CHOL2

Cholesterol Gen.2

Order information

REF		CONTENT		Analyzer(s) on which **cobas c** pack(s) can be used
03039773190	03039773500	Cholesterol Gen.2 (400 tests)	System-ID 07 6726 3	**cobas c** 311, **cobas c** 501/502, COBAS INTEGRA 400 plus

Materials required (but not provided):

		cobas c 311, **cobas c** 501/502	COBAS INTEGRA 400 plus
10759350190	Calibrator f.a.s. (12 x 3 mL)	Code 401	System-ID 07 3718 6
12149435122	Precinorm U plus (10 x 3 mL)	Code 300	System-ID 07 7999 7
12149443122	Precipath U plus (10 x 3 mL)	Code 301	System-ID 07 8000 6
05117003190	PreciControl ClinChem Multi 1 (20 x 5 mL)	Code 391	System-ID 07 7469 3
05947626190	PreciControl ClinChem Multi 1 (4 x 5 mL)	Code 391	System-ID 07 7469 3
05117216190	PreciControl ClinChem Multi 2 (20 x 5 mL)	Code 392	System-ID 07 7470 7
05947774190	PreciControl ClinChem Multi 2 (4 x 5 mL)	Code 392	System-ID 07 7470 7
04489357190	Diluent NaCl 9 % (50 mL)	System-ID 07 6869 3	n.a.

English

Intended use

In vitro test for the quantitative determination of cholesterol in human serum and plasma on **cobas c** and COBAS INTEGRA systems.

Summary

Measurements of cholesterol, performed with this assay in human serum and plasma, are used in screening an individual's risk of developing atherosclerotic disease and as an aid in diagnosis, therapy guidance and monitoring of disorders involving elevated cholesterol levels as well as lipid and lipoprotein metabolic disorders.

Cholesterol is a steroid with a secondary hydroxyl group in the C3 position. It is synthesized in many types of tissue, but particularly in the liver and intestinal wall. Approximately three quarters of cholesterol is newly synthesized and a quarter originates from dietary intake. Cholesterol assays are used for screening for atherosclerotic risk and in the diagnosis and treatment of disorders involving elevated cholesterol levels as well as lipid and lipoprotein metabolic disorders.[1,2,3]

Cholesterol analysis was first reported by Liebermann in 1885 followed by Burchard in 1889.[4,5] In the Liebermann-Burchard reaction, cholesterol forms a blue-green dye from polymeric unsaturated carbohydrates in an acetic acid/acetic anhydride/concentrated sulfuric acid medium. The Abell and Kendall method is specific for cholesterol, but is technically complex and requires the use of corrosive reagents.[6] In 1974, Roeschlau and Allain described the first fully enzymatic method.[7,8] This method is based on the determination of Δ4-cholestenone after enzymatic cleavage of the cholesterol ester by cholesterol esterase, conversion of cholesterol by cholesterol oxidase, and subsequent measurement by the Trinder reaction of the hydrogen peroxide formed.[9] Optimization of ester cleavage (> 99.5 %) allows standardization using primary and secondary standards and a direct comparison with the CDC and NIST reference methods.[10,11]

Nonfasting sample results may be slightly lower than fasting results.[12,13,14]

The Roche cholesterol assay meets the 1992 National Institutes of Health (NIH) goal of less than or equal to 3 % for both precision and bias.[14]

The assay is optionally standardized against Abell/Kendall and isotope dilution/mass spectrometry.

Test principle

Enzymatic, colorimetric method.

