



## One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/Plasma)

A rapid, one step test for the qualitative detection of Myoglobin, CK-MB, and Troponin I in whole blood, serum or plasma.  
For professional *in vitro* diagnostic use only.

### INTENDED USE

Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/Plasma) is a rapid chromatographic immunoassay for the qualitative detection of human Myoglobin, CK-MB and cardiac Troponin I in whole blood, serum or plasma as an aid in the diagnosis of myocardial infarction (MI).

### SUMMARY

Myoglobin (MYO), Creatine Kinase MB (CK-MB) and cardiac Troponin I (cTnI) are proteins released into the bloodstream after cardiac injury. Myoglobin is a heme-protein normally found in skeletal and cardiac muscle with a molecular weight of 17.8 kDa. It constitutes about 2 percent of total muscle protein and is responsible for transporting oxygen within muscle cells.<sup>1</sup> When muscle cells are damaged, Myoglobin is released into the blood rapidly due to its relatively small size. The level of Myoglobin increases measurably above baseline within 2-4 hours post-infarct, peaking at 9-12 hours, and returning to baseline within 24-36 hours.<sup>2,3</sup> CK-MB is an enzyme also present in the cardiac muscle, with a molecular weight of 87.0 kDa.<sup>4</sup> Creatine Kinase is a dimeric molecule formed from two subunits designated as "M" and "B", which combine to form three different isoenzymes, CK-MM, CK-BB and CK-MB. CK-MB is the isoenzyme of Creatine Kinase most involved in the metabolism of cardiac muscle tissue.<sup>5</sup> The release of CK-MB into the blood following an MI can be detected within 3-8 hours after the onset of symptoms. It peaks within 9 to 30 hours, and returns to baseline levels within 48 to 72 hours.<sup>6</sup> Cardiac Troponin I is a protein found in cardiac muscle, with a molecular weight of 22.5 kDa.<sup>7</sup> Troponin I is part of a three subunit complex comprised of Troponin T and Troponin C. Along with tropomyosin, this structural complex forms the main component that regulates the calcium sensitive ATPase activity of actomyosin in striated skeletal and cardiac muscle.<sup>8</sup> After cardiac injury occurs, Troponin I is released into the blood 4-6 hours after the onset of pain. The release pattern of Troponin I is similar to CK-MB, but while CK-MB levels return to normal after 72 hours, Troponin I remains elevated for 6-10 days, thus providing for a longer window of detection for cardiac injury. Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/Plasma) utilizes a combination of antibody coated particles and capture reagents to qualitatively detect Myoglobin, CK-MB and Troponin I in whole blood, serum or plasma. The minimum detection level is 50 ng/mL Myoglobin, 5 ng/mL CK-MB and 0.5 ng/mL Troponin I.

### PRINCIPLE

Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/Plasma) is a qualitative, membrane based immunoassay for the detection of Myoglobin, CK-MB and Troponin I in whole blood, serum or plasma. The membrane is pre-coated with specific capture antibodies in each of the test line regions of the test. During testing, the whole blood, serum or plasma specimen reacts with the particle coated with specific antibodies. The mixture migrates upward on the membrane chromatographically by capillary action to react with specific capture reagents on the membrane and generate a colored line. The presence of this colored line in the specific test line region indicates a positive result, while its absence indicates a negative result. To serve as a procedural control, a colored line will always appear in the control line region indicating that proper volume of specimen has been added and membrane wicking has occurred.

### REAGENTS

The test contains anti-Myoglobin antibody coated particles, anti-CK-MB antibody coated particles, anti-Troponin I antibody coated particles, and capture reagents coated on the membrane.

### PRECAUTIONS

- For professional *in vitro* diagnostic use only. Do not use after expiration date.
- The test must remain in the sealed pouch until use.
- Do not eat, drink or smoke in the area where the specimens or kits are handled.
- Do not use if pouch is damaged.
- Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout the procedure and follow the standard procedures for proper disposal of specimens.
- Wear protective clothing such as laboratory coats, disposable gloves or eye protection when specimens are being tested.
- Humidity and temperature can adversely affect results.

### STORAGE AND STABILITY

Store as packaged in the sealed pouch either at room temperature or refrigerated (2-30°C). The test is stable through the expiration date printed on the sealed pouch. The test must remain in the sealed pouch until use. **DO NOT FREEZE.** Do not use beyond the expiration date.

