

Manual
For professional use only

ID-Vit[®] vitamin B₁

***Microbiological test kit for the determination of vitamin B₁
in whole blood using a Lactobacillus fermentum coated
microtiter plate
For use in human and veterinary medicine and in research***

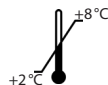
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IVD

CE



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Safety information

These accessories are to be used exclusively in accordance with the enclosed instructions for use. Important safety information for this product can be found in chapter 6.

For Reference Use Only

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1. INTENDED PURPOSE

ID-Vit® Vitamin B₁ is a microtiter plate test kit based on a microbiological method which measures the total vitamin B₁ content in whole blood. The test kit contains the standard and all reagents required to perform the test. An ELISA reader is required for the evaluation of the results. For use in human and veterinary medicine and in research. For *in vitro* diagnostic use only.

2. INTRODUCTION

The bioactive form of vitamin B₁ is thiamine pyrophosphate. It plays an important role as a co-enzyme in carbohydrate and amino acid metabolism. Thiamine pyrophosphate is a vital co-factor for enzymes involved in several key metabolic processes in the nervous system, the heart, the blood cells, and the muscle. Vitamin B₁ assists in the conversion of carbohydrates into energy, necessary for healthy brain and nerve cells and heart function.

Vitamin B₁ deficiency

Vitamin B₁ deficiency may result from a deficiency in the diet. Eventually, a severe vitamin B₁ deficiency may lead to Beriberi, characterised by nerve, heart, and brain abnormalities. Deficiency may occur in alcoholics or in special clinical situations such as hemodialysis, chronic peritoneal dialysis, or after administration of glucose to a vitamin B₁-depleted patient. Further vitamin B₁ deficiency diseases are Wernicke's encephalopathy, Korsakow syndrome, and some forms of Landry's paralysis. Myopathy also was found in relation to thiamine deficiency.

Indications for vitamin B₁ determination

- Suspicion of vitamin B₁ deficiency
- Determination of the metabolically active vitamin B₁
- Vitamin B₁ supplementation of patients receiving total parenteral nutrition
- Disorders of the amino acid metabolism
- Malabsorption due to alcoholism
- Patients with suspected neuritis

3. PRINCIPLE OF THE TEST

The whole blood samples are pre-treated and diluted with a buffer mixture, and then transferred into the wells of a microtiter plate coated with *Lactobacillus fermentum*. The addition of vitamin B₁ in either standards or samples gives a vitamin B₁-dependent growth response until vitamin B₁ is consumed. After incubation at **37°C** for **46–50 h**, the growth of *Lactobacillus fermentum* is measured turbidimetrically at 610–630 nm (alternatively at 540–550 nm) in an ELISA reader and compared to a standard curve generated from the dilution series. The amount of vitamin B₁ is directly proportional to the turbidity.

4. MATERIALS SUPPLIED

Cat. No.	Label	Kit components	Quantity	
			KIF001	KIF001.2
KIF00.30	DIL	Water	4 x 30 ml	3 x 30 ml
KIF001/ KIF001.2	ASYBUF	Medium treatment buffer	4 x 10 ml	4 x 10 ml
	PLATE	<i>Lactobacillus fermentum</i> -precoated microtiter plate	1 x	2 x
	SOL	Sample preparation buffer	9 x 5 ml	17 x 5 ml
	ENZ	Enzyme, lyophilised	9 x	17 x
	ASYMED	Vitamin B ₁ assay medium	4 x	4 x
	STD	Vitamin B ₁ standard, lyophilised	4 x	3 x
	FOL	Adhesive cover foil	1 x whole 3 x half	3 x whole
	FRA	Replacement holder for microtiter strips	1 x	1 x
	CTRL1	Vitamin B ₁ control 1, lyophilised	4 x	3 x
	CTRL2	Vitamin B ₁ control 2, lyophilised	4 x	3 x

