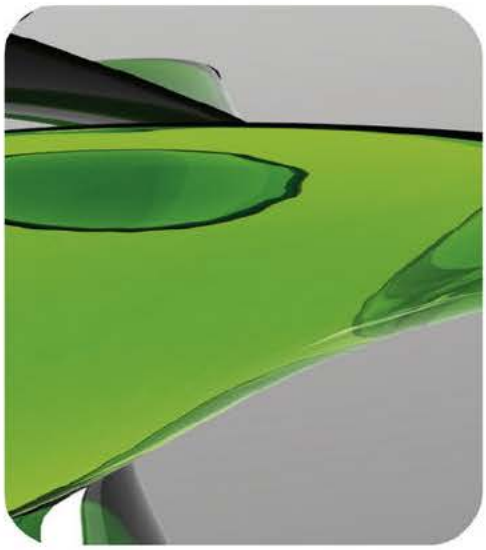
AESKU.DIAGNOSTICS
THE DIAGNOSTIC TOOL THAT WORKS





AESKULISA®

THE DIAGNOSTIC TOOL THAT WORKS

INSTRUCTION MANUAL

AESKULISA MPO

Ref 3303

DIN EN ISO 13485

Instruction Manual

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1 Intended Use

AESKULISA MPO is a solid phase enzyme immunoassay employing highly purified native myeloperoxidase (MPO) from human peripheral blood polymorphnuclear cells for the quantitative and qualitative detection of antibodies against MPO in human serum. Anti-MPO antibodies recognize specific conformational epitopes only accessible on native MPO.

The assay is a tool in the differential diagnosis of autoimmune systemic vasculitis.

2 Clinical Application and Principle of the Assay

Antibodies against MPO belong to the group of anti-neutrophil cytoplasmic antibodies (ANCA) which are directed against cytoplasmic components of neutrophilic granulocytes and monocytes. Indirect immunofluorescence test on ethanol-fixed neutrophils has been the established method or the detection of ANCAs. It became apparent that some ANCAs create a cytoplasmic fluorescence pattern (thus called cANCA) while others create a perinuclear pattern (the pANCA). As both patterns may cover multiple antigens, immunofluorescence is not suitable for a satisfying differential diagnosis of vasculitis; thus each IFT should be verified with specific ELISA tests.

While proteinase 3 is the main antigen specific for cANCA the main antigen for pANCA has been identified as MPO but other cellular components (lactoferrin, cathepsin G, elastase e.g.) may cause perinuclear staining.

MPO is an enzyme from the primary granules of neutrophils with a molecular weight of approximately 140 kDa. Its highly negativ charge may be relevant for the location at positivly charged structures such as the nuclear membrane and DNA thus responsible for the perinuclear staining pattern of anti-MPO antibodies in patients`sera in IFT using ethanol-fixed neutrophils.

ANCAs are important markers for the differential diagnosis of autoimmune vasculitis. Antibodies against MPO are correlated with idiopathic or vasculitis associated necrotizing crescentic glomerulonephritis and are found frequently in 70% of patients with microscopic polyangiitis,and 5-50% of patients with Churg-Strauss syndrome.

Principle of the test

Serum samples diluted 1:101 are incubated in the microplates coated with the specific antigen. Patient´s antibodies, if present in the specimen, bind to the antigen. The unbound fraction is washed off in the following step. Afterwards anti-human immunoglobulins conjugated to horseradish peroxidase (conjugate) are incubated and react with the antigen-antibody complex of the samples in the microplates. Unbound conjugate is washed off in the following step. Addition of TMB-substrate generates an enzymatic colorimetric (blue) reaction, which is stopped by diluted acid (color changes to yellow). The intensity of color formation from the chromogen is a function of the amount of conjugate bound to the antigen-antibody complex and this is proportional to the initial concentration of the respective antibodies in the patient sample.

