Manufactured for Immuno-Biological Laboratories Inc. (IBL-America) 8201 Central Avenue, NE, Suite P Minneapolis, MN 55432 Tel: 763-780-2955 Toll Free: 1-888-523-1246



# Instructions for use Nephrines (Plasma) RIA

<sup>125</sup>I – Radioimmunoassay for the determination of free Metanephrine and free Normetanephrine in plasma.

For research use only, not for use in diagnostic procedures.









## **1.1** Intended use and principle of the test

<sup>125</sup>I – Radioimmunoassay for the determination of free Metanephrine and free Normetanephrine in plasma. For research use only, not for use in diagnostic procedures.

First, the plasma proteins are removed by precipitation. Then the metanephrine (metadrenaline) and normetanephrine (normetadrenaline) are acylated.

The assay procedure follows the basic principle of radioimmunoassay, involving competition between a radioactive and a non-radioactive antigen for a fixed number of antibody binding sites. The amount of <sup>125</sup>I-labelled antigen bound to the antibody is inversely proportional to the analyte concentration of the sample. When the system is in equilibrium, the antibody bound radioactivity is precipitated with a second antibody in the presence of polyethylene glycol. The precipitate is counted in a gamma counter. Determination of unknown samples is achieved by comparing their activity with a reference curve prepared with known standards.

 $\triangle$  The antibodies used in this test kit only recognise the biologically relevant L-forms of metanephrines. Commercially available synthetic normetanephrine or metanephrine is always a mixture of the D- and L-forms. The ratio between both forms differs widely from lot to lot. This has important implications if synthetic metanephrines are used to enrich native samples. As only about 50% of the synthetic metanephrines, i.e. the L-portion, will be detected by use of this kit, these samples will be underestimated. Therefore only native samples should be used.

## 1.2 Background

Metanephrine and normetanephrine are the metabolites of the catecholamines epinephrine and norepinephrine, respectively. Cells derived from neuroendocrine tumors (e.g. pheochromcytoma) are known to produce catecholamines which are secreted episodically via vesicles into the blood stream. But beside this a small portion of the catecholamines is metabolized inside the cells to the corresponding catecholamines metabolites – namely metanephrine, normetanephrine and 3-methoxytyramine – which are secreted at low levels continuously into the blood stream.

Recent studies and publications have shown that the determination of these plasma free metanephrine and plasma free normetanephrine is the most accurate biochemical marker for the study of pheochromocytoma and follow-up of pheochromocytoma subjects.

# 2. <u>Procedural cautions, guidelines, warnings and limitations</u>

#### 2.1 Precautions, guidelines and warnings

- (1) This kit is intended for professional use only. Users should have a thorough understanding of this protocol for the successful use of this kit. Only the test instruction provided with the kit is valid and has to be used to run the assay. Reliable performance will only be attained by strict and careful adherence to the instructions provided.
- (2) This assay was validated for a certain type of sample as indicated in *Intended Use* (please refer to Chapter 1). Any off-label use of this kit is in the responsibility of the user and the manufacturer cannot be held liable.
- (3) Reagents of this kit which contain human serum or plasma have been tested and confirmed negative for HIV I/II, HBsAg and HCV by approved procedures. All reagents, however, should be treated as potential biohazards in use and for disposal.
- (4) The principles of Good Laboratory Practice (GLP) have to be followed.
- (5) In order to reduce exposure to potentially harmful substances, wear lab coats, disposable protective gloves and protective glasses where necessary.
- (6) All kit reagents with the exception of Precipitating Reagent and specimens should be brought to room temperature and mixed gently but thoroughly before use. Avoid repeated freezing and thawing of reagents and specimens.
- (7) For the dilution or reconstitution purposes use deionized, distilled, or ultra-pure water.
- (8) The radioactive material (<sup>125</sup>Iodine, half life 60 days, emitting ionizing X-radiation with 28 keV and G-radiation with 35.5 keV) may be received, acquired, possessed and used only by physicians, laboratories or hospitals. In compliance with regulations, a copy of the customer's current radioisotope license must be on file with the supplier. Orders cannot be shipped until the license is received by the supplier (Radiation Protection Act of June 30, 1989).
- (9) Duplicate determination of sample is highly recommended to be able to identify potential pipetting errors.
- (10) Once the test has been started, all steps should be completed without interruption. Make sure that the required reagents, materials and devices are prepared ready at the appropriate time.
- (11) Incubation times do influence the results. All tubes should be handled in the same order and time intervals.
- (12) To avoid cross-contamination of reagents, use new disposable pipette tips for dispensing each reagent, sample, standard and control.

