MNCHIP

General Chemistry IV Lyophilized Kit

【Product Name】
General Chemistry Ⅳ Lyophilized Kit
【Packing Specification】
Type A: 1 Test / Disc, 10 Discs / Box;
Type B: 1 Test / Disc, 10 Discs / Box.
Type A without diluent container; Type B with diluent container.
【Testing Instrument】
Celercare M or Pointcare M chemistry analyzer
【Intended Use】
The General Chemistry IV Lyophilized Kit used with the Celercare M or the Pointcare M chemistry analyzer, is intended to be used for the in vitro quantitative determination of total Protein (TP), albumin (ALB), total bilirubin (TBIL), alanine aminotransferase (ALT), blood urea (UREA), creatinine (CRE), uric acid (UA), glucose (GLU), triglycerides (TG), total cholesterol (CHOL), high-density lipoprotein cholesterol (HDL-C), aspartate aminotransferase (AST), direct bilirubin (DBIL), gamma-glutamyl transferase (GGT) and alkaline Phosphatase (ALP) in heparinized whole blood, heparinized plasma, or serum in a clinical laboratory setting or point-of-care location.
The General Chemistry IV Lyophilized Kit measurements are used in the diagnosis of liver and gall bladder diseases, urinary system diseases, carbohydrate metabolism disorders, lipid metabolism disorders.
【Principles of Testing】
The General Chemistry IV Lyophilized Kit is used to quantitatively test the concentration of the fifteen biochemical indicators in the sample, which is based on the spectrophotometry. The principles are as follows:
Total Protein (TP)
The total protein method is a Biuret reaction, the protein solution is treated with cupric [Cu(II)] ions in a strong alkaline medium. The Cu(II) ions react with peptide bonds between the carbonyl oxygen and amide nitrogen atoms to form a colored Cu-protein complex.
The amount of total protein present in the sample is directly proportional to the absorbance of the Cu-protein complex. The total protein test is an endpoint reaction and the absorbance is measured as the difference in absorbance between 546 nm and 800 nm.
Total Protein + Cu(II) $\xrightarrow{OH^-}$ Cu-Protein Complex
Albumin (ALB)
Bromcresol green (BCG), when bound with albumin, changes color from a yellow to green color. The absorbance maximum changes with the color shift.
BCG + Albumin $\xrightarrow{Acid\ pH}$ Albumin Complex
Bound albumin is proportional to the concentration of albumin in the sample. This is an endpoint reaction that is measured as the difference in absorbance between 600 nm and 700 nm.
Total Bilirubin (TBIL)
In the enzyme procedure, bilirubin is oxidized by bilirubin oxidase (BOD) into biliverdin. Bilirubin is quantitated as the difference in absorbance between 450 nm and 546 nm. The initial absorbance of this endpoint reaction is determined from the bilirubin blank cuvette and the final absorbance is obtained from the bilirubin test cuvette. The amount of bilirubin in the sample is proportional to the difference between the initial and final absorbance measurements.
Bilirubin + O_2 $\xrightarrow{BOD}$ Biliverdin + H_2O
Alanine Aminotransferase (ALT)
ALT catalyzes the transfer of an amino group from L-alanine to α-ketoglutarate to form L-glutamate and pyruvate. Lactate dehydrogenase catalyzes the conversion of pyruvate to lactate. Concomitantly, NADH is oxidized to NAD^+, as illustrated in the following reaction scheme.
L-Alanine + α-Ketoglutarate $\xrightarrow{ALT}$ L-Glutamate + Pyruvate
Pyruvate + NADH + H^+ $\xrightarrow{LDH}$ Lactate + NAD^+
The rate of change of the absorbance difference between 340 nm and 405 nm is due to the conversion of NADH to NAD^+ and is directly proportional to the amount of ALT present in the sample.
Urea
In the coupled-enzyme reaction, urease hydrolyzes urea into ammonia and carbon dioxide. Upon combining ammonia with α -oxoglutarate and reduced nicotinamide adenine dinucleotide (NADH), the enzyme glutamate dehydrogenase (GLDH) oxidizes NADH to NAD^+.
Urea + $2H_2O$ $\xrightarrow{Urease}$ $2NH_4^+ + CO_3^{2-}$
NH_4^+ +α-Oxoglutarate + NADH $\xrightarrow{GLD.H}$ L-Glutamate + H_2O + NAD^+
The rate of change of the absorbance difference between 340 nm and 405 nm is caused by the conversion of NADH to NAD^+ and is directly proportional to the amount of urea present in the sample.
Creatinine (CRE)
