

# Elecsys Anti-HCV II

cobas®

REF		SYSTEM
06427405 119	200	MODULAR ANALYTICS E170 cobas e 411 cobas e 601 cobas e 602

## English

### System information

For **cobas e 411** analyzer: test number 1020  
For MODULAR ANALYTICS E170, **cobas e 601** and **cobas e 602** analyzers: Application Code Number 286

### Intended use

The Elecsys Anti-HCV II assay is an in vitro diagnostic test for the qualitative detection of antibodies to hepatitis C virus (HCV) in human serum and plasma. This assay is indicated as an aid in the diagnosis of infection with HCV. This assay is also indicated as a donor screening test to detect antibodies to HCV in serum or plasma specimens from individual human blood donors. This assay may also be used to detect antibodies to HCV in serum and plasma specimens to screen donors of cells (excluding blood cells and derivatives), tissues and organs intended for transplantation.

The electrochemiluminescence immunoassay "ECLIA" is intended for use on Elecsys and **cobas e** immunoassay analyzers.

Note: Please note that the catalogue number appearing on the package insert retains only the first 8 digits of the licensed 11-digit Catalogue Number: 06427405190 for the Elecsys Anti-HCV II assay. The last 3 digits -190 have been replaced by -119 for logistic purposes

### Summary

The hepatitis C virus (HCV), first identified in 1989, is a leading cause of liver disease and a major healthcare concern with over 170 million persons (roughly 3 % of the human population), infected worldwide.<sup>2,3</sup> The highest prevalence is found in Africa, the Eastern Mediterranean and Asian regions.<sup>3,4</sup> HCV is a member of the Flaviviridae family and has a single-stranded, positive-sense RNA genome.<sup>5</sup> Currently over 67 subtypes have been identified and these have been classified into 7 genotypes (1-7).<sup>6</sup>

Due to the high rate of asymptomatic infections, clinical diagnosis is difficult and screening assays are of major importance.<sup>7</sup> Infection with HCV can lead to acute and chronic hepatitis disease. Approximately 70-85 % of HCV infections progress to chronic disease, although this varies according to patient gender, age, race and immune status.<sup>5,8</sup> Chronic HCV infection may lead to cirrhosis and hepatocellular carcinoma,<sup>9</sup> therefore, early anti-HCV detection is the first step in the management of chronic hepatitis and in the selection of patients needing treatment.<sup>7</sup> HCV infection can be detected by measuring the amount of HCV RNA, alanine aminotransferase (ALT) and HCV-specific immunoglobulins (anti-HCV) in patient serum or plasma samples. This can also indicate if the infection is acute or chronic.<sup>5,8</sup>

Anti-HCV antibody tests are used alone or in combination with other tests (e.g. HCV RNA) to detect an infection with HCV and to identify blood and blood products of individuals infected with HCV. The Elecsys Anti-HCV II assay is a third-generation test.<sup>10,11</sup> The Elecsys Anti-HCV II assay uses peptides and recombinant proteins representing HCV core, NS3 and NS4 antigens for the determination of anti-HCV antibodies.

### Test principle

Sandwich principle. Total duration of assay: 18 minutes.

- 1st incubation: 50 µL of sample, 55 µL of a reagent containing biotinylated HCV-specific antigens and 55 µL of a reagent containing HCV-specific antigens labeled with a ruthenium complex<sup>a)</sup> react to form a sandwich complex.
- 2nd incubation: After addition of streptavidin-coated microparticles, the complex becomes bound to the solid phase via interaction of biotin and streptavidin.
- The reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of the electrode. Unbound substances are then removed with ProCell/ProCell M. Application of a voltage to the electrode then induces chemiluminescent emission which is measured by a photomultiplier.
- Results are determined automatically by the software by comparing the electrochemiluminescence signal obtained from the reaction product of the sample with the signal of the cutoff value previously obtained by calibration.

a) Tris(2,2'-bipyridyl)ruthenium(II)-complex (Ru(bpy)<sub>3</sub><sup>2+</sup>)

### Reagents - working solutions

The reagent rackpack (M, R1, R2) is labeled as A-HCV II.