3 Kit Contents

TO BE RECONSTITUTED				
Item	Quantity	Cap color	Solution color	Description / Contents
Sample Buffer (5x)	1 x 20ml	White	Yellow	5 x concentrated Tris, sodium chloride (NaCl), bovine serum albumin (BSA), sodium azide < 0.1% (preservative)
Wash Buffer (50x)	1 x 20ml	White	Green	50 x concentrated Tris, NaCl, Tween 20, sodium azide < 0.1% (preservative)
READY TO USE				
Item	Quantity	Cap color	Solution color	Description / Contents
Negative Control	1 x 1.5ml	Green	Colorless	Human serum (diluted), bovine serum albumin (BSA), sodium azide < 0.1% (preservative)
Positive Control	1 x 1.5ml	Red	Yellow	Human serum (diluted), bovine serum albumin (BSA), sodium azide < 0.1% (preservative)
Cut-off Calibrator	1 x 1.5ml	Blue	Yellow	Human serum (diluted), bovine serum albumin (BSA), sodium azide < 0.1% (preservative)
Calibrators	6 x 1.5ml	White	Yellow *	Concentration of each cal brator: 0, 3, 10, 30, 100, 300 U/ml. Human serum (diluted), bovine serum albumin (BSA), sodium azide < 0.1% (preservative)
Conjugate, IgG	1 x 15ml	Blue	Blue	Containing: Anti-human immunoglobulins conjugated to horseradish peroxidase, bovine serum albumin (BSA)
TMB Substrate	1 x 15ml	Black	Colorless	Stabilized tetramethy benzidine and hydrogen peroxide (TMB/H_2O_2)
Stop Solution	1 x 15ml	White	Colorless	1M Hydrochloric Acid
Microtiter plate	12 x 8 well strips	N/A	N/A	With breakaway microwells. Refer to paragraph 1 for coating.
* Color increasing with concentration				
MATERIALS REQUIRED, BUT NOT PROVIDED				
Microtiter plate reader 450 nm reading filter and recommended 620 nm reference filter (600-690 nm). Glass ware (cylinder 100-1000ml), test tubes for dilutions. Vortex mixer, precision pipettes (10, 100, 200, 500, 1000 µl) or adjustable multipipette (100-1000µl). Microplate washing device (300 µl repeating or multichannel pipette or automated system), adsorbent paper. Our tests are designed to be used with purified water according to the definition of the United States Pharmacopeia (USP 26 - NF 21) and the European Pharmacopeia (Eur.Ph. 4th ed.).				

4 Storage and Shelf Life

Store all reagents and the microplate at 2-8°C/35-46°F, in their original containers. Once prepared, reconstituted solutions are stable at 2-8°C/35-46°F for at least 1 month. Reagents and the microplate shall be used within the expiry date indicated on each component, only. Avoid intense exposure of TMB solution to light. Store microplates in designated foil, including the desiccant, and seal tightly.

5 Precautions of Use

5.1 Health hazard data

THIS PRODUCT IS FOR IN VITRO DIAGNOSTIC USE ONLY. Thus, only staff trained and specially advised in methods of in vitro diagnostics may perform the kit. Although this product is not considered particularly toxic or dangerous in conditions of the intended use, refer to the following for maximum safety:

Recommendations and precautions

This kit contains potentially hazardous components. Though kit reagents are not classified being irritant to eyes and skin we recommend to avoid contact with eyes and skin and wear disposable gloves.

WARNING ! Calibrators, Controls and Buffers contain sodium azide (NaN_3) as a preservative. NaN_3 may be toxic if ingested or adsorbed by skin or eyes. NaN_3 may react with lead and copper plumbing to form highly explosive metal azides. On disposal, flush with a large volume of water to prevent azide build-up. Please refer to decontamination procedures as outlined by CDC or other local/national guidelines.

Do not smoke, eat or drink when manipulating the kit. Do not pipette by mouth.

