

REF 8K27-27 REF 8K27-21

076

DHEA-S 8K27 G94364R01 B8K2S0

Created February 2018.

Package insert instructions must be carefully followed. Reliability of assay results cannot be guaranteed if there are any deviations from the instructions in this package insert.

NAME

ARCHITECT DHEA-S

■ INTENDED USE

ARCHITECT DHEA-S is a chemiluminescent microparticle immunoassay (CMIA) for the quantitative determination of dehydroepiandrosterone sulfate (DHEA-S) in human serum and plasma on the ARCHITECT iSystem.

SUMMARY AND EXPLANATION OF THE TEST

Dehydroepiandrosterone sulfate (DHEA-S) is the most abundant adrenal androgen and also functions as a neurosteroid that is produced by the adrenal cortex. DHEA-S is an excellent indicator of adrenal androgen production. DHEA-S exhibits only weak androgenic activity but can be metabolized to more active androgens such as testosterone and androstenedione. Secretary Secretary Concentrations decline with age and can serve as a prognostic factor in both critical illnesses and breast cancer progression. Elevated levels of DHEA-S are found in the plasma of patients with adrenal tumors or congenital adrenal hyperplasia. DHEA-S may also be slightly elevated in patients with polycystic ovaries. Tumors in men that produce hCG may lead to increased levels of testicular DHEA-S.

BIOLOGICAL PRINCIPLES OF THE PROCEDURE

The ARCHITECT DHEA-S assay is a delayed one-step immunoassay for the quantitative determination of DHEA-S in human serum and plasma using CMIA technology with flexible assay protocols, referred to as Chemiflex.

- Sample, assay diluent, and anti-DHEA-S coated paramagnetic microparticles are combined. The DHEA-S present in the sample binds to the anti-DHEA-S coated microparticles.
- After incubation, DHEA-S acridinium-labeled conjugate is added to the reaction mixture and binds to unoccupied binding sites of the anti-DHEA-S microparticles.
- After further incubation and washing, Pre-Trigger and Trigger Solutions are added to the reaction mixture.
- The resulting chemiluminescent reaction is measured as relative light units (RLUs). There is an indirect relationship between the amount of DHEA-S in the sample and the RLUs detected by the ARCHITECT iSystem optics.

For additional information on system and assay technology, refer to the ARCHITECT System Operations Manual, Section 3.

■ REAGENTS

Kit Contents

ARCHITECT DHEA-S 8K27

NOTE: Some kit sizes are not available in all countries or for use on all ARCHITECT iSystems. Please contact your local distributor.

REF	8K27-27	8K27-21
\sum	100	400
MICROPARTICLES	1 x 6.6 mL	4 x 6.6 mL
CONJUGATE	1 x 5.9 mL	4 x 5.9 mL
ASSAY DILUENT	1 x 10.0 mL	4 x 10.0 mL

MICROPARTICLES Anti-DHEA-S (mouse, monoclonal) coated microparticles in TRIS buffer. Minimum concentration: 0.10% solids. Preservative: sodium azide.

CONJUGATE DHEA-S acridinium-labeled conjugate in MES buffer with protein (bovine) stabilizer. Preservative: sodium azide.

ASSAY DILUENT DHEA-S Assay Diluent containing MES buffer with protein (bovine) stabilizer. Preservative: sodium azide.

Other Reagents

PRE-TRIGGER SOLUTION ARCHITECT Pre-Trigger Solution containing 1.32% (w/v) hydrogen peroxide.

TRIGGER SOLUTION ARCHITECT Trigger Solution containing 0.35 N sodium hydroxide.

WASH BUFFER ARCHITECT Wash Buffer containing phosphate buffered saline solution. Preservatives: antimicrobial agents.

