



## HEMOCLLOT™ LA-S

REF CK090K [R] 6 x 1 mL

REF CK094K [R] 12 x 2 mL

## HEMOCLLOT™ LA-C

REF CK091K [R] 6 x 1 mL



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Clotting method for the detection of Lupus Anticoagulant.

### INTENDED USE:

HEMOCLLOT™ LA-S and HEMOCLLOT™ LA-C kits are diluted Russell's Viper Venom Test (dRVVT) reagents for the specific *in vitro* quantitative detection of lupus anticoagulant (LA), by clotting method on human citrated plasma, using manual or automated method.

- **HEMOCLLOT™ LA-S:** dRVVT reagent to screen for the presence of Lupus Anticoagulants.
- **HEMOCLLOT™ LA-C:** dRVVT reagent with high phospholipids content to perform confirmatory test for Lupus Anticoagulant.

### SUMMARY AND EXPLANATION:

#### Technical<sup>1</sup>:

Lupus anticoagulants are antibodies directed against negatively charged phospholipids/protein complexes, therefore yielding prolonged clotting times in phospholipids dependent tests. LA-S (low phospholipids) clotting time (CT) is expected to be prolonged in the presence of LA. LA-C (high phospholipids) is expected to neutralize LA and shorten CT.

#### Clinical<sup>1-5</sup>:

They are associated with numerous clinical states including eg lupus, autoimmune diseases, thrombosis, foetal loss, and must usually be confirmed from multiple assays.

### PRINCIPLE:

In the presence of calcium, Factor X present in the tested sample is directly activated into FXa by RVV. In the presence of Factor V, calcium, and phospholipids, FXa activates prothrombin to thrombin which rapidly clots fibrinogen. Consequently, contact factor abnormalities, FVII, FVIII and FIX deficiencies or inhibitors are not expected to affect the results.

HEMOCLLOT™ LA-S is performed with low concentration of phospholipids, thus LA-S clotting time is expected to be prolonged in the presence of LA. HEMOCLLOT™ LA-C contains a higher phospholipid concentration, expected to neutralize LA present in the test plasma, and thus shorten clotting time. An heparin neutralizing substance is also included (no significant Heparin interference up to 1 IU/mL in the tested sample).

### REAGENTS:

[R] **HEMOCLLOT™ LA-S**, lyophilized with a green dye. Contains RVV, phospholipids, an heparin neutralizing substance, calcium and stabilizers.

REF CK090K → [R] 6 vials of 1 mL

REF CK094K → [R] 12 vials of 2 mL

[R] **HEMOCLLOT™ LA-C**, lyophilized with a pink dye. Contains RVV, phospholipids, an heparin neutralizing substance, calcium and stabilizers.

REF CK091K → [R] 6 vials of 1 mL

### WARNINGS AND PRECAUTIONS:

- Some reagents provided in these kits contain materials of animal origin. Users of reagents of these types must exercise extreme care in full compliance with safety precautions in the manipulation of these biological materials as if they were infectious.
- Waste should be disposed of in accordance with applicable local regulations.
- Use only the reagents from the same batch of kits.
- Aging studies show that the reagents can be shipped at room temperature without degradation.
- This device of *in vitro* diagnostic use is intended for professional use in the laboratory.

### REAGENT PREPARATION:

Gently remove the freeze-drying stopper, to avoid any product loss when opening the vial.

[R] Reconstitute the contents of each vial with exactly:

REF CK090K / CK091K → 1 mL of distilled water.

REF CK094K → 2 mL of distilled water.

Shake vigorously until complete dissolution while avoiding formation of foam and load it directly on the analyzer following application guide instruction.

For manual method, allow to stabilize for 30 minutes at room temperature (18-25°C), homogenize before use.

### STORAGE AND STABILITY:

Unopened reagents should be stored at 2-8°C in their original packaging. Under these conditions, they can be used until the expiry date printed on the kit.

[R] Reagent stability after reconstitution, free from any contamination or evaporation, and stored closed, is of:

REF CK090K / CK091K / CK094K:

- 7 days at 2-8°C.
- 24 hours at room temperature (18-25°C).
- 2 months frozen at -20°C or less\*
- **Stability on board of the analyzer: see the specific application.**

\*Thaw only once, as rapidly as possible at 37°C and use immediately.

### REAGENTS AND MATERIALS REQUIRED BUT NOT PROVIDED:

#### Reagents:

- Distilled water, preferentially sterile
- Suitable quality controls normal and abnormal for LA, e.g.:

Product Name	Reference
BIOPHEN™ Normal Control Plasma	223201
LA Control Plasma	SC081K / SC082K / SC083K

Also refer to the specific application guide of the analyzer used.