In the coupled enzyme reactions, creatinine amidohydrolase (CAH) hydrolyzes creatinine to creatine. A second enzyme, creatine amidinohydrolase (CRH), catalyzes the formation of sarcosine from creatine. Sarcosine oxidase (SAO) causes the oxidation of sarcosine to glycine, formaldehyde and hydrogen peroxide (H_2O_2). In a Trinder finish, peroxidase (POD) catalyzes the reaction between hydrogen peroxide, 2, 4, 6-tribromo-3-hydroxybenzoic acid (TBHBA) and 4-aminoantipyrine (4-AAP) into a red quinoneimine dye. Potassium ferrocyanide and ascorbate oxidase are added to the reaction mixture to minimize the potential interference of bilirubin and ascorbic acid respectively.
Creatinine + H_2O $\xrightarrow{CAH}$ Creatine
Creatine + H_2O $\xrightarrow{CRH}$ Sarcosine + Urea
Sarcosine + H_2O + O_2 $\xrightarrow{SAO}$ Glycine + Formaldehyde + H_2O_2
H_2O_2 +TBHBA + 4-AAP $\xrightarrow{POD}$ Red Quinoneimine Dye + H_2O
Two cuvettes are used to determine the concentration of creatinine in the sample. Endogenous creatine is measured in the blank cuvette, which is subtracted from the combined endogenous creatine and the creatine formed from the enzyme reactions in the test cuvette. Once the endogenous creatine is eliminated from the calculations, the concentration of creatinine is proportional to the intensity of the red color produced. The endpoint reaction is measured as the difference in absorbance at 546 nm and 700 nm.
Uric Acid (UA)
The uricase method is coupled through a Trinder peroxidase finish. In this method, uricase catalyzes the oxidation (UAO) of uric acid to allantoin and hydrogen peroxide. Peroxidase (POD) catalyzes the reaction between hydrogen peroxide (H_2O_2), 4-aminoantipyrine (4-AAP) and 3,5-dichloro-2-hydroxybenzenesulfonic acid (DHBSA) into a red quinoneimine dye. Sodium ferrocyanide and ascorbate oxidase are added to the reaction mixture to minimize the potential interference of bilirubin and ascorbic acid.
Uric acid + O_2 + H_2O $\xrightarrow{UAO}$ Allantoin + CO_2 + H_2O_2
H_2O_2 + 4-AAP + DHBSA $\xrightarrow{POD}$ Quinoneimine dye + H_2O
The amount of uric acid in the sample is directly proportional to the absorbance of the quinoneimine dye. The final absorbance of this endpoint reaction is measured bichromatically at 505 nm and 600 nm.
Glucose (GLU)
The reaction of glucose with adenosine triphosphate (ATP) catalyzed by hexokinase (HK), produces glucose-6-phosphate (G-6-P) and adenosine diphosphate (ADP). Glucose-6-phosphate dehydrogenase (G-6-PDH) catalyzes the reaction of G-6-P into 6-phosphogluconate and the reduction of nicotinamide adenine dinucleotide phosphate ($NADP^+$) to NADPH.
Glucose + ATP $\xrightarrow{HK}$ Glucose-6-Phosphate + ADP
G-6-P + $NADP^+$ $\xrightarrow{G\text{-}6\text{-}PDH}$ 6-Phosphogluconate + NADPH+H^+
The absorbance is measured bichromatically at 340 nm and 405 nm. The production of NADPH is directly proportional to the amount of glucose present in the sample.
Total Cholesterol (CHOL)
The reaction of CHOL is an enzymatic end-point method that uses cholesterol esterase (CE) and cholesterol dehydrogenase (CHDH). CE hydrolyzes cholesterol esters to form cholesterol and fatty acids. The CHDH reaction converts cholesterol to cholest-4-en-3-one. The NADH is measured bichromatically at 340 nm and 405 nm. NADH production is directly proportional to the amount of cholesterol present. An assay-specific blank is also monitored to ensure no extraneous reactions interfere with the calculations of CHOL levels.
Cholesterol Esters + H_2O $\xrightarrow{CE}$ Cholesterol + Fatty Acids
Cholesterol +NAD^+ $\xrightarrow{CHDH}$ Cholest-4-en-3-one + NADH + H^+
High-Density Lipoprotein Cholesterol (HDL-C)
The HDL assay is a precipitation method that utilizes polyethylene glycol-modified cholesterol esterase (CE) and cholesterol oxidase (COD) for additional specificity. The reaction mechanism follows:
CM, LDL, VLDL, and HDL + Dextran Sulfate + $MgSO_4$ ⟶ HDL + Insoluble Complexes
HDL-cholesterol Esters + H_2O $\xrightarrow{CE}$ Cholesterol + Fatty Acids
Cholesterol + O_2 $\xrightarrow{COD}$ Cholest-4-en-3-one + H_2O_2
H_2O_2 + TOOS + 4-AAP $\xrightarrow{POD}$ Quinoneimine dye + H_2O