Warnings and Precautions

- IVD
- For In Vitro Diagnostic Use

Safety Precautions

CAUTION: This product requires the handling of human specimens. It is recommended that all human-sourced materials be considered potentially infectious and handled in accordance with the OSHA Standard on Bloodborne Pathogens. Biosafety Level 2 or other appropriate biosafety practices should be used for materials that contain or are suspected of containing infectious agents.⁷⁻¹⁰

The following warnings ar CONJUGATE / ASSAY DILUE	nd precautions apply to: MICROPARTICLES /
Contains sodium azide.	
EUH032	Contact with acids liberates very toxic gas.
P501	Dispose of contents / container in
	accordance with local regulations.

Safety Data Sheets are available at www.abbottdiagnostics.com or contact your local representative.

For a detailed discussion of safety precautions during system operation, refer to the ARCHITECT System Operations Manual, Section 8

Reagent Handling

- Do not use reagent kits beyond the expiration date.
- . Do not pool reagents within a kit or between kits.
- Before loading the reagent kit on the system for the first time, the
 microparticle bottle requires mixing to resuspend microparticles
 that may have settled during shipment. For microparticle mixing
 instructions, refer to the PROCEDURE, Assay Procedure section
 of this package insert.
- Septums MUST be used to prevent reagent evaporation and contamination and to ensure reagent integrity. Reliability of assay results cannot be guaranteed if septums are not used according to the instructions in this package insert.
 - To avoid contamination, wear clean gloves when placing a septum on an uncapped reagent bottle.
 - Once a septum has been placed on an open reagent bottle, do not invert the bottle as this will result in reagent leakage and may compromise assay results.
 - Over time, residual liquids may dry on the septum surface.
 These are typically dried salts and have no effect on assay efficacy.

For a detailed discussion of handling precautions during system operation, refer to the ARCHITECT System Operations Manual, Section 7.

Reagent Storage

When stored and handled as directed, reagents are stable until the expiration date.

	Storage Temperature	Maximum Storage Time	Additional Storage Instructions
Unopened/ Opened*	2-8°C	Until expiration date	May be used immediately after removal from 2-8°C storage.
			Store in upright position.
On board	System	30 days	Discard after 30 days.
	temperature		For information on tracking onboard time, refer to the ARCHITECT System Operations Manual, Section 5.

^{*} Reagents may be stored on or off the ARCHITECT iSystem. If reagents are removed from the system, store them at 2-8°C (with septums and replacement caps) in an upright position. For reagents stored off the system, it is recommended that they be stored in their original trays and boxes to ensure they remain upright. If the microparticle bottle does not remain upright (with a septum installed) while in refrigerated storage off the system, the reagent kit must be discarded. For information on unloading reagents, refer to the ARCHITECT System Operations Manual, Section 5.

Indications of Reagent Deterioration

When a control value is out of the specified range, it may indicate deterioration of the reagents or errors in technique. Associated test results are invalid, and samples must be retested. Assay recalibration may be necessary. For troubleshooting information, refer to the ARCHITECT System Operations Manual, Section 10.

INSTRUMENT PROCEDURE

The ARCHITECT DHEA-S assay file must be installed on the ARCHITECT iSystem from an ARCHITECT iSystem Assay CD-ROM prior to performing the assay.

For detailed information on assay file installation and viewing and editing assay parameters, refer to the ARCHITECT System Operations Manual, Section 2.

For information on printing assay parameters, refer to the ARCHITECT System Operations Manual, Section 5.

For a detailed description of system procedures, refer to the ARCHITECT System Operations Manual.

Alternate Result Units

Edit assay parameter "Result concentration units" to select an alternate unit.

Conversion formula:

(Concentration in Default result unit) x (Conversion factor) = (Concentration in Alternate result unit)

Default result unit	Conversion factor	Alternate result unit
μg/dL	0.02714	μmol/L
	0.01	μg/mL

SPECIMEN COLLECTION AND PREPARATION FOR ANALYSIS

Specimen Types

Verified specimen types to be used with this assay:

Specimen Types	Collection Tubes	
Human serum	Serum	
	Serum separator tubes	
Human plasma	Potassium EDTA	
	Sodium Citrate	
	Sodium Heparin	

- Performance has not been established for the use of cadaveric specimens or the use of body fluids other than human serum or plasma.
- Liquid anticoagulants may have a dilution effect resulting in lower concentrations for individual patient specimens.
- The instrument does not provide the capability to verify specimen type. It is the responsibility of the operator to verify that the correct specimen types are used in the assay.
- Use of Lithium and Ammonium Heparin may result in a shift of normal ranges.

