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# **PRODUCT DESCRIPTION**

Collagen Reagent is a lyophilized preparation of soluble calf skin (Type1) fibrillar collagen. The working concentration of the reconstituted collagen reagent is 1.9mg/ mL. The final concentration is 0.19mg/mL.

# **INTENDED USE**

Type 1(fibrillar) collagen is intended for use in inducing platelet aggregation shape change and platelet activation. Platelet response to collagen inducer aggregation or activation. Partial responses (%Aggregation),

extended LAG PHASE (seconds) and other parameters have been described for heritable and acquired dysfunctions. Collagen is sensitive to the presence of Aspirin at low concentrations.<sup>11</sup>

# **TEST PRINCIPAL**

Collagen reagent is a potent agonist. When collagen reagent is added to PRP or other appropriate samples Normal platelets will change their shapes, demonstrate adhesive properties, release endogenous ADP and induce an aggregation response.<sup>1,2,3,4,5</sup>

When collagen reagent is introduced to Platelet Rich Plasma or other appropriate normal test samples, expected results should be attained. When Collagen Reagent is introduced into abnormal test samples, one or more parameters will not match expected results and requires further study.



Collagen Reagent is intended for In-Vitro DIAGNOSTIC USE ONLY.



Collagen Reagent is an animal derived product that has met or passed all required test for infectious diseases. Appropriate Personnel Protective Equipment and Standard Precautions MUST be practiced when working with this product.6,9

# MATERIALS PROVIDED

3 x 0.5mL vials Collagen Reagent

# RECONSTITUTION



Collagen Reagent must be brought to room temperature (15°-20°C) prior to reconstitution. Reconstitute each vial with 0.5mL purified water. **Do Not Dilute** 

# **REAGENT STORAGE**

The reconstituted Collagen Reagent may be stored for up to 30 days at 2-8°C when in its original, tightly sealed container.

# **REAGENT DISPOSAL**

Unused or expired Collagen Reagent must be disposed of as a hazardous waste in accordance with local regulations and laboratory policy.6,9

# PROFESSIONAL LABORATORY USE ONLY

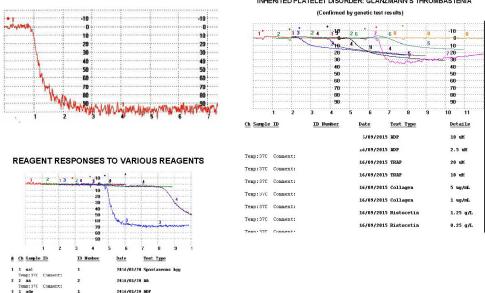
## **PERFORMANCE CHARACTERISTICS**

Studies have confirmed that Collagen Reagent will perform as described prior to its expiration date when storage, use and procedural instructions are followed.

Nelerence ranges must be.				
COLLAGEN REAGENT	WORKING CONCENTRATION	FINAL CONCENTRATION	FINAL AGGREGATION (%)	
	1.9mg/mL	0.19mg/mL	61-99	
LAG PHASE	PRIMARY SLOPE	AUC@6 MINUTES	OTHER	
≥ 60 SECONDS	35-67	365 DO	NOT DILUTE	

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## NORMAL COLLAGEN AGGREGATION RESPONSE



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3	1 adp			1	
	Temp: 370	Conner	nt:		
4	3 col			3	

# LIMITATIONS

results. 1,5,10,11

# TEST PREPARATIONS



# MATERIALS REQUIRED BUT NOT PROVIDED

1. Platelet Addregometer 2. Purified Water (distilled, deionized or reagent grade) (pH 5.3 - 7.2)



### EXPECTED VALUES<sup>5,10,12,13</sup>

Expected values vary by concentration, sample type, disease state and other factors. Reference ranges must be

### INHERITED PLATELET DISORDER: GLANZMANN'S THROMBASTENIA

Detailed clinical, dedication and social histories are required for accurate interpretation of test results. In addition, spices, supplements, herbal extracts, caffeine, tobacco, alcohol as well as prescription and over the counter drugs may interfere with test

2016/01/20 Collagen

Collagen Reagent, Type 1 3x0.5mL

Collagen Reagent Storage prior to reconstitution 2 - 8°C.

- 4. Sample tubes and caps
- 5. Siliconized Aggregometer cuvettes
- 6. Plastic coated micro stir bars

# **INSTRUMENTATION**

Collagen Reagent will perform as described when used on most Light Transmission Aggregometers.