Cholesterol esters are cleaved by the action of cholesterol esterase to yield free cholesterol and fatty acids. Cholesterol oxidase then catalyzes the oxidation of cholesterol to cholest-4-en-3-one and hydrogen peroxide. In the presence of peroxidase, the hydrogen peroxide formed effects the oxidative coupling of phenol and 4-aminoantipyrine (4-AAP) to form a red quinone-imine dye.

$$\text{Cholesterol esters} + H_2O \xrightarrow[\text{CHOD}]{\text{CE}} \text{cholesterol} + \text{RCOOH}$$

$$\text{Cholesterol} + O_2 \longrightarrow \text{cholest-4-en-3-one} + H_2O_2$$

$$2\,H_2O_2 + \text{4-AAP} + \text{phenol} \xrightarrow{\text{POD}} \text{quinone-imine dye} + 4\,H_2O$$

The color intensity of the dye formed is directly proportional to the cholesterol concentration. It is determined by measuring the increase in absorbance.

Precautions and warnings

For in vitro diagnostic use for health care professionals. Exercise the normal precautions required for handling all laboratory reagents.

Infectious or microbial waste:
Warning: handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

Environmental hazards:
Apply all relevant local disposal regulations to determine the safe disposal.

Safety data sheet available for professional user on request.

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

Warning

H319 Causes serious eye irritation.

Prevention:

P264 Wash skin thoroughly after handling.

P280 Wear eye protection/ face protection.

Response:

P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

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

Product safety labeling follows EU GHS guidance.

Contact phone: all countries: +49-621-7590

Reagent handling

Ready for use

Specimen collection and preparation

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

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Only the specimens listed below were tested and found acceptable.
Serum/Plasma: Li-heparin or K_2-EDTA plasma (Use of EDTA-plasma leads to slightly lower values.)

Do not use citrate, oxalate or fluoride.[15]

Fasting and nonfasting samples can be used.[13]

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.

Stability:[1,16]	7 days at 15-25 °C
	7 days at 2-8 °C
	3 months at (-15)-(-25) °C

Freeze only once.

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.

Calculation

The systems automatically calculate the analyte concentration of each sample. For more details, please refer to Data Analysis in the Online Help.

Conversion factors:	mmol/L x 38.66 = mg/dL
	mmol/L x 0.3866 = g/L
	mg/dL x 0.0259 = mmol/L

Expected values

Clinical interpretation according to the recommendations of the European Atherosclerosis Society:[2]

	mmol/L	*mg/dL*	*Lipid metabolic disorder*
Cholesterol	< 5.2	(< 200)	No
Triglycerides	< 2.3	(< 200)	No
Cholesterol	5.2-7.8	(200-300)	Yes, if HDL-cholesterol < 0.9 mmol/L (< 35 mg/dL)
Cholesterol	> 7.8	(> 300)	Yes
Triglycerides	> 2.3	(> 200)	Yes

Recommendations of the NCEP Adult Treatment Panel for the following risk-cutoff thresholds for the US American population:[3]

Desirable cholesterol level	< 5.17 mmol/L	(< 200 mg/dL)
Borderline high cholesterol	5.17-6.18 mmol/L	(200-239 mg/dL)
High cholesterol	≥ 6.21 mmol/L	(≥ 240 mg/dL)

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

cobas c systems

System information

For **cobas c** 311/501 analyzers:

CHO2I: ACN 798: ID/MS Standardization

CHO2A: ACN 433: Abell/Kendall Standardization

For **cobas c** 502 analyzer:

CHO2I: ACN 8798: ID/MS Standardization

CHO2A: ACN 8433: Abell/Kendall Standardization

Reagents – working solutions

R1 PIPES buffer: 225 mmol/L, pH 6.8; Mg^{2+}: 10 mmol/L; sodium cholate: 0.6 mmol/L; 4-aminoantipyrine: ≥ 0.45 mmol/L; phenol: ≥ 12.6 mmol/L; fatty alcohol polyglycol ether: 3 %; cholesterol esterase (Pseudomonas spec.): ≥ 25 µkat/L (≥ 1.5 U/mL); cholesterol oxidase (E. coli): ≥ 7.5 µkat/L (≥ 0.45 U/mL); peroxidase (horseradish): ≥ 12.5 µkat/L (≥ 0.75 U/mL); stabilizers; preservative

R1 is in position B.