Specimen Conditions

- Do not use specimens with the following conditions:
 - heat-inactivated
 - pooled
 - grossly hemolyzed (> 500 mg/dL hemoglobin)
 - obvious microbial contamination
- For accurate results, serum and plasma specimens should be free of fibrin, red blood cells, and other particulate matter. Serum specimens from patients receiving anticoagulant or thrombolytic therapy may contain fibrin due to incomplete clot formation.
- To prevent cross contamination, use of disposable pipettes or pipette tips is recommended.

Preparation for Analysis

- Follow the tube manufacturer's processing instructions for collection tubes. Gravity separation is not sufficient for specimen preparation.
- Mix thawed specimens thoroughly by low speed vortexing or by inverting 10 times. Visually inspect the specimens. If layering or stratification is observed, continue mixing until specimens are visibly homogeneous.
- To ensure consistency in results, specimens must be transferred to a centrifuge tube and centrifuged at ≥ 10,000 RCF (Relative Centrifugal Force) for 10 minutes before testing if
 - they contain fibrin, red blood cells, or other particulate matter, or
 - they require repeat testing.
- Transfer clarified specimen to a sample cup or secondary tube for testing. For centrifuged specimens with a lipid layer, transfer only the clarified specimen and not the lipemic material.
- Inspect all specimens for bubbles. Remove bubbles with an applicator stick before analysis. Use a new applicator stick for each specimen to prevent cross contamination.

Specimen Storage

Specimen Type	Storage Temperature	Maximum Storage Time
Serum/Plasma	2-8°C	≤ 8 days

Specimens may be stored on or off the clot, red blood cells, or separator gel.

If testing will be delayed more than 8 days, remove serum or plasma from the clot, red blood cells, or separator gel and store frozen.

Specimens stored frozen for 8 weeks showed no performance difference

Avoid more than 5 freeze/thaw cycles for serum, and more than 2 freeze/thaw cycles for plasma specimens.

Specimen Shipping

- Package and label specimens in compliance with applicable state, federal, and international regulations covering the transport of clinical specimens and infectious substances.
- Do not exceed the storage limitations listed above.

■ PROCEDURE

Materials Provided

8K27 ARCHITECT DHEA-S Reagent Kit

Materials Required but not Provided

- ARCHITECT DHEA-S Assay file obtained from the ARCHITECT iSystem e-Assay CD-ROM found on www.abbottdiagnostics.com.
- 8K27-02 ARCHITECT DHEA-S Calibrators
- 8K27-11 ARCHITECT DHEA-S Controls
- ARCHITECT Pre-Trigger Solution
- ARCHITECT Trigger Solution
- ARCHITECT Wash Buffer
- ARCHITECT Reaction Vessels
- ARCHITECT Sample Cups
- ARCHITECT Septum
- ARCHITECT Replacement Caps
- Pipettes or pipette tips (optional) to deliver the volumes specified on the patient or control order screen.

For information on materials required for maintenance procedures, refer to the ARCHITECT System Operations Manual, Section 9.