The precipitating agents dextran sulfate and magnesium sulfate ($MgSO_4$) specifically form insoluble complexes with chylomicrons (CM), VLDL, and LDL in plasma or serum. The insoluble complexes are pelleted to the wall of the reaction cuvette within the analyzer. The remaining HDL is hydrolyzed by CE to make cholesterol and fatty acids. Cholesterol reacts with COD to produce cholest-4-en-3-one and peroxide (H_2O_2). In a Trinder finish, peroxidase (POD) catalyzes the reaction between hydrogen peroxide, N-Ethyl-N-(2-hydroxy-3-sulfopropyl)-3-methylaniline sodium salt (TOOS) and 4-aminoantipyrine (4-AAP) into a red quinoneimine dye.
Triglycerides (TG)
The TRIG assay is an enzymatic end-point method that makes use of four enzymes. The reaction mechanism follows:
Triglycerides + $3H_2O$ $\xrightarrow{LPL}$ Glycerol + 3Fatty Acids
Glycerol + ATP $\xrightarrow{GK,\ Mg^{2+}}$ G-3-P + ADP
G-3-P + NAD^+ $\xrightarrow{G\text{-}3PDH}$ DHAP + NADH+H^+
NADH + H^+ + INT $\xrightarrow{Diaphorase}$ NAD^+ + Formazan
In the first step, the triglycerides are hydrolyzed into glycerol and fatty acids in a reaction catalyzed by lipoprotein lipase. Glycerol is then phosphorylated in an ATP-requiring reaction catalyzed by glycerol kinase (GK). The glycerol-3-phosphate is then oxidized to dihydroxyacetone phosphate with the simultaneous reduction of NAD+ to NADH in a reaction catalyzed by glycerol-3-phosphate dehydrogenase (G-3-PDH). The NADH is then oxidized with the simultaneous reduction of INT in a reaction catalyzed by diaphorase. The intensity of the highly colored formazan is measured bichromatically at 505/800 nm and is directly proportional to the concentration of triglycerides in the sample
Aspartate Aminotransferase (AST)
AST catalyzes the reaction of L-aspartate and α-ketoglutarate into oxaloacetate and L-glutamate. Oxaloacetate is converted to malate and NADH is oxidized to NAD^+ by the catalyst MDH.
L-aspartate + α-ketoglutarate $\xrightarrow{AST}$ Oxaloacetate + L-glutamate
Oxaloacetate+ NADH+H^+ $\xrightarrow{MDH}$ Malate + NAD^+
The rate of absorbance change at 340 /405 nm caused by the conversion of NADH to NAD^+ is directly proportional to the amount of AST present in the sample.
Direct Bilirubin (DBIL)
In the enzymatic procedure, the soluble bilirubin complex (direct bilirubin) is oxidized by bilirubin oxidase (BOD) into biliverdin.
Soluble Bilirubin + O_2 $\xrightarrow{BOD}$ Biliverdin + H_2O
Direct Bilirubin is quantitated as the difference in absorbance between 450 nm and 546 nm. The initial absorbance of this end point reaction is determined from the direct bilirubin blank cuvette and the final absorbance is obtained from the direct bilirubin test cuvette. The amount of direct bilirubin in the sample is proportional to the difference between the initial and final absorbance measurements.
Gamma-glutamyl Transferase (GGT)
The addition of sample containing gamma-glutamyl transferase to the substrates L-γ-glutamyl-3-carboxy-4-nitroanilide and glycylglycine causes the formation of L-γ-glutamyl-glycylglycine (glu-gly-gly) and 5-Amino-2-nitrobenzoate.
L-γ-glutamyl-3-carboxy-4-nitroanilide+ glycylglycine $\xrightarrow{GGT}$ Glu-gly-gly + 5-Amino-2- nitrobenzoate
The absorbance of this rate reaction is measured at 405/505 nm. The production is directly proportional to the GGT activity in the sample.
Alkaline Phosphatase (ALP)
Under the catalysis of ALP, the Phosphoric acid on nitrobenzene (4-NPP) was turned into p-nitrophenol (4-NP). 4-NP shows a yellow color in alkaline solution. At the wavelength of 405/505nm, the ALP activity can be calculated by monitoring the absorbance change rate.
4-NPP $\xrightarrow{ALP}$ Acyl phosphate + 4-NP
【Principle of Operation】
Refer to the Celercare M or the Pointcare M chemistry analyzer Operator's Manual, for the Principles and Limitations of the Procedure.
【Description of Reagents】
Each General Chemistry IV Lyophilized Kit contains lyophilized test-specific reagent beads. A lyophilized blank reagent bead is included in each disc to enable judgment of error code 0209.
Type B is the reagent disc with diluent container.
Type A is the reagent disc without diluent container.
The calibration parameters /information can be found in the unique two-dimensional barcode on the label of the sealing pouch.
Please check the barcode on the label.
The component of each General Chemistry IV Lyophilized Kit is as follows (after redissolution):

