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Angiotensin II-RIA

RB320



History

Summary of change:

Previous Version:	Current Version:
200224-1	200701
	Text added: V. REAGENTS PROVIDED CAL and CONTROL N see exact value on vial label
Room temperature	Room temperature (18-25°C)
X. PROCEDURE B. Procedure and XVIII. SUMMARY OF THE PROTOCOL: Incubation at 4°C	X. PROCEDURE C. Assay Procedure and XVIII. SUMMARY OF THE PROTOCOL: Replacement by "incubation at 2-8°C"
	Text added: XVI. PRECAUTIONS AND WARNINGS For more information, see Material Safety Data sheet (MSDS).
Use of : - "calibrators" and "standards" terms - "standard curve"	Uniformization into - "calibrator" - "calibration curve"
X. PROCEDURE	X. PROCEDURE
A. Extraction procedure of plasma	A. Extraction procedure of plasma
8. Centrifuge all extraction tubes at 2000 g. for 15 minutes at 2-8°C.	8. Centrifuge all extraction tubes at 2000 g. for 15 minutes at 4°C.
	Addition of "codes" for the Recovery tubes : • Recovery tubes = (R) • Total Recovery tube = (TR)
X. PROCEDURE	X. PROCEDURE
C. Assay Procedure 11. Centrifuge all tubes for 15 minutes at 1700 g at 4° C or room temperature (18-25°C).	C. Assay Procedure 11. Centrifuge all tubes for 15 minutes at 1700 g at 4°C.
, , , , , , , , , , , , , , , , , , ,	XI. CALCULATION OF RESULTS Addition of a example for the correction of the plasma value after extraction

C€ en

Read entire protocol before use.

Angiotensin II – RIA

I. INTENDED USE

Radioimmunoassay for the in vitro quantitative measurement of Angiotensin II in plasma

II. GENERAL INFORMATION

A. Proprietary name: DIAsource Angiotensin II-RIA

B. Catalog number: RB320: 100 tests

C. Manufactured by: DIAsource ImmunoAssays S.A.

Rue du Bosquet, 2, B-1348 Louvain-la-Neuve, Belgium.

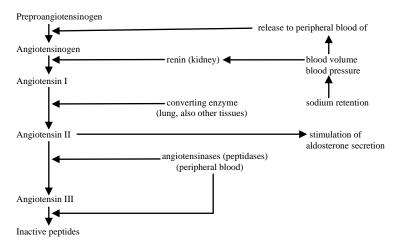
For technical assistance or ordering information contact: Tel: +32 (0) 10 84.99.11 Fax: +32 (0) 10 84.99.91

III. CLINICAL BACKGROUND

1. Biological activities

Angiotensin II is the biologically active product of the renin-angiotensin system (1,2).

The octapeptide angiotensin II (molecular weight 1046) is the strongest physiological vasoconstrictor known. From a large protein precursor (pre-proangiotensinogen) synthesized in the liver, it is liberated in a series of proteolytic steps catalysed by enzymes from various tissues (1, 2 4). Angiotensin II is very short-lived in the plasma: Once generated from angiotensin I, it is degraded further into physiologically inactive peptides by various plasma peptidases, at a plasma half-life of less than a minute (5). The scheme below gives an outline of the so-called renin-angiotensin system:



2. Clinical application

Since the generation of angiotensin II from angiotensinogen via angiotensin I is strongly affected by changes of the renin activity, all external factors influencing renin activity are to be carefully considered: renin activity is elevated during pregnancy, after sodium depletion, in upright position, and under the influence of a range of drugs, e.g. oral contraceptives, adrenalin, antihypertensive vasodilatators, diuretics, high doses of spironalactone and progesterone. Factors decreasing renin activity are: horizontal position, increased sodium uptake, a-methyl-DOPA, L-DOPA, propranolol, reserpin, clonidin and old age. Renin activity is also subject to a diurnal rhythm with peak values in the morning. The angiotensin II radioimmunoassay has its established application in the treatment and monitoring of hypertension.