Assay Procedure

- Before loading the reagent kit on the system for the first time, the
 microparticle bottle requires mixing to resuspend microparticles
 that may have settled during shipment. After the first time the
 microparticles have been loaded, no further mixing is required.
 - Invert the microparticle bottle 30 times.
 - Visually inspect the bottle to ensure microparticles are resuspended. If microparticles are still adhered to the bottle, continue to invert the bottle until the microparticles have been completely resuspended.
 - If the microparticles do not resuspend, DO NOT USE.
 Contact your local Abbott representative.
 - Once the microparticles have been resuspended, place a septum on the bottle. For instructions about placing septums on bottles, refer to the Reagent Handling section of this package insert.
- Load the reagent kit on the ARCHITECT iSystem.
 - Verify that all necessary reagents are present.
 - · Ensure that septums are present on all reagent bottles.
- Order calibration, if necessary.
 - For information on ordering calibrations, refer to the ARCHITECT System Operations Manual, Section 6.

- Order tests.
 - For information on ordering patient specimens and controls and for general operating procedures, refer to the ARCHITECT System Operations Manual, Section 5.
- Minimum sample cup volume is calculated by the system and printed on the Orderlist report. To minimize the effects of evaporation, verify adequate sample cup volume is present prior to running the test.

Maximum number of replicates sampled from the same sample cup: 10

- Priority:
 - Sample volume for first test: 70 µL
 - Sample volume for each additional test from same sample cup: 20 μL
- \leq 3 hours on board:
 - Sample volume for first test: 150 μ L
 - Sample volume for each additional test from same sample cup: 20 μL
- > 3 hours on board: Additional sample volume required. For additional information on sample evaporation and volumes, refer to the ARCHITECT System Operations Manual, Section
- If using primary or aliquot tubes, use the sample gauge to ensure sufficient patient specimen is present.
- Prepare ARCHITECT DHEA-S Calibrators and Controls.
 - Mix calibrator(s) and controls by gentle inversion before use.
 - Hold bottles vertically and dispense recommended volumes into each respective sample cup.
 - · Recommended volumes:

for each calibrator: 5 drops

for each control: 5 drops

- Load samples.
 - For information on loading samples, refer to the ARCHITECT System Operations Manual, Section 5.
- Press RUN
- For additional information on principles of operation, refer to the ARCHITECT System Operations Manual, Section 3.
- For optimal performance, it is important to perform routine maintenance as described in the ARCHITECT System Operations Manual, Section 9. Perform maintenance more frequently when required by laboratory procedures.

Specimen Dilution Procedures

Specimens with a DHEA-S concentration > 1500.0 μ g/dL (> 40.71 μ mol/L) will be flagged as ">1500.0" (">40.71") and may be diluted with the Manual Dilution Procedure.

Manual Dilution Procedure

Suggested dilution: 1:2

- 1. Add 75 μ L of the patient specimen to 75 μ L of ARCHITECT DHEA-S Calibrator A.
- The operator must enter the dilution factor in the Patient or Control order screen. The system will use this dilution factor to automatically calculate the concentration of the sample before dilution and report the result. The result should be greater than 3 µg/dL (0.08 µmol/L) before dilution factor is applied.

For detailed information on ordering dilutions, refer to the ARCHITECT System Operations Manual, Section 5.

Calibration

- Test Calibrators A-F in replicates of two. The calibrators should be priority loaded.
 - A single sample of each control level must be tested to evaluate the assay calibration. Ensure that assay control values are within the ranges specified in the respective control package insert.
- Calibration Range: 0.0 1500.0 μg/dL (0.00 40.71 μmol/L).
- Once an ARCHITECT DHEA-S calibration is accepted and stored, all subsequent samples may be tested without further calibration unless:
 - · A reagent kit with a new lot number is used or
 - · Controls are out of range.
- For detailed information on how to perform an assay calibration, refer to the ARCHITECT System Operations Manual, Section 6.

Quality Control Procedures

The recommended control requirement for the ARCHITECT DHEA-S assay is that a single sample of each control level be tested once every 24 hours each day of use. If the quality control procedures in your laboratory require more frequent use of controls to verify test results, follow your laboratory-specific procedures.

The ARCHITECT DHEA-S Control values must be within the acceptable ranges specified in the control package insert. If a control is out of its specified range, the associated test results are invalid and samples must be retested. Recalibration may be indicated.

