



## (Latex Enhanced Turbidimetric Immuno Assay) (LETIA)

Emergency Test for exclusion of DVT or PE

Coagulation Marker

## **Clinical Implications:**

- Deep Vein Thrombosis (DVT)
- Pulmonary Embolism (PE)
- Disseminated Intravascular Coagulation (DIC)
- Fibrinolytic Therapy
- Tumours
- Infection
- Heart Failure
- Liver Cirrhosis

## **Product Attributes and Advantages**

Latex Enhanced Turbidimetric Immuno Assay (LETIA)
Ready to use liquid stable two reagents
Liquid Stable High Level Calibrator provided
2 Level Controls provided ( Optional)
Measurement at 630 nms (600-670 nms)
9 minutes Test Procedure at 37°C
Linearity : 0.00 to 10.00 µg FEU /mI
High Prozone Security up to 50 µg FEU/mL
Excellent Precision



(Latex Enhanced Turbidimetric Immuno Assay)

(LETIA)



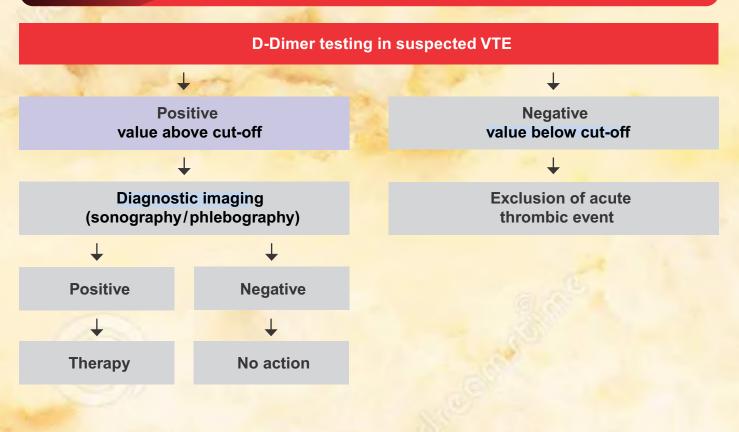
#### **Clinical Relevance**

The fibrin degradation product, D-Dimer is detectable after plasmin degradation of cross-linked fibrin. Elevated D-Dimer values indicate increased thrombin activity and fibrin formation and are therefore an indirect marker of Venous Thrombotic Events (VTE). D-Dimer values are increased in various conditions, such as cancer, liver cirrhosis or infections, which make a reliable diagnosis of a thrombotic event difficult. However, D-Dimer results have a high negative predictive value (NPV) in order to exclude Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE).



#### **Diagnostic Value of D-Dimer**

Individuals with signs or symptoms suggestive of a thromboembolic phenomenon are initially screened with a D-DImer test to exclude DVT or PE. DVT is ruled out in patients with D-Dimer levels below the cut-off value of 0.8  $\mu$ g FEU/mL, whereby values above this cut-off have to undergo further investigations as sonography or phlebography. The High-Q D-Dimer reagent has demonstrated diagnostic sensitivity of 98% and diagnostic specificity of 95.0 % for DVT at a cut-off value of 0.8  $\mu$ g FEU/mL. D-Dimer levels below 0.8  $\mu$ g FEU/mL have a NPV of 99.4% for exclusion of DVT. These results are according to CLSI requirements of a diagnostic sensitivity of  $\geq$  97% and a NPV of  $\geq$  98%





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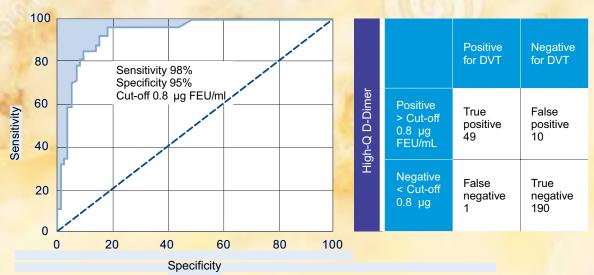


## **Product Attributes and Advantages**

- Latex Enhanced Turbidimetric Immuno Assay (LETIA)
- Ready-to-use liquid stable two reagents
- 4 Level Liquid Calibrator set provided
- 2 Level Liquid Controls provided (Optional)
- Measuring wavelength 578 nms (570-670 nms)
- 4 Minutes fixed time test procedure (5 Sec +240 Sec)
- Linearity 10 µg FEU/ml
- High prozone security up to 50 µg FEU/mL
- Superior onboard and calibration stability of 6 weeks
- Excellent precision and low limit of quantitation : 0.15 µg/mL FEU
- Results comparable to commercial D-Dimer CLIA and IFA assays

