Monobind Inc.®
Lake Forest, CA 92630, USA

AccuLite®
CLIA Microwells

Cortisol AccuLite® CLIA Test System

Product Code: 3675-300

1.0 INTRODUCTION

Intended Use: The Quantitative Determination of Total Cortisol Concentration in Human Serum or Plasma by a Microplate Enzyme Immunoassay, Chemiluminescence

2.0 SUMMARY AND EXPLANATION OF THE TEST

Cortisol (hydrocortisone, compound (F) is the most potent glucocorticoid produced by the human adrenal cortex. As with other adrenal steroids, cortisol is synthesized from cholesterol, through a series of enzymatically mediated steps, by the adrenal cortex.[1,2] The first and rate-limiting step in adrenal steroidogenesis, conversion of cholesterol to pregnenolone, is stimulated by pituitary adrenocorticotropic hormone (ACTH) which is, in turn, regulated by hypothalamic corticotropin releasing factor (CRF). ACTH and CRF secretion are inhibited by high cortisol levels. In plasma, the major portion of cortisol is bound with high affinity to corticosteroid-binding globulin (CBG, transcortin), with most of the remainder loosely bound to albumin. Physiologically effective in anti-inflammatory activity and blood pressure maintenance, cortisol is also involved in gluconeogenesis. Cortisol acts through specific intracellular receptors and has effects in numerous other physiologic systems, including immune function, glucose-counter regulation, vascular tone, substrate utilization and bone metabolism.[1-3] Cortisol is excreted primarily in urine in an unbound (free) form.

Cortisol production has an ACTH-dependent circadian rhythm with peak levels in the early morning and a nadir at night. The factors controlling this circadian rhythm are not completely defined. The circadian rhythm of ACTH/cortisol secretion matures gradually during early infancy, and is disrupted in a number of physical and psychological conditions.[4] Furthermore, increased amounts of ACTH and cortisol are secreted independently of the circadian rhythm in response to physical and psychological stress.[4,5]

Elevated cortisol levels and lack of diurnal variation have been identified in patients with Cushing's disease (ACTH hyper secretion).[2,6] Elevated circulating cortisol levels have also been identified in patients with adrenal tumors.[7] Low cortisol levels are found in primary adrenal insufficiency (e.g. adrenal hypoplasia, congenital adrenal hyperplasia, Addison's disease) and in ACTH deficiency.[1,2,8,9] Due to the normal circadian variation of cortisol levels, distinguishing normal and abnormally low cortisol levels can be difficult. Therefore, various tests to evaluate the pituitary-adrenal (ACTH-cortisol) axis, including insulin-induced hypoglycemia, short- and long-term ACTH stimulation, CRF stimulation and artificial blockage of cortisol synthesis with metronome have been performed.[8-10] Cortisol response characteristics for each of these procedures have been reported.

The Monobind Cortisol CLIA Kit uses a specific monoclonal anti-cortisol antibody, and does not require prior sample extraction of serum or plasma. Cross-reactivity to other naturally-occurring steroids is low.

The employment of several serum references of known cortisol concentration permits construction of a graph of activity and concentration. From comparison to the dose response curve, an unknown specimen's activity can be correlated with cortisol concentration.

3.0 PRINCIPLE

Competitive Enzyme Immunoassay (TYPE 7):
The essential reagents required for a chemiluminescence immunoassay include antibody, tracer-antigen conjugate and native antigen.