- M Streptavidin-coated microparticles (transparent cap), 1 bottle, 12 mL:  
Streptavidin-coated microparticles 0.72 mg/mL; preservative.
- R1 HCV-specific antigens-biotin (gray cap), 1 bottle, 18 mL:  
Biotinylated HCV-specific antigens, HEPES<sup>b)</sup> buffer, pH 7.4; preservative.
- R2 HCV-specific antigens-Ru(bpy)<sub>3</sub><sup>2+</sup> (black cap), 1 bottle, 18 mL:  
HCV-specific antigens labeled with ruthenium complex ≥ 0.3 mg/L, HEPES buffer, pH 7.4; preservative.

b) HEPES = [4-(2-hydroxyethyl)piperazine]ethane sulfonic acid

A-HCV II Cal1 Negative calibrator 1 (white cap), 2 bottles of 1.3 mL each:  
Human serum, preservative.

A-HCV II Cal2 Positive calibrator 2 (black cap), 2 bottles of 1.3 mL each:  
Human serum positive for anti-HCV Ab; preservative. Non-reactive for HBsAg, anti-HIV 1/2.

### Precautions and warnings

For in vitro diagnostic use.

Exercise the normal precautions required for handling all laboratory reagents.

Disposal of all waste material should be in accordance with local guidelines. Safety data sheet available for professional user on request.

All human material should be considered potentially infectious.

All products derived from human blood are prepared exclusively from the blood of donors tested individually and shown to be free from HBsAg and antibodies to HCV (A-HCV II Cal1 only) and HIV.

The testing methods used assays approved by the FDA or cleared in compliance with the European Directive 98/79/EC, Annex II, List A.

The serum containing anti-HCV (A-HCV II Cal2) was inactivated using β-propiolactone and UV-radiation.

However, as no inactivation or testing method can rule out the potential risk of infection with absolute certainty, the material should be handled with the same level of care as a patient specimen. In the event of exposure, the directives of the responsible health authorities should be followed.<sup>12,13</sup>

Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).

The Elecsys Anti-HCV II assay has a high dilution sensitivity. Avoid any sample cross-contamination during sample pre-analytics.

### Reagent handling

The reagents in the kit are ready-for-use and are supplied in bottles compatible with the system.

**cobas e 411** analyzer: The calibrators should only be left on the analyzer during calibration at 20-25 °C. After use, close the bottles as soon as possible and store upright at 2-8 °C.

Due to possible evaporation effects, not more than 5 calibration procedures per bottle set should be performed.

MODULAR ANALYTICS E170, **cobas e 601** and **cobas e 602** analyzers: Unless the entire volume is necessary for calibration on the analyzers, transfer aliquots of the ready-for-use calibrators into empty snap-cap bottles (CalSet Vials). Attach the supplied labels to these additional bottles. Store the aliquots at 2-8 °C for later use.

Perform **only one** calibration procedure per aliquot.

# Elecsys Anti-HCV II



All information required for correct operation is read in from the respective reagent barcodes.

**Please note:** Both the vial labels, and the additional labels (if available) contain 2 different barcodes. The barcode between the yellow markers is for **cobas** 8000 systems only. If using a **cobas** 8000 system, please turn the vial cap 180° into the correct position so the barcode can be read by the system. Place the vial on the instrument as usual.

## Storage and stability

Store at 2-8 °C.

Do not freeze.

Store the Elecsys reagent kit **upright** in order to ensure complete availability of the microparticles during automatic mixing prior to use.

Stability of the reagent rackpack	
unopened at 2-8 °C	up to the stated expiration date
after first opening at 2-8 °C	8 weeks
on the analyzers	31 days if continuously stored onboard (20-25 °C) or 7 weeks and up to 80 hours in total onboard (20-25 °C) if stored alternately in the refrigerator and on the analyzer

Stability of the calibrators	
unopened at 2-8 °C	up to the stated expiration date
after opening at 2-8 °C	8 weeks
on <b>cobas e</b> 411 at 20-25 °C	up to 5 hours
on MODULAR ANALYTICS E170, <b>cobas e</b> 601 and <b>cobas e</b> 602 at 20-25 °C	use only once

Store calibrators **upright** in order to prevent the calibrator solution from adhering to the snap-cap.