5. MATERIAL REQUIRED BUT NOT SUPPLIED

- Incubator with a dark incubation chamber, 37 °C
- Water bath (90 °C–100 °C)
- ELISA reader 610–630 nm (540–550 nm)
- Calibrated precision pipettors and sterile single use 20–1 000 µl tips
- 5 ml and 10 ml pipets
- 1.5–2 ml reaction vials
- 0.2 µm sterile polyethersulfone (PES) filter with a disposable syringe (10 ml)
- 15 ml centrifuge tubes (e.g. Falcon tubes)
- Biocentrifuge (10 000 g)
- Vortex

6. PRECAUTIONS

- The test is based on a microbiological method. Contaminations lead to erroneous results.
- Water quality is extremely important for the test. Use only the water delivered with the test kit (**DIL**).
- For sterile filtration, only a sterile polyethersulfone filter must be used.
- It is essential to run a standard curve for each separate assay.
- Measure controls with each assay.
- We recommend measurements in duplicate.
- Do not use reagents beyond the expiration date shown on the label.
- As a precaution, it is recommended that the human material used is always considered potentially infectious.
- Used microtiter stripes and materials that have been in contact with patient samples must be handled and disposed of as potentially infectious.

7. STORAGE AND PREPARATION OF REAGENTS

- Store test kit and reagents at 2–8 °C.
- Prepare reagents freshly and use them immediately after preparation.

- To run the assay more than once, ensure that reagents are stored at the conditions stated on the label. Prepare only the appropriate amount necessary for each run. The kit can be used up to 3 x (KIF001.2) or 4 x (KIF001) within the expiry date stated on the label.

7.1 Water

- Water (**DIL**) for standard (**STD**), controls (**CTRL1**, **CTRL2**) and dilutions.
- Push the lid up and pull it back to the rim of the glass, then twist the whole cap off.

7.2 Preparation of the sterile assay medium

- Fresh sterile assay medium has to be prepared each time before performing a test.
- Remove the desiccant bag from the lyophilised assay medium bottle by taking the bag with a forceps and shaking it whilst still inside the bottle. Then remove the clean desiccant bag and discard it.
- Add 10 ml medium treatment buffer (**ASYBUF**) to the assay medium bottle (**ASYMED**), close the bottle firmly and vortex well. This amount is sufficient for 6 microtiter stripes.
- Filter the medium using a disposable syringe (10 ml) and the 0.2 µm PES filter into a centrifuge tube (15 ml, e.g. Falcon).
- After this preparation, the sterile assay medium can be used in the test.

7.3 Preparation of the enzyme solution

- Add 4 ml sample preparation buffer (**SOL**) to a vial of lyophilised enzyme (**ENZ**), then homogenise using a vortex.
- Enzyme solution cannot be stored

7.4 Preparation of the controls

- The lyophilised controls (**CTRL1**, **CTRL2**) have to be resuspended each with x µl water (**DIL**) (x = see product specification) from the test kit, then homogenise using a vortex.
- After reconstitution, the controls are treated like samples.
- The concentration of the controls changes from lot to lot and is stated in the product specification.

7.5 Preparation of the standard curve

- For the preparation of the standard curve, standard concentrate is needed. To prepare standard concentrate, resuspend the lyophilised standard (**STD**) with x ml water (**DIL**) (x = see quality control protocol) supplied with the test kit, then homogenise using a vortex.
- Prepare a standard curve in 6 sterile reaction tubes (1.5–2 ml volume) from standard concentrate and water (**DIL**) following the scheme depicted in the table below:

Vitamin B ₁ [µg/l]	Water (DIL) [µl]	+	Standard concentrate [µl]	=	Total volume [µl]
Blank: 0	500	+	0	=	500
Standard 1: 2	450	+	50	=	500
Standard 2: 4	400	+	100	=	500
Standard 3: 6	350	+	150	=	500
Standard 4: 9	300	+	300	=	670
Standard 5: 12	200	+	300	=	500

7.6 Microtiter plate (PLATE)

- Store the microtiter plate (**PLATE**) in the aluminium packaging containing the desiccant bag at 2–8 °C.
- The microtiter plate (**PLATE**) has to be protected from humidity and contamination.
- Take care that the aluminium packaging is not damaged.
- Carefully close the aluminium packaging after opening.
- Take only the microtiter stripes needed directly before usage to avoid contamination.