Follow the aggregometer manufacturer's instructions for USE and sample size requirements.

# **PATIENT PREPARATION5,7,8**

- 1. Clinical, medication, family and social histories required prior to testing.
- 2. Patients should refrain from taking Aspirin or other anti-platelet medications for 7-10 days, or as directed by their physician.

3. Patients should avoid supplements, herbal preparations, energy drinks or other products know to affect platelet function.

4. Patients should avoid fatty meals and food products prior to specimen collections.

# SPECIMEN COLLECTION

# SPECIMEN COLLECTION

Refer to the current CLSI Approved Guidelines H 58 -A: Platelet Function Testing by Aggregometry for detailed specimen collection and sample preparation instructions and related references.

## **EVACUATED SPECIMEN COLLECTION TUBE TECHNIQUE (PREFERRED)** <sup>6</sup>

1. Use a 21 or 23 gage winged needle set for specimen collection

2. Remove the tourniquet as soon as blood starts to flow

3. Collect the blood specimen in 2.7µL plastic evacuated specimen collection tubes containing 0.105/0.11 M (2.3%) buffered sodium citrate anticoagulant.

4. Gently invert each tube 4 -5 times to assure complete mixing.

5. Maintain specimens at room temperature without removing the caps.

6. Observe Standard Precautions through out the specimen collection process and follow appropriate laboratory policies for post phlebotomy patient care and disposal of sharps and supplies.



- 1. Evacuated specimen collection tubes with light blue tops may contain 3.2% or
- 3.8% sodium citrate. Check the label for the proper concentration.<sup>3,6,7,9</sup>
- 2.Underfilled tubes should be rejected

3. Blood collection should be performed with care to avoid patient anxiety, stasis, hemolysis and contamination by tissue fluid, or any exposure to glass.

4. Make sure the winged needle set is intended for phlebotomy use.

- 5. Each of the following can cause test results to be inaccurate
- a. Visible RBC contamination
- b. Hemolysis
- c. Icterus
- d. Lipemia
- e. Clots

These are unacceptable specimens and should be rejected.

6. Test results may also be affected if the patient has thrombocytopenia (thresholds are agonist and analyzer dependent) or hypofibrinogenemia. Follow laboratory policies when such specimens have been collected.

7. If the patient's hematocrit is less than 30% or greater than 55%, the blood to anti-

- coagulant ratio must be adjusted. (see H58 -A for instructions)
- 8. Specimens must be tested within four hours of collection.

# SAMPLE (PRP & PPP) PREPARATION

# COLLAGEN RESPONSES<sup>5,13,14,15</sup>

PREPARATION OF PLATELET RICH PLASMA (PRP) & PLATELET POOR PL	AS-
MA (PPP) TEST SAMPLES <sup>6</sup>	



Check the RCF Nomogram in the centrifuge manual to confirm the proper settinas.

## 1. Prepare Platelet Rich Plasma test samples first.

2.Centrifuge the unopened specimen collection tubes at 150 x g for 10 minutes at room temperature.

3. Do not engage the centrifuge's brake.

4. Carefully remove the tubes from the centrifuge. Examine the plasma layer for the presence of Red Blood Cells (RBCs)

a. If there are RBCs present, re-centrifuge for an additional five minutes at 150 x q.

5. Using a plastic transfer pipette, carefully remove the PRP layer without disturbing the buffy coat and transfer the PRP to labeled plastic sample tubes and cap the tubes. Maintain the PRP at room temperature

6. To prepare the PPP, recap the specimen collection tubes and re-insert them into the centrifuge. Centrifuge those specimens at 1500 x g for 20 minutes. 7. Check for hemolysis.

a. If the PPP is hemolyzed, it is unacceptable for use as a blank. 8. Carefully transfer the PPP to pre-labeled plastic tubes and cap them. Maintain them at room temperature.6,9



1. PRP should have nominal platelet count greater than 200,000/cumm

2. PPP must have a platelet count less than 10,000/cumm

3. Platelet counts on PRP and PPP can not be performed using automated hematology analyzers. Those analyzers were neither designed or intended for counting these samples. It is best to count PRP and PPP, if necessary using a hemocytometer