Storage and stability

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Shelf life at 2-8 °C:	See expiration date on **cobas c** pack label.
On-board in use and refrigerated on the analyzer:	4 weeks

Application for serum and plasma

cobas c 311 **test definition**

Assay type	1-Point		
Reaction time / Assay points	10 / 57		
Wavelength (sub/main)	700/505 nm		
Reaction direction	Increase		
Units	mmol/L (mg/dL, g/L)		
Reagent pipetting		Diluent (H_2O)	
R1	47 µL	93 µL	
Sample volumes	*Sample*	*Sample dilution*	
		Sample	*Diluent (NaCl)*
Normal	2 µL	–	–
Decreased	2 µL	15 µL	135 µL
Increased	2 µL	–	–

cobas c 501 **test definition**

Assay type	1-Point		
Reaction time / Assay points	10 / 70		
Wavelength (sub/main)	700/505 nm		
Reaction direction	Increase		
Units	mmol/L (mg/dL, g/L)		
Reagent pipetting		Diluent (H_2O)	
R1	47 µL	93 µL	
Sample volumes	*Sample*	*Sample dilution*	
		Sample	*Diluent (NaCl)*
Normal	2 µL	–	–
Decreased	2 µL	15 µL	135 µL
Increased	2 µL	–	–

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cobas c 502 **test definition**

Assay type	1-Point		
Reaction time / Assay points	10 / 70		
Wavelength (sub/main)	700/505 nm		
Reaction direction	Increase		
Units	mmol/L (mg/dL, g/L)		
Reagent pipetting		Diluent (H_2O)	
R1	47 µL	93 µL	
Sample volumes	*Sample*	*Sample dilution*	
		Sample	*Diluent (NaCl)*
Normal	2 µL	–	–
Decreased	2 µL	15 µL	135 µL
Increased	4 µL	–	–

Calibration

Calibrators	S1: H_2O
	S2: C.f.a.s.
Calibration mode	Linear
Calibration frequency	Blank calibration - every 7 days on-board - every 7 days during shelf life 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 according to Abell/Kendall[14] and also by isotope dilution/mass spectrometry.[17]

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.

Limitations – interference

Criterion: Recovery within ± 10 % of initial values at a cholesterol concentration of 5.2 mmol/L (200 mg/dL).

Icterus:[18] No significant interference up to an I index of 16 for conjugated bilirubin and 14 for unconjugated bilirubin (approximate conjugated bilirubin concentration 274 µmol/L or 16 mg/dL; approximate unconjugated bilirubin concentration 239 µmol/L or 14 mg/dL).

Hemolysis:[18] No significant interference up to an H index of 700 (approximate hemoglobin concentration: 435 µmol/L or 700 mg/dL).

Lipemia (Intralipid):[18] 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 therapeutic concentrations using common drug panels.[19,20]

Acetaminophen intoxications are frequently treated with N-Acetylcysteine. N-Acetylcysteine at the therapeutic concentration when used as an antidote and the Acetaminophen metabolite N-acetyl-p-benzoquinone imine (NAPQI) independently may cause falsely low results.

Venipuncture should be performed prior to the administration of Metamizole. Venipuncture immediately after or during the administration of Metamizole may lead to falsely low results.

In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.[21]

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 **cobas c** systems. The latest version of the carry-over evasion list can be found with the NaOHD-SMS-SmpCln1+2-SCCS Method Sheets. For further instructions refer to the operator's manual. **cobas c** 502 analyzer: All special wash programming necessary for avoiding carry-over is available via the **cobas** link, manual input is required in certain cases.

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

Limits and ranges

Measuring range

0.1-20.7 mmol/L (3.86-800 mg/dL)

Determine samples having higher concentrations via the rerun function. Dilution of samples via the rerun function is a 1:10 dilution. Results from samples diluted using the rerun function are automatically multiplied by a factor of 10.