## Specimen collection and preparation

Only the specimens listed below were tested and found acceptable.

Serum collected using standard sampling tubes or tubes containing separating gel.

Li-heparin, Na-heparin, K<sub>2</sub>-EDTA, K<sub>3</sub>-EDTA, ACD, CPDA and Na-citrate plasma as well as plasma tubes containing separating gel.

Criterion: Correct assignment of positive and negative samples within a recovery of 80-120 % of serum value.

CPD and CP2D plasma.

Criterion: Correct assignment of positive and negative samples within a recovery of 80-130 % of serum value.

### Stability:

For living patients and donor specimens obtained while the donor's heart is still beating: Stable for 7 days at 20-25 °C, 14 days at 2-8 °C, 3 months at -20 °C (± 5 °C). The samples may be frozen 6 times.

The sample types listed were tested with a selection of sample collection tubes or systems that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Centrifuge samples containing precipitates before performing the assay.

Ensure the samples, calibrators and controls are at 20-25 °C prior to measurement.

Due to possible evaporation effects, samples, calibrators and controls on the analyzers should be analyzed/measured within 2 hours.

The performance of the Elecsys Anti-HCV II assay has not been established with cadaveric samples or body fluids other than serum and plasma.

## Materials provided

See "Reagents – working solutions" section for reagents.

- 2 x 6 bottle labels

## Materials required (but not provided)

- [REF 03290379190](#), PreciControl Anti-HCV, for 16 x 1.3 mL

- General laboratory equipment
- MODULAR ANALYTICS E170 or **cobas e** analyzer

Accessories for **cobas e** 411 analyzer:

- [REF 11662988122](#), ProCell, 6 x 380 mL system buffer
- [REF 11662970122](#), CleanCell, 6 x 380 mL measuring cell cleaning solution
- [REF 11930346122](#), Elecsys SysWash, 1 x 500 mL washwater additive
- [REF 11933159001](#), Adapter for SysClean
- [REF 11706802001](#), AssayCup, 60 x 60 reaction cups
- [REF 11706799001](#), AssayTip, 30 x 120 pipette tips
- [REF 11800507001](#), Clean-Liner

Accessories for MODULAR ANALYTICS E170, **cobas e** 601 and **cobas e** 602 analyzers:

- [REF 04880340190](#), ProCell M, 2 x 2 L system buffer
- [REF 04880293190](#), CleanCell M, 2 x 2 L measuring cell cleaning solution
- [REF 03023141001](#), PC/CC-Cups, 12 cups to prewarm ProCell M and CleanCell M before use
- [REF 03005712190](#), ProbeWash M, 12 x 70 mL cleaning solution for run finalization and rinsing during reagent change
- [REF 03004899190](#), PreClean M, 5 x 600 mL detection cleaning solution
- [REF 12102137001](#), AssayTip/AssayCup, 48 magazines x 84 reaction cups or pipette tips, waste bags
- [REF 03023150001](#), WasteLiner, waste bags
- [REF 03027651001](#), SysClean Adapter M

Accessories for all analyzers:

- [REF 11298500316](#), ISE Cleaning Solution/Elecsys SysClean, 5 x 100 mL system cleaning solution

## Assay

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

Resuspension of the microparticles takes place automatically prior to use. Read in the test-specific parameters via the reagent barcode. If in exceptional cases the barcode cannot be read, enter the 15-digit sequence of numbers (except for the **cobas e** 602 analyzer).

MODULAR ANALYTICS E170, **cobas e** 601 and **cobas e** 602 analyzers: PreClean M solution is necessary.

Bring the cooled reagents to approximately 20 °C and place on the reagent disk (20 °C) of the analyzer. Avoid foam formation. The system automatically regulates the temperature of the reagents and the opening/closing of the bottles.

Place the calibrators in the sample zone.

All the information necessary for calibrating the assay is automatically read into the analyzer.

# Elecsys Anti-HCV II



After calibration has been performed, store the calibrators at 2-8 °C or discard (MODULAR ANALYTICS E170, **cobas e 601** and **cobas e 602** analyzers).

