

γ-Glutamyltransferase ver.2 Standardized against IFCC / Szasz**Order information**

REF	CONTENT	Analyzer(s) on which cobas c packs can be used
03002721 122	γ-Glutamyltransferase ver.2 400 tests	System-ID 07 6598 8 Roche/Hitachi cobas c 311, cobas c 501/502
Materials required (but not provided):		
10759350 190	Calibrator f.a.s. (12 x 3 mL)	Code 401
10759350 360	Calibrator f.a.s. (12 x 3 mL, for USA)	Code 401
12149435 122	Precinorm U plus (10 x 3 mL)	Code 300
12149435 160	Precinorm U plus (10 x 3 mL, for USA)	Code 300
12149443 122	Precipath U plus (10 x 3 mL)	Code 301
12149443 160	Precipath U plus (10 x 3 mL, for USA)	Code 301
10171743 122	Precinorm U (20 x 5 mL)	Code 300
10171735 122	Precinorm U (4 x 5 mL)	Code 300
10171778 122	Precipath U (20 x 5 mL)	Code 301
10171760 122	Precipath U (4 x 5 mL)	Code 301
05117003 190	PreciControl ClinChem Multi 1 (20 x 5 mL)	Code 391
05947626 190	PreciControl ClinChem Multi 1 (4 x 5 mL)	Code 391
05947626 160	PreciControl ClinChem Multi 1 (4 x 5 mL, for USA)	Code 391
05117216 190	PreciControl ClinChem Multi 2 (20 x 5 mL)	Code 392
05947774 190	PreciControl ClinChem Multi 2 (4 x 5 mL)	Code 392
05947774 160	PreciControl ClinChem Multi 2 (4 x 5 mL, for USA)	Code 392
04489357 190	Diluent NaCl 9 % (50 mL)	System-ID 07 6869 3

English**System information**For **cobas c** 311/501 analyzers:**GGT12**: ACN 220: assay standardized against IFCC**GGTS2**: ACN 480: assay standardized against SzaszFor **cobas c** 502 analyzer:**GGT12**: ACN 8220: assay standardized against IFCC**GGTS2**: ACN 8480: assay standardized against Szasz**Intended use**In vitro test for the quantitative determination of γ-glutamyltransferase (GGT) in human serum and plasma on Roche/Hitachi **cobas c** systems.**Summary**^{1,2,3,4,5,6}

γ-glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary diseases. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases, and is one of the most sensitive indicators known. γ-glutamyltransferase is also a sensitive screening test for occult alcoholism. Elevated GGT activities are found in the serum of patients requiring long-term medication with phenobarbital and phenytoin.

In 1969, Szasz published the first kinetic procedure for GGT in serum using γ-glutamyl-p-nitroanilide as substrate and glycylglycine as acceptor. In order to circumvent the poor solubility of γ-glutamyl-p-nitroanilide, Persijn and van der Slik investigated various derivatives and found the water-soluble substrate L-γ-glutamyl-3-carboxy-4-nitroanilide to be superior in terms of stability and solubility. The results correlate with those derived using the original substrate.

In 2002, the International Federation of Clinical Chemistry (IFCC) recommended the standardized method for determining GGT including optimization of substrate concentrations, employment of NaOH, glycylglycine buffer and sample start. The GGT liquid reagent follows the formulation recommendation according to Szasz, but was optimized for performance and stability. The assay is optionally standardized against the original IFCC and Szasz methods. The performance claims and data presented here are independent from the standardization.

Test principle⁷

Enzymatic colorimetric assay

γ-glutamyltransferase transfers the γ-glutamyl group of L-γ-glutamyl-3-carboxy-4-nitroanilide to glycylglycine.

GGT

L-γ-glutamyl-3-carboxy-4-nitroanilide + glycylglycine

L-γ-glutamyl-glycylglycine + 5-amino-2-nitrobenzoate

The amount of 5-amino-2-nitrobenzoate liberated is proportional to the GGT activity in the sample. It is determined by measuring the increase in absorbance photometrically.

Reagents - working solutions**R1** TRIS: 492 mmol/L, pH 8.25; glycylglycine: 492 mmol/L; preservative; additive**R2** L-γ-glutamyl-3-carboxy-4-nitroanilide: 22.5 mmol/L; acetate: 10 mmol/L, pH 4.5; stabilizer; preservative

R1 is in position B and R2 is in position C.