Component	Quantity
Total protein assay reagent	13.5 μL
Albumin assay reagent	13.5 μL
Total Bilirubin assay reagent	13.5 μL
Alanine Aminotransferase assay reagent	13.5 μL
Urea assay reagent	13.5 μL
Creatinine assay reagent	13.5 μL
Uric Acid assay reagent	13.5 μL
Glucose assay reagent	6.6 μL
Total Cholesterol assay reagent	13.5 μL
High-Density Lipoprotein Cholesterol assay reagent	13.5 μL
Triglycerides assay reagent	13.5 μL
Aspartate Aminotransferase assay reagent	13.5 μL
Direct Bilirubin assay reagent	13.5 μL
Gamma-glutamyl Transferase assay reagent	13.5 μL
Alkaline Phosphatase	13.5 μL
Stabilizer	Appropriate amount

【Storage】
Store reagent discs in their sealed pouches at 2-8°C (36-46°F). Do not expose opened or unopened discs to direct sunlight or temperatures above 32°C (90°F). Reagent discs may be used until the expiration date included on the package. The expiration date is also encoded in the unique code printed on the sealing pouch. An error message will appear on the Celercare M or the Pointcare M chemistry analyzer display if the reagents have expired.
A torn or otherwise damaged pouch may allow moisture to reach the unused disc and adversely affect reagent performance. Do not use a disc from a damaged pouch.
【Sample Requirements】
Sample collection techniques are described in the "Sample requirement" section of the Celercare M or the Pointcare M chemistry analyzer Operator's Manual.
The required sample usage is 100 μL of lithium heparin whole blood, lithium heparin plasma, serum or quality controls. Please add diluent when using Type A. The required diluent usage is 430 μL of sterilized water for injection.