8. SAMPLE STORAGE AND PREPARATION

- Use whole blood for analysis.
- Samples are stable at 2–8°C for one day in the dark. For longer storage, samples can be frozen and kept at -20°C for up to 5 months.

8.1 Sample pretreatment

Add 100 µl whole blood/control to 400 µl of prepared enzyme solution (ratio 1:5), mix, and incubate at 37°C for 30 min in the dark. Then heat to 95°C for 30 min, cool quickly (at 2–8°C for 10 min) and centrifuge for 10 min at 10 000 g.

8.2 Sample dilution

Take 200 µl from the supernatant of the prepared serum/control, add 200 µl water (**DIL**) and mix. The sample treatment and dilution result in a total dilution of 1:10 (= sample dilution factor).

9. ASSAY PROCEDURE

9.1 Test preparations

Take as many microtiter strips as needed from kit. Return unused strips and any unused test kit components to the original packaging, and store in the refrigerator. Bring all necessary reagents to room temperature.

9.2 Test procedure

- Take as many microtiter strips as needed from the kit and put them in the second microtiter strip holder (**FRA**).
- Put 150 µl sterile assay medium into each cavity.
- Add 150 µl of the prepared standard dilutions (blank, standard 1–5), samples and controls into the respective cavities. Pre-rinse each pipet tip with standard, control or sample solution, respectively.
- Carefully seal the plate with adhesive cover foil (**FOL**). Important: the cavities must be made airtight by pressing the foil down with the hand!
- Keep at **37°C** for **46–50 h** in an incubator.

9.3 Measurement

- Press the adhesive cover foil (**FOL**) firmly down again with the hand.
- Turn the microtiter plate (**PLATE**) upside down, place it onto a tabletop and shake the microbes well.
- Turn the microtiter plate (**PLATE**) over again and carefully remove the adhesive cover foil (**FOL**). During this, fix the strips in the frame with your hand because the foil is highly adhesive.
- Remove air bubbles in the cavities using a pipet tip or a needle.
- Read turbidity in an ELISA reader at E 610–630 nm (alternatively at E 540–550 nm).

Please note

- After 46–50 h incubation time, the microtiter plate (**PLATE**) may be stored for a maximum of 48 h in the refrigerator before measuring the turbidity.

10. EVALUATION OF RESULTS

We recommend to use the 4 parameter algorithm to calculate the results. The sample dilution factor has to be considered for data evaluation.

The blank serves as a visual control to exclude contamination and is not taken into account in the calculation. The optical density must be < standard 1. If this is not the case, the analysis must be carried out again.

10.1 Calculation

Vitamin B₁ in µg/l = value from the standard curve × sample dilution factor (10).

Reference value for whole blood

Based on studies of blood samples of apparently healthy persons (n = 42), the following values were estimated.

Vitamin B₁: 30–66 µg/l

Distribution

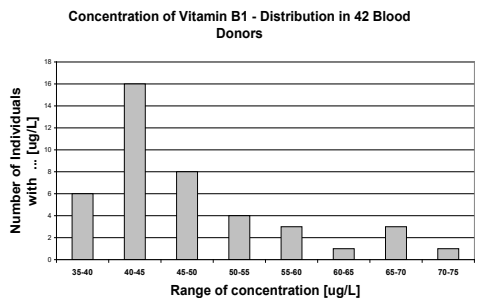


Fig. 1: Distribution of blood donor values

Number of samples	42
Mean	48.1
Median	44.3
SD	8.9
MW-2*SD	30.2
MW+2*SD	65.9

Please note

A concentration range of 30–150 µg/l vitamin B₁ is covered at a sample dilution of 1:10.

