

PRODUCT CODE
SL012

INTENDED USE

D-Dimer Latex Test is intended for the rapid qualitative or semi-quantitative evaluation of circulating derivatives of cross-linked fibrin degradation products (XL-FDP) in human plasma.

CLINICAL SIGNIFICANCE

During blood coagulation, fibrinogen is converted to fibrin by the activation of thrombin. The resulting fibrin monomers polymerize to form a soluble gel of non-cross-linked fibrin. This fibrin gel is then converted to cross-linked fibrin by thrombin activated Factor XIII to form an insoluble fibrin clot. Production of plasmin, the major clot-lysing enzyme, is triggered when a fibrin clot is formed. Fibrinogen and fibrin are both cleaved by the fibrinolytic enzyme plasmin to yield degradation products, but only degradation products from cross-linked fibrin contain D-Dimer. Therefore, cross-linked fibrin degradation products (XL-FDP) are a specific marker of fibrinolysis.

PRINCIPLE

D-Dimer Latex is a rapid agglutination assay utilizing latex beads coupled with a highly specific D-Dimer monoclonal antibody. XL-FDP present in a plasma sample bind to the coated latex beads, which results in visible agglutination occurring when the concentration of D-Dimer is above the threshold of detection of the assay

REAGENT PREPARATION

Reagents are ready to use.

REAGENT STORAGE AND STABILITY

The reagents are stable, if protected from light, up to the stated expiry date when stored at 2 - 8° C, **DO NOT FREEZE**.

SPECIMEN

Plasma prepared from whole blood anticoagulated with sodium citrate is recommended. The use of EDTA and heparin will result in an increased level of false positive reactions. After separation of the plasma by centrifugation (1500g for 15 minutes at 4° C - 10° C), specimens may be tested directly for the presence of XL-FDP. Defibrination of the plasma is not recommended.

Plasma storage/stability: - 20° C: 2 weeks.

Thaw frozen specimens rapidly at 37° C and centrifuge before testing.

PRECAUTION

- For In Vitro Diagnostic Use Only.
- Harmful if swallowed. Avoid contact with skin and eyes.
- **CAUTION:** All reagents in D-Dimer Latex Kit contain sodium azide (0.1%) as preservative. Do not ingest or allow to contact skin or mucous membranes. Sodium azide may form explosive azides in metal plumbing. Use proper disposal procedures.
- **CAUTION:** The Positive Control in D-Dimer Latex Kit contain components of human origin. Each individual blood donation intended for the production of this reagent is tested for HBsAg, anti-HCV, anti-HIV1 and anti-HIV2. Only donations with negative findings are employed. As complete absence of infectious agents can never be assured, all materials derived from human blood should be treated as potentially infectious and handled with due care following the precautions recommended for biohazardous material

PROCEDURE

- Equilibrate reagents to room temperature (20° C to 25° C) before use.
- Latex Reagent should be mixed by inversion immediately prior to use.

Qualitative Method

1. Bring reagents and specimens to room temperature before use.
2. Place 15 µL of the reagent within a well on a reaction slide.

AVOID touching the surface of the Reaction slide.

3. Accurately pipette 15µL of undiluted plasma or of control solution inside the same well next to the drop of Latex Reagent.
4. Mix the Latex Reagent and sample with a stirrer until the Latex is uniformly distributed.
5. Rock the reaction slide gently by hand for exactly 3 minutes.
6. At exactly 3 minutes, check for agglutination under a strong light source.

NOTE

If test reading is delayed beyond 3 minutes, the latex suspension may dry out giving a false agglutination pattern. If this is suspected, the specimen must be retested.

Semi quantitative Method

1. Prepare serial dilutions of the test plasma with Buffer as follows:

1:2 dilution 100 µL plasma plus 100 µL Buffer solution

1:4 dilution 100 µL 1:2 dilution plus 100 µL Buffer solution

1:8 dilution 100 µL 1:4 dilution plus 100 µL Buffer solution

2. Test each dilution as described in the qualitative method.

QUALITY CONTROL

- It is recommended that both Positive and Negative Controls be included in each batch of tests to ensure proper functioning of the system. Control solutions should be tested by the same procedures as patient samples.
- D-Dimer Positive Control consists of a solution of human D- Dimer at a level of approximately ≥ 0.80 mg/L (≥ 800 ng/mL).

RESULTS

1. Qualitative Assay

For the qualitative assay protocol, the following pattern of results should be obtained:

Undiluted Plasma D-Dimer (XL-FDP) concentration

Negative Less than 0.20 mg/L (200ng/mL) Positive

Greater than 0.20 mg/L (200ng/mL)

Note: All values in mg/L (ng/mL) are approximate

2. Semi quantitative Assay

Approximate levels of XL-FDP, containing the D-Dimer domain, for specimen dilutions are shown in Table below. As with all semi quantitative tests, some variability in dose-response can be expected.

Approximate Range of D-Dimer (XL-FDP) mg/L (ng/mL)	Sample Dilution			
	Undil.	1:2	1:4	1:8
< 0.2 (< 200)	-	-	-	-
0.2 – 0.4 (200 – 400)	+	-	-	-
0.4 – 0.8 (400 – 800)	+	+	-	-
0.8 – 1.6 (800 – 1600)	+	+	+	-
1.6 – 3.2* (1600 – 3200*)	+	+	+	+

*+” = agglutination, “-” = no agglutination

* Levels of XL-FDP greater than 3.20 mg/L (3200 ng/mL) can be estimated by further dilutions beyond 1:8.