Verification of Assay Claims

For protocols to verify package insert claims, refer to the ARCHITECT System Operations Manual, Appendix B.

The ARCHITECT DHEA-S assay belongs to method group 1.

RESULTS

Calculation

The ARCHITECT DHEA-S assay utilizes a 4 Parameter Logistic Curve fit data reduction method (4PLC, Y-weighted) to generate a calibration curve.

Flags

Some results may contain information in the Flags field. For a description of the flags that may appear in this field, refer to the ARCHITECT System Operations Manual, Section 5.

Measurement Range (Reportable Range)

The measurement range for the ARCHITECT DHEA-S assay is $3.0 \mu g/dL$ to $1500.0 \mu g/dL$.

LIMITATIONS OF THE PROCEDURE

- Results should be used in conjunction with other data; e.g., symptoms, results of other tests, and clinical impressions.
- If the ARCHITECT DHEA-S results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
- Specimens from patients with adrenal tumors or congenital adrenal hyperplasia may exhibit elevated levels of DHEA-S.⁴
- Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA).^{11, 12} Specimens containing HAMA may produce anomalous values when tested with assay kits (such as ARCHITECT DHEA-S) that employ mouse monoclonal antibodies.¹²
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference, and anomalous values may be observed. Additional information may be required for diagnosis.¹³
- It cannot be excluded that rheumatoid factor present in human serum can interfere with any in vitro immunoassay.¹⁴

EXPECTED VALUES

It is recommended that each laboratory establish its own reference range, which may be unique to the population it serves depending on the geographical, dietary, or environmental factors. A reference range study was conducted testing a total of 246 samples from female individuals, a total of 240 samples from male individuals and a total of 100 samples from children at one site. These samples gave the following values for the age groups summarized in the following table.*

		50 th pe	rcentile	5-95 th (percentile
Age (years)	n	μmol/L	μg/dL	µmol/L	μg/dL
Females:					
11-14	10	2.0	73.8	0.2 - 4.6	8.6 - 169.8
15-19	16	4.0	147.0	1.7 - 13.4	61.2 - 493.6
20-24	21	7.6	281.9	3.6 - 11.1	134.2 - 407.4
25-34	45	6.9	255.3	2.6 - 13.9	95.8 - 511.7
35-44	55	4.9	179.2	2.0 - 11.1	74.8 - 410.2
45-54	58	3.9	142.3	1.5 - 7.7	56.2 - 282.9
55-64	36	1.9	69.2	0.8 - 4.9	29.7 - 182.2
65-70	5	1.6	58.1	0.9 - 2.1	33.6 - 78.9
Males:					
11-14	10	2.8	102.1	0.5 - 6.6	16.6 - 242.7
15-19	8	8.3	306.2	1.2 - 10.4	45.1 - 385.0
20-24	9	9.6	353.6	6.5 - 14.6	238.4 - 539.3
25-34	57	9.3	344.2	4.6 - 16.1	167.9 - 591.9
35-44	66	8.8	323.6	3.8 - 13.1	139.7 - 484.4
45-54	50	6.8	249.1	3.7 - 12.1	136.2 - 447.6
55-64	38	2.8	104.9	1.3 - 9.8	48.6 - 361.8
65-70	2	6.9	256.1	6.2 - 7.7	228.5 - 283.6
Children:					
<1 week	20	2.3	86.2	0.7 - 8.2	24.6 - 302.8
1-4 weeks	20	2.4	87.2	0.2 - 8.6	8.5 - 317.3
1-12 months	20	1.8	65.3	0.9 - 5.8	31.6 - 214.1
1-4 years	20	2.0	75.4	0.9 - 7.5	32.7 - 276.0
5-10 years	20	2.9	108.5	0.7 - 5.7	24.4 - 209.7

^{*} Representative performance data are shown. Results obtained at individual laboratories may vary.