### SPECIMEN COLLECTION AND PREPARATION

- Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/Plasma) can be performed using whole blood (from venipuncture or fingerstick), serum or plasma.
- To collect **Fingerstick Whole Blood specimens**:
  - Wash the patient's hand with soap and warm water or clean with an alcohol swab. Allow to dry.
  - Massage the hand without touching the puncture site by rubbing down the hand towards the fingertip of the middle or ring finger.
  - Puncture the skin with a sterile lancet. Wipe away the first sign of blood.
  - Gently rub the hand from wrist to palm to finger to form a rounded drop of blood over the puncture site.
  - Add the Fingerstick Whole Blood specimen to the test device by using a **capillary tube**:
    - Touch the end of the capillary tube to the blood until filled to approximately 100 µL. Avoid air bubbles.
    - Place the bulb onto the top end of the capillary tube, then squeeze the bulb to dispense the whole blood into the specimen well (S) of the test device
  - Add the Fingerstick Whole Blood specimen to the test device by using **hanging drops**:
    - Position the patient's finger so that the drop of blood is just above the specimen well (S) of the test device.
    - Allow 4 hanging drops of fingerstick whole blood to fall into the specimen well (S) of the test device, or move the patient's finger so that the hanging drop touches the specimen well (S). Avoid touching the finger directly to the specimen well (S).
- Separate serum or plasma from blood as soon as possible to avoid hemolysis. Use only clear, non-hemolyzed specimens.
- Testing should be performed immediately after specimen collection. Do not leave the specimens at room temperature for prolonged periods. Serum and plasma specimens may be stored at 2-8°C for up to 3 days. For long-term storage, specimens should be kept below -20°C. Whole blood collected by venipuncture should be stored at 2-8°C if the test is to be run within 2 days of collection. Do not freeze whole blood specimens. Whole blood collected by fingerstick should be tested immediately.
- Bring specimens to room temperature prior to testing. Frozen specimens must be completely thawed and mixed well prior to testing. Specimens should not be frozen and thawed repeatedly.
- If specimens are to be shipped, they should be packed in compliance with local regulations covering the transportation of etiologic agents.

### MATERIALS

#### Materials Provided

- Test devices
- Package insert
- Droppers

#### Materials Required But Not Provided

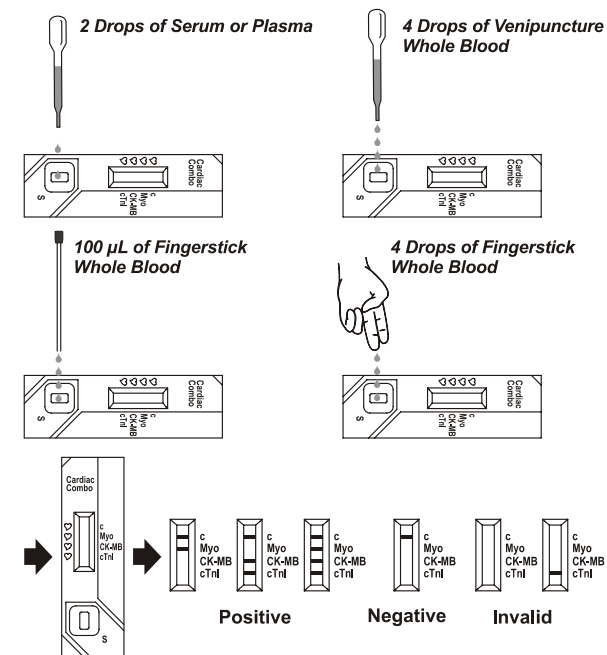
- Specimen collection containers
- Lancets (for fingerstick whole blood)

- Centrifuge
- Timer
- Heparinized capillary tubes and dispensing bulb (for fingerstick whole blood only)

### DIRECTIONS FOR USE

**Allow the test, specimen and/or controls to reach room temperature (15-30°C) prior to testing.**

- Bring the pouch to room temperature before opening it. Remove the test device from the sealed pouch and use it as soon as possible. Best results will be obtained if the test is performed immediately after opening the foil pouch.
- Place the test device on a clean and level surface.
  - For **Serum or Plasma** specimens: Hold the dropper vertically and **transfer 2 drops of serum or plasma** (approximately 50 µL) to the specimen well (S) of the test device, then start the timer. See illustration below.
  - For **Venipuncture Whole Blood** specimens: Hold the dropper vertically and **transfer 4 drops of venipuncture whole blood** (approximately 100 µL) to the specimen well (S) of the test device, then start the timer. See illustration below.
  - For **Fingerstick Whole Blood** specimens:
    - To use a capillary tube: Fill the capillary tube and **transfer approximately 100 µL of fingerstick whole blood** specimen to the specimen well (S) of the test device, then start the timer. See illustration below.
    - To use hanging drops: Allow **4 hanging drops of fingerstick whole blood specimen** (approximately 100 µL) to fall into the center of the specimen well (S)



- Wait for the colored line(s) to appear. **Read results at 10 minutes.** Do not interpret results after 20 minutes.