Precautions and warnings

For in vitro diagnostic use for health care professionals. Exercise the normal precautions required for handling all laboratory reagents.

Infectious or microbial waste:

Warning: handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

Environmental hazards:

Apply all relevant local disposal regulations to determine the safe disposal.

Safety data sheet available for professional user on request.

For USA: For prescription use only.

This kit contains components classified as follows in accordance with the Regulation (EC) No. 1272/2008:



Warning

H317 May cause an allergic skin reaction.

Prevention:

P261 Avoid breathing dust/fume/gas/mist/vapours/spray.
 P272 Contaminated work clothing should not be allowed out of the workplace.
 P280 Wear protective gloves.

Response:

P333 + P313 If skin irritation or rash occurs: Get medical advice/attention.
 P362 + P364 Take off contaminated clothing and wash it before reuse.

Disposal:

P501 Dispose of contents/container to an approved waste disposal plant.

Product safety labeling follows EU GHS guidance.

Contact phone: all countries: +49-621-7590, USA: 1-800-428-2336

Reagent handling

Ready for use

Storage and stability**GGT-2**

Shelf life at 2-8 °C: See expiration date on **cobas c** pack label.

On-board in use and refrigerated on the analyzer: 12 weeks

Diluent NaCl 9 %

Shelf life at 2-8 °C: See expiration date on **cobas c** pack label.

On-board in use and refrigerated on the analyzer: 12 weeks

Specimen collection and preparation

For specimen collection and preparation only use suitable tubes or collection containers.

Only the specimens listed below were tested and found acceptable.

Serum: Collect serum using standard sampling tubes.

Plasma: Li-heparin and K₂-EDTA plasma

The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Centrifuge samples containing precipitates before performing the assay.

Stability:^{8,9} 7 days at 15-25 °C
 7 days at 2-8 °C
 1 year at (-15)-(-25) °C

Materials provided

See "Reagents – working solutions" section for reagents.

Materials required (but not provided)

- See "Order information" section
- General laboratory equipment

Assay

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

The performance of applications not validated by Roche is not warranted and must be defined by the user.

Application for serum and plasma**cobas c 311 test definition**

Assay type	Rate A		
Reaction time / Assay points	10 / 13-42		
Wavelength (sub/main)	700/415 nm		
Reaction direction	Increase		
Units	U/L (μkat/L)		
Reagent pipetting	Diluent (H ₂ O)		
R1	25 μL	75 μL	
R2	20 μL	–	
<i>Sample volumes</i>	<i>Sample</i>	<i>Sample dilution</i>	
		<i>Sample</i>	<i>Diluent (NaCl)</i>
Normal	3 μL	–	–
Decreased	3 μL	15 μL	150 μL
Increased	3 μL	–	–

cobas c 501 test definition

Assay type	Rate A		
Reaction time / Assay points	10 / 19-56		
Wavelength (sub/main)	700/415 nm		
Reaction direction	Increase		
Units	U/L (μkat/L)		
Reagent pipetting	Diluent (H ₂ O)		
R1	25 μL	75 μL	
R2	20 μL	–	
<i>Sample volumes</i>	<i>Sample</i>	<i>Sample dilution</i>	
		<i>Sample</i>	<i>Diluent (NaCl)</i>
Normal	3 μL	–	–
Decreased	3 μL	15 μL	150 μL
Increased	3 μL	–	–

cobas c 502 test definition

Assay type	Rate A		
Reaction time / Assay points	10 / 19-56		
Wavelength (sub/main)	700/415 nm		
Reaction direction	Increase		
Units	U/L (μkat/L)		
Reagent pipetting	Diluent (H ₂ O)		
R1	25 μL	75 μL	
R2	20 μL	–	
<i>Sample volumes</i>	<i>Sample</i>	<i>Sample dilution</i>	
		<i>Sample</i>	<i>Diluent (NaCl)</i>
Normal	3 μL	–	–
Decreased	3 μL	15 μL	150 μL
Increased	6 μL	–	–

Calibration

Calibrators	S1: H ₂ O S2: C.f.a.s.
Calibration mode	Linear

Calibration frequency	2-point calibration
	• after reagent lot change
	• as required following quality control procedures

Traceability: This method has been standardized against the original IFCC formulation (2002)⁵ and against the GGT method published by Persijn and van der Slik (1976)⁴, respectively.