## **Performance Characteristics**

**Diagnostic Sensitivity** 



n = 250, 50 confirmed DVT; 100 suspected of DVT, but not confirmed; 100 outpatients were tested for D Dimer

Precision						
Intra-assay N = 20	Mean (µg FEU/mL)	CV (%)	Inter-assay N = 20	Mean (µg FEU/mL)	CV (%)	
Low level sample	37.3	0.58	Low level sample	0.66	4.59	
Medium level sample	59.5	0.79	Medium level sample	0.95	2.18	
High level sample	113	0.33	High level sample	3.59	1.10	



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#### ASSAY SPECIFICATIONS

Method	Latex Enhanced Turbidimetric Immuno Assay (LETIA)	
Sample Type & Volume	Human Na Citrate Plasma Sample Volume 50 µL	
Method Correlation	N = 128 y-intercept = 0.106 Slope = 0.979 $R^2$ = 0.939 Samples ranged from 0.17 - 7.95 µg/mL FEU in comparison with an existing commercial D-Dimer assay method	
Linearity	0.00 to 10.0 μg/mL FEU	
LOD LOB LOQ	0.06 μg/mL FEU 0.09 μg/mL FEU 0.15 μg/mL FEU	
Calibration Levels	4-Point Calibration	
Reagent On-Board Stability	6 weeks when stored at 2-8°C	

#### **D-Dimer Assay Procedure\***



\*Analyzer Dependent

#### **Bibliography:**

- 1. Sandkamp, M et al. Clin Chem 1990;36:20-23
- 2. Medicon CE folder data
- 3. Bick R.L. et al. Thromb Res 1992;65:785-90.
- 4. Wo, J.H. et al. Clin Chem 1993;39:209-212
- 5. Gaffney PJ. Fibrinolysis Supplement 2.1993;7:2-8

#### ASSAY PRECISION

The precision of Pariksha's D-Dimer Assay was evaluated according to Clinical Laboratory Standards Institute EP5-A guidelines. In the study, three levels of pooled citrated plasma specimens containing 0.60 µg/mL, 2.41 µg/mL and 5.88 µg/mL FEU were tested respectively. The low plasma sample was unaltered. The other two plasma samples were spiked with D-Dimer stock solution to targeted concentrations and assayed. Three levels of D-Dimer controls containing 0.97, 2.99 and 7.47µg/mL FEU, respectively were also tested with 2 runs per day with duplicates over 20 working days with three lots of reagent and three lots of calibrators. The results are shown below:

#### Plasma Samples Within-Run Precision (all results using 240 Data Points N)

	Level 1	Level 2	Level 3		
Mean (µg/mL FEU)	0.60	2.41	5.88		
SD (µg/mL FEU)	0.03	0.05	0.08		
CV (%)	5.0%	2.0%	1.4%		
Plasma Samples Total Precision					
	Level 1	Level 2	Level 3		
Mean (µg/mL FEU)	0.60	2.41	5.88		
SD (µg/mL FEU)	0.04	0.07	0.19		
CV (%)	6.2%	2.7%	3.2%		
Control Samples Within-Run Precision					
	Level 1	Level 2	Level 3		
Mean (µg/mL FEU)	0.97	2.99	7.47		
SD (µg/mL FEU)	0.03	0.05	0.11		
CV (%)	2.9%	1.6%	1.4%		
Control Samples Total Precision					
	Level 1	Level 2	Level 3		
Mean (µg/mL FEU)	0.97	2.99	7.47		
SD (µg/mL FEU)	0.04	0.08	0.27		

#### **INTERFERENCE STUDIES**

CV (%)

The following substances do not interfere with this assay at the levels tested (less than 10% bias):

Hemoglobin:	up to 500 mg/dL	Bilirubin Conjuga
Bilirubin:	up to 40 mg/dL	Ascorbic acid:
Triglycerides:	up to 1000 mg/dL	Rheumatoid Fac
Heparin:	up to 1.5 IU/mL	HAMA:

4.4%

ated:

2.8%

up to 40 mg/dL up to 176 mg/dL up to 100 IU/mL up to 490 ng/mL

3.6%



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