

**FOR PROFESSIONAL USE ONLY**

Rx Only

**PRINCIPLE****INTENDED USE**

The Access Ostase QC is intended for monitoring system performance of the Access Ostase assay.

**SUMMARY AND EXPLANATION**

Quality control materials simulate the characteristics of patient samples and are essential for monitoring the system performance of the Access Ostase immunoassay. In addition, they are an integral part of good laboratory practices.<sup>1,2,3,4,5,6</sup> When performing assays with Access reagents for bone alkaline phosphatase (BAP), include quality control materials to validate the integrity of the assays. The assayed values should fall within the acceptable range if the test system is working properly.

**TRACEABILITY**

The measurand (analyte) in the Access Ostase QC is traceable to the manufacturer's working calibrators. Traceability process is based on EN ISO 17511.

The assigned values were established using representative samples from this lot of QC and are specific to the assay methodologies of the Access reagents. Values assigned by other methodologies may be different. Such differences, if present, may be caused by inter-method bias.

**REAGENTS****PRODUCT INFORMATION****Access Ostase QC****Cat. No. 37309: 4.0 mL/vial, 1 vial each level**

- Provided ready to use.
- Store upright and refrigerate at 2 to 10°C.
- Mix contents by gently inverting before use. Avoid bubble formation.
- Stable until the expiration date stated on the label when stored at 2 to 10°C.
- Signs of possible deterioration are control values out of range.
- Refer to the QC value card for mean values and standard deviations (SD).


<b>QC 1:</b>	Human BAP at a level of approximately 11 µg/L in a buffered bovine serum albumin (BSA) matrix with surfactant, < 0.1% sodium azide, and 0.5% Proclin* 300.
<b>QC 2:</b>	Human BAP at a level of approximately 45 µg/L in a BSA matrix with surfactant, < 0.1% sodium azide, and 0.5% ProClin 300.
<b>QC Value Card:</b>	1

\*ProClin is a trademark of LANXESS Corp.

## WARNING AND PRECAUTIONS

- For *in vitro* diagnostic use.
- Human source material used in the preparation of the reagent has been tested and found negative or non-reactive for Hepatitis B, Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV-1 and HIV-2). Because no known test method can offer complete assurance that infectious agents are absent, handle reagents and patient samples as if capable of transmitting infectious disease.<sup>7</sup>
- For hazards presented by the product refer to the following sections: REACTIVE INGREDIENTS and GHS HAZARD CLASSIFICATION.

## REACTIVE INGREDIENTS

 <b>CAUTION</b> <b>Sodium azide preservative may form explosive compounds in metal drain lines. See NIOSH Bulletin: Explosive Azide Hazard (8/16/76). To avoid the possible build-up of azide compounds, flush wastepipes with water after the disposal of undiluted reagent. Sodium azide disposal must be in accordance with appropriate local regulations.</b>
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## GHS HAZARD CLASSIFICATION

Ostase QC, QC1 and QC2

WARNING



H317

May cause an allergic skin reaction.

H412

Harmful to aquatic life with long lasting effects.

P273

Avoid release to the environment.

P280

Wear protective gloves, protective clothing and eye/face protection.

P333+P313

If skin irritation or rash occurs: Get medical advice/attention.

P362+P364

Take off contaminated clothing and wash it before use.

reaction mass of: 5-chloro-2-methyl-4-isothiazolin -3-one [EC# 247-500-7] and 2-methyl-4-isothiazolin-3-one [EC# 220-239-6](3:1) < 0.05%

<b>SDS</b>	Safety Data Sheet is available at <a href="http://beckmancoulter.com/techdocs">beckmancoulter.com/techdocs</a>
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# TESTING PROCEDURE(S)

## PROCEDURE

Determine the concentration of human BAP in the Access Ostase QC materials using the Access Immunoassay System in the same manner as a patient sample. Because samples can be processed at any time in a “random access” format rather than a “batch” format, quality control materials should be included in each 24-hour time period.<sup>1</sup> More frequent use of controls or the use of additional controls is left to the discretion of the user based on good laboratory practices or laboratory accreditation requirements and applicable laws. Refer to the appropriate system manuals and/or Help system for information on quality control theory, configuring controls, quality control sample test request entry, and reviewing quality control data.

## REPORTING RESULTS

### EXPECTED RESULTS

For the value assignment of the Access Ostase QC material, a number of samples, representative of the entire lot, are selected and assayed to provide a reliable estimate of the mean value. The mean values and standard deviations are listed on the QC value card. Variations, such as in technique, equipment, and reagents, may result in values different from those listed. Therefore, each laboratory should establish its own mean values and standard deviations (SD).

## PROCEDURAL NOTES

### LIMITATIONS

If there is evidence of microbial contamination or excessive turbidity in a reagent, discard the vial.

## ADDITIONAL INFORMATION

For a patient/user/third party in the European Union and in countries with identical regulatory regime (Regulation 2017/746/EU on In vitro Diagnostic Medical Devices); if, during the use of this device or as a result of its use, a serious incident has occurred, please report it to the manufacturer and/or its authorized representative and to your national authority.

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May be covered by one or more pat. -see [www.beckmancoulter.com/patents](http://www.beckmancoulter.com/patents).

### REVISION HISTORY

#### Revision J

IFU updated to add Dutch, Finnish, Macedonian, Traditional Chinese, and Estonian

#### Revision K

New release of IVDR compliant IFU.

#### Revision L

Added Translations.

#### Revision M

Added Translations.

**Revision N**

Updated ProClin trademark statement.

**Revision P**

Added Translations.

**SYMBOLS KEY**

Glossary of Symbols is available at [beckmancoulter.com/techdocs](http://beckmancoulter.com/techdocs) (document number C02724).

## REFERENCES

1. Cembrowski GS, Carey RN. Laboratory quality management: QC = QA. ASCP Press, Chicago, IL, 1989.
2. Broome HE, Cembrowski GS, Kahn SN, Martin PL, Patrick CA. Implementation and use of a manual multi-rule quality control procedure. Lab Med 1985; 16: 533-537.
3. Westgard JO, Barry PL, Hunt MR, Groth T. A multi-rule Shewhart chart for quality control in clinical chemistry. Clin Chem 1981; 27: 493-501.
4. Koch DD, Oryall JJ, Quam EF, Feldbruegger DH, et al. Selection of medically useful QC procedures for individual tests done in a multitest analytical system. Clin Chem 1990; 36: 230-233.
5. Muga K, Carlson IH, Westgard JO. Planning QC procedures for immunoassays. J Clin Immunoassay 1994; 17:216-222.
6. Tentative Guideline - Internal quality control: Principles and definitions, C24-T. 1987. Clinical and Laboratory Standards Institute.
7. HHS Publication, 5<sup>th</sup> ed., December 2009. Biosafety in Microbiological and Biomedical Laboratories.

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