

# Leucine-rich alpha-2-glycoprotein (LRG) ELISA

for the quantitative determination of leucine-rich alpha-2-glycoprotein in serum, EDTA plasma, heparin plasma, and citrate plasma

Cat. No. BI-LRG. 12 x 8 tests

#### FOR RESEARCH USE ONLY NOT FOR USE IN DIAGNOSTIC PROCEDURES

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#### ASSAY CHARACTERISTICS Summary

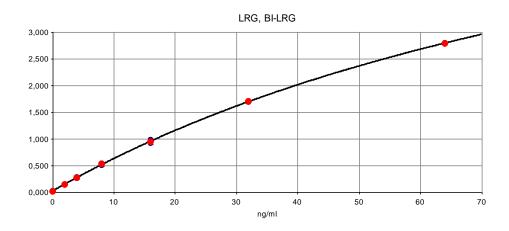
Method	Sandwich ELISA, HRP/TMB, 12x8-well detachable strips						
Sample type(s)		Serum, EDTA plasma, citrate plasma, heparin plasma (urine and cell culture protocol available)					
Standard range	0 – 64 ng/ml (0 / 2 / 4	/ 8 / 16 / 32 /	64)				
Sensitivity	LOD: 0.26 ng/ml; LLO	Q: 0.5 ng/ml					
Conversion factor	1 ng/ml = 0.0262 nmc	ol/l; MW: 38.178	3 kDa				
Sample volume	100 µl pre-diluted sam	ple / well (5 µl	sampl	e)			
Assay time	2 h / 1 h / 30 min						
		n			CV	(%)	
Precision	Within-run	3			≤	3	
	In-between-run	9			≤	6	
		n		Recove		ery (%)	
				+6.4 ng/ml		+	-32 ng/ml
Accuracy	Serum	5			86		96
(Spike/Recovery of recombinant LRG)	EDTA plasma	5		85		89	
	Heparin plasma	5		90		91	
	Citrate plasma	2		ç	96		100
		n	F	Recovery of expected dilution (%			ution (%)
		••		1+1	1+3		1+7
Parallelism of	Serum	5		116	117		116
endogenous human LRG	EDTA plasma	7		107	101		96
	Heparin plasma	1		115	113		109
	Citrate plasma	1		118	111		110
Specificity	Endogenous and recon	nbinant human	LRG (I	eucine-ric	h alpha-2-g	Jycopi	rotein)
Use	Research use only						
		n		1	edian LR	G (µg,	/ml)*
	Serum	18			27	7.5	
Values of apparently healthy donors	EDTA plasma	22		27.9			
	Heparin plasma	20			23	8.8	
	Citrate plasma	22			31	1	

*\*dilution factor of 1:4000 considered, expressed in µg/ml for better readability* 

For further information on assay performance characteristics, matrix comparisons and stability data please find data in this validation data file or contact our customer service by e-mail <u>info@bmgrp.com</u> or by phone +43/1/29107-45.



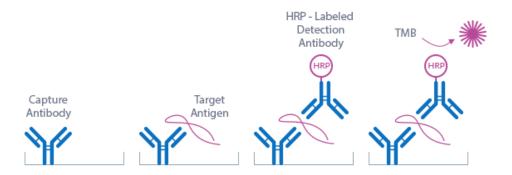
# **TYPICAL STANDARD CURVE**



# **PRINCIPLE OF THE ASSAY**

The leucine-rich alpha-2-glycoprotein (LRG) ELISA kit is a sandwich enzyme immunoassay for the quantitative determination of LRG in serum and plasma (EDTA, heparin, citrate). A protocol for urine and cell culture supernatants is available.

The figure below explains the principle of the LRG sandwich ELISA:



Capture antibody: polyclonal sheep anti-human LRG antibody Detection antibody: polyclonal sheep anti-human LRG antibody, HRP-labeled Target antigen: human LRG (leucine-rich alpha-2-glycoprotein)

In a first step, standards, controls and pre-diluted samples are pipetted into the wells of the microtiter strips, which are pre-coated with polyclonal sheep anti-human LRG antibody. LRG present in the standard/control/sample binds to the pre-coated antibody in the well. All non-specific unbound material is removed in a washing step and the detection antibody (CONJ, polyclonal sheep anti-LRG-HRPO) is pipetted into the wells. After another washing step, the substrate (TMB, tetramethylbenzidine) is added. The enzyme-catalyzed color change of the substrate is directly proportional to the amount of LRG present in the sample. This color change is detectable with a standard microplate reader. A dose response curve of the absorbance (optical density, OD at 450 nm) using the values obtained from the standards versus the standard concentration is generated.

The concentration of LRG in the sample is determined from the dose response curve. This sample concentration must be multiplied by the dilution factor used for sample preparation to obtain the final sample concentration.



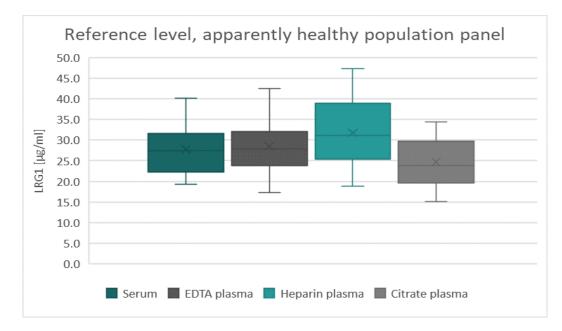
# SAMPLE VALUES

#### Leucine-rich alpha-2-glycoprotein (LRG) in Apparently Healthy Individuals

To provide values for circulating leucine-rich alpha-2-glycoprotein (LRG), a panel of samples from apparently healthy donors was tested. Each individual donated blood for all tested sample matrices.