We recommend each laboratory to develop its own normal range as normal ranges strongly depend on the choice of the patient collective. The values mentioned above are only for orientation and can deviate from other published data.

10.2 Quality control

The extinction of the highest standard has to be > 0.6.

Results, generated from the analysis of control samples, should be evaluated for acceptability. The results for the samples may not be valid if within the same assay one or more values of the quality control sample or the highest standard are outside the acceptable limits.

11. LIMITATIONS

Only whole blood can be used in the assay.

12. PERFORMANCE CHARACTERISTICS

The following performance characteristics have been collected using human whole blood samples.

12.1 Precision and reproducibility

Intraassay (n = 28)

	Vitamin B ₁ [µg/l]	CV [%]
Sample	54.5	2.75

Interassay (n = 5)

	Vitamin B ₁ [µg/l]	CV [%]
Sample	56.94	3.81

12.2 Correlation to HPLC

The concentration of vitamin B₁ was determined by the ID-Vit® Vitamin B₁ assay in parallel to HPLC in 21 samples. Correlation coefficient: $r = 0.886$. Regression line: $y = 0.7215x + 12.376$.

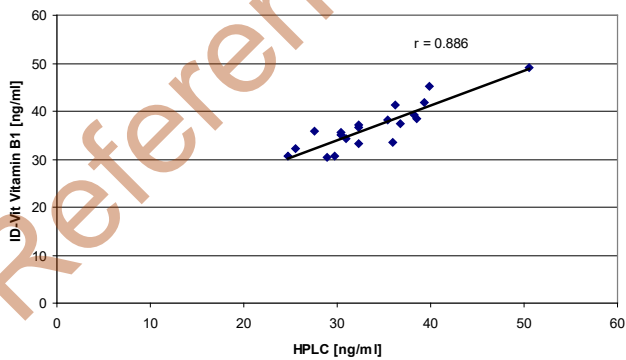


Fig. 2: Correlation of vitamin B1

















13. GENERAL NOTES ON THE TEST AND TEST PROCEDURE

- This assay was produced and distributed according to the IVD guidelines of 98/79/EC.
- All reagents in the kit package are for *in vitro* diagnostic use only.
- ID-Vit® is a trademark of Immundiagnostik AG.
- Do not use reagents beyond the expiration date stated on the kit label.
- Do not interchange different lot numbers of any kit component within the same assay.
- Follow the guidelines for medical laboratories.
- Incubation time, incubation temperature and pipetting volumes of the components are defined by the producer. Any variation of the test procedure, which has not been consulted with the producer, may influence the results of the test. Immundiagnostik AG can therefore not be held responsible for any damage resulting from incorrect use.
- Warranty claims and complaints regarding deficiencies must be made within 14 days after reception of the product. The product should be sent to Immundiagnostik AG along with a written complaint.
- Analyse controls with each run.
- Always perform assay according to the enclosed manual.

14. REFERENCES

1. Koike, H. et al., 2006. Myopathy in thiamine deficiency: analysis of a case. *Journal of the neurological sciences*, **249**(2), pp.175–9.
2. Lonsdale, D., 2006. A review of the biochemistry, metabolism and clinical benefits of thiamin(e) and its derivatives. *Evidence-based complementary and alternative medicine : eCAM*, **3**(1), pp.49–59.
3. Dzied, L. et al., 2015. Status of Thiamin deficiency in boarding school children from seven districts in Bhutan with previous history of peripheral neuropathy outbreaks : a cohort study. *Bhutan Health Journal*, **1**(1), pp.49–56.

15. SYMBOLS

	Temperature limitation		Catalogue number
	<i>In Vitro</i> Diagnostic Medical Device		To be used with
	Manufacturer		Content sufficient for <n> tests
	Lot number		Use by
	Contains plasma derivatives or human blood		Consult instructions for use
	Consult specification data sheet		Do not re-use
	Unique Device Identification		Contains material of animal origin
	Medicinal substance		Contains material of human origin

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