Lower limits of measurement

Lower detection limit of the test

0.1 mmol/L (3.86 mg/dL)

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 SD, repeatability, n = 21).

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 on the **cobas c** 501 analyzer:

Repeatability	*Mean*	*SD*	*CV*
	mmol/L (mg/dL)	*mmol/L (mg/dL)*	*%*
Precinorm U	2.29 (88.5)	0.02 (0.8)	1.1
Precipath U	4.74 (183)	0.04 (2)	0.9
Human serum 1	2.85 (110)	0.03 (1)	1.1
Human serum 2	7.39 (286)	0.05 (2)	0.7
Intermediate precision	*Mean*	*SD*	*CV*
	mmol/L (mg/dL)	*mmol/L (mg/dL)*	*%*
Precinorm U	2.31 (89.3)	0.04 (1.6)	1.6
Precipath U	4.85 (188)	0.08 (3)	1.6
Human serum 3	1.97 (76.2)	0.03 (1.2)	1.6
Human serum 4	7.13 (276)	0.10 (4)	1.4

The data obtained on **cobas c** 501 analyzer(s) are representative for **cobas c** 311 analyzer(s).

Method comparison

Cholesterol values for human serum and plasma samples obtained on a **cobas c** 501 analyzer (y) were compared with those determined using the corresponding reagent on a Roche/Hitachi 917 analyzer (x).

Sample size (n) = 266

Passing/Bablok[22]	Linear regression
y = 1.002x + 0.045 mmol/L	y = 1.012x - 0.015 mmol/L
τ = 0.953	r = 0.997

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The sample concentrations were between 1.53 and 18.5 mmol/L (59.1 and 715 mg/dL).

The data obtained on **cobas c** 501 analyzer(s) are representative for **cobas c** 311 analyzer(s).

COBAS INTEGRA systems

System information

CHOL2: Test ID 0-586

Reagents - working solutions

R PIPES[a] buffer: 225 mmol/L, pH 6.8; Mg^{2+}: 10 mmol/L; sodium cholate: 0.6 mmol/L; 4-aminoantipyrine: ≥ 0.45 mmol/L; phenol: ≥ 12.6 mmol/L; fatty alcohol polyglycol ether: 3 %; cholesterol esterase (Pseudomonas spec.): ≥ 25 µkat/L (≥ 1.5 U/mL); cholesterol oxidase (E. coli): ≥ 7.5 µkat/L (≥ 0.45 U/mL); peroxidase (horseradish): ≥ 12.5 µkat/L (≥ 0.75 U/mL); stabilizers; preservative

a) PIPES = Piperazine-1,4-bis(2-ethanesulfonic acid

R is in position B.

Storage and stability

Shelf life at 2-8 °C	See expiration date on **cobas c** pack label
On-board in use at 10-15 °C	8 weeks

Application for serum and plasma

Test definition	
Measuring mode	Absorbance
Abs. calculation mode	Endpoint
Reaction mode	R-S
Reaction direction	Increase
Wavelength A/B	512/659 nm
Calc. first/last	17/69
Unit	mmol/L

Pipetting parameters

		Diluent (H_2O)
R	47 µL	70 µL
Sample	2 µL	23 µL
Total volume	142 µL	

Calibration

Calibrator	Calibrator f.a.s. Use deionized water as zero calibrator.
Calibration mode	Linear regression
Calibration replicate	Duplicate recommended
Calibration interval	Each lot and 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 by ID-MS[b] and also according to Abell-Kendall.
This complies with the requirements of the National Institute of Standards and Technology (NIST).

b) Isotope dilution - mass spectrometry

Quality control

Reference range	Precinorm U plus or PreciControl ClinChem Multi 1
Pathological range	Precipath U plus or PreciControl ClinChem Multi 2
Control interval	24 hours recommended
Control sequence	User defined
Control after calibration	Recommended

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.

Limitations - interference

Criterion: Recovery within ± 10 % of initial value.