#### Materials:

- Electromagnetic water-bath, semi-automatic or automatic analyzer for clotting assays.
- Stopwatch; Calibrated pipettes; silicon glass or plastic test tubes.

### SPECIMEN COLLECTION AND PREPARATION:

The blood (9 volumes) should be carefully collected onto the trisodium citrate anticoagulant (1 volume) (0.109 M, 3.2%) by clean venipuncture. Discard the first tube.

Specimens should be prepared and stored in accordance with applicable local guidelines (for the United States, see the CLSI H21-A5<sup>6</sup> guideline for further information concerning specimen collection, handling and storage). For plasma storage and preanalytical factors, please refer to references<sup>5-8</sup>.

### PROCEDURE:

It is strongly recommended to use HEMOCLLOT™ LA-S and LA-C together.

Samples should be tested undiluted.

The kit can be used in manual or automated method. Perform the test at 37°C±1°C and the clotting time, triggered by addition of reagent, is measured.

#### Assay method:

Reconstitute the controls using the specific package inserts.

Prewarm to 37°C appropriate volume of reagent (200 µL per test).

Into a small test tube, introduce:

	Volume
Plasma to test	200 µL
Incubate at 37°C, for 1-2 minutes, then introduce the stop-watch):	
[R] preincubated at 37°C	200 µL
Record the exact clotting time (CT, sec)	

If a reaction volume other than that specified above is required for the method used, the ratio of volumes must be strictly observed to guarantee assay performance. The user is responsible for validating any changes and their impact on all results.

For an automated method, application guides are available on request. See specific application guide and specific precautions for each analyzer.

## QUALITY CONTROL:

The use of quality controls serves to validate method compliance, along with between-test assay homogeneity for a given batch of reagents. Include the quality controls with each series, as per good laboratory practice, in order to validate the test. A new verification of the normal range must be carried out at least for each new lot of reagents or, after each important analyzer's maintenance, or when quality controls values are measured outside the acceptance range determined for the method. The clotting time obtained with the same reagent lot can vary slightly according to the instrument used and the clot detection sensitivity. Each laboratory must define its acceptance ranges and verify the expected performance in its analytical system.

## RESULTS:

Tests and results should be interpreted according to recognized local recommendations or guidelines (eg. 4, 5, 8).

Determine mean of normal range (CT, seconds) for each new lot of HEMOCLOT™ LA-S or HEMOCLOT™ LA-C kits following local recommendations or guidelines.<sup>4,8</sup> Results can be reported as a clotting time and as a ratio.

E.g.: calculate ratio as follows:

**HEMOCLOT™ LA-S: LA-S ratio** = Sample LA-S (CT, s) / Mean of normal range for LA-S (CT, s).

Prolonged results should be considered abnormal and investigated further:

**HEMOCLOT™ LA-C: LA-C ratio** = Sample LA-C (CT, s) / Mean of normal range for LA-C (CT, s).

**Normalized LA ratio** = LA-S ratio / LA-C ratio.

In case of abnormal or borderline results (abnormally prolonged clotting times and/or normalized LA ratio  $\geq 1.20$  or local cutoff), results must be confirmed by both additional investigations:

- Mixing studies (eg. 50:50 mixture in normal plasma for investigating factors deficiencies or inhibitors)<sup>4,5,8</sup>. Mixing tests are commonly performed on screening assays. A mixing test in the confirmatory step can be performed if the confirmatory clotting time on undiluted plasma is prolonged to increase diagnostic efficacy.
- Other LA detection methods with different principles, like appropriate aPTT testing<sup>4,5,8</sup>.

Test results should always be interpreted according to the patient's clinical and biological states, and other findings, following three-step-procedure (screening, mixing, and confirmation).

