

## Precision in Hemostasis



# BE Factor X Deficient Plasma FX

Immuno-depleted plasma for the determination of Factor X activity in human plasma

#### | INTENDED USE

This reagent is designated for professional use in laboratory (semi-automated or automated method). It allows the quantitative determination of Factor X activity in citrated human plasma to assess the status of coagulation factors normally found in blood

This test is realized with Behnk reagents as follows:

REF 771100, REF 771101: BE PT LI Thromboplastin low ISI REF 771150, REF 771151: BE PT HI Thromboplastin high ISI

REF 771700: BE Owren Buffer (Plasma dilution buffer)

## | PRINCIPLE (1)

The test is based on the measurement of clotting time in the presence of thromboplastin and calcium with a method in which all factors are present in excess (supplied by Factor X Deficient Plasma) except Factor X, which is derived from the sample to be tested

# | GENERALITIES (1) (2) (4) (6) (8) (9) (10) (11)

Factor X is activated in Factor Xa by:

- Factor IXa-Ca2+-phospholipids- factor VIIIa complex
- Factor VIIa-tissue factor complex

FXa forms with Factor Va, phospholipids and Ca2+ a complex (prothrombinase) which transforms prothrombin into Thrombin.

Factor Xa can also activate factor VII into factor VIIa.

Factor Xa is inhibited by antithrombin III, associated or not with heparin.

This inhibition is considerably decreased when FXa is fixed on phospholipids surfaces.

Pathological variations may be observed in following cases:

- Congenital deficiency of Factor X
- Acquired deficiency of Factor X associated with deficiencies of factors II, VII and IX:
  - Oral anticoagulant therapy (using Vitamin K)
  - Deficiency of vitamin K intake, absorption, or metabolism disorders (haemorrhagic disease of the newborn, bile retention, antibiotic therapy).
- Acquired deficiency of Factor X associated with deficiencies of factors II, V and VII:
  - Hepatic disorders (cirrhosis, hepatitis)
  - Fibrinolysis
  - Disseminated intravascular coagulation (DIC)
  - Acquired deficiency of Factor X during amyloidosis

## Coagulation and Hepatics Disorders:

In the presence of vitamin K, liver cells synthesize Factors II, VII, IX and X, Any hepatic disorders may lead to variable decrease of the level of these factors. Liver damage therefore can lead to hemorrhagic disorders.

Evolution of Factors II. V. VII. and X level in the course of hepatitis

Evolution of Factors 11, V, VII, and X level III the course of nepatitis.						
l lamatitia		Diagn	Prognosis			
Hepatitis	Factors VII et X		Fac	Factor II Factor V		tor V
benign	< 50%	N	1	N	N	N
Prolonged	`*	`*	<b>/</b>	<b>*</b>	N	N
Severe	**	**	*	**	N	<b>/</b>
N= Normal	1st day	10th day	1st day	10th day	1st day	10th day

#### REAGENTS

DP

Deficient Plasma FX



Freeze dried citrated plasma without Factor X. removed by selective immune adsorption

Human Origin

According to 1272/2008 regulation, this reagent is not classified as dangerous

REF 771610: DP (6 x 1 mL)

## SAFETY CAUTIONS (9) (10)

- Refer to current Material Safety Data Sheet available on request or on www.behnk.de
- Each donor unit used to manufacture this product was tested and found non-reactive for HbsAg, antibody to Hepatitis C and antibody to HIV-1/HIV-2.
- However, no test method can offer complete assurance that infectious agents are absent. All specimens or reagents from biological origin should be handled as potentially infectious, in accordance with good laboratory practices using appropriate precautions.
- Waste disposal: Respect legislation in force in the country.

| Any serious incident that has occurred in connection with the device is notified to the manufacturer and the competent authority of the Member State in which the user and/or patient is based.

#### PREPARATION OF REAGENTS

Open the vial carefully and add exactly the volume of demineralised water stated on the

Cap the vial and let stand for 15 minutes at room temperature.

Mix gently by swirling and inverting before use, to homogenise the content.

#### I STABILITY AND STORAGE

Unopened vials, stored away from light at 2-8 °C are stable until the expiry date stated on the label.

Stability after reconstitution:

2-8 °C 8 hours On board Stability (OBS)\* 4 hours 15-25 °C 4 hours

\* 18-22 °C

Do not use any reagent after expiry date.