All human source material used for some reagents of this kit (controls, standards e.g.) has been tested by approved methods and found negative for HbsAg, Hepatitis C and HIV 1. However, no test can guarantee the absence of viral agents in such material completely. Thus handle kit controls, standards and patient samples as if capable of transmitting infectious diseases and according to national requirements.

The kit contains material of animal origin as stated in the table of contents, handle according to national requirements.

5.2 General directions for use

In case that the product information, including the labeling, is defective or incorrect please contact the manufacturer or the supplier of the test kit.

Do not mix or substitute Controls, Calibrators, Conjugates or microplates from different lot numbers. This may lead to variations in the results.

Allow all components to reach room temperature (20-32°C/68-89.6°F) before use, mix well and follow the recommended incubation scheme for an optimum performance of the test.

Incubation: We recommend test performance at 30°C/86°F for automated systems.

Never expose components to higher temperature than 37°C/ 98.6°F.

Always pipette substrate solution with brand new tips only. Protect this reagent from light. Never pipette conjugate with tips used with other reagents prior.

A definite clinical diagnosis should not be based on the results of the performed test only, but should be made by the physician after all clinical and laboratory findings have been evaluated. The diagnosis is to be verified using different diagnostic methods.

6 Sample Collection, Handling and Storage

Use preferentially freshly collected serum samples. Blood withdrawal must follow national requirements. Do not use icteric, lipemic, hemolysed or bacterially contaminated samples. Sera with particles should be cleared by low speed centrifugation (<1000 x g). Blood samples should be collected in clean, dry and empty tubes.

After separation, the serum samples should be used during the first 8h, respectively stored tightly closed at 2-8°C/35-46°F up to 48h, or frozen at -20°C/-4°F for longer periods

7 Assay Procedure

7.1 Preparations prior to starting

Dilute concentrated reagents:

Dilute the concentrated sample buffer 1:5 with distilled water (e.g. 20 ml plus 80 ml).

Dilute the concentrated wash buffer 1:50 with distilled water (e.g. 20 ml plus 980 ml).

To avoid mistakes we suggest to mark the cap of the different calibrators.

Samples:

Dilute serum samples 1:101 with sample buffer (1x)

e.g. 1000 µl sample buffer (1x) + 10 µl serum. Mix well !

Washing:

Prepare 20 ml of diluted wash buffer (1x) per 8 wells or 200 ml for 96 wells

e.g. 4 ml concentrate plus 196 ml distilled water.

Automated washing:

Consider excess volumes required for setting up the instrument and dead volume of robot pipette.

Manual washing:

Discard liquid from wells by inverting the plate. Knock the microwell frame with wells downside vigorously on clean adsorbent paper. Pipette 300 µl of diluted wash buffer into each well, wait for 20 seconds. Repeat the whole procedure twice again.

Microplates:

Calculate the number of wells required for the test. Remove unused wells from the frame, replace and store in the provided plastic bag, together with desiccant, seal tightly (2-8°C/35-46°F).

7.2 Pipetting Scheme

We suggest pipetting calibrators, controls and samples as follows:

For *QUANTITATIVE* interpretation

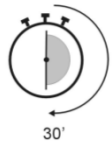
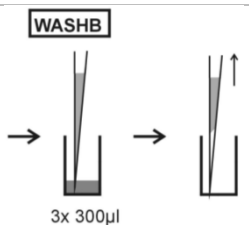
	1	2	3	4...
A	Cal A	Cal E	P1	
B	Cal A	Cal E	P1	
C	Cal B	Cal F	P2	
D	Cal B	Cal F	P2	
E	Cal C	PC	P3	
F	Cal C	PC	P3	
G	Cal D	NC	…	
H	Cal D	NC	…	