■ SPECIFIC PERFORMANCE CHARACTERISTICS

Precision

The ARCHITECT DHEA-S assay is designed to have precision of ≤ 10% total CV. A study was performed with the ARCHITECT DHEA-S assay based on guidance from the Clinical and Laboratory Standards Institute, document NCCLS Protocol EP5-A¹⁵. Multiple ARCHITECT DHEA-S control lots were assayed using two lots of reagents in replicates of two at two separate times per day for 20 days on four instruments. A third reagent lot was tested in replicates of two at two separate times per day for 10 days on one instrument. Each reagent lot used a single calibration curve throughout the study. Data from this study are summarized in the following table.*

		Mean	Withi	n Run	Tot	ala
Sample	n	Concentration (µg/dL)	SD	%CV	SD	%CV
Low Control	2178	10.7	0.45	4.24	0.79	7.41
Medium Control	2178	104.8	1.45	1.38	2.81	2.68
High Control	2178	984.5	16.54	1.68	28.80	2.93

^a Total assay variability contains within run, run to run and day to day variability.

^{*} Representative performance data are shown. Results obtained at individual laboratories may vary.

Recovery

The ARCHITECT DHEA-S assay is designed to have a mean recovery of 100 \pm 10%. A study was performed where known concentrations (20, 60, 180, 540, 1080 $\mu g/dL$) of DHEA-S were added to 10 aliquots of human serum with endogenous levels ranging from 10.6 to 173.1 $\mu g/dL$. The concentration of DHEA-S and the percent recovery was calculated for each sample. The percent recovery of the ARCHITECT DHEA-S assay resulted in a mean of 102%. Data are representative performance data, but results obtained at individual laboratories may vary.

Dilution Linearity

The ARCHITECT DHEA-S assay is designed to recover diluted specimens within \pm 10% of the expected result. A dilution linearity study was performed using specimens with undiluted values that ranged between 132.1 and 386.5 $\mu g/dL$. These specimens were diluted manually using normal human serum free of DHEA-S at various dilution factors to result in 10 to 90% of the endogenous DHEA-S level. Data from this study are summarized in the following tables.*

Sample	Dilution Factor	Observed Values (µg/dL)	% Mean Recovery ^a
4	undiluted	287.4	
1	0.1 to 0.9	266.8 to 29.5	103
0	undiluted	142.3	
2	0.1 to 0.9	126.0 to 15.9	101
3	undiluted	362.0	
3	0.1 to 0.9	327.5 to 36.3	98

In addition, a dilution study was performed using specimens with different high and low DHEA-S concentration values ranging from 27.7 to 707.1 µg/dL. The low level sample was used to dilute the high level sample to different concentrations.

Sample Pair	Undiluted Concentration Level (µg/dL)	Diluted Concentration Range (µg/dL)	% Mean Recovery ^a
1	Low 27.7 High 490.7	154.4 to 382.0	105
2	Low 34.6 High 540.1	162.9 to 406.8	100
3	Low 47.7 High 602.7	179.6 to 453.1	97

$$^{a} \ \% \ Recovery = \frac{Observed \ Value \ (\mu g/dL)}{Expected \ Value \ (\mu g/dL)} x \ 100$$

% Mean Recovery = Mean of % Recovery of all dilutions of a sample

Sensitivity

The ARCHITECT DHEA-S assay is designed to have an analytical sensitivity of $\leq 3.0~\mu g/dL.$ Analytical sensitivity is defined as the concentration at two standard deviations above the calibrator A (0.0 $\mu g/dL).$ In a study (n = 6 runs, 20 replicates of calibrator A using three instruments and two reagent lots), the analytical sensitivity was calculated to be 1.8 $\mu g/dL^*$ at a 95% level of confidence.

* Representative performance data are shown. Results obtained at individual laboratories may vary.