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- (13) A standard curve must be established for each run.
- (14) The controls should be included in each run and fall within established confidence limits. The confidence limits are listed in the QC-Report.
- (15) Do not mix kit components with different lot numbers within a test and do not use reagents beyond expiry date as shown on the kit labels.
- (16) For information on hazardous substances included in the kit please refer to Material Safety Data Sheet (MSDS). The Material Safety Data Sheet for this product is available directly on the website of the manufacturer or upon request.
- (17) The expected reference values reported in this test instruction are only indicative. It is recommended that each laboratory establishes its own reference intervals.
- (18) The results obtained with this test kit are for research use only, not for use in diagnostic procedures.
- (19) Kit reagents must be regarded as hazardous waste and disposed according to national regulations.

#### 2.2 Limitations

Any inappropriate handling of samples or modification of this test might influence the results.

## 2.2.1 Interfering substances

## Plasma

Samples containing precipitates or fibrin strands or which are haemolytic or lipemic might cause inaccurate results.

#### 2.2.2 Drug interferences

There are no known substances (drugs) which ingestion interferes with the measurement of (nor-)metanephrine level in the sample.

#### 2.2.3 High-Dose-Hook effect

No hook effect was observed in this test.

# 3. Storage and stability

Store the unopened reagents at 2 - 8 °C until expiration date. Do not use components beyond the expiry date indicated on the kit labels. Once opened the reagents are stable for 1 month when stored at 2 - 8 °C.

## 4. <u>Materials</u>

#### 4.1 Content of the kit

BA D-0023	REAC-TUBES	Reaction Tubes - Ready to use
Content:	Reaction Tubes in	n a resealable pouch
Volume:	2 x 50 tubes	
BA R-0030	PREC-REAG	Precipitating Reagent - Ready to use
Content:	Goat anti-rabbit	serum in PEG phosphate buffer
Volume:	2 x 55 ml/vial, ye	ellow cap
BA R-0028	EQUA-REAG	Equalizing Reagent - Lyophilized
Content:	Human serum, n	egative for HIV I/II, HBsAg and HCV
Volume:	2 vials, dark gree	en cap
BA R-0120	125I ADR MN	125I – Metanephrine - Ready to use
Content:	<sup>125</sup> I labeled Meta	nephrine, red coloured
Volume:	$1 \ge 5.5$ ml/vial, b	lue cap
Hazards identification:	*	
	Radioactive, ac	tivity < 200 kBq
BA R-0220	<sup>125</sup> I NAD NMN	125I - Normetanephrine - Ready to use
Content:	<sup>125</sup> I labeled Norm	etanephrine, red coloured
Volume:	1 x 5.5 ml/vial, y	ellow cap
Hazards identification:	*	

Radioactive, activity < 200 kBq

BA R-8110	AS MN	Metanephrine Antiserum - Ready to use					
Content:	Rabbit anti	Rabbit anti- metanephrine antibody, blue coloured					
Volume:	1 x 5.25 ml/vial, blue cap						
BA R-8210	AS NMN	Normetanephrine Antiserum - Ready to use					
BA R-8210 Content:	AS NMN Rabbit anti	<b>Normetanephrine Antiserum</b> - Ready to use - normetanephrine antibody, yellow coloured					