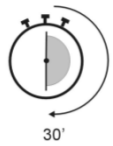
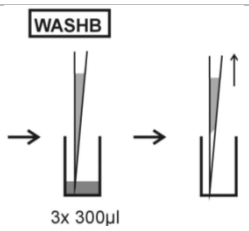
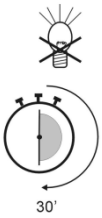
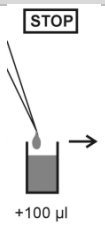
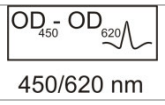
For *QUALITATIVE* interpretation

	1	2	3	4...
A	NC	P2		
B	NC	P2		
C	CC	P3		
D	CC	P3		
E	PC	…		
F	PC	…		
G	P1	…		
H	P1	…		

CalA: calibrator A
CalB: calibrator B
CalC: calibrator C
CalD: calibrator D
CalE: calibrator E
CalF: calibrator F
PC: positive control
NC: negative control
CC: cut-off calibrator
P1: patient 1
P2: patient 2
P3: patient 3

7.3 Test Steps

Step	*Description*
1.	Ensure preparations from step 7.1 above have been carried out prior to pipetting.
2.	Use the following steps in accordance with quantitative/ qualitative interpretation results desired:
	CONTROLS & SAMPLES
3.	 Pipette into the designated wells as described in chapter 7.2 above, 100 µl of either: a. Calibrators (CAL.A to CAL.F) for *QUANTITATIVE* or b. Cut-off Calibrator (CC) for *QUALITATIVE* interp. and 100 µl of each of the following: • Negative control (NC) and Positive control (PC), and • Patients diluted serum (P1, P2...)
4.	 Incubate for 30 minutes at 20-32°C/68-89.6°F.
5.	 Wash 3x with 300 µl washing buffer (diluted 1:50).

	CONJUGATE	
6.		Pipette 100 µl conjugate into each well.
7.		Incubate for 30 minutes at 20-32°C/68-89.6°F.
8.		Wash 3x with 300 µl washing buffer (diluted 1:50).
	SUBSTRATE	
9.		Pipette 100 µl TMB substrate into each well.
10.		Incubate for 30 minutes at 20-32°C/68-89.6°F, protected from intense light.
	STOP	
11.		Pipette 100 µl stop solution into each well, using the same order as pipetting the substrate.
12.		Incubate 5 minutes minimum.
13.		Agitate plate carefully for 5 sec.
14.		Read absorbance at 450 nm (recommended 450/620 nm) within 30 minutes.

8 Quantitative and Qualitative Interpretation

For **quantitative interpretation** establish the standard curve by plotting the **optical density (OD) of each calibrator (y-axis)** with respect to the corresponding concentration values in U/ml (x-axis). For best results we recommend log/lin coordinates and 4-Parameter Fit. From the OD of each sample, read the corresponding antibody concentrations expressed in U/ml.

Normal Range	Equivocal Range	Positive Results
< 12 U/ml	12 - 18 U/ml	>18 U/ml

Example of a standard curve

Do NOT use this example for interpreting patient´s result

Calibrators IgG	OD 450/620 nm	CV % (Variation)
0 U/ml	0.055	0.1
3 U/ml	0.195	0.7
10 U/ml	0.400	2.4
30 U/ml	0.785	0.5
100 U/ml	1.440	1.7
300 U/ml	2.300	0.9

Example of calculation

Patient	Replicate (OD)	Mean (OD)	Result (U/ml)
P 01	0.794/0.792	0.793	32.1
P 02	1.345/1.321	1.333	84.5

Samples above the highest calibrator range should be reported as >Max. They should be diluted as appropriate and re-assayed. Samples below calibrator range should be reported as < Min.
For lot specific data, see enclosed quality control leaflet. Medical laboratories might perform an in-house quality control by using own controls and/or internal pooled sera, as foreseen by national regulations.

Each laboratory should establish its own normal range based upon its own techniques, controls, equipment and patient population according to their own established procedures.

In case that the values of the controls do not meet the criteria the test is invalid and has to be repeated.

The following technical issues should be verified: Expiration dates of (prepared) reagents, storage conditions, pipettes, devices, photometer, incubation conditions and washing methods.