Specificity

The specificity of the ARCHITECT DHEA-S assay is designed to have ≤ 10% cross-reactivity when tested with structurally similar compounds listed in the table below. A study was performed with the ARCHITECT DHEA-S assay based on guidance from the Clinical and Laboratory Standards Institute, document NCCLS Protocol EP7-A.¹6 Aliquots of calibrator A, containing essentially no residual DHEA-S, were supplemented with potential cross reactants at the concentrations listed and tested for DHEA-S. Data from this study are summarized in the following table.*

	•	
0	Concentration Cross	0/ Orosa Basativitus
Compound	Reactant (µg/dL)	% Cross Reactivity ^a
DHEA	4000	-0.002
Cortisol	10000	0.000
Aldosterone	5000	-0.004
Estradiol	5000	0.001
Testosterone	2000	0.000
5-dihydrotestosterone	5000	-0.011
Androstenedione	1000	0.003
Androsterone	2000	-0.021
Andro-Glucuronide	2000	-0.002
Estriol	5000	0.008
Estrone	5000	0.001
19-hydroxyandrostenedione	1000	0.025
Progesterone	5000	0.003
Androsterone Sulfate	5000	0.034
Estrone-3-Sulfate	5000	0.065
DHEA Glucuronide	5000	0.006

$${}^{a}\,\%\,\, \text{Cross Reactivity} = \frac{ \begin{array}{c} \text{Mean Value spiked - Mean} \\ \text{Value non spiked (µg/dL)} \\ \hline \text{Concentration of Cross} \\ \text{Reactant (µg/dL)} \end{array} }{ \text{Reactant (µg/dL)} } \times 100$$

* Representative performance data are shown. Results obtained at individual laboratories may vary.

Interference

Potential interference in the ARCHITECT DHEA-S assay from hemoglobin, bilirubin, triglycerides, and protein at the levels indicated below is designed to be \leq 10%. Interference was demonstrated by a study based on guidance from the Clinical and Laboratory Standards Institute, document NCCLS Protocol EP7-A. 16 There was no significant interference observed since the % mean recovery is within \pm 10% of the expected value. Data from this study are summarized in the following table.*

Potentially Interfering		
Substance	Concentration	% Mean Recovery ^a
Hemoglobin	500 mg/dL	95
Bilirubin	20 mg/dL	100
Triglycerides	5000 mg/dL	102
Protein low	4 g/dL	94
Protein high	12 g/dL	100

^a % Recovery =
$$\frac{\text{Observed Value (µg/dL)}}{\text{Expected Value (µg/dL)}} x 100$$

- % Mean Recovery = Mean of % Recovery of all samples
- * Representative performance data are shown. Results obtained at individual laboratories may vary.

^{*} Representative performance data are shown. Results obtained at individual laboratories may vary.

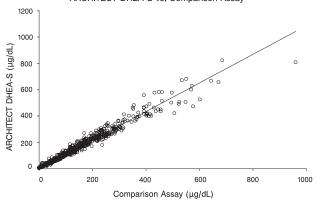
Method Comparison

The ARCHITECT DHEA-S assay is designed to have a slope difference of \pm 15% and a correlation coefficient of \geq 0.90 when compared to a commercially available diagnostic kit. A study was performed with the ARCHITECT DHEA-S assay, where regression analysis was performed using the Passing-Bablok and Least Squares regression methods. Data from this study are summarized in the following table and graph.*

ARCHITECT DHEA-S vs. Comparison Assay

Regression Method	n	Slope	Intercept	Correlation Coefficient
Passing-Bablok ^a	550	1.08	1.77	0.98
Least Squares	550	1.04	9.34	

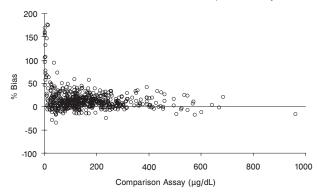
^a A linear regression method with no special assumptions regarding the distribution of samples and measurement errors.¹⁷ ARCHITECT DHEA-S vs. Comparison Assay



A bias analysis of the ARCHITECT DHEA-S vs. the comparison assay was performed on the same 550 serum specimens. The average % Bias of ARCHITECT DHEA-S vs. the comparison assay in this study was 22.8%. The 95% confidence interval of that average percent bias is -202.5% to 248.0%.