## Calibration

No internationally accepted standard for anti-HCV exists.

Every Elecsys Anti-HCV II reagent set has a barcoded label containing specific information for calibration of the particular reagent lot. The predefined master curve is adapted to the analyzer using the A-HCV II Cal1 and A-HCV II Cal2.

**Calibration frequency:** Calibration must be performed once per reagent lot using fresh reagent (i.e. not more than 24 hours since the reagent kit was registered on the analyzer).

Calibration interval may be extended based on acceptable verification of calibration by the laboratory.

Renewed calibration is recommended as follows:

- after 1 month (28 days) when using the same reagent lot
- after 7 days (when using the same reagent kit on the analyzer)
- as required: e.g. quality control findings outside the defined limits

Range for electrochemiluminescence signals (counts) for the calibrators:

Negative calibrator (A-HCV II Cal1): 400-3000 (all analyzers)

Positive calibrator (A-HCV II Cal2): 25000-350000 (all analyzers)

## Quality control

For quality control, use PreciControl Anti-HCV.

In addition, other suitable control material can be used.

Controls for the various concentration ranges should be run individually at least once every 24 hours when the test is in use, once per reagent kit, and following each calibration.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

If necessary, repeat the measurement of the samples concerned.

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

### Note:

For technical reasons re-assigned target values valid only for a specific reagent and control lot combination must be entered manually on all analyzers (except for the **cobas e 602** analyzer). Therefore always refer to the value sheet included in the reagent kit or PreciControl kit to make sure that the correct target values are used.

When a new reagent or control lot is used, the analyzer will use the original values encoded in the control barcodes.

## Calculation

The analyzer automatically calculates the cutoff based on the measurement of A-HCV II Cal1 and A-HCV II Cal2.

The result of a sample is given either as reactive or non-reactive as well as in the form of a cutoff-index (signal sample/cutoff).

## Interpretation of the results

Samples with a cutoff-index < 0.9 are non reactive in the Elecsys Anti-HCV II assay.

Samples with a cutoff-index ≥ 0.9 and < 1.0 are considered borderline in the Elecsys Anti-HCV II assay.

Samples with a cutoff-index ≥ 1.0 are reactive in the Elecsys Anti-HCV II assay.

All initially reactive or borderline samples should be redetermined in duplicate using the Elecsys Anti-HCV II assay. If no reactivity is found in both cases, the sample is negative for anti-HCV. If the result from either of the two measurements is reactive or borderline then the sample is repeatedly reactive. Repeatedly reactive samples must be investigated by supplemental methods (e.g. immunoblot or detection of HCV RNA). If one or both measurements remain borderline the analysis of a follow-up sample is recommended.

## Limitations - interference

The assay is unaffected by icterus (bilirubin < 1129 µmol/L or < 66 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1.00 g/dL), lipemia (Intralipid < 2000 mg/dL) and biotin (< 172 nmol/L or < 42 ng/mL).

Criterion: Recovery of positive samples within ± 20 % of initial value, cutoff-index for negative samples ± 0.2 of initial value.

Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.

No interference was observed from rheumatoid factors up to a concentration of 1200 IU/mL.

In vitro tests were performed on 18 commonly used pharmaceuticals and 3 drugs used in HCV therapy. No interference with the assay was found.

In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur. These effects are minimized by suitable test design.

Studies have been performed to assess the high-dose hook effect. Out of 765 positive samples no false negative result was found. Occurrence of high-dose hook effect cannot be completely excluded.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Due to a long time period from infection to seroconversion, negative anti-HCV test results may occur during early infection. If acute hepatitis C infection is suspected, measuring of HCV RNA by reverse transcriptase polymerase chain reaction (RT-PCR e.g. by COBAS AMPLICOR) may give evidence of HCV infection.

The detection of anti-HCV antibodies indicates a present or past infection with hepatitis C virus, but does not differentiate between acute, chronic or resolved infection. It is recognized within the scientific community that presently available methods for anti-HCV detection are not sensitive enough to detect all potentially infectious units of blood or possible cases of HCV infection. The antibody concentration may be beneath the detection limit of this assay or the patient's antibodies do not react with the antigens used in this test. In addition, non-specific results cannot be ruled out with the Elecsys Anti-HCV II assay.