If the items tested show aberrant values or any kind of deviation or that the validation criteria are not met without explicable cause please contact the manufacturer or the supplier of the test kit.

For **qualitative interpretation** read the optical density of the cut-off calibrator and the patient samples. Compare patient´s OD with the OD of the cut-off calibrator. For qualitative interpretation we recommend to consider sera within a range of 20% around the cut-off value as equivocal. All samples with higher ODs are considered positive, samples with lower ODs are considered negative.

Negative:		**OD patient**	**<**	**0.8 x OD cut-off**		
Equivocal:	**0.8 x**	**OD cut-off**	**≤**	**OD patient**	**≤**	**1.2 x OD cut-off**
Positive:		**OD patient**	**>**	**1.2 x OD cut-off**		

9 Technical Data

Sample material:	serum
Sample volume:	10 µl of sample diluted 1:101 with 1x sample buffer
Total incubation time:	90 minutes at 20-32°C/68-89.6°F
Calibration range:	0-300 U/ml
Analytical sensitivity:	1.47 U/ml
Storage:	at 2-8°C/35-46°F use original vials only.
Number of determinations:	96 tests

10 Performance Data

10.1 Analytical sensitivity

Testing sample buffer 60 times on AESKULISA MPO and 8 low negative samples for 8 times gave a limit of detection of 1.47 U/ml.

10.2 Specificity and sensitivity

The microplates are coated with native human Myeloperoxidase. Antibodies against MPO are correlated with idiopathic or vasculitis associated necrotizing crescentic glomerulonephritis and are found frequently in about 60% of patients with microscopic polyangiitis, in 10-20% of patients with Wegener"s granulomatosis and 30-50% of patients with Churg-Strauss syndrome.[3,10]

151 sera of patients suffering from wegeners granulomatosis, microscopic polyangiitis and other autoimmune diseases have been tested on the AESKULISA MPO and a predicate device, of these 79 sera lay in range of the assay and were used for a comparison study versus a predicate device.

	Predicate device				
AESKULISA MPO		POS	equiv	NEG	Total
	POS	39	4	0	43
	Neg	0	7	29	36
	Total	39	11	29	79

		95% C.I
Overall percent agreement*	94.9%	87.7% to 98.0%
Positive percent agreement	100%	91.0% to 100%
Negative percent agreement*	90.0%	77.0% to 96.0%

* An equivocal result of the predicate device has been considered as negative for this calculation.

For a clinical comparison study only the samples which should clearly contain MPO antibodies (Glomerulo nephritis, microscopic polyangiitis) were considered as positive for the diagnostic sensitivity/specificity calculation, all other diagnosis, though there may be MPO antibodies present were considered as “to be negative” (complete data upon request).

		diagnosis		
AESKULISA MPO		POS	NEG	Total
	POS	32	6	38
	Neg	2	99	101
	Total	34	105	139

		95% C.I
Overall percent agreement*	94.2%	89.1% to 97.1%
Positive percent agreement*	94.1%	80.9% to 98.4%
Negative percent agreement*	94.3%	88.1% to 97.4%

* Only samples with diseases with clear MPO antibody presence have been considered.

Number of samples with	AESKULISA MPO		
Diagnosis	POS	NEG	**Total**
Acute hearing loss	1	0	**1**
Chronic renal disease	0	1	**1**
Churg-Strauss	0	2	**2**
COPD	3	0	**3**
Crohns disease	0	6	**6**
Endocarditis	0	1	**1**
Goodpasture-Syndrome	0	1	**1**
healthy	1	0	**1**
HIV	0	1	**1**
palsy	0	1	**1**
Polymyalgia rheumatica (vasculitis)	0	1	**1**
Reactive Arthritis	0	21	**21**
Rheumatoid Arthritis	0	1	**1**
SLE	1	0	**1**
Ulcerative Colitis	0	6	**6**
Ulcarative Colitis (septic fungal infection)	0	1	**1**
Wegeners Granulomatosis	0	56	**56**
*Glomerulo nephritis (c-ANCA positive)**	0	1	**1**
*Glomerulo nephritis (GN)**	2	0	**2**
*mPAN**	30	0	**30**
*Wegeners Granulomatosis / GN**	0	1	**1**
Total	**38**	**101**	**139**

10.3 Linearity

Chosen sera have been tested with this kit and found to dilute linearly. However, due to the heterogeneous nature of human autoantibodies there might be samples that do not follow this rule.

