value (pg/ml)</th>
<th>Recovery %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Neat</td>
<td></td>
<td>237.93</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1:2</td>
<td></td>
<td>133.42</td>
<td>119</td>
<td>112.1</td>
</tr>
<tr>
<td>1:4</td>
<td></td>
<td>62.07</td>
<td>59.48</td>
<td>104.4</td>
</tr>
<tr>
<td>1:8</td>
<td></td>
<td>29.63</td>
<td>29.74</td>
<td>99.6</td>
</tr>
<tr>
<td>2 Neat</td>
<td></td>
<td>959.65</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1:2</td>
<td></td>
<td>527.2</td>
<td>479.82</td>
<td>109.9</td>
</tr>
<tr>
<td>1:4</td>
<td></td>
<td>270.91</td>
<td>239.91</td>
<td>112.9</td>
</tr>
<tr>
<td>1:8</td>
<td></td>
<td>128.44</td>
<td>119.96</td>
<td>107.14</td>
</tr>
<tr>
<td>1:16</td>
<td></td>
<td>58.22</td>
<td>59.98</td>
<td>97.1</td>
</tr>
<tr>
<td>3 Neat</td>
<td></td>
<td>529.87</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1:2</td>
<td></td>
<td>289.91</td>
<td>264.94</td>
<td>109.4</td>
</tr>
<tr>
<td>1:4</td>
<td></td>
<td>141.88</td>
<td>132.47</td>
<td>107.1</td>
</tr>
<tr>
<td>1:8</td>
<td></td>
<td>64.94</td>
<td>66.23</td>
<td>98.1</td>
</tr>
<tr>
<td>1:16</td>
<td></td>
<td>30.77</td>
<td>33.12</td>
<td>92.9</td>
</tr>
<tr>
<td>1:32</td>
<td></td>
<td>14.97</td>
<td>16.55</td>
<td>90.5</td>
</tr>
</tbody>
</table>

High Dose Hook Response
This high dose hook response of the Scantibodies Laboratory, Inc. Whole PTH Specific Coated Tube Diagnostic Kit was determined as 20,000 pg/ml of Whole PTH (CAP). Samples greater than the highest standard (approximately 2300 pg/ml) and up to 20,000 pg/ml Whole PTH (CAP) will read CPM values greater than that of the highest standard.

Precision
The inter-assay precision was evaluated by performing 20 separate Whole PTH (CAP) assays on two samples in duplicate over a two week period.

<table>
<thead>
<tr>
<th>Kit Batch</th>
<th>Sample</th>
<th>Mean value (pg/ml)</th>
<th>Std Dev (pg/ml)</th>
<th>% CV</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>1</td>
<td>21.42</td>
<td>2.26</td>
<td>10.53</td>
</tr>
<tr>
<td>E1</td>
<td>2</td>
<td>116.02</td>
<td>7.91</td>
<td>6.82</td>
</tr>
<tr>
<td>E1</td>
<td>3</td>
<td>252.17</td>
<td>15.67</td>
<td>6.22</td>
</tr>
<tr>
<td>E2</td>
<td>1</td>
<td>20.77</td>
<td>1.4</td>
<td>6.72</td>
</tr>
<tr>
<td>E2</td>
<td>2</td>
<td>115.42</td>
<td>6.08</td>
<td>5.27</td>
</tr>
<tr>
<td>E2</td>
<td>3</td>
<td>256.63</td>
<td>26.42</td>
<td>10.29</td>
</tr>
<tr>
<td>E3</td>
<td>1</td>
<td>19.77</td>
<td>0.99</td>
<td>4.99</td>
</tr>
<tr>
<td>E3</td>
<td>2</td>
<td>108.55</td>
<td>4.44</td>
<td>4.09</td>
</tr>
<tr>
<td>E3</td>
<td>3</td>
<td>245.01</td>
<td>7.92</td>
<td>3.23</td>
</tr>
</tbody>
</table>

The intra-assay precision was evaluated by performing 20 replicates in the Whole PTH (CAP) assays on three samples.