Whole blood samples collected by venipuncture must be homogeneous before transferring the sample to a reagent disc.
At the same time, it is necessary to carry out the test within 60 minutes. Before starting the test, shake the lithium heparin blood collection tube gently upside down several times.
Glucose concentration in a patient’s sample can be significantly influenced by both the timing of the sample collection and the conditions under which the sample is stored. To ensure accurate measurement of glucose, it is recommended that the sample be collected after the patient has fasted for at least 12 hours. Additionally, if the sample is not centrifuged and is stored at room temperature, glucose levels can decrease by approximately 5 – 12 mg/dL within the first hour post-collection.
Light may cause total bilirubin to decompose, causing deviations in the test results. Whole blood samples that are not tested immediately should be stored in a dark environment.
Use only lithium heparin evacuated specimen collection tubes for whole blood or plasma samples.
After transferring the sample to the reagent disc, the test should be started within 10 minutes.

【Interfering Substances】

Studies on known drugs or chemicals have found that when the interfering substances contained in the sample exceed the contents in the table below, the final test results are affected.

Interfering substances concentration （≤）

Analyte	Bilirubin	Intralipid	Hemoglobin	Vitamin C	Pyruvate	Creatine	ammonium chloride
	mg/dL	mg/dL	mg/dL	mg/dL	mmol/L	μmol/L	mmol/L
TP	25	1050	200	——	——	——	——
ALB	40	600	1000	——	——	——	——
TBIL	——	1050	1000	75	——	——	——
ALT	40	600	50	50	1	——	——
UREA	25	600	1000	——	——	——	1
CRE	40	1050	500	25	——	600	——
UA	22.5	120	800	10	——	——	——
GLU	40	600	1000	50	——	——	——
TG	40	——	1000	50	——	——	——
CHOL	40	1000	800	40	——	——	——
HDL-C	20	2200	500	40	——	——	——
AST	40	600	50	25	1	——	——
DBIL	——	1050	200	75	——	——	——
GGT	40	1050	200	——	——	——	——
ALP	40	1050	400	——	——	——	——

【Procedure】

Materials Provided

General Chemistry IV Lyophilized Kit
Celercare M or Pointcare M chemistry analyzer
Please add diluent into the diluent port when using Type A (sterilized water for injection); please tear off the aluminum strip before using for Type B.
Transfer pipettes (fixed volume 100 μL for sample and 430μL for diluent) and tips

Test Procedure

The complete sample collection and step-by-step operating procedures are detailed in the Celercare M or the Pointcare M chemistry analyzer Operator’s Manual.

Calibration

Each batch of reagent is calibrated using Randox standard serum to obtain the disc-specific calibration parameters before shipment.
The calibration parameters stored in the two-dimensional code printed on the sealed pouch are provided to the analyzer at the time of scanning the code.
Refer to the Celercare M or the Pointcare M chemistry analyzer Operator’s Manual for the specific information.

Quality Control

Refer to the Operator’s Manual of the Celercare M or the Pointcare M chemistry analyzer. Performance of the Celercare M or the Pointcare M chemistry analyzer can be verified by running controls.
If the control results are out of range, repeat once. If still out of range, call MNCHIP customer service or local distributors for technical support. Do not report the results if controls are outside their labeled limits.

Results

The Celercare M or the Pointcare M chemistry analyzer automatically calculates and prints the analyte concentrations in the sample. Details of the endpoint and rate reaction calculations are found in the Celercare M or the Pointcare M chemistry analyzer Operator’s Manual.

【Normal Reference Ranges】

These ranges are provided as a guideline only. It is recommended that your office or institution establish normal ranges for your particular patient population.