## Specific performance data

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.

## Precision

Precision was determined using Elecsys reagents, samples and controls in a protocol (EP5-A2) of the CLSI (Clinical and Laboratory Standards Institute): 2 runs per day in duplicate each for 21 days (n = 84). The following results were obtained:

cobas e 411 analyzer						
Sample	Repeatability <sup>c)</sup>			Intermediate precision <sup>d)</sup>		
	Mean COI <sup>e)</sup>	SD COI	CV %	Mean COI	SD COI	CV %
HS <sup>f)</sup> , negative	0.071	0.001	1.6	0.071	0.003	4.1
HS, weakly positive	1.86	0.049	2.7	1.86	0.085	4.6
HS, positive	20.0	0.476	2.4	20.0	1.04	5.2
PreciControl A-HCV1	0.097	0.001	1.4	0.097	0.004	3.8
PreciControl A-HCV2	4.39	0.113	2.6	4.39	0.185	4.2

c) Repeatability = within-run precision

d) Intermediate precision = within-laboratory precision

e) COI = Cutoff index

f) HS = Human serum

MODULAR ANALYTICS E170, <b>cobas e 601</b> and <b>cobas e 602</b> analyzers						
Sample	Repeatability			Intermediate precision		
	Mean COI	SD COI	CV %	Mean COI	SD COI	CV %
HS, negative	0.034	0.006	16.3	0.034	0.007	20.4
HS, weakly positive	1.89	0.017	0.9	1.89	0.033	1.8

# Elecsys Anti-HCV II



MODULAR ANALYTICS E170, <b>cobas e 601</b> and <b>cobas e 602</b> analyzers						
Sample	Repeatability			Intermediate precision		
	Mean COI	SD COI	CV %	Mean COI	SD COI	CV %
HS, positive	20.9	0.138	0.7	20.9	0.339	1.6
PreciControl A-HCV1	0.055	0.001	1.1	0.055	0.001	2.3
PreciControl A-HCV2	4.00	0.028	0.7	4.00	0.160	4.0

## Analytical specificity

1037 samples containing potentially interfering substances or derived from high-risk groups were tested with the Elecsys Anti-HCV II assay comprising specimens:

- containing antibodies against HBV, HAV, HEV, EBV, CMV, HSV, HIV, VZV, Parvovirus, Mumps, Dengue, tick-borne encephalitis virus (TBEV), Rubella, Toxoplasma gondii, Treponema pallidum
- containing autoantibodies and elevated titers of rheumatoid factor, IgG, IgM or IgA antibodies
- positive for HBsAg and E. coli
- after vaccination against HBV and Influenza
- non-viral liver diseases
- alcoholic liver disease
- high-risk groups: hemophiliacs, homosexuals and intravenous drug abusers

	N	Elecsys Anti-HCV II reactive	Positive by immunoblot or indeterminate	Negative by immunoblot
Specimens containing potentially interfering substances	1037	59	58 positive	1 <sup>g)</sup>

g) EBV IgM positive patients: 1 out of 69 samples

## Clinical sensitivity

Of 765 samples from HCV infected patients with different stages of disease and infected with different HCV genotypes (type 1, 2, 3, 4, 5 and 6), all samples were found to be reactive with the Elecsys Anti-HCV II assay.

Group	N	Reactive
HCV infected persons with different stages of disease	224	224
HCV genotypes (type 1, 2, 3, 4, 5, 6)	541	541

In the above study the diagnostic sensitivity was 100 %. The 95 % lower confidence limit was 99.61 %.

## Seroconversion sensitivity

Seroconversion sensitivity of the Elecsys Anti-HCV II assay has been shown by testing 60 commercial seroconversion panels. The Elecsys Anti-HCV II assay detected more positive bleedings than all other registered anti-HCV assays tested and was more sensitive in the recognition of early HCV infection than the Elecsys Anti-HCV assay and the other registered anti-HCV screening assays.