### INTERPRETATION OF RESULTS

(Please refer to the illustration above)

**POSITIVE:** A colored line in the control line region (C) and the presence of one or more colored lines in the test line regions indicates a positive result. This indicates that the concentration of Myoglobin, CK-MB and/or Troponin I is above the minimum detection level.

**\*NOTE:** The intensity of the color in the test line region(s) will vary depending on the concentration of Myoglobin, CK-MB and/or Troponin I present in the specimen. Therefore, any shade of color in the test line regions should be considered positive.

**NEGATIVE:** One colored line appears in the control line region (C). No apparent

colored lines appear in any of the test line region(s). This indicates that the concentration of Myoglobin, CK-MB and Troponin I are below the minimum detection levels.

**INVALID: Control line (C) fails to appear.** Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test. If the problem persists, discontinue using the test kit immediately and contact your local distributor.

#### QUALITY CONTROL

An internal procedural control is included in the test. A colored line appearing in the control line region (C) is an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique. Control standards are not supplied with this kit; however it is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test performance.

#### LIMITATIONS

1. Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/ Serum /Plasma) is for *in vitro* diagnostic use only. This test should be used for the detection of Myoglobin, CK-MB, and Troponin I in whole blood, serum or plasma specimens only. Neither the quantitative value nor the rate of increase in Myoglobin, CK-MB and Troponin I can be determined by this qualitative test.
2. Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/ Serum/Plasma) will only indicate the qualitative level of Myoglobin, CK-MB and Troponin I in the specimen and should not be used as the sole criteria for the diagnosis of myocardial infarction.
3. Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/ Serum /Plasma) cannot detect less than 50 ng/mL Myoglobin, 5 ng/mL CK-MB and 0.5 ng/mL Troponin I in specimens. A negative result at any time does not preclude the possibility of myocardial infarction.
4. As with all diagnostic tests, all results must be interpreted together with other clinical information available to the physician.
5. Unusually high titers of heterophile antibodies or rheumatoid factor (RF) may affect the results. Even if test results are positive, further clinical evaluation should be considered with other clinical information available to the physician.

#### EXPECTED VALUES

Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/ Plasma) has been compared with a leading commercial Myoglobin/CK-MB/T EIA test, demonstrating an overall accuracy of 98.0% with Myoglobin, 99.8% with CK-MB, and 98.5% with Troponin I.

#### PERFORMANCE CHARACTERISTICS

##### Sensitivity and Specificity

Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/ Plasma) has been evaluated with a leading commercial Myoglobin/CK-MB/Troponin I EIA test using clinical specimens. The results show that relative to leading EIA tests, Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/ Plasma) exhibits 100% sensitivity and 97.7% specificity for Myoglobin, 100% sensitivity and 99.8% specificity for CK-MB, and 98.7% sensitivity and 98.4% specificity for Troponin I.

##### One Step Myoglobin Test vs. EIA

Method	EIA		Total Results
	Positive	Negative	
One Step MYO Test	Results		
	Positive	60	69
	Negative	0	374
Total Results		60	443

Relative Sensitivity: 100% (94.0%-100%)\*  
(95.6%-98.9%)\*

Relative Specificity: 97.7%

Accuracy: 98.0% (96.2%-99.1%)\*

Confidence Interval

\* 95%

##### One Step CK-MB Test vs. EIA

Method	EIA		Total Results
	Positive	Negative	
One Step CK-MB Test	Results		
	Positive	54	55
	Negative	0	422
Total Results		54	477

Relative Sensitivity: 100% (93.4%-100.0%)\*

Relative Specificity: 99.8% (98.7%-99.9%)\*

Accuracy: 99.8% (98.8% to 99.9%)\*

\* 95% Confidence Interval

##### One Step Troponin I Test vs. EIA

Method	EIA		Total Results
	Positive	Negative	
One Step cTnI Test	Results		
	Positive	225	233
	Negative	3	508
Total Results		228	741

Relative Sensitivity: 98.7% (96.2%-

Relative Specificity: 98.4% (97.0%-99.7%)\*

Accuracy: 98.5% (97.4%-99.3%)\*

\* 95% Confidence Interval

#### Precision

##### Intra-Assay

Within-run precision has been determined by using replicates of 10 tests for each of three lots using Myoglobin specimen levels at 0 ng/mL, 50 ng/mL, 100 ng/mL, 200 ng/mL and 400 ng/mL, CK-MB specimen levels at 0 ng/mL, 5 ng/mL, 10 ng/mL, 20 ng/mL and 40 ng/mL and Troponin I specimen levels at 0 ng/mL, 2 ng/mL, 5 ng/mL, 10 ng/mL and 20 ng/mL. The specimens were correctly identified > 99% of the time.