IV. PRINCIPLES OF THE METHOD

After extraction of the plasma samples, angiotensin II is assayed by a competitive radioimmunoassay. This radioimmunoassay is using a rabbit anti-angiotensin II antiserum and a radio-iodinated angiotensin II tracer. Bound and free phases are separated by a second antibody bound to solid phase particles, followed by a centrifugation step. The radioactivity in the bound fractions is measured and a typical calibration curve can be generated.

V. REAGENTS PROVIDED

Reagents	100 Tests Kit	Colour Code	Reconstitution
Antiserum: Rabbit anti-angiotensin II antiserum	1 vial Lyophilised	Blue	Add 22 mL distilled water
Ag 125 TRACER: 125 TRACER: 125 In phosphate buffer with human serum albumin and NaN ₃ .	1 vial Lyophilised 56 kBq	Red	Add 25 mL distilled water
Dasp Double antibody solid phase: Goat anti-rabbit Ig's bound to solid phase in phosphate buffer with human serum albumin, Tween and sodium azide. (<0.1%).	1 vial 11 mL	Green	Ready for use
Assay buffer : phosphate buffer containing human serum albumin and sodium azide, (<0.1%).	2 vials 50 mL	Black	Ready for use
CAL Angiotensin II Calibrator, 300 pmol/L. (see exact value on vial label)	1 vial Lyophilised	Yellow	Reconstitute with distilled water by the volume stated on vial label
CONTROLN Controls – N = 1 or 2 (see exact value on vial label)	2 vials Lyophilised	Silver	Add 2 mL distilled water

VI. SUPPLIES NOT PROVIDED

The following material is required but not provided in the kit:

- 1. Pipettes (100 μL, 200 μL, 1 mL, 2 mL, 5 mL).
- 2. Repeating dispensers (100 μ L, 200 μ L).
- 3. Measuring cylinder 25 mL.
- 4. Polystyrene tubes, polypropylene or glass-tubes.
- 5. Vortex.
- Refrigerated centrifuge.
- 7. Ethanol p.A. 98%.
- 8. Vac-concentrator or N_2 (nitrogen).
- 9. Ice bath

VII. REAGENT PREPARATION

PRE PARE ALL REAGENTS 15 MINUTES BEFORE USE!

- A. Antiserum: Reconstitute with 22 mL distilled water. Mix gently. Stable at -20° C for at least 3 months after reconstitution
- B. ¹²⁵I-angiotensin II: Reconstitute with 25 mL distilled water. Mix gently. Stable at -20° C until expiry date.
- C. Double antibody solid phase: Ready for use. The separation reagent should be placed on a magnetic stirrer for 10 minutes. It is possible to pipette the reagent with a repeating dispenser. Stable at 2-8° C.
- **D. Assay buffer :** Ready for use. Stable at $2\text{-}8^{\circ}$ C until expiry date.
- E. Angiotensin II Calibrator 300 pmol/L: Reconstitute with distilled water by the volume stated on vial label. Mix gently. Stable at -20°C

- for at least 3 months after reconstitution. Refer to table in section X. B. for the calibration curve preparation.
- F. Controls: Reconstitute each vial with 2 mL distilled water. Stable at -20° C for at least 3 months after reconstitution. The concentration of the control is found on the label of the vials (without extraction).

VIII. STORAGE AND EXPIRATION DATING OF REAGENTS

This kit is stable until the stated expiry date if stored as specified. Upon receipt of the kit, all reagents should be stored at 2-8°C. The reconstituted reagents should be stored according to section VII. The reconstituted reagents are stable according to section VII, but no longer than the expiry date.

IX. SPECIMEN COLLECTION

Careful standardization of the patient preparation and sampling conditions is recommended. Due to the extreme lability of angiotensin II in biological fluid, much care must be taken to ensure that the blood sample is collected properly:

- draw blood from fasting patient in recumbent position into cold tube containing EDTA;
- centrifuge immediately at 4°C to separate the plasma;
- freeze the sample immediately in plastic tubes at -20°C until assayed.