Standards and Controls - Ready to use

Cat. no. Component Colour/Cap		Concent pg/i	Concentration pg/ml		Concentration pmol/l		
		, <b>p</b>	MN	NMN	MN	NMN	Vial
BA R-8301	STANDARD A	white	0	0	0	0	12 ml
BA R-8302	STANDARD B	light yellow	36	48	183	262	4 ml
BA R-8303	STANDARD C	orange	120	160	608	874	4 ml
BA R-8304	STANDARD D	dark blue	360	480	1 825	2 621	4 ml
BA R-8305	STANDARD E	light grey	1 200	1 600	6 084	8 736	4 ml
BA R-8306	STANDARD F	black	3 600	4 800	18 252	26 208	4 ml
BA R-8351	CONTROL 1	light green	Refer to Q	C report for	r expected v	value	4 ml
BA R-8352	CONTROL 2	dark red	and accept	table range	5		4 ml
Conversion:	Metanephrine ( Normetanephri	[pg/ml) x 5.07 = 1 ne (pg/ml) x 5.46	Metanephrin 5 = Normeta	e (pmol/l) nephrine (p	mol/l)		
Content:	Buffer with sta metanephrine	bilizer and a preci and normetaneph	pitating reag rine	jent spiked	with a defir	ned quanti	ty of
Hazards identification:	H302 Harmful i	f swallowed.	tional				
BA R-0050	ADJUST-BUFF	Adjustment B	o uffer - Read	ly to use			
Content:	TRIS buffer						
Volume:	3 x 4 ml/vial, g	reen cap					
BA R-8312	ACYL-CONC	Acylation Con	centrate -	Concentrat	ed		
Content:	Acylation reage	ent in DMSO					
Volume:	1 x 1.5 ml/vial	, dark grey cap					
Hazards identification:	1.050						
	H302 Harmful	f swallowed.					
<	0/						

## 4.2 Additional materials and equipment required but not provided in the kit

- Calibrated precision pipettes to dispense volumes between 25 500 µl; 3 ml; 10 ml
- Conical tubes and suitable rack
- Centrifuge capable of at least 3 000 x g
- Suitable device for aspirating or decanting the tubes
- For the alternative protocol with short incubation times, a shaker is needed (amplitude 3 mm; approx. 600 rpm)
- Gamma Counter
- Vortex mixer
- Water (deionized, distilled, or ultra-pure)

#### 5. <u>Sample collection and storage</u>

#### EDTA- or Citrate-Plasma

Whole blood should be collected into centrifuge tubes (Monovette<sup>M</sup>) or Vacuette<sup>M</sup>) containing EDTA or citrate as anti-coagulant and centrifuged according to manufacturer's instructions immediately after collection.

Haemolytic and lipemic samples should not be used for the assay.

Storage: up to 6 hours at 2 - 8 °C, for longer period (up to 6 month) at -20 °C. Repeated freezing and thawing should be avoided.

#### 6. <u>Test procedure</u>

Allow all reagents – with the exception of Precipitating Reagent - to reach room temperature and mix thoroughly by gentle inversion before use. Number the assay tubes accordingly. Duplicates are recommended.

Pipetted liquids should not adhere to the wall of the RIA tubes. If necessary please centrifuge the tubes for 1 minute at 500 x g to spin down adhering liquids.

## 6.1 Preparation of reagents

#### **Equalizing Reagent**

The Equalizing Reagent has to be reconstituted with 10 ml water (deionized, distilled, or ultra-pure). Reconstituted Equalizing Reagent which is not used immediately has to be frozen for max 1 month at -20 °C (in aliguotes) and may be thawed only once.

#### **Acylation Solution**

As the Acylation Solution is only stable for a maximum of 3 minutes it should not be prepared before starting the assay. Therefore its preparation is described in the protocol in chapter 6.3, step 4 and chapter 6.4, step 4.

Discard after use!

## 6.2 Preparation of samples

The precipitation procedure is the same for Metanephrine and Normetanephrine and has to be done only once.

#### Precipitation

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**1.** Pipette **100 μl of standards** and **controls** and **500 μl** of **plasma samples** into the respective **Reaction Tubes.** 

2. Add **500 µl Equalizing Reagent** to all tubes containing **standards** and **controls**.

**3.** Add **100 µl Standard A** to all tubes containing **plasma samples**.

4. Mix the Reaction Tubes thoroughly (vortex) and centrifuge for 15 min at 3 000 x g.

Take **100**  $\mu$ I of the clear supernatant for the **Metanephrine RIA** and **25**  $\mu$ I of the clear supernatant for the **Normetanephrine RIA**.