Sample No.	Dilution Factor	Measured (U/ml)	Expected (U/ml)	Recovery (%) 90-110%
1	1 / 100	76.5	78.0	98.1
	1 / 200	37.3	39.0	95.6
	1 / 400	19.2	19.5	98.5
	1 / 800	9.4	9.8	95.9
2	1 / 100	32.8	33.0	99.4
	1 / 200	17.4	16.5	105.5
	1 / 400	9.0	8.3	108.4
	1 / 800	4.2	4.1	102.4
3	1 / 100	342.15	325	105.3
	1 / 200	177.5	162.5	109.2
	1 / 400	85.8	81.25	105.6
	1 / 800	42	40.625	103.4
4	1 / 100	235.5	252	93.5
	1 / 200	121.15	126	96.2
	1 / 400	60.3	63	95.7
	1 / 800	33.65	31.5	106.8

10.4 Precision

To determine the precision of the assay, the variability (intra and inter-assay) was assessed by examining its reproducibility on eight serum samples selected to represent a range over the standard curve.

Intra-assay			Inter-assay			Lot-to-Lot variability		
Sample No.	**Mean (U/ml)**	**CV (%)**	**Sample No.**	**Mean (U/ml)**	**CV (%)**	**Sample No.**	**Mean (U/ml)**	**CV (%)**
1	6.2	14.3	1	6.2	14.4	1	6.2	12.7
2	7.1	10.6	2	7.1	10.8	2	7.0	10.8
3	10.1	9.0	3	10.1	8.8	3	10.1	8.8
4	14.6	9.4	4	14.6	9.3	4	14.3	9.2
5	25.9	8.0	5	28.9	7.7	5	25.6	6.5
6	38.6	1.6	6	38.6	1.7	6	32.7	3.7
7	78.5	2.5	7	78.5	3.0	8	162.3	7.4
8	173.9	5.7	8	173.9	5.8	9	53.5	8.2

10.5 Calibration

Due to the lack of international reference calibration this assay is calibrated in arbitrary units (U/ml).