X. PROCEDURE

A. Extraction procedure of plasma

- Label one extraction tube for each patient sample. Label one additional tube (R) in order to estimate the extraction recovery.
- 2. Place the extraction tubes and ethanol on ice.
- Pipette 1 mL of each sample into the appropriately labelled extraction tubes.

DO NOT EXTRACT CALIBRATORS AND CONTROLS.

- 4. Prepare a recovery estimation tube (R):
- Pipette 1 mL of a random plasma sample into the recovery tube (R). The sample used for this recovery assay should have a protein matrix similar to the samples being tested.
- Add 200 μL ¹²⁵I-angiotensin II tracer into the tube (R).
- Extract this sample along with samples in step 6.
- 5. Prepare Total Recovery tubes (TR):
- Pipette 200 μL ¹²⁵I-angiotensin II tracer into two tubes (TR).
- Add 200 μL assay buffer and mix.
- Cap and set aside these tubes to be counted for recovery calculation.
- 6. Add 4 mL chilled ethanol to each sample and Recovery tube (R).
- 7. Mix and vortex for 2 minutes.
- 8. Centrifuge all extraction tubes at 2000 g. for 15 minutes at 4°C.
- Decant supernatant from each extraction tube into previous prepared clean, appropriately labelled 16 x 100 mm tubes.
- Evaporate the supernatants under a stream of nitrogen to dryness (at max. 37°C).
- Reconstitute the dried samples by adding 1 mL assay buffer and vortex thoroughly.
- Proceed RIA procedure immediately or store the extracted samples at -20°C up to two weeks before using it in the assay.
- Reconstitute the dried recovery sample (R) by adding 1 mL assay buffer and vortex thoroughly.
- Pipette 400 μL of the reconstituted recovery sample tube (R) into two 12 x 75 mm tubes.
- 15. Count the total recovery (TR) and recovery (R) tubes for at least two minutes in a gamma counter.

Recovery calculation:

Calculate % recovery by dividing the cpm in the recovery tubes (R) by cpm in the total recovery tubes (TR) and multiply by 1.0/0.4:

% Recovery : $\frac{\text{cpm recovery tube (R)}}{\text{cpm total recovery tube (TR)}} \frac{1.0}{0.4} \times 100$

B. Preparation of Calibrator solutions

Dilution	Angiotensin II Calibrator	Concentration 300 pmol/L
1000 μL of Angio II Calibrator	Calibrator a	150 pmol/L
+ 1000 μL assay buffer. Vortex		
1000 μL of Calibrator a	Calibrator b	75 pmol/L
+ 1000 μL assay buffer. Vortex		
1000 μL of Calibrator b	Calibrator c	37.5 pmol/L
+ 1000 μL assay buffer. Vortex		

1000 μL of Calibrator c + 1000 μL assay buffer. Vortex	Calibrator d	18.8 pmol/L
1000 μL of Calibrator d + 1000 μL assay buffer. Vortex	Calibrator e	9.4 pmol/L
1000 μL of Calibrator e + 1000 μL assay buffer. Vortex	Calibrator f	4.7 pmol/L

C. Assay Procedure

- 1. Keep assay tubes and reagents in an ice bath during all pipetting steps.
- 2. Pipette 400 μ L of each Calibrator, 400 μ L of controls and 400 μ L of each plasma extract in duplicate into the corresponding labelled polystyrene tubes.
- 3. Add 400 μL of assay buffer to the max. binding tubes (0 pmol/L).
- 4. Add 600 μL of assay buffer to the NSB (blank) tubes.
- Add 200 µL of angiotensin II antiserum to each tube, except blank and TC-tubes.
- 6. Vortex and incubate for 6 hours at 2-8°C.
- 7. Add 200 μL of 125 I-Angiotensin II tracer to all tubes.
- 8. Vortex all tubes and incubate at 2-8° C for 18-22 hours.
- 9. While stirring continuously add 100 μL of the double antibody solid phase to all tubes, except TC- tubes.
- 10. Vortex and incubate 30-60 minutes. at 2-8° C.
- 11. Centrifuge all tubes for 15 minutes at 1700 g at 4° C.
- 12. Decant the supernatants carefully.
- 13. Count residue for 1-2 minutes.