##### Inter-Assay

Between-run precision has been determined by 3 independent assays on the same fifteen specimens: 0 ng/mL, 50 ng/mL, 100 ng/mL, 200 ng/mL and 400 ng/mL of Myoglobin, 0 ng/mL, 5 ng/mL, 10 ng/mL, 20 ng/mL, and 40 ng/mL of CK-MB and 0 ng/mL, 2 ng/mL, 5 ng/mL, 10 ng/mL and 20 ng/mL of Troponin I. Three different lots of the One Step Myoglobin/CK-MB/ Troponin I Combo Test Device (Whole Blood/ Serum/Plasma) have been tested using these specimens. The specimens were correctly identified > 99% of the time.

##### Cross-Reactivity

Sera containing known amounts of antibodies to Myoglobin, CK-MB and Troponin I have been tested with 10,000 ng/mL Skeletal Troponin I, 2,000 ng/mL Troponin T, 1,390 ng/mL CK-MM, 1,000 ng/mL CK-BB and 20,000 ng/mL Cardiac Myosin. No cross-reactivity was observed, indicating that Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood /Serum/Plasma) has a high degree of specificity for Myoglobin, CK-MB and Troponin I.

##### Interfering Substances

Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/ Plasma) has been tested and no interference was observed in specimens containing 110 mg/mL human albumin, 6 mg/mL bilirubin, 10 mg/mL hemoglobin, 5 mg/mL cholesterol and 15 mg/mL triglycerides.

The following compounds have also been tested using Atlas One Step Myoglobin/CK-MB/Troponin I Combo Test Device (Whole Blood/Serum/Plasma) and no interference was observed.

Acetaminophen	Chloramphenicol	Flunarizine Hydrochloride	Nifedipine
Acetoacetic Acid	Chlordiazepoxide	Furosemide	Oxalic Acid
Acetylsalicylic acid	Cilazapril	Gentisic Acid	Oxazepam
Anisodamine		Hydrochlorothiazide	Pentoxifyline
Ascorbic Acid	Creatine		Phenobarbital
	Diclofenac	Isosorbide Mononitrate	Quinine
Atenolol	Digoxin	Labetalol	Ramipril
Atorvastatin	DL-Tyrosine	Metoprolol Tartrate	Verapamil
Calcium	Ethanol	Moracizine Hydrochloride	
Caffeine	Felodipine		
Captopril			

#### BIBLIOGRAPHY

1. Wong SS. *Strategic utilization of cardiac markers for diagnosis of acute myocardial infarction.* Ann Clin Lab Sci, 26:301-12, 1996.
2. Kagen LJ. *Myoglobin methods and diagnostic uses.* CRC Crit. Rev. Clin. Lab. Sci., 2:273, 1978.
3. Chapelle JP. et al. *Serum myoglobin determinations in the assessment of acute myocardial infarction.* Eur. Heart Journal, 3:122, 1982.
4. Apple FS, Preese LM. *Creatine kinase-MB: detection of myocardial infarction and monitoring reperfusion.* J Clin Immunoassay, 17:24-9, 1994.
5. Lee TH, Goldman L. *Serum enzyme assays in the diagnosis of acute myocardial infarction.* Ann Intern Med, 105:221-233, 1986.
6. Kallner A, Sylven C, Brodin. U, et al. *Early diagnosis of acute myocardial infarction; a comparison between chemical predictors.* Scand J Clin Lab Invest, 49:633-9, 1989.
7. Adams, et al. *Biochemical markers of myocardial injury,* Immunoassay Circulation 88: 750-763, 1993.

8. Mehegan JP, Tobacman LS. *Cooperative interaction between troponin molecules bound to the cardiac thin filament.* J.Biol.Chem. 266:966, 1991.

#### Atlas Medical

**William James House**  
**Cowley Rd, Cambridge CB4 0WX**  
**Tel: +44 (0) 1223 858 910**  
**Fax: +44 (0) 1223 858 524**

PPI382A01

Revision A (26.09.2006)