# 6.3 Metanephrine RIA

- The use of conical tubes for the RIA is highly recommended!
- 1. Pipette 100 µl of water (deionized, distilled, or ultra-pure) into the tubes for the NSB.
- 2. Pipette 100 μl of the clear supernatants of standards, controls and samples into the respective tubes.
- **3.** Pipette **50 µl** of **Adjustment Buffer** into **all tubes** (*except totals*).
- Preparation of Acylation Solution:
  Pipette 80 μl Acylation Reagent Concentrate (BA R-8312) to 3 ml water (deionized, distilled, or ultra-pure) and mix thoroughly.
- 5. Pipette 25 µl of the freshly prepared Acylation Solution into all tubes (except totals).
- 6. Mix thoroughly (vortex) and incubate for 15 min at RT (20 25 °C).
- **7.** Pipette **50 μl** of **Metanephrine Antiserum** into **all tubes** *(except totals and NSB)*; mix thoroughly (vortex).
- 8. Incubate for 1 h at RT (20 25 °C).
- 9. Pipette 50 µl of the <sup>125</sup>I Metanephrine into all tubes and mix thoroughly (vortex).
- **10.** Cover tubes. Incubate for **15 20 h** (overnight) at **2 8 °C**.
- Alternatively incubate for 2 h at RT (20 25 °C) on a shaker (approx. 600 rpm).
- 11. Mix the chilled (2 8 °C) Precipitating Reagent thoroughly, pipette each 500 µl into all tubes (except totals), and mix on a vortex.
- 12. Incubate for 15 min at 2 8 °C.
- **13.** Centrifuge for **15 min** at **3 000 x g**, if possible in a refrigerated centrifuge.
- A Continue without any delay with step 14.
- **14. Decant** or aspirate the **supernatant** <u>carefully</u> (*except totals*). Blot the tubes dry and leave them upside down for 2 minutes.
- **15.** Count all tubes for **1 min** in a gamma counter.

## 6.4 Normetanephrine RIA

- **1.** Pipette **25** µl of water (deionized, distilled, or ultra-pure) into the **tubes** for the **NSB**.
- 2. Pipette 25 μl of the clear supernatants of standards, controls and samples into the respective tubes.
- 3. Pipette 50 µl of Adjustment Buffer into all tubes (except totals).
- 4. Preparation of Acylation Solution:
- Pipette **80 μl Acylation Reagent Concentrate** (BA R-8312) to **3 ml water** (deionized, distilled, or ultra-pure) and mix thoroughly.
- **5.** Pipette **25** µl of the freshly prepared **Acylation Solution** into **all tubes** (*except totals*).
- 6. Mix thoroughly (vortex) and incubate for 15 min at RT (20 25 °C).
- **7.** Pipette **50 μl** of **Normetanephrine Antiserum** into **all tubes** *(except totals and NSB)*; mix thoroughly (vortex).
- 8. Incubate for 1 h at RT (20 25 °C).
- 9. Pipette 50 µl of the <sup>125</sup>I Normetanephrine into all tubes and mix thoroughly (vortex).
- **10.** Cover tubes. Incubate for **15 20 h** (overnight) at **2 8 °C**.
- Alternatively incubate for 2 h at RT (20 25 °C) on a shaker (approx. 600 rpm).
- 11. Mix the chilled (2 8 °C) **Precipitating Reagent** thoroughly, pipette each **500 μl** into **all tubes** *(except totals)*, and mix on a vortex.
- **12.** Incubate for **15 min** at **2 8 °C**.
- **13.** Centrifuge for **15 min** at **3 000 x g**, if possible in a refrigerated centrifuge.
- ⚠ Continue without any delay with step 14.
- **14. Decant** or aspirate the **supernatant** <u>carefully</u> (*except totals*). Blot the tubes dry and leave them upside down for 2 minutes.
- **15.** Count all tubes for **1 min** in a gamma counter.

# 7. <u>Calculation of results</u>

Measuring range	Metanephrine	Normetanephrine
· · · · · · · · · · · · · · · · · · ·	19 – 3 600 pg/ml	24 – 4 800 pg/ml

Subtract the mean cpm of the non-specific binding NSB from the mean cpm of standards, controls and samples.

The standard curve, from which the concentrations in the samples can be taken, is obtained by using the percentage of (B-NSB)/ ( $B_0$ -NSB) measured for the standards (linear, y-axis) against the corresponding concentrations (logarithmic, x-axis).

Use non-linear regression for curve fitting (e.g. spline, 4- parameter, akima).

This assay is a competitive assay. This means: the counts are decreasing with increasing concentrations of the analyte. Counts found below the standard curve correspond to high concentrations of the analyte in the sample and have to be reported as being positive.