XI. CALCULATION OF RESULTS

- 1. Subtract the mean count rate (cpm) of the NSB from the mean count rate (cpm) of the replicates of Calibrators, controls and patient samples.
- 2. A calibration curve can be generated by plotting cpm, % B/Bo or %B/T of precipitated bound fraction, against the concentration of the angiotensin II Calibrators.
- 3. To obtain the angiotensin II concentration in the extracted patient samples and controls, their cpm, % B/Bo or B/T of precipitated bound fractions are interpolated now from generated calibration curve.
- 4. The calibration curve can also be constructed by computer methods. For automated data reduction, both logit/log and Spline methods can be used.
- 5. Correct plasma values for % extraction recovery.

For example:

Patient sample concentration measured from the curve: 20 pmol/L

Extraction recovery measured after extraction: 65%

Patient sample concentration corrected : $20 \times 100 = 30.8 \text{ pmol/L}$

65

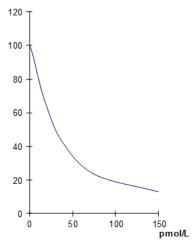
Calibration Curve Data

	Average	Corrected	%	Results
	cpm	cpm	B/Bo	(pmol/L)
Total counts	18582			
NSB	678			
Calibrator 0 pmol/L	9559	8881	100	
Calibrator f 4.7 pmol/L	8880	8202	92.4	
Calibrator e 9.4 pmol/L	7957	7279	82.0	
Calibrator d 18.8 pmol/L	7039	5781	65.1	
Calibrator c 37.5 pmol/L	4508	3830	43.1	
Calibrator b 75 pmol/L	2770	2099	23.6	
Calibrator a 150 pmol/L	1846	1168	13.1	
Control low	7359	6681	75.2	13.1
Control high	3145	2467	27.8	63.1

Example of Calibration Curve

ANGIOTENSIN II STANDARD CURVE

В/Во %



XIII. PERFORMANCE AND LIMITATIONS

A. Sensitivity

The sensitivity judged as 3 standard deviations change from zero calibrator is 2.0 pmol/L.

B. Precision

	Wi	thin-run					Bet	tween-run		
	n	Mean pmol/L	SD	% CV			n	Mean pmol/L	SD	% CV
sample A	20	13.3	0.44	3.3	samp	le A	6	11.6	0.55	4.8
sample B	20	64.9	1.97	3.0	samp	ole B	6	60.9	2.4	3.9

C. Accuracy

Four differe Calibrator		ecovery with different amounts	s of angiotensin II
Sample	Expected conc. (pmol/L)	Observed conc. (pmol/L)	% Recovery
A1 A2 A3 A4	12.4 23.9 27.2 46.0	12.3 23.5 22.0 51.1	99.2 96.8 103.0 111.0

D. Specificity

Angiotensin II antiserum is raised in rabbits. The following cross-reactivities were measured at 50% B/Bo.

Peptide	Cross-reaction
Angiotensin II	100
Angiotensin I	< 0.1
Leu-Heptapeptide	100
Asn ¹ -Val ⁵ Angiotensin II	30
Sar ¹ lle ⁸ Angiotensin II	100
Angiotensin III	80

E. Interference

Samples displaying cloudiness, haemolysis, hyperlipemia or containing fibrin may give inaccurate results.

XIV. INTERNAL QUALITY CONTROL

Controls should be carried out in each assay run. Two controls are included in the kit, the value (without extraction procedure) is indicated on the labels of the vials.

Use controls as recommended by the control plasma manufacturer and in accordance with reference laboratories practice to monitor the accuracy and precision of reagents and techniques.

XV. REFERENCE INTERVALS

Each laboratory should establish its own normal range of expected values. Blood samples were drawn from 11 apparently healthy adults (09.00 - 10.00 a.m.) and Angiotensin II levels were determined.

Observed Range: 19 - 38 pmol/L

XVI. PRECAUTIONS AND WARNINGS

Safety

For in vitro diagnostic use only.