4. PRP platelet counts should not be adjusted using PPP.

5. PRP has a maximum useful life of four hours from the time of collection.

# **GENERIC LTA TEST PROCEDURES**



- 1. Place the appropriate number of test cuvettes in to the incubation wells.
- 2. Add a new, plastic coated stir bar to each cuvette.
- 3. Prepare the PPP blank by pipetting 0.250 µl of PPP in to a cuvette.
- DO NOT PLACE A STIR BAR IN THE BLANK TUBE

4. Pipette 0.225 µL of PRP (patient sample) into each test cuvette containing a stir bar. 5. Place the PRP sample tubes in the incubation block

- a. Select the timer button for the test channel, and a countdown will begin.
- b. Incubate the PRP test samples for a pre-set incubation period and temperature (37.5°C)
- 6. Set the 100% baseline by placing the blank into the test well
  - a. Press the Blank Button
  - b. Remove the Blank for the test well
- 7. Place the PRP sample cuvette into the test well
  - a. Press the Start Button.

8. Add 0.25 µL of the agonist/reagent into the PRP using the proper pipette and tip to assure the agonist/reagent is directed into the center of the cuvette and not allowed to run down the side of the cuvette.

- 9. Select inject
- 10. The test will run for the pre-set test time.

11. An alarm will sound when testing in all channels is completed

CONDITION
Thrombasthenia
Bernard Soulier
Storage Pool De
Cyclo-oxygenas
Thromboxane S
ciency
Aspirin Ingestion
Ehlers Danos S
von Willebrands

# FURTHER TESTING:

1. Repeat the test on a different day. interferences.

# WARRANTY

## SELECTED REFERENCES

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7. Clinical and Laboratory Standard Institute (CLSI). Collection, Transport, and Processing of Blood Specimens for Testing Plasma Based Coagulation Assays and Molecular Hemostatis Assays. Approved Guideline-Fifth Edition. CLSI document H21-A5 (ISBN 1-56238-657-3). Clinical and Laboratory Standards, 950 West Valley Road, Suite 2500, Wayne, Pennsylvania 19087 USA, 2008. 8. Weiss HJ: Aspirin and platelets in drugs and hematologic reactions. Dimittov and Nodine (eds.). Grune and Stratton, New York, 1974. 9. Clinical and Laboratory Standards Institute (CLSI). Protection of Laboratory Workers From Occupationally Acquired Infections; Approved Guideline - Fourth Edition. CLSI document M29-A4 (ISBN 1-56238-961-0 [Print]; ISBN 1-52638-962-9 [Electronic], Clinical and Laboratory Standards Institute, 950 West Valley Road, Suite 2500, Wayne, Pennsylvania 19087 USA, 2014, 10. Day HJ,Holmsen H: Laboratory test of platelet function. Annal Clin Lab Sci, 2:63, 1972. 11. Born, GVR and Cross, MJ. The Aggregation of Blood Platelets. J. Physio [London] 168:178, 1963. 12. McCabe-White, M. and Jennings, LK. PLatelet protocols: Research and Clinical Laboratory Procedure. Academic Press. London. 1999, p.35. 13. Newhouse, P and Clark, C. The Variability of Platelet Aggregation in Triplet, DA, ed. Platelet Function; Laboratory Evaluation and Clinical Application. ASCP. Chicago. 1978. p 69. 14. Day, H.J. and Holmsen, H., 'Laboratory Tests of Platelet Function', Ann. Clin. Lab. Sci., 1972; 2: 63. 15. Dacie & Lewis, 'Practical Haematology', Lewis, S.M., Bain, B.J. and Bates, I. (Editors); 9th Edition, Elservier Science Ltd., 2002 pages 384-385.

	COLLAGEN RESPONSE
а	Absent
r Syndrome	Normal
efect	Reduced
se Deficiency	Reduced
Synthetase Defi-	Reduced
on	
Syndrome	Normal
s Disease	Normal

If the test results, when properly interpreted, are abnormal:

a. If those results are abnormal, review the patient's histories for possible

2. Specialty review or consult may be required.

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2. Owen CA, Bowie EJW, Thompson JH: The diagnosis of bleeding disorder, Little, Brown and Co., 1975. 3. William WJ, Beutler, E. Erslev AJ, Rundles RW: Hematology. McGraw-Hill, 1977.

4. Dacie & Lewis, 'Practical Haematology', Lewis, S.M., Bain, B.J. and Bates, I. (Editors); 9th Edition,

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6. Suggested citation: Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infectious Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.