Use the appropriate calibrator value for the corresponding application.

Quality control

For quality control, use control materials as listed in the "Order information" section.

In addition, other suitable control material can be used.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

Follow the applicable government regulations and local guidelines for quality control.

Calculation

Roche/Hitachi **cobas c** systems automatically calculate the analyte concentration of each sample.

Conversion factor: U/L x 0.0167 = μkat/L

Limitations - interferences

Criterion: Recovery within ± 10 % of initial value at a γ-glutamyltransferase activity of 40 U/L (0.67 μkat/L).

Icterus:¹⁰ No significant interference up to an I index of 50 for conjugated and 20 for unconjugated bilirubin (approximate conjugated bilirubin concentration: 855 μmol/L or 50 mg/dL and approximate unconjugated bilirubin concentration: 342 μmol/L or 20 mg/dL).

Hemolysis:¹⁰ No significant interference up to an H index of 200 (approximate hemoglobin concentration: 124 μmol/L or 200 mg/dL).

Lipemia (Intralipid):¹⁰ No significant interference up to an L index of 1500. There is poor correlation between the L index (corresponds to turbidity) and triglycerides concentration.

Drugs: No interference was found at therapeutic concentrations using common drug panels.^{11,12}

In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.¹³

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

ACTION REQUIRED

Special Wash Programming: The use of special wash steps is mandatory when certain test combinations are run together on Roche/Hitachi **cobas c** systems. The latest version of the carry-over evasion list can be found with the NaOHD-SMS-SmpCln1+2-SCCS Method Sheets. For further instructions refer to the operator's manual. **cobas c** 502 analyzer: All special wash programming necessary for avoiding carry-over is available via the **cobas** link, manual input is not required.

Where required, special wash/carry-over evasion programming must be implemented prior to reporting results with this test.

Limits and ranges

Measuring range

3-1200 U/L (0.05-20.0 μkat/L)

Determine samples having higher activities via the rerun function. Dilution of samples via the rerun function is a 1:11 dilution. Results from samples diluted using the rerun function are automatically multiplied by a factor of 11.

Lower limits of measurement

Lower detection limit of the test

3 U/L (0.05 μkat/L)

The lower detection limit represents the lowest measurable analyte level that can be distinguished from zero. It is calculated as the value lying 3 standard deviations above that of the lowest standard (standard 1 + 3 SD, repeatability, n = 21).

Expected values

Standardized against Szasz (Persijn, van der Slik)¹⁴

Men	8-61 U/L	0.13-1.02 μkat/L
Women	5-36 U/L	0.08-0.60 μkat/L

Standardized against IFCC

Reference Interval Study at 37 °C (corrected in 2005)^{14,15}

Men (n = 216)	10-71 U/L	0.17-1.19 μkat/L
Women (n = 228)	6-42 U/L	0.10-0.70 μkat/L

Consensus values (IFCC)¹⁶

Men	< 60 U/L	< 1.00 μkat/L
Women	< 40 U/L	< 0.67 μkat/L

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference ranges.

Specific performance data

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.

Precision

Precision was determined using human samples and controls in an internal protocol with repeatability (n = 21) and intermediate precision (3 aliquots per run, 1 run per day, 21 days).

The following results were obtained:

<i>Repeatability</i>	<i>Mean</i>	<i>SD</i>	<i>CV</i>
	<i>U/L (μkat/L)</i>	<i>U/L (μkat/L)</i>	<i>%</i>
Precinorm U	45.3 (0.757)	0.4 (0.007)	0.9
Precipath U	226 (3.77)	2 (0.03)	0.7
Human serum 1	34.0 (0.568)	0.3 (0.005)	0.9
Human serum 2	150 (2.51)	1 (0.02)	0.8
<i>Intermediate precision</i>	<i>Mean</i>	<i>SD</i>	<i>CV</i>
	<i>U/L (μkat/L)</i>	<i>U/L (μkat/L)</i>	<i>%</i>
Precinorm U	44.1 (0.736)	0.8 (0.013)	1.8
Precipath U	221 (3.69)	4 (0.07)	1.7
Human serum 3	46.8 (0.782)	1.5 (0.025)	3.2
Human serum 4	256 (4.28)	9 (0.15)	3.7

The data obtained on **cobas c** 501 analyzer(s) are representative for **cobas c** 311 analyzer(s).