Upon mixing biotinylated antibody, tracer-antigen conjugate and a serum containing the native antigen, a competition reaction results between the native antigen and the tracer-antigen conjugate for a limited number of antibody binding sites. The interaction is illustrated by the followed equation:

$$ {}^{Enz}Ag + Ag + Ab_{Btn} \underset{k_{-a}}{\overset{k_a}{\rightleftharpoons}} AgAb_{Btn} + {}^{Enz}AgAb_{Btn} $$

Ab_{Btn} = Biotinylated Antibody (Constant Quantity)
Ag = Native Antigen (Variable Quantity)
${}^{Enz}Ag$ = Enzyme-antigen Conjugate (Constant Quantity)
$AgAb_{Btn}$ = Antigen-Antibody Complex
${}^{Enz}AgAb_{Btn}$ = Enzyme-antigen Conjugate -Antibody Complex
k_a = Rate Constant of Association
k_{-a} = Rate Constant of Disassociation
$K = k_a / k_{-a}$ = Equilibrium Constant

A simultaneous reaction between the biotin attached to the antibody and the streptavidin immobilized on the microwell occurs. This effects the separation of the antibody bound fraction after decantation or aspiration.

$AgAb_{Btn}$ + ${}^{Enz}AgAb_{Btn}$ + $\underline{Streptavidin_{cw}} \Rightarrow \underline{\text{immobilized complex}}$
$\underline{Streptavidin_{cw}}$ = Streptavidin immobilized on well
$\underline{\text{Immobilized complex}}$ = sandwich complex bound to the solid surface

The tracer activity in the antibody-bound fraction is inversely proportional to the native antigen concentration. By utilizing several different serum references of known antigen concentration, a dose response curve can be generated from which the antigen concentration of an unknown can be ascertained.

4.0 REAGENTS

Materials Provided:

A. Cortisol Calibrators – 1ml/vial - Icons A-F
Six (6) vials of serum reference for Cortisol at concentrations of 0 (**A**), 1.0 (**B**), 4.0 (**C**), 10.0 (**D**), 20.0 (**E**) and 50.0 (**F**) µg/dl. Store at 2-8°C. A preservative has been added.

B. Cortisol Tracer Reagent – 7.0 ml/vial – Icon Ⓔ
One (1) ready to use vial containing Cortisol (Analog)-horseradish peroxidase (HRP) conjugate in a protein stabilizing matrix with red dye, preservative and binding protein inhibitors. Store at 2-8°C.

C. Cortisol Biotin Reagent – 7.0 ml/vial – Icon ∇
One (1) vial containing anti-cortisol biotinylated mIgG conjugate in buffer, dye and preservative. Store at 2-8°C.

D. Light Reaction Wells – 96 wells – Icon ⇓
One 96-well white microplate coated with streptavidin and packaged in an aluminum bag with a drying agent. Store at 2-8°C.

E. Wash Solution Concentrate – 20ml/vial – Icon
One (1) vial containing a surfactant in buffered saline. A preservative has been added. Store at 2-8°C.

F. Signal Reagent A – 7.0 ml/vial – Icon C[A]
One (1) vial containing luminol in a buffer. Store at 2-8°C.

G. Signal Reagent B – 7.0 ml/vial – Icon C[B]
One (1) vial containing hydrogen peroxide (H_2O_2) in buffer. Store at 2-8°C.

H. Product Insert.

Note 1: Do not use reagents beyond the kit expiration date.
Note 2: Avoid extended exposure to heat and light. **Opened reagents are stable for sixty (60) days when stored at 2-8°C. Kit and component stability are identified on the label.**
Note 3: Above reagents are for a single 96-well microplate.

4.1 Materials Required [But Not Provided]:

1. Pipette capable of delivering 0.025 ml (25µl), 0.050 ml (50µl) 100 ml (0.100 µl) 1.0ml (1000 µl volumes with a precision of better than 1.5%.
2. Dispenser(s) for repetitive deliveries of 0.50ml (50µl), 0.100 ml(0.100 µl) 0.350ml (350µl) volumes with a precision of better than 1.5%.
3. Microplate washer or a squeeze bottle (optional).
4. Microplate Luminometer
5. Test tubes for signal A and B.
6. Absorbent Paper for blotting the microplate wells.
7. Plastic wrap or microplate covers for incubation steps.
8. Vacuum aspirator (optional) for wash steps.
9. Timer.
10. Quality control materials.