## LIMITATIONS:

- To ensure optimum test performance and to meet the specifications, the technical instructions validated by HYPHEN BioMed should be followed carefully.
- Any reagent presenting an unusual appearance or showing signs of contamination must be rejected.
- Any suspicious samples or those showing signs of activation must be rejected.
- It is not recommended to perform the LA detection on sample from patients receiving heparin.<sup>4,5</sup> However, both HEMOCLOT™ LA-S and LA-C reagents contain a heparin neutralizing substance which neutralizes up to 1 IU/mL Heparin. It is recommended to measure anti-FXa activity together with LA testing in patients known to be treated with heparins (LMWH or UFH).<sup>4</sup>
- If necessary, prothrombin time (PT)/INR, activated partial thromboplastin time (aPTT), Thrombin time, and fibrinogen should be performed for background information on anticoagulation status or coagulopathy.<sup>4</sup>
- Current guidelines do not recommend to perform dRVVT in Vitamin K Antagonists (VKA) or Direct Oral Anticoagulants (DOAC) anticoagulated samples, which may have unexpected effects, as well as in case of acute phase reactants, or very low factor II levels. Additional confirmatory tests or repeating testing might be indicated when the patient is off therapy.<sup>4,5,8</sup>
- Testing during pregnancy may result in false-positive/false-negative results and should be interpreted with caution and repeated at an appropriate time postdelivery.<sup>4</sup>
- Commercially available normal quality control plasmas with unspecified citrate and platelet levels are not recommended for use in mixing studies.<sup>4,8</sup>
- An additional investigation should be conducted to determine the origin of each unexpected or abnormal result. At least 2 screening assays with different properties and sensitivity should be performed before the possibility of LA is excluded. Borderline results should be considered in line with other markers for antiphospholipid syndrome (APS) such as anticardiolipin or anti-B<sub>2</sub>GPI. LA positive result should be confirmed on another sample at least 12 weeks apart.<sup>4</sup>
- It is recommended to test HEMOCLOT™ LA-S and HEMOCLOT™ LA-C at the same time and on same sample.
- Icteric, lipemic, hemolyzed samples or samples with an abnormal aspect (e.g. partial coagulation) may give false results and should be interpreted with caution.

## EXPECTED VALUES:

LA are absent from normal human plasmas.

Each laboratory should determine its own normal range for each combination of lot, instrument and protocol used and according to local recommendations or guidelines.

## PERFORMANCES:

- In an external study, the results showed similar distribution on 59 dRVVT positive samples and 62 normal samples compared to commercial dRVV Screen and Confirm devices.
- Performance studies were conducted internally on Sysmex CS-5100. Performance was assessed using laboratory controls over a 6-day period, 2 series per day and 2 repetitions within each series for a control level. The following results were obtained:

Specimen	Intra-assay			Inter-assays		
	Normal	Pathological		Normal	Pathological	
Test	LA-S	LA-S	LA-C	LA-S	LA-S	LA-C
n	30	30	30	24	24	24
Mean (sec)	32.1	84.2	37.0	31.6	84.4	37.0
SD (sec)	0.19	1.05	0.26	0.66	1.16	0.33
CV%	0.59	1.24	0.71	2.10	1.38	0.89

- Correlation with Siemens LA1/LA2 vs HEMOCLOT™ LA-S/LA-C on Sysmex CS-5100 :  
 $n = 50$     $y = 1.08x - 0.08$     $r = 0.930$
- Interferences:**  
No interference, on the analyzer Sysmex CS-5100 was observed with the molecules and up to following concentrations:

Hemoglobin	Bilirubin (conjugated)	Intralipids	Heparins (UFH/LMWH)
500 mg/dL	25 mg/dL	250 mg/dL	1 IU/mL

## REFERENCES:

- Thiagarajan P. *et al*. The use of the dilute Russels viper venom time for the diagnosis of lupus anticoagulants. Blood. 1986.
- Favaloro EJ. The Russell viper venom time (RVVT) test for investigation of lupus anticoagulant (LA). Wiley Periodicals, Inc. 2019.
- Rauch J. *et al*. Distinguishing lupus anticoagulants from antifactor antibodies using hexagonal phase II phospholipids Thromb Haemost. 1989.
- Devreese KMJ. *et al*. Guidance from the Scientific and Standardization Committee for lupus anticoagulant/antiphospholipid antibodies of the International Society on Thrombosis and Haemostasis. Update of the guidelines for lupus anticoagulant detection and interpretation. J Thromb Haemost. 2020.
- Tripodi A. *et al*. Lupus anticoagulant detection in anticoagulated patients. Guidance from the Scientific and Standardization Committee for lupus anticoagulant/antiphospholipid antibodies of the International Society on Thrombosis and Haemostasis. J Thromb Haemost. 2020.
- CLSI Document H21-A5: "Collection, transport, and processing of blood specimens for testing plasma -based coagulation assays and molecular hemostasis assays; approved guideline". 2008.
- Woodhams B. *et al*. Stability of coagulation proteins in frozen plasma. Blood coagulation and Fibrinolysis. 2001.
- CLSI Document H60-A: "Laboratory Testing for the Lupus Anticoagulant; Approved Guideline". 2014

## SYMBOLS:

Symbols used and signs listed in the ISO 15223-1 standard, see Symbol definitions document.

Changes compared to the previous version.