Materials derived from human blood and used in the preparation of this kit were tested and found negative for hepatitis B surface antigen (HBsAg), antibodies to HCV and for antibodies to HIV-1 and HIV-2. However, handle all components as a possible source of infection.

The reagents in this kit contain sodium azide. Contact with copper or lead drain pipes may result in the cumulative formation of highly explosive azide deposits. On disposal of the reagents in the sewerage, always flush with copious amounts of water, which prevents metallic azide formation. Plumbling suspected of being contaminated with these explosive deposits should be cleaned thoroughly with 10% sodium hydroxide solution.

This kit contains 125 I (half-life: 60 days), emitting ionizing X (28 keV) and γ (35.5 keV) radiations. The radioactive material included may be received, acquired, possessed and used only by physicians, clinical laboratories or hospitals for invitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulation of each country.

Adherence to the basic rules of radiation safety should provide adequate protection.

- Do not eat, drink, smoke or apply cosmetics where radioactive materials are used.
- Do not pipette radioactive solutions by mouth.
- Avoid direct contact with all radioactive materials by using protective articles such as lab

coats and disposable gloves.

- All radiological work should be done in a designated area.
- Radioactive materials should be stored in original containers in a designated area.
- Laboratory equipment and glassware which are subject to contamination should be segregated to prevent cross-contamination of different radioisotopes.
- Any radioactive spills should be taken care of immediately in accordance with established procedures.
- All radioactive materials must be disposed of in accordance with the prevailing regulations and guidelines of the agencies jurisdiction over the laboratory.

For more information, see Material Safety Data sheet (MSDS).

XVII. BIBLIOGRAPHY

- S. Oparil, E. Haber, N. Engl. J. Med. <u>291</u>, 389-401, 446-457 (1974).
- W.F. Ganong.

Review of Medical Physiology, 6th ed., 342-344 (1973). Lange Medical Publications, Los Althos, CA.

- J. Voigt, B. Wittmann-Liebold, H. Köster. Eur. J. Biochem, <u>122</u>, 183-191 (1982).
- O. Ganten, J.L. Minnich, P. Granger, K.Hayduk, H.M. Brecht, A. Barbeau, R. Boucher, J. Genest, Science <u>173</u>, 64-65 (1971).
- A. Leaf, G.W. Liddle, in "Textbook of Endocrinology" p. 938 ed. R.H. Williams, W.B. Saunders Co., Philadelphia (1974).
- A. Saye. Hypertension, 216-221 (1983).
- 7. V.J. Dzan. Circulation 77 (Suppl 1.1) (1988).

- 8. Ch. Klett. Clin. Exp. Hypert. 9, 2027-2047 (1987).
- J.F.E. Mann.
 Clin. Exp. Hypert. 10, 151-168 (1988).
- J.J. Morton.
 D.J. Webb, Clinical Science 68, 482-484 (1985).

XVIII. SUMMARY OF THE PROTOCOL

	Total	NSB	Calibrato	Calibrato	Control	Sample		
	count	ПОВ	r (0)	rs (1-6)	s	sample		
Assay buffer	-	600μ L	400 μL	-	-	-		
Calibrators	-	-	-	400 μL	-	-		
Controls	-	-	-		400 μL	-		
Samples	-	-	-		-	400 μL		
Antiserum	-	200µL 200µL 200µL 200µL						
	Vor	tex and ir	ncubate for 6 h	ours at 2-8°C				
¹²⁵ I Tracer 200 μL								
	Vorte	x and inci	ubate for 18-22	2 hours at 2-8°	С			
Double Ab Solid phase - 100 μL								
	Vort	ex and inc	cubate for 30-6	0 min at 2-8°C	2			
	Vortex a	and centri	fuge for 15 mi	n (1700 g) at	4°C			
Decant or a	spirate the	e superna	tant and count	the radioactiv	ity of the re	sidue		

Other translations of this Instruction for Use can be downloaded from our website: https://www.diasource-diagnostics.com/

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