5.0 PRECAUTIONS

For In Vitro Diagnostic Use
Not for Internal or External Use in Humans or Animals

All products that contain human serum have been found to be non-reactive for Hepatitis B Surface Antigen, HIV 1&2 and HCV Antibodies by FDA required tests. Since no known test can offer complete assurance that infectious agents are absent, all human serum products should be handled as potentially hazardous and capable of transmitting disease. Good laboratory procedures for handling blood products can be found in the Center for Disease Control / National Institute of Health, "Biosafety in Microbiological and Biomedical Laboratories," 2nd Edition, 1988, HHS Publication No. (CDC) 88-8395.

Safe disposal of kit components must be according to local regulatory and statutory requirement.

6.0 SPECIMEN COLLECTION AND PREPARATION

The specimens shall be blood, serum or plasma in type, and the usual precautions in the collection of venipuncture samples should be observed. For accurate comparison to established normal values, a fasting morning serum sample should be obtained. The blood should be collected in a plain redtop venipuncture tube without additives or anti-coagulants (for serum) or evacuated tube(s) containing EDTA or heparin. Allow the blood to clot for serum samples. Centrifuge the specimen to separate the serum or plasma from the cells.

In patients receiving therapy with high biotin doses (i.e. >5mg/day), no sample should be taken until at least 8 hours after the last biotin administration, preferably overnight to ensure fasting sample.

Samples may be refrigerated at 2-8°C for a maximum period of five (5) days. If the specimen(s) cannot be assayed within this time, the sample(s) may be stored at temperatures of -20°C for up to 30 days. Avoid use of contaminated devices. Avoid repetitive freezing and thawing. When assayed in duplicate, 0.050ml (50µl) of the specimen is required.

7.0 QUALITY CONTROL

Each laboratory should assay controls at levels in the low, normal and high range for monitoring assay performance. These controls should be treated as unknowns and values determined in every test procedure performed. Quality control charts should be maintained to follow the performance of the supplied reagents. Pertinent statistical methods should be employed to ascertain trends. The individual laboratory should set acceptable assay performance limits. In addition, maximum absorbance should be consistent with past experience. Significant deviation from established performance can indicate unnoticed change in experimental conditions or degradation of kit reagents. Fresh reagents should be used to determine the reason for the variations.

8.0 REAGENT PREPARATION

1. **Wash Buffer**
   Dilute contents of Wash Concentrate to 1000ml with distilled or deionized water in a suitable storage container. Store diluted buffer at 2-30°C.
2. **Working Signal Reagent Solution -** Store at 2 - 8°C.
   Determine the amount of reagent needed and prepare by mixing equal portions of Signal Reagent A and Signal Reagent B in a clean container. For example, add 1 ml of A and 1ml of B per two (2) eight well strips (A slight excess of solution is made). **Discard the unused portion if not used within 36 hours after mixing.** If complete utilization of the reagents is anticipated, within the above time constraint, pour the contents of Signal Reagent B into Signal Reagent A and label accordingly.

Note: Do not use reagents that are contaminated or have bacteria growth.

9.0 TEST PROCEDURE

Before proceeding with the assay, bring all reagents, serum references and controls to room temperature (20 - 27°C).
*****Test procedure should be performed by a skilled individual or trained professional*****

1. Format the reaction wells for each serum reference, control and patient specimen to be assayed in duplicate. **Replace any unused microwell strips back into the aluminum bag, seal and store at 2-8°C.**
2. Pipette 0.025 ml (25µL) of the appropriate serum reference, control or specimen into the assigned well.
3. Add 0.050 ml (50µl) of the ready to use Cortisol Tracer Reagent to all wells.
4. Swirl the microplate gently for 20-30 seconds to mix.
5. Add 0.050 ml (50µl) of Cortisol Biotin Reagent to all wells.
6. Swirl the microplate gently for 20-30 seconds to mix.
7. Cover and incubate for 45 minutes at room temperature.
8. Discard the contents of the microplate by decantation or aspiration. If decanting, blot the plate dry with absorbent paper.
9. Add 350µl of wash buffer (see Reagent Preparation Section), decant (tap and blot) or aspirate. Repeat four (4) additional times for a total of five (5) washes. **An automatic or manual plate washer can be used. Follow the manufacturer's instruction for proper usage. If a squeeze bottle is employed, fill each well by depressing the container (avoiding air bubbles) to dispense the wash. Decant the wash and repeat four (4) additional times.**
10. Add 0.100 ml (100µl) of working signal reagent solution to all wells (see Reagent Preparation Section). **Always add reagents in the same order to minimize reaction time differences between wells. Do not shake the plate after signal addition.**
11. Incubate at room temperature for five (5) minutes in the dark.
12. Read the relative light units in each well with a Chemiluminescence microplate reader for 0.5-1.0 seconds. **The results should be read within 30 minutes after adding substrate**

