



Dutch Diagnostics

Human and animal care

CRP-Latex

Slide agglutination



Qualitative determination of C-Reactive Protein (CRP)

IVD

Store at 2 - 8°C.

PRINCIPLE OF THE METHOD

The CRP-latex is a slide agglutination test for the qualitative and semi-quantitative detection of C- Reactive Protein (CRP) in human serum. Latex particles coated with goat IgG anti-human CRP are agglutinated when mixed with samples containing CRP.

CLINICAL SIGNIFICANCE

CRP is an acute-phase protein present in normal serum, which increases significantly after most forms of tissue injuries, bacterial and virus infections, inflammation and malignant neoplasia. During tissue necrosis and inflammation resulting from microbial infections, the CRP concentration can rise up to 300 mg/L in 12-24 hours.

REAGENTS

Latex	Latex particles coated with goat IgG anti-human CRP, pH, 8.2. Sodium azide 0.95 g/L.
Control + Red cap	Human serum with a CRP concentration > 20 mg/L. Sodium azide 0.95 g/L.
Control - Blue cap	Animal serum. Sodium azide 0.95 g/L.

PRECAUTIONS

Components from human origin have been tested and found to be negative for the presence of HBsAg, HCV, and antibody to HIV (1/2). However handle cautiously as potentially infectious.

CALIBRATION

The CRP-latex sensitivity is calibrated to the Reference Material CRM 470/RPPHS.

STORAGE AND STABILITY

All the kit components are ready to use, and will remain stable until the expiration date printed on the label, when stored tightly closed at 2-8°C and contaminations are prevented during their use. Do not freeze: frozen reagents could change the functionality of the test.

Reagents deterioration: Presence of particles and turbidity.

ADDITIONAL EQUIPMENT

- Mechanical rotator with adjustable speed at 80-100 r.p.m.

SAMPLES

Fresh serum. Stable 7 days at 2-8°C or 3 months at -20°C. Samples with presence of fibrin should be centrifuged before testing. Do not use highly hemolysed or lipemic samples.

PROCEDURE

Qualitative method

1. Allow the reagents and samples to reach room temperature. The sensitivity of the test may be reduced at low temperatures.
2. Place 50 µL of the sample (Note 1) and one drop of each Positive and Negative controls into separate circles on the slide test.
3. Swirl the CRP-latex reagent gently before using and add one drop (50 µL) next to the samples to be tested.
4. Mix the drops with a stirrer, spreading them over the entire surface of the circle. Use different stirrers for each sample.
5. Place the slide on a mechanical rotator at 80-100 r.p.m. for 2 minutes. False positive results could appear if the test is read later than two minutes.

Semi-quantitative method

1. Make serial two fold dilutions of the sample en 9 g/L saline solution.
2. Proceed for each dilution as in the qualitative method.

READING AND INTERPRETATION

Examine macroscopically the presence or absence of visible agglutination immediately after removing the slide from the rotator.

The presence of agglutination indicates a CRP concentration equal or greater than 6 mg/L (Note 2 and 3).

The titer, in semi-quantitative method, is defined as the highest dilution showing a positive result.

CALCULATIONS

The approximate CRP concentration in the patient sample is calculated as follow:

$$6 \times \text{CRP Titer} = \text{mg/L}$$

QUALITY CONTROL

Positive and Negative controls are recommended to monitor the performance of the procedure, as well as a comparative pattern for a better result interpretation.

REFERENCE VALUES

Up to 6 mg/L. Each laboratory should establish its own reference range.

PERFORMANCE CHARACTERISTICS

1. **Analytical sensitivity:** 6 (5-10) mg/L, under the described assay conditions
2. **Prozone effect:** No prozone effect was detected up to 1600 mg/L (Note 1).
3. **Diagnostic sensitivity:** 95.6 %.
4. **Diagnostic specificity:** 96.2 %.

INTERFERENCES

Hemoglobin (10 g/L), bilirubin (20 mg/dL) and lipemia (10 g/L), do not interfere. Rheumatoid factors (100 IU/mL), interfere. Other substances may interfere⁷.

NOTES

1. High CRP concentration samples may give negative results (prozone effect). Re-test the sample again using a drop of 20 µL.
2. The strength of agglutination is not indicative of the CRP concentration in the samples tested.
3. Clinical diagnosis should not be made on findings of a single test result, but should integrate both clinical and laboratory data.

BIBLIOGRAPHY

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5. Yamamoto S et al. Veterinary Immunology and Immunopathology 1993; 36: 257 – 264.
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7. Young DS. Effects of drugs on clinical laboratory test, 4th ed. AACC Press, 1995.

PACKAGING

Ref.: 30.005 50 tests	: 2.5 mL CRP-Latex : 1 mL Control + : 1 mL Control - : 8 x 6 disposable slides
Ref.: 30.006 100 tests	: 5 mL CRP-Latex : 1 mL Control + : 1 mL Control - : 16 x 6 disposable slides

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