The following graph demonstrates the % Bias between the two assays.*

ARCHITECT DHEA-S % Bias to Comparison Assay



In this evaluation, specimen concentrations range from 4.3 μ g/dL to 820.0 μ g/dL with the ARCHITECT DHEA-S assay and from 0.2 μ g/dL to 961.1 μ g/dL with the commercially available diagnostic kit.

* Representative performance data are shown. Variables such as differences in sampling size and sample population may impact the correlation of the assay, therefore, results obtained at individual laboratories may vary from these data.

BIBLIOGRAPHY

- Kroboth PD, Salek FS, Pittenger AL, et al. DHEA and DHEA-S: a review. J Clin Pharmacol 1999;39:327-348.
- Labrie F, Luu-The V, Labrie C, et al. Endocrine and intracrine sources of androgens in women: inhibition of breast cancer and other roles of androgens and their precursor dehydroepiandrosterone. *Endocr Rev* 2003;24(2):152-182.
- Schneider HP. Androgens and antiandrogens. Ann N Y Acad Sci 2003;997:292-306.
- Haymond S, Gronowski AM. Reproductive related disorders. In: Burtis CA, Ashwood ER, Bruns DE, editors. *Tietz Textbook of Clinical Chemistry and Molecular Diagnostics*. 4th ed. St. Louis, Missouri: Elsevier Inc.; 2006:2132-2134.
- Chang RJ. A practical approach to the diagnosis of polycystic ovary syndrome. Am J Obstet Gynecol 2004;191(3):713-717.
- Rieu M, Reznik Y, Vannetzel JM, et al. Testicular steroidogenesis in adult men with human chorionic gonadotropin-producing tumors. J Clin Endocrinol Metab 1995;80(8):2404-2409.
- US Department of Labor, Occupational Safety and Health Administration, 29 CFR Part 1910.1030, Bloodborne pathogens.
- US Department of Health and Human Services. Biosafety in Microbiological and Biomedical Laboratories. 5th ed. Washington, DC: US Government Printing Office; December 2009.
- World Health Organization. Laboratory Biosafety Manual. 3rd ed. Geneva: World Health Organization; 2004.
- Clinical and Laboratory Standards Institute (CLSI). Protection of Laboratory Workers From Occupationally Acquired Infections; Approved Guideline—Fourth Edition. CLSI Document M29-A4. Wayne, PA: CLSI; 2014.
- Schroff RW, Foon KA, Beatty SM, et al. Human anti-murine immunoglobulin responses in patients receiving monoclonal antibody therapy. Cancer Res 1985;45(2):879-885.
- Primus FJ, Kelley EA, Hansen HJ, et al. "Sandwich"-type immunoassay of carcinoembryonic antigen in patients receiving murine monoclonal antibodies for diagnosis and therapy. Clin Chem 1988;34(2):261-264.
- Boscato LM, Stuart MC. Heterophilic antibodies: a problem for all immunoassays. Clin Chem 1988;34(1):27-33.
- Marks V. False-positive immunoassay results: a multicenter survey of erroneous immunoassay results from assays of 74 analytes in 10 donors from 66 laboratories in seven countries. Clin Chem 2002;48(11):2008-2016.
- National Committee for Clinical Laboratory Standards (NCCLS). Evaluation of Precision Performance of Clinical Chemistry Devices; Approved Guideline. NCCLS Document EP5-A. Wayne, PA: NCCLS; 1999
- National Committee for Clinical Laboratory Standards (NCCLS). Interference Testing in Clinical Chemistry; Approved Guideline. NCCLS Document EP7-A. Wayne, PA: NCCLS; 2002.
- Passing H, Bablok W. A new biometrical procedure for testing the equality of measurements from two different analytical methods. Application of linear regression procedures for method comparison studies in clinical chemistry, Part I. J Clin Chem Clin Biochem 1983;21(11):709–720.

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