Note: Dilute the samples suspected of concentrations higher than 50 µg/dl 1:5 and 1:10 with cortisol '0' µg/dl patient serum.

10.0 CALCULATION OF RESULTS

A dose response curve is used to ascertain the concentration of cortisol in unknown specimens.

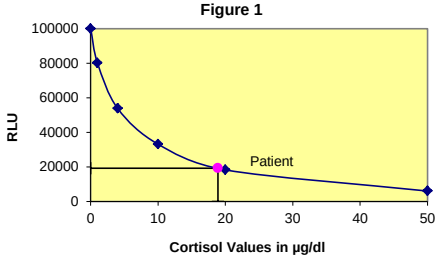
1. Record the RLUs obtained from the printout of the microplate reader as outlined in Example 1.
2. Plot the RLUs for each duplicate serum reference versus the corresponding cortisol concentration in µg/dl on linear graph paper.
3. Draw the best-fit curve through the plotted points.
4. To determine the concentration of cortisol for an unknown, locate the average RLU's for each unknown on the vertical axis of the graph, find the intersecting point on the curve, and read the concentration (in µg/dl) from the horizontal axis of the graph (the duplicates of the unknown may be averaged as indicated). In the following example, the average RLU's (19241) of the unknown intersects the calibration curve at (18.9) cortisol concentration (See Figure 1).

Note: Computer data reduction software designed for chemiluminescence assays may also be used for the data reduction. If such software is utilized, the validation of the software should be ascertained.

Example 1

Sample I.D.	Well Number	RLUs (A)	Mean RLUs (B)	Value (µg/dl)
Cal A	A1	99846	100000	0
	B1	100154		
Cal B	C1	80683	80201	1
	D1	79720		
Cal C	E1	53757	53809	4
	F1	53861		
Cal D	G1	33139	33567	10
	H1	33995		
Cal E	A2	18135	18254	20
	B2	18372		
Cal F	C2	6016	6020	50
	D2	6024		
Ctrl 1	E2	55221	55374	***3.8***
	F2	55528		
Ctrl 2	G2	18720	19241	***35.5***
	H2	19763		
Patient 1	A3	9900	9406	***18.9***
	B3	8912		

Figure 1



The data presented in Example 1 and Figure 1 is for illustration only and **should not** be used in lieu of a dose response curve prepared with each assay. In addition, the RLU's of the calibrators have been normalized to 100,000 RLU's for the A calibrator (greatest light output). This conversion minimizes differences caused by efficiency of the various instruments that can be used to measure light output.

11.0 Q.C. PARAMETERS

In order for the assay results to be considered valid the following criteria should be met:

1. The Dose Response Curve should be within established parameters.
2. If used, 2 of 3 quality control pools should be within the established range.

12.0 RISK ANALYSIS

The SDS is available at https://www.monobind.com/safety-data-sheets and the Risk Analysis Form may be requested.