EXPECTED VALUES

A positive result, indicating active fibrinolysis, should be obtained with D-Dimer Latex Test when XL-FDP (D-Dimer) levels are at or greater than approximately 0.20 mg/L (200ng/mL). Plasma specimens from normal subjects are expected to give negative results because their plasma XL-FDP concentrations are typically less than 0.20 mg/L (200ng/mL). Due to many variables that may affect results, each laboratory should establish its own normal range.

Elevated levels of XL-FDP (containing the D-Dimer domain) have been demonstrated in patients by a combination of immunoprecipitation and gel electrophoresis techniques. Monoclonal antibodies allow the specific detection of the D-Dimer domain. Monoclonal antibody based D-Dimer assay is of diagnostic value in disseminated intravascular coagulation (DIC) and acute vascular diseases, including pulmonary embolism (PE) and deep venous thrombosis (DVT), conditions that are difficult to detect reliably by clinical examination.

The amount of XL-FDP detected in a specimen will depend on several interrelated factors in vivo, such as the severity of the thrombotic episode, the rate of cross linked fibrin formation, and the time elapsed after the thrombotic event until blood is drawn from the patient.

Elevated levels of XL-FDP as an indication of reactive fibrinolysis have also been reported in surgery, trauma, sickle cell disease, liver disease, severe infection, sepsis, inflammation, and malignancy. D-Dimer levels also rise during normal pregnancy but very high levels are associated with complications.















PERFORMANCE CHARACTERISTICS

- Plasma from one hundred and seventy (170) apparently healthy, voluntary blood donors was tested using Bio Research D-Dimer Latex. A negative result was obtained for one hundred and sixty-two (162) of the samples. This equates to a specificity of 95.3% (162/170).
- One hundred and forty-five (145) plasma samples from patients judged to be suffering from, or having a high probability for thrombotic episode, were tested by Bio Research D-Dimer Latex and another agglutination reference method. The correlation coefficient was $r=0.94$ and the regression equation was $y=1.19x$.
- Intra-assay (within run) reproducibility was determined for 10 replicates of 3 plasma samples that contained different levels of XL-FDP. The results were equivalent for all replicates.
- Inter-assay (run-to-run) reproducibility was determined using 10 plasma samples with XL-FDP titers ranging from 1 to 16. In 10 runs, the replicates of these specimens did not vary by more than one titer.
- In an anticoagulant study of 50 parallel citrated, EDTA and heparin plasma samples, the correlation between the titers obtained with Bio Research D-Dimer Latex and the expected titers (based on ELISA XLFDP values) was $r = 0.91$ for citrated samples, $r = 0.73$ for EDTA samples and $r = 0.78$ for heparin samples. Citrate is the anticoagulant of choice.
- Bio Research D-Dimer Latex does not cross-react with fibrinogen, factor XIIIa cross-linked fibrinogen, or fibrinogen degradation products.
- The interference due to presence of rheumatoid factor (RF): in a study of samples from patients with rheumatoid arthritis, 17 were found to agglutinate with D-Dimer latex. In all 17 samples, the agglutination could be inhibited by the addition of the D-Dimer specific monoclonal antibody DD3B6/22, but not with a non - specific monoclonal antibody of the same subgroup, IgG3K. This suggests that D-Dimer latex is insensitive to rheumatoid factor disturbances.
- No assay interference was demonstrated with Bio Research D-Dimer Latex with spiked specimens containing potential interfering substances at the following concentrations: Bilirubin 0.2 mg/mL, Hemoglobin 5.0 mg/mL, Lipids (triglycerides) 30 mg/mL, Protein (gamma globulin) 0.06 g/mL.

1980.

4. NCCLS Publication H21-A3 - Collection, Transport, and Processing of Blood Specimens for Coagulation Testing and General Performance of Coagulation Assays; Approved Guideline Third Edition; 1998.
5. Graeff, H. et al. Detection and Relevance of Crosslinked Fibrin Derivatives in Blood. Semin. Thromb. Hemost. 8 (1): 57-68;

SYMBOL ON LABELS

Symbols	Signify	Symbols	Signify
	Catalogue Number		Pack Size
	Expiry Date		Volume
	Storage Condition		Lot Number
	Instruction for Use		In Vitro Diagnostics
	Manufacturing Date		Manufacturer
	Number of Tests		For Single Use Only
	EC Representative		European conformity

BIBLIOGRAPHY

1. Gaffney, P.J. Distinction between Fibrinogen and Fibrin Degradation Products in Plasma. Clin. Chim. Acta. 65 (1): 109-115; 1975.
2. Lane, D.A. et al. Characterisation of Serum Fibrinogen and Fibrin Fragments Produced During Disseminated Intravascular Coagulation. Br. J. Haematol. 40 (4): 609-615; 1978.
3. Whitaker, A.N. et al. Identification of D-Dimer-E complex in Disseminated Intravascular Coagulation. Thromb. Res. 18 (3-4): 453-459;