The concentrations of the **samples** and **controls** can be read directly from the standard curve.

Samples found with concentrations higher than the highest standard (Standard F) should be diluted accordingly with Equalizing Reagent (BA R-0028) and have to be re-assayed.

#### Conversion

Metanephrine (pg/ml) x 5.07 = Metanephrine (pmol/l) Normetanephrine (pg/ml) x 5.46 = Normetanephrine (pmol/l)

#### **Expected reference values**

It is strongly recommended that each laboratory should determine its own reference values.

Metanephrine	Normetanephrine
< 90 pg/ml	< 180 pg/ml
-	

## 7.1 Quality control

It is recommended to use control samples according to national regulations. Use controls at both normal and elevated levels. The kit, or other commercially available, controls should fall within established confidence limits. The confidence limits of the kit controls are printed on the QC-Report.

# 7.2 Typical standard curves

A Examples, do not use for calculation



#### 8. Assay characteristics

Analytical Sensitivity		Metanephrine	Normetanephrine
(Limit of Detection)	Plasma	19 pg/ml	24 pg/ml

	Substance	Cross Reactivity (%)			
		Metanephrine	Normetanephrine		
	Derivatized Metanephrine	100	0.08		
Analytical Specificity	Derivatized Normetanephrine	1.39	100		
(Cross Reactivity)	3-Methoxytyramine	0.18	1.74		
	Adrenaline	1.75	< 0.01		
	Noradrenaline	0.03	< 0.01		
	Dopamine	< 0.01	< 0.01		
	Vanillic mandelic acid	< 0.01	< 0.01		
	Homovanillic acid	< 0.01	< 0.01		
	L-DOPA	< 0.01	< 0.01		
	L-Tyrosin	< 0.01	< 0.01		
	Tyramine	< 0.01	< 0.01		

Precision							
Intra-Assay				Inter-Assay			
	Sample	Range (pg/ml)	CV (%)		Sample	Range (pg/ml)	CV (%)
Metanephrine	1	29.8 ± 2.9	9.8	Metanephrine		31.8 ± 5.3	17
	2	57.9 ± 6.4	11		2	67.8 ± 9.8	14
	3	523 ± 70	13	C	3	541 ± 70.4	13
Normetanephrine	1	234 ± 24	10	Normetanephrine	1	240 ± 20	8.3
	2	488 ± 43	8.7		2	518 ± 29	5.6
	3	1180 ± 93	7.9		3	1144 ± 71	6.2

				Ran	ge (pg/ml)	Seri	al dilution u	ıp to	Mean (%)
Linearity	Meta	nephrine	Plasma	a 2.	5-2100		1: 65		91
	Normetanephrine		Plasma	a 4	0 - 6000	0 1: 129		100	
				Me	ean (%)	Ra	inge (%)		% Recovery
Recovery	Metanephrine		Plasma	i (	92	8	2 - 110	i	after spiking
	Norm	rmetanephrine Plasm		a 107		9	5 - 119		
Method Comparison		Metanephrine P		Plasma	asma LC-MS/MS = $x - 13.2$		3.2	r = 0	.99; n = 50
versus LC-MS/MS		Normetanep	nrine Plasma L		LC-MS/MS	/MS = 1.2x - 29.6 r		r = 0.	.99; n = 50

## 9. <u>References/Literature</u>

- (1) Niculescu et al. Plasma free metanephrine and normetanephrine levels are increased in Patients with chronic kidney disease. Endocr Pract, 20(2):139-44 (2014).
- (2) Senn et al. Diagnostic Value of Biochemical Parameters in the Differential Diagnosis of an Adrenal Mass. Ann. N.Y. Acad. Sci, 1073:348-357 (2006)
- (3) Manz et al. Development of enantioselective immunoassays for free plasma metanephrines. Ann.N.Y.Acad.Sci., 1018:582-587 (2004)

#### For orders, please contact:

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$\Lambda$	For updated literature or any other information please contact your local supplier.
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	+2	Storage temperature	***	Manufacturer	∑∑	Contains sufficient for <n> tests</n>
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	i	Consult instructions for use	CONT	Content	CE	CE labelled
	$\Lambda$	Caution	REF	Catalogue number	RUO	For research use only!