12.1 Assay Performance

1. It is important that the time of reaction in each well is held constant to achieve reproducible results.
2. Pipetting of samples should not extend beyond ten (10) minutes to avoid assay drift.
3. Highly lipemic, hemolyzed or grossly contaminated specimen(s) should not be used.
4. If more than one (1) plate is used, it is recommended to repeat the dose response curve.
5. The addition of signal reagent initiates a kinetic reaction, therefore the signal reagent(s) should be added in the same sequence to eliminate any time-deviation during reaction.
6. Failure to remove adhering solution adequately in the aspiration or decantation wash step(s) may result in poor replication and spurious results.
7. Use components from the same lot. No intermixing of reagents from different batches.
8. Accurate and precise pipetting, as well as following the exact time and temperature requirements prescribed are essential. Any deviation from Monobind's IFU may yield inaccurate results.
9. All applicable national standards, regulations and laws, including, but not limited to, good laboratory procedures, must be strictly followed to ensure compliance and proper device usage.
10. It is important to calibrate all the equipment e.g. Pipettes, Readers, Washers and/or the automated instruments used with this device, and to perform routine preventative maintenance.
11. Risk Analysis- as required by CE Mark IVD Directive 98/79/EC - for this and other devices, made by Monobind, can be requested via email from Monobind@monobind.com.

12.2 Interpretation

1. ***Measurements and interpretation of results must be performed by a skilled individual or trained professional.***
2. Laboratory results alone are only one aspect for determining patient care and should not be the sole basis for therapy, particularly if the results conflict with other determinants.
3. The reagents for the procedure have been formulated to eliminate maximal interference; however, potential interaction between rare serum specimens and test reagents can cause erroneous results. Heterophilic antibodies often cause these interactions and have been known to be problems for all kinds of immunoassays. *(Boscato LM Stuart MC.'Heterophilic antibodies: a problem for all immunoassays' Clin. Chem 1988:3427-33).* For diagnostic purposes the results from this assay should be used in combination with clinical examination, patient's history and, all other clinical findings.
4. For valid test results, adequate controls and other parameters must be within the listed ranges and assay requirements.
5. If test kits are altered, such as by mixing parts of different kits, which could produce false test results, or if results are incorrectly interpreted, Monobind shall have no liability.
6. If computer controlled data reduction is used to interpret the results of the test, it is imperative that the predicted values for the calibrators fall within 10% of the assigned concentrations.
7. Total serum cortisol values may be dependent upon conditions such as time of the day for sampling or administration of prednisolone or prednisone (structurally related to cortisol). Caution must be exercised while interpreting cortisol levels for patients undergoing therapy with these and other structurally related corticosteroids such as cortisone or corticosterone.

13.0 EXPECTED RANGES OF VALUES

A study of normal adult population was undertaken to determine expected values for the Cortisol AccuLite® CLIA Test System. The mean (R) values, standard deviations (σ) and expected ranges (±2σ) are presented in Table 1.

TABLE I
Expected Values for the cortisol CLIA Test System (in µg/dl)

	Male (75 specimens)	Female* (83 specimens)
Mean (X)	13.2	13.5
Std. Dev (σ)	4.2	4.2
Expected Ranges (±σ)	4.8-20.6	5.1-21.9

It is important to keep in mind that establishment of a range of values which can be expected to be found by a given method for a population of "normal"-persons is dependent upon a multiplicity of factors: the specificity of the method, the population tested and the precision of the method in the hands of the analyst. For these reasons each laboratory should depend upon the range of expected values established by the Manufacturer only until an in-house range can be determined by the analysts using the method with a population indigenous to the area in which the laboratory is located.

14.0 PERFORMANCE CHARACTERISTICS

14.1 Precision

The within and between assay precision of the Cortisol AccuLite® CLIA Test System were determined by analyses on three different levels of pool control sera. The number, mean values, standard deviation and coefficient of variation for each of these control sera are presented in Table 2 and Table 3.

TABLE 2
Within Assay Precision (Values in µg/dl)

Sample	N	X	σ	C.V.
Low	16	3.2	0.27	8.4%
Normal	16	14.5	0.98	6.8%
High	16	36.0	2.11	5.9%

TABLE 3
Between Assay Precision (Values in µg/dl)

Sample	N	X	σ	C.V.
Low	10	3.3	0.31	9.5%
Normal	10	14.3	1.02	7.1%
High	10	35.8	2.23	6.2%

*As measured in ten experiments in duplicate over a ten day period.