<table>
<thead>
<tr>
<th>Kit Batch</th>
<th>Sample</th>
<th>Mean value (pg/ml)</th>
<th>Std Dev (pg/ml)</th>
<th>% CV</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>1</td>
<td>20.34</td>
<td>0.89</td>
<td>4.37</td>
</tr>
<tr>
<td>E1</td>
<td>2</td>
<td>115.42</td>
<td>2.52</td>
<td>2.18</td>
</tr>
<tr>
<td>E1</td>
<td>3</td>
<td>241.85</td>
<td>4.17</td>
<td>1.73</td>
</tr>
<tr>
<td>E2</td>
<td>1</td>
<td>21.95</td>
<td>0.91</td>
<td>4.16</td>
</tr>
<tr>
<td>E2</td>
<td>2</td>
<td>121.28</td>
<td>2.52</td>
<td>2.08</td>
</tr>
<tr>
<td>E2</td>
<td>3</td>
<td>248.04</td>
<td>4.34</td>
<td>1.75</td>
</tr>
<tr>
<td>E3</td>
<td>1</td>
<td>19.34</td>
<td>0.46</td>
<td>2.39</td>
</tr>
<tr>
<td>E3</td>
<td>2</td>
<td>109.79</td>
<td>7.91</td>
<td>7.2</td>
</tr>
<tr>
<td>E3</td>
<td>3</td>
<td>245.44</td>
<td>2.84</td>
<td>1.16</td>
</tr>
</tbody>
</table>

Sensitivity
The detection limit of the assay is defined as the lowest
measurable value distinguishable from zero. This sensitivity was determined by assaying the zero calibrator 20 times in the same assay. The detection limit is approximately 1.91 pg/ml at 2 standard deviation above the PTH zero calibrator.

The functional sensitivity is defined as the measured concentration by imprecision profile for a CV equal to 20%. It has been assessed as being 3 pg/mL.

Specificity

This Whole PTH (CAP) assay does not show any cross-reaction to PTH (7-84) fragment when the synthetic PTH (7-84) peptide is serially diluted with standard zero matrix and assayed.

<table>
<thead>
<tr>
<th>PTH (7-84) Conc. Sample (pg/ml)</th>
<th>Measured PTH conc. (pg/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500</td>
<td>undetectable</td>
</tr>
<tr>
<td>5000</td>
<td>undetectable</td>
</tr>
<tr>
<td>10000</td>
<td>undetectable</td>
</tr>
<tr>
<td>20000</td>
<td>undetectable</td>
</tr>
</tbody>
</table>

A high degree of correlation exists between the PTH levels of duplicate samples measured by a commercially available predicate PTH kit and those levels measured by the Scantibodies Laboratory, Inc. (SLI) Whole PTH (1-84) Specific IRMA Tube Assay. A correlation coefficient (r) of 0.987 (n=240) was obtained with a slope of 1.02 and intercept of -2.37 where x represents the predicate device data and y represents the SLI Whole PTH (1-84) Specific IRMA Tube data. Correlation testing was performed by testing 120 EDTA-plasma normal samples and 124 normal serum samples side by side to that of the predicate device. 120 EDTA-plasma patient samples were run side by side to determine correlation outside of the normal range. Calculations were made with samples ranging from 5 - 1227 pg/mL.

Chemical Characterization:

1) Antibodies coated on to polystyrene Tubes.
2) Radioactive Isotope containing Iodine-125 with radioactivity <10 µCi and Sodium Azide @ 0.1%.
3) Calibrators & Controls – Human Serum containing Sodium Azide @ 0.1%
4) Wash Concentrate containing sodium azide @ 1.5%.

Hazardous Ingredients:

Radioactive Isotope (iodine-125) @ <10 µCi/Vial (<370 kBq).
Symbol: Harmful Xn
R-phrases: R22, R52/53
S-phrases: S28, S45, S53, S60, S61

Sodium Azide @ 0.1%
Symbol: N/A
R-phrases: N/A
S-phrases: N/A

Sodium Azide @ 1.5%
CAS Number: 206628-22-8
Symbol: Very Toxic T+; N
R-phrases: R28, R32, R50/53
S-phrases: S28, S45, S53, S60, S61

Insert 7KI023 Vs. 07
1 July 2013

Scantibodies Laboratory, Inc.
This diagnostic kit complies with IVDD 98/79/CE.
### PTH LITERATURES


24. Mallette, L.E. "Use of Homologous Antisera for Radioimmunoassay of Human Parathyroid