#### SAMPLES COLLECTION AND HANDLING (3)

Plasma from careful venipuncture with anticoagulant ratio of 1/10 (sodium citrate solution 0.109 M). Mix immediately the blood with anticoagulant.

Avoid drawing with a syringe that could result in the formation of micro-clots.

Centrifuge for 10 minutes at 3000 g and extract supernatant. Stability:

- 4 h at 20-25 °C, 8 h at 2-8 °C
- 15 days at -20 °C, 1 month at -80 °C (if quickly frozen. Defrost at 37 °C until complete

Caution: if the same plasma is used for testing Factor VII, do not store at 2-8°C, because the Factor VII may be activated by the kallikrein system in this temperature range.

Thrombin inhibitors (hirudin, argatroban, ...) present in the specimen may decrease Factor X activity in the specimen.

For a more comprehensive review of factors affecting this assay, refer to the publication of

#### MATERIAL REQUIRED BUT NOT PROVIDED

Basic medical analysis laboratory equipment

Automated or semi-automated coagulation analyze

Demineralised water

## REFERENCE RANGE (6) (7)

Plasma (adult): Usually > 70 %

In the new born, the Factor X level is low (30 to 50% of adult values).

Each laboratory should establish its own normal ranges for the population that it serves.

#### QUALITY CONTROL

REF 773100: BE Trol 1; REF 773101: BE Trol 2

Controls are required for checking the accuracy and reproducibility of the results. The control intervals should be adapted to each laboratory's individual requirements.

Values obtained should fall within the defined limits.

Follow the applicable government regulations and local guidelines for quality control.

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#### PROCEDURE

#### | Manual method on semi-automated systems

Pre-incubate PT reagent (Thromboplastin) 15 min to reach a temperature of 37  $^{\circ}\text{C}$  and mix gently before use.

Dilute samples and controls: 1/10 in BE Owren Buffer.

Calibrators: prepare dilutions as indicated in § Calibration.

Diluted Plasma (calibrators, controls, plasmas): 100 μL
Deficient Plasma: 100 μl

Incubate for 120 sec at 37 °C

Thromboplastin (37 °C): 200 μL

The automatic countdown timer will start immediately after PT reagent addition and stop when the clot is formed.

#### Automated method on Behnk Thrombolyzer series

Refer to the full detailed application specific to the automated system.

#### Note:

- Performances and stability data have been validated on Thrombolyzer Compact X (available on request).
- With manual procedure and on other automated coagulation analyzer, performances and stability data must be validated by user.
- Other validated applications or proposal applications are available on request.

#### CALIBRATION

#### Use REF 775100: BE Cal Ref

Reference plasma traceable to WHO SSC/ISTH Secondary Coagulation Standard NIBSC code: SSCI.OT4.

Manual method on semi-automated analyzer: Prepare a calibration curve with dilution 1/10, 1/20, 1/40 and 1/80 in BE Owren Buffer. Measure in triplicate the clotting time of each level

**Automated method on Behnk Thrombolyzer series**: Perform a calibration with BE Cal Ref using automatic dilutions indicated in the specific application.

#### CALCULATION

Results are expressed in % of Deficient Factor according to the calibration curve.

#### PERFORMANCES

The studies were performed on Thrombolyzer Compact X.

#### Precision:

Within run N = 20	Level 1	Level 2	Between run N = 20	Level 1	Level 2
Mean (%)	93	33	Mean (%)	97	57
S.D. (%)	2.4	1.9	S.D. (%)	5.5	3.4
C.V. %	2.6	5.7	C.V. %	5.7	6.0

**Detection limit**: equivalent to 3 % of Factor X

Measuring Range: from 10 % (QL) to 100 %

#### Interferences (PT LI, sec):

interrerences (PT Li, Sec):				
Turbidity	No interference up to 450 mg/dL of Triglycerides			
Low Molecular weight heparin	No interference up to 0.114 IU anti Xa			
Unfractionated heparin	No interference up to 0.038 IU anti Xa			
Bilirubin	Negative interference from 228 μmol/L			
Hemoglobin	No interference up to 258 μmol/L			

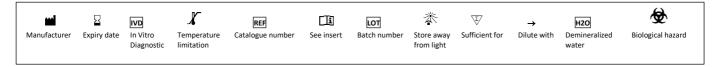
Other substances may interfere with the results (see § Limits)

**Calibration Stability:** Make a new calibration when changing reagent batch, if quality control results are found out of the established range and after maintenance operations.

#### REFERENCES

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  - = Significant modifications



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