14.2 Sensitivity

The Cortisol AccuLite® CLIA Test System has a sensitivity of 67.5 pg. This is equivalent to a sample containing a concentration of 0.270µg/dl. The sensitivity was ascertained by determining the variability of the 0 µg/dl serum calibrator and using the 2σ (95% certainty) statistic to calculate the minimum dose.

14.3 Accuracy

The Cortisol AccuLite® CLIA Test System was compared with a coated tube radioimmunoassay method. Biological specimens from low, normal and high cortisol level populations were used. The values ranged from 0.4 µg/dl – 95µg/dl. The total number of such specimens was 101. The least square regression equation and the correlation coefficient were computed for this cortisol CLIA in comparison with the reference method. The data obtained is displayed in Table 4.

TABLE 4

Method	Mean (x)	Least Square Regression Analysis	Correlation Coefficient
Monobind (y)	18.2	y= 0.5276+1.0186(x)	0.979
Reference (x)	17.5		

Only slight amounts of bias between this method and the reference method are indicated by the closeness of the mean values. The least square regression equation and correlation coefficient indicates excellent method agreement.

14.4 Specificity

The % cross-reactivity of the cortisol antibody to selected substances was evaluated by adding the interfering substance to a serum matrix at various concentrations. The cross-reactivity was calculated by deriving a ratio between doses of interfering substance to dose of cortisol needed to displace the same amount of tracer by 50%.

Substance	Cross Reactivity
Cortisol	1.0000
Androstenedione	0.0004
Cortisone	0.2300
Corticosterone	0.1800
11-Deoxycortisol	0.0550
Dexamethasone	0.0001
Progesterone	0.0002
17α-OH Progesterone	ND
DHEA	ND
Estradiol	ND
Estrone	ND
Danazol	ND
Testosterone	ND

15.0 REFERENCES

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9. Alsevier RN, Gotlin RW, 'Handbook of Endocrine Tests in Adults and Children' 2nd Ed Year Book Medical Pub Inc Chicago. 1978.
10. Watts NB, Tindall GT, 'Rapid assessment of corticotrophin reserve after pituitary surgery', *JAMA*, 259, 708 (1988).

16.0 AVAILABLE CONFIGURATIONS

Available test-system sizes and included materials are shown below. Each "pack size" has a unique item/SKU number, which includes the product code. For the standard pack size of 96-microwells, the product code will have the letter "A" added (e.g., 3675-300A) to make a SKU for sale. This test kit is currently available as per below (with contents shown in table):

ITEM #	***DESCRIPTION***
3675-300A	Coritsol AccuLite CLIA Kit - 96 wells
3675-300B	Coritsol AccuLite CLIA Kit - 192 wells

Size		96(A)	192(B)
Reagent (fill)	A)	1ml set	1ml set
	B)	1 (7ml)	2 (7ml)
	C)	1 (7ml)	2 (7ml)
	D)	1 plate	2 plates
	E)	1 (20ml)	1 (20ml)
	F)	1 (7ml)	2 (7ml)
	G)	1 (7ml)	2 (7ml)

Also Available: QSure® Multi-Ligand Control

Revision: 6 **Date: 2025-NOV-14** **DCO: 1747**
MP3675.6 **Product Code: 3675-300**

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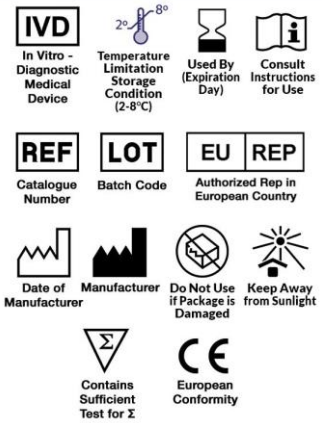
IVD

Please visit our website to learn more about our products and services.

Glossary of Symbols
(ISO 15223)