Analyte	SI Units	Common Units
TP	65~85 g/L	6.5 ~ 8.5 g/dL
ALB	40~55 g/L	4.0 ~ 5.5 g/dL
TBIL	3.4~20 μmol/L	0.20 ~ 1.17 mg/dL
ALT	Male: 9~50 U/L; Female: 7~40 U/L	Male: 9 ~ 50 U/L; Female: 7 ~ 40 U/L
UREA	2.9~8.2 mmol/L	17.42 ~ 49.25 mg/dL
CRE	Male:54~109 μmol/L; Female: 45~84 μmol/L	Male:0.61 ~ 1.23 mg/dL; Female: 0.51 ~ 0.95 mg/dL
UA	Male: 208~428 μmol/L; Female: 155~357 μmol/L	Male: 3.50 ~ 7.20 mg/dL; Female: 2.61 ~ 6.00 mg/dL
GLU	3.9~6.1 mmol/L	70.2 ~ 109.8 mg/dL
CHOL	0~5.2 mmol/L	0 ~ 201.24 mg/dL
HDL-C	Male:1.16~1.42 mmol/L; Female: 1.29~1.55 mmol/L	Male:44.61 ~ 54.61 mg/dL; Female: 49.61 ~ 59.61 mg/dL
TG	0~1.7 mmol/L	0 ~ 150.45 mg/dL
AST	Male: 15~40 U/L; Female:13~35 U/L	Male: 15 ~ 40 U/L; Female:13 ~ 35 U/L
DBIL	0~6 μmol/L	0 ~ 0.35 mg/dL
GGT	Male:10~ 60 U/L; Female: 7 ~ 45 U/L	Male:10~ 60 U/L; Female: 7 ~ 45 U/L
ALP	Male Adult: 45~125 U/L; Female Adult:35 ~ 135 U/L Male Children: 0 ~ 750 U/L; Female Children:0 ~ 500 U/L	Male Adult: 45~125 U/L; Female Adult:35 ~ 135 U/L Male Children: 0 ~ 750 U/L; Female Children:0 ~ 500 U/L

【Interpretation of Results】

Physiological interferents (hemolysis, icterus and lipemia) cause changes in the reported concentrations of some analytes. The sample indices are printed on the bottom of each printout to inform the operator about the abnormal sample. The operator should avoid sample hemolysis caused by irregular blood collection.
The Celercare M or the Pointcare M chemistry analyzer suppresses any results that are affected by >10% interference from hemolysis, lipemia or icterus. “HEM”, “LIP”, or “ICT” respectively, is printed on the printout in place of the result.
Any result for a particular test that exceeds the assay range should be analyzed by another approved test method or sent to a referral laboratory. Do not dilute the sample and run it again on the Celercare M or the Pointcare M chemistry analyzer.

【Limitations of Procedure】

The General Chemistry IV Lyophilised Kit is intended for use with the Celercare M or Pointcare M chemistry analyzer and is for in vitro diagnostic (IVD) use only.
As with any diagnostic test, other test results and the clinical status of the patient should be considered before making a final diagnosis.

【Performance Characteristics】

Accuracy

Analyte	The relative deviation or absolute deviation should meet the following requirements
TP	B% ≤ 5.0%
ALB	B%≤6.0%
TBIL	B%≤10.0%
ALT	B%≤15.0%
UREA	B%≤15.0%
CRE	B%≤10.0%
UA	B%≤10.0%
GLU	B%≤20.0%
CHOL	B%≤10.0%
HDL-C	B%≤10.0%
TG	B%≤15.0%
AST	B%≤15.0%
DBIL	B%≤10.0%
GGT	B% ≤ 15.0%
ALP	B% ≤ 10.0%

Batch precision

Analyte	Coefficient of variation (≤ *)
TP	2.0%
ALB	2.0%
TBIL	5.0%
ALT	5.0%
UREA	5.0%
CRE	5.0%
UA	4.0%
GLU	5.0%
CHOL	4.0%
HDL-C	4.0%
TG	5.0%
AST	5.0%
DBIL	5.0%
GGT	5.0%
ALP	5.0%