## Clinical specificity

In a group of randomly selected European blood donors the specificity of the Elecsys Anti-HCV II assay was found 99.85 % (RR). The 95 % confidence interval (2-sided) was 99.73-99.93 %.

The diagnostic specificity of the Elecsys Anti-HCV II assay in a group of hospitalized patients was found 99.66 %. The 95 % confidence interval (2-sided) was 99.41-99.82 %.

	N	Elecsys Anti-HCV II IR <sup>h)</sup> COI ≥ 1	Elecsys Anti-HCV II RR <sup>i)</sup> COI ≥ 1	Positive or indeterminate by immunoblot and/or HCV RNA
European blood donors	6850	15	15	2 confirmed positive, 3 indeterminate
Hospitalized patients	3922	153 <sup>j)</sup>	152 <sup>k)</sup>	128 confirmed positive, 8 indeterminate
Dialysis patients	731	19	18	12 confirmed positive
Pregnant women	629	3	3	2 confirmed positive

h) IR = Initially Reactive

i) RR = Repeatedly Reactive

j) 4 (positive) samples had to be excluded from calculation due to "qns" for immunoblot analysis; qns = quantity not sufficient

k) 4 (positive) samples had to be excluded from calculation due to "qns" for immunoblot analysis

## References

- Choo QL, Kuo G, Weiner AJ, et al. Isolation of a cDNA clone derived from a blood-borne non-A, non-B viral hepatitis genome. *Science* 1989;244:359-362.
- Lavanchy D. The global burden of hepatitis C. *Liver Int* 2009;29(s1):74-81.
- Hepatitis C WHO report WHO/SCD/SCR/LYO/2003 <http://www.who.int/csr/disease/hepatitis/Hepc.pdf>
- Hoofnagle JH. Course and outcome of hepatitis C. *Hepatology* 2002;36:21-29.
- Smith DB, Bukh J, Kuiken C, et al. Expanded classification of hepatitis C virus into 7 genotypes and 67 subtypes: updated criteria and assignment web resource. *Hepatology* 2013;59:318-327.
- Strader DB, Wright T, Thomas DL, et al. Diagnosis, management, and treatment of hepatitis C. *Hepatology* 2004;39(4):1147-1171.
- Lemon SM, Walker CM, Alter MJ, et al. *Fields Virology*. Lippincott Williams and Wilkins, Philadelphia. Hepatitis C virus; 2007:1253-1304.
- Di Bisceglie AM. Hepatitis C and hepatocellular carcinoma. *Hepatology* 1997;26(Suppl 1):34-38.
- Couroucé A-M. Development of Screening and Confirmation Tests for Antibodies to Hepatitis C Virus. In: Reesink HW (ed.): *Hepatitis C Virus*. *Curr Stud Hematol Blood Transf*. Basel, Karger, 1998;62:64-75.
- Vernelen K, Claeys H, Verhaert H, et al. Significance of NS3 and NS5 antigens in screening for HCV antibody. *The Lancet* 1994;343(8901):853.
- Occupational Safety and Health Standards: Bloodborne pathogens. (29 CFR Part 1910.1030). Fed. Register.
- Directive 2000/54/EC of the European Parliament and Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work.

For further information, please refer to the appropriate operator's manual for the analyzer concerned, the respective application sheets, the product information and the Method Sheets of all necessary components (if available in your country).

A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

# Elecsys Anti-HCV II

cobas®

## Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see <https://usdiagnostics.roche.com> for definition of symbols used):

	Contents of kit
	Analyzers/Instruments on which reagents can be used
	Reagent
	Calibrator
	Volume after reconstitution or mixing
	Global Trade Item Number

---

COBAS, COBAS E, ELECSYS, PRECICONTROL and AMPLICOR are trademarks of Roche. INTRALIPID is a trademark of Fresenius Kabi AB.

All other product names and trademarks are the property of their respective owners.

Additions, deletions or changes are indicated by a change bar in the margin.

© 2018, Roche Diagnostics



Roche Diagnostics GmbH, Sandhofer Strasse 116, D-68305 Mannheim  
[www.roche.com](http://www.roche.com)