11 Literature

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IVD	- Diagnosi in vitro	- For in vitro diagnostic use
	- Pour diagnostic in vitro	- Para uso diagnóstico in vitro
	- In Vitro Diagnostikum	- In Vitro Διαγλφζ ηθό κέζο
	- Para uso Diagnóstico in vitro	
REF	¨ Numero d"ordine	¨ Cataloge number
	¨ Référence Catalogue	¨ Numéro de catálogo
	¨ Bestellnummer	¨ Αριζκός παραγγει ίας
	¨ Número de catálogo	
LOT	¨ Descrizione lotto	¨ Lot
	¨ Lot	¨ Lote
	¨ Chargen Bezeichnung	¨ Χαραθηεριζκός παρηίδας
	¨ Lote	
CE	¨ Conformità europea	¨ EC Declaration of Conformity
	¨ Déclaration CE de Conformité	¨ Declaración CE de Conformidad
	¨ Europäische Konformität	¨ Εσρφπαχθή ζσκθφλία
	¨ Déclaracão CE de Conformidade	
Σ 96	¨ 96 determinazioni	¨ 96 tests
	¨ 96 tests	¨ 96 pruebas
	¨ 96 Bestimmungen	¨ 96 προζδιφριζκοί
	¨ 96 Testes	
i	¨ Rispettare le istruzioni per l"uso	¨ See instructions for use
	¨ Voir les instructions d„utilisation	¨ Ver las instrucciones de uso
	¨ Gebrauchsanweisung beachten	¨ Λάβεηε σπόυ ε ηη οδεγίες τρήζες
	¨ Ver as instrucões de uso	
	¨ Da utilizzarsi entro	¨ Use by
	¨ Utilise avant le	¨ Utilizar antes de
	¨ Verwendbar bis	¨ Χρήζε κέτρη
	¨ Utilizar antes de	
+2°C +8°C	¨ Conservare a 2-8°C	¨ Store at 2-8°C (35-46°F)
	¨ Conserver à 2-8°C	¨ Conservar a 2-8°C
	¨ Lagerung bei 2-8°C	¨ Φσιάζ ζεηαηζ ρος 2-8°C
	¨ Conservar entre 2-8°C	
	¨ Prodotto da	¨ Manufactured by
	¨ Fabriqué par	¨ Fabricado por
	¨ Hergestellt von	¨ Καηαζθεσάδεηαηαπό
	¨ Fabricado por	
CO-CAL	¨ Calibratore cut-off	¨ Cut off Calibrator
	¨ Etalon Seuil	¨ Calibrador de cut-off
	¨ Grenzwert Kalibrator	¨ Οριηθός ορός Αληβραζ ηήριη βαζκολόκεζες
	¨ Calibrador de cut-off	
CON +	¨ Controllo positivo	¨ Positive Control
	¨ Contrôle Positif	¨ Control Positivo
	¨ Positiv Kontrolle	¨ Θεηθός ορός ειέ γτοσ
	¨ Controlo positivo	
CON −	¨ Controllo negativo	¨ Negative Control
	¨ Contrôle Négatif	¨ Control Negativo
	¨ Negativ Kontrolle	¨ Αρλεηθός ορός ειέ γτοσ
	¨ Controlo negativo	
CAL	¨ Calibratore	¨ Calibrator
	¨ Etalon	¨ Calibrador
	¨ Kalibrator	¨ Αληβραζ ηήριη βαζκολόκεζες
	¨ Calibrador	
RC	¨ Recupero	¨ Recovery
	¨ Corrélation	¨ Recuperado
	¨ Wiederfindung	¨ Αλάθηεζε
	¨ Recuperacão	
CONJ	¨ Coniugato	¨ Conjugate
	¨ Conjugé	¨ Conjugado
	¨ Konjugat	¨ Σύδεσγκα
	¨ Conjugado	
MP	¨ Micropiastra rivestita	¨ Coated microtiter plate
	¨ Microplaque sensibilisée	¨ Microplaca sensibilizada
	¨ Beschichtete Mikrotiterplatte	¨ Επηθαισ κκέλε κηθροπιάθα
	¨ Microplaca revestida	
WASHB 50x	¨ Tampone di lavaggio	¨ Wash buffer
	¨ Tampon de Lavage	¨ Solución de lavado
	¨ Waschpuffer	¨ Ροζκηζ ηθό δηφι σκα πιύ ζες
	¨ Solucão de lavagem	
SUB	¨ Tampone substrato	¨ Substrate buffer
	¨ Substrat	¨ Tampón sustrato
	¨ Substratpuffer	¨ Ροζκηζ ηθό δηφι σκα σποζ ηρώκαηος
	¨ Substrato	
STOP	¨ Reagente bloccante	¨ Stop solution
	¨ Solution d„Arrêt	¨ Solución de parada
	¨ Stopreagenz	¨ Αληβραζ ήριη δηφιθοπής αληβραζ ες
	¨ Solucão de paragem	
SB 5x	¨ Tampone campione	¨ Sample buffer
	¨ Tampon Echantillons	¨ Tampón Muestras
	¨ Probenpuffer	¨ Ροζκηζ ηθό δηφι σκα δεηγκάηηλ
	¨ Diluente de amostra	