Inter batch precision

Analyte	Relative Range (≤ *)
TP	5.0%
ALB	5.0%
TBIL	10.0%
ALT	10.0%
UREA	10.0%
CRE	10.0%
UA	6.0%
GLU	10.0%
CHOL	6.0%
HDL-C	10.0%
TG	10.0%
AST	10.0%
DBIL	10.0%
GGT	10.0%
ALP	10.0%

Dynamic Ranges

Analyte	Dynamic Ranges
TP	30~100 g/L
ALB	10~60 g/L
TBIL	2~800 μmol/L
ALT	5~1100 U/L
UREA	0.9~35.7 mmol/L
CRE	20~1500 μmol/L
UA	150~900 μmol/L
GLU	1~30 mmol/L
CHOL	2~14 mmol/L
HDL-C	0.2~3 mmol/L
TG	1.13~9.04 mmol/L
AST	5 ~ 1100 U/L
DBIL	2~200 μmol/L
GGT	5 ~ 1100 U/L
ALP	25 ~ 1200 U/L

【Notes】

Used reagent discs contain human body fluids. Follow good laboratory safety practices when handling and disposing of used discs. See the Celercare M or the Pointcare M chemistry analyzer Operator’s Manual for instructions on cleaning biohazardous spills.
The reagent discs are plastic and may crack or chip if dropped. Never use a dropped disc as it may spray biohazardous material throughout the interior of the analyzer.
Reagent beads may contain acids or caustic substances. The operator does not come into contact with the reagent beads when following the recommended procedures. The operator should avoid ingestion, skin contact, or inhalation of the reagent beads.
The diluent can be selected from purified water having a conductivity (measured at 25℃) greater than 10 MΩ/cm, we recommend using sterilized water for injection to reduce discrepancies or errors in test results due to the water, and it should be prevented from being exposed to the air for a long time after opening.

【Symbols Used in Labelling】

Symbol	Explanation
IVD	In vitro diagnostic medical device
	Manufacturer
EU REP	Authorized representative in the European Community
	Use-by date
LOT	Batch code
	Date of manufacture
CE	CE MARK
	Consult instructions for use
	Limit of temperature
UDI	Unique device identifier
	Do not re-use

【Manufacturer】

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Learn more about MNCHIP, other products can log in: http://www.mnchip.com

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For Use in Thailand Only:【Performance Characteristics】- Analytical Sensitivity

The analytical sensitivity parameters listed below, including Limit of Blank (LoB), Limit of Detection (LoD), and Limit of Quantification (LoQ), were established during method validation in accordance with applicable international guidelines.

These performance characteristics are provided to support regulatory requirements in Thailand and are intended for information purposes only. They do not alter the intended use, test principle, calibration procedure, or interpretation of results as described in the main Instructions for Use (IFU).

Limit of Blank(LoB); Limit of Detection(LoD); Limit of Quantification(LoQ)

Analyte	Unit	LoB	LoD	LoQ
TP	g/L	1.153	1.579	14.046
ALB	g/L	0.739	1.133	6.039
TBIL	μ mol/L	0.442	0.702	1.629
ALT	U/L	0.501	0.627	3.173
UREA	mmol/L	0.228	0.262	0.509
CRE	μ mol/L	0.867	1.033	4.048
UA	μ mol/L	4.605	5.287	8.214
GLU	mmol/L	0.234	0.272	0.302
CHOL	mmol/L	0.327	0.364	1.055
HDL-C	mmol/L	0.012	0.016	0.128
TG	mmol/L	0.123	0.142	0.266
AST	U/L	0.505	0.623	3.161
DBIL	μ mol/L	0.209	0.252	1.166
GGT	U/L	0.396	0.485	2.965
ALP	U/L	0.897	1.207	6.286

Notes

LoB is the highest apparent analyte concentration expected to be found when replicates of a blank sample containing no analyte are tested.

LoD is the lowest analyte concentration that can be reliably distinguished from the LoB and at which detection is feasible.

LoQ is the lowest analyte concentration that can be quantitatively determined with acceptable precision and accuracy under stated conditions.

These values were determined using representative reagent lots and instruments under controlled laboratory conditions. Actual performance may vary depending on laboratory conditions, calibration status, and operator technique.