Icterus:[18] No significant interference up to an I index of 16 for conjugated bilirubin and 11 for unconjugated bilirubin (approximate conjugated bilirubin concentration: 274 µmol/L or 16 mg/dL; approximate unconjugated bilirubin concentration: 188 µmol/L or 11 mg/dL).[c]

Hemolysis:[18] No significant interference up to an H index of 810 (approximate hemoglobin concentration: 503 µmol/L or 810 mg/dL).[c]

Lipemia (Intralipid):[18] No significant interference up to an L index of 2000.[c] There is poor correlation between the L index (corresponds to turbidity) and triglycerides concentration.

Drugs: No interference was found at therapeutic concentrations using common drug panels.[19,20]

Acetaminophen intoxications are frequently treated with N-Acetylcysteine. N-Acetylcysteine at the therapeutic concentration when used as an antidote and the Acetaminophen metabolite N-acetyl-p-benzoquinone imine (NAPQI) independently may cause falsely low results.

Venipuncture should be performed prior to the administration of Metamizole. Venipuncture immediately after or during the administration of Metamizole may lead to falsely low results.

In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.[21]

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

c) measured at cholesterol levels up to 5.28 mmol/L

ACTION REQUIRED

Special Wash Programming: The use of special wash steps is mandatory when certain test combinations are run together on COBAS INTEGRA analyzers. Refer to the CLEAN Method Sheet for further instructions and for the latest version of the Extra wash cycle list.
Where required, special wash/carry-over evasion programming must be implemented prior to reporting results with this test.

Limits and ranges

Measuring range

0.1-20.7 mmol/L (3.87-800 mg/dL)

Determine samples having higher concentrations via the rerun function. Dilution of samples via the rerun function is a 1:10 dilution. Results from samples diluted using the rerun function are automatically multiplied by a factor of 10.

Lower limits of measurement

Lower detection limit of the test:
0.1 mmol/L (3.87 mg/dL)

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 a zero sample (zero sample + 3 SD, repeatability, n = 21).

Specific performance data

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

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Precision

Precision was determined using human samples and controls in an internal protocol with repeatability (n = 21) and intermediate precision (1 aliquot per run, 1 run per day, 21 days). The following results were obtained on the COBAS INTEGRA 700 analyzer:

Repeatability	Level 1	Level 2
Mean	2.74 mmol/L (106 mg/dL)	6.20 mmol/L (240 mg/dL)
CV	0.5 %	0.8 %

Intermediate precision	Level 1	Level 2
Mean	2.61 mmol/L (101 mg/dL)	5.96 mmol/L (230 mg/dL)
CV	1.9 %	1.4 %

The data obtained on COBAS INTEGRA 700 analyzer(s) are representative for COBAS INTEGRA 400 analyzer(s).

Method comparison

Cholesterol values for human serum and plasma samples obtained on a COBAS INTEGRA 700 analyzer using the COBAS INTEGRA Cholesterol Gen.2 reagent (y) were compared to those determined by ID-MS (x).

ID-MS	Sample size (n) = 50
Passing/Bablok[22]	Linear regression
y = 0.99x + 0.04 mmol/L	y = 0.98x + 0.09 mmol/L
τ = 0.971	r = 0.999
SD (md 95) = 0.115	Sy.x = 0.058

The sample concentrations were between 1.51 and 10.94 mmol/L (58.4 and 423 mg/dL).

The data obtained on COBAS INTEGRA 700 analyzer(s) are representative for COBAS INTEGRA 400 analyzer(s).

References

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21 Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. Clin Chem Lab Med 2007;45(9):1240-1243.

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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.

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the Member State in which the user and/or the patient is established.

Symbols

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

CONTENT	Contents of kit
→	Volume for reconstitution
GTIN	Global Trade Item Number

CE 0123

Roche Diagnostics GmbH, Sandhofer Strasse 116, D-68305 Mannheim
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