Method comparison

γ-glutamyltransferase values for human serum and plasma samples obtained on a Roche/Hitachi **cobas c** 501 analyzer (y) were compared with those determined using the corresponding reagent on a Roche/Hitachi 917 analyzer (x).

Sample size (n) = 113

Passing/Bablok ¹⁷	Linear regression
y = 0.989x - 0.428 U/L	y = 0.980x + 0.219 U/L
τ = 0.979	r = 1.000

The sample activities were between 4.50 and 1100 U/L (0.075 and 18.4 μkat/L).

The data obtained on **cobas c** 501 analyzer(s) are representative for **cobas c** 311 analyzer(s).

References




- 1 Thomas L, ed. Labor und Diagnose, 4th ed. Marburg: Die Medizinische Verlagsgesellschaft 1992.
- 2 Shaw LM. Keeping pace with a popular enzyme GGT. Diagnostic Medicine May/June 1982;1-8.
- 3 Szasz G. A kinetic photometric method for serum γ -glutamyl-transferase. J Clin Chem 1969;15:124-136.
- 4 Persijn JP, van der Slik W. A new Method for the Determination of γ -Glutamyltransferase. J Clin Chem Clin Biochem 1976;4:421.
- 5 Schumann G, Bonora R, Ceriottiet F et al. IFCC Primary Reference Procedures for the Measurement of Catalytic Activity Concentrations of Enzymes at 37 °C – Part 6. Reference Procedure for the Measurement of Catalytic Activity Concentrations of gamma-glutamyltransferase. Clin Chem Lab Med 2002;40(7):734-738.
- 6 Klauke R, Schmidt E, Lorentz K. Recommendations for carrying out standard ECCLS procedures (1988) for the catalytic concentrations of creatine kinase, aspartate aminotransferase, alanine aminotransferase and γ -glutamyltransferase at 37 °C. Eur J Clin Chem Clin Biochem 1993;31:901-909.
- 7 Szasz G, Weimann G, Stähler F, et al. New Substrates for measuring gamma-glutamyl-transpeptidase activity. Z Klin Chem Klin Biochem 1974;12:228-233.
- 8 Szasz G. Methods of Enzymatic Analysis. 2nd English ed. New York. Academic Press, Inc 1974;717.
- 9 Tietz NW, ed. Clinical Guide to Laboratory Tests, 3rd ed. Philadelphia PA: WB Saunders Company 1995;286.
- 10 Glick MR, Ryder KW, Jackson SA. Graphical Comparisons of Interferences in Clinical Chemistry Instrumentation. Clin Chem 1986;32:470-475.
- 11 Breuer J. Report on the Symposium "Drug effects in Clinical Chemistry Methods". Eur J Clin Chem Clin Biochem 1996;34:385-386.
- 12 Sonntag O, Scholer A. Drug interference in clinical chemistry: recommendation of drugs and their concentrations to be used in drug interference studies. Ann Clin Biochem 2001;38:376-385.
- 13 Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. Clin Chem Lab Med 2007;45(9):1240-1243.
- 14 Abicht K, El-Samalouti V, Junge W, et al. Multicenter evaluation of new GGT and ALP reagents with new reference standardization and determination of 37 °C reference intervals. Clin Chem Lab Med 2001;39:Special Supplement pp S 346.
- 15 Kytzia H-J. Reference intervals for GGT according to the new IFCC 37°C reference procedure. Clin Chem Lab Med 2005;43:A69 [abstract].
- 16 Thomas L, Müller M, Schumann G, et al. Consensus of DGKL and VDGH for interim reference intervals on enzymes in serum. J Lab Med 2005; 29(5):301-308.
- 17 Bablok W, Passing H, Bender R, et al. A general regression procedure for method transformation. Application of linear regression procedures for method comparison studies in clinical chemistry, Part III. J Clin Chem Clin Biochem 1988 Nov;26(11):783-790.

A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the Member State in which the user and/or the patient is established.

Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see dialog.roche.com for definition of symbols used):

	Contents of kit
	Volume after reconstitution or mixing
	Global Trade Item Number

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