		LRG [µg/ml]				
Sample Matrix	n	Mean	Range	Median		
Serum	18	27.7	19.2 - 40.2	27.5		
EDTA plasma	22	28.6	17.3 - 42.5	27.9		
Heparin plasma	22	24.7	15.1 - 34.4	23.9		
Citrate plasma	22	31.8	18.8 - 47.3	31.1		

It is recommended to establish the normal range for each laboratory.



#### Leucine-rich alpha-2-glycoprotein (LRG) Values in Disease Panels

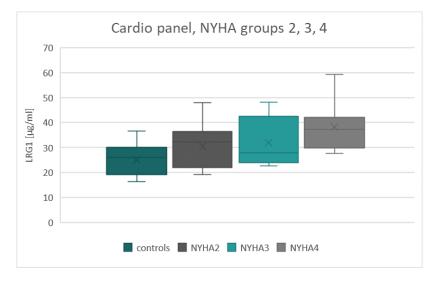
In addition to samples from apparently healthy donors, panels of samples from patients with heart disease (HD), rheuma and arthrose, as well as patients with kidney diseases were tested.

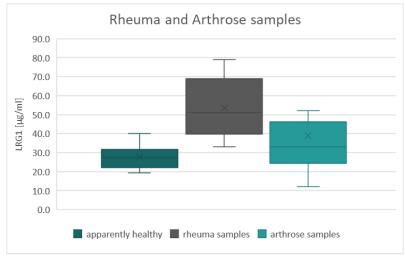
Summary of the results obtained with several disease panels:

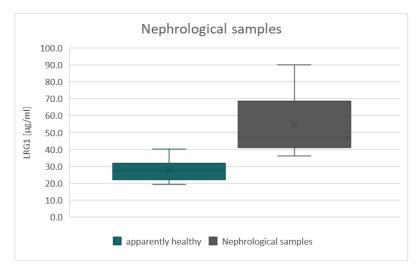
		LRG [µg/ml]			
Samples	n	Mean	Range	Median	
Controls	14	25.0	16.3 - 36.7	26.1	
NHYA 2	12	30.4	19.2 - 47.9	32.3	
NYHA 3	14	32.0	22.6 - 48.1	27.8	
NYHA 4	8	38.3	27.6 - 59.3	37.3	
Apparently healthy controls	18	27.7	19.2 - 40.2	27.5	



Rheuma cohort	18	53.5	33.0 - 79.0	51.0
Arthrose cohort	16	39	12.0 - 89.0	33.0
Kidney disease	16	54.7	36.0 - 90.0	47.0







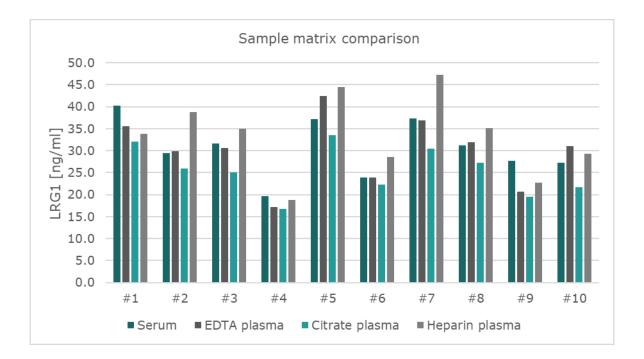


# **MATRIX COMPARISON**

To assess whether all tested matrices behave the same way in the concentrations of leucinerich alpha-2-glycoprotein (LRG) were measured in serum, EDTA, heparin, and citrate plasma samples prepared from 10 apparently healthy donors. Each individual donated blood in all tested sample matrices.

Data and graph for apparently healthy donors are shown below:

_		CV [%]			
Donor ID	Serum	EDTA plasma	Citrate plasma	Heparin plasma	all matrices
#1	40.2	35.6	32.1	33.9	8
#2	29.5	29.9	26.0	38.8	15
#3	31.6	30.5	25.1	35.0	12
#4	19.7	17.3	16.7	18.8	7
#5	37.2	42.5	33.5	44.5	11
#6	23.9	23.9	22.2	28.6	10
#7	37.4	36.8	30.4	47.3	16
#8	31.2	32.0	27.3	35.1	9
#9	27.7	20.6	19.5	22.8	14
#10	27.3	31.0	21.6	29.2	13
				Mean CV [%]	11





# ASSAY PERFORMANCE CHARACTERISTICS

#### ACCURACY

The precision of an ELISA is defined as its ability to measure the same concentration The accuracy of an ELISA is defined as the precision with which it can recover samples of known concentrations.

The recovery of the LRG ELISA was measured by adding recombinant LRG to human samples containing a known concentration of endogenous LRG. The %recovery of the spiked concentration was calculated as the percentage of measured over the expected value.

This table shows the summary of the recovery experiments in the LRG ELISA in different sample matrices:

		Spike/Recovery [%]			
Sample Matrix	-	+32 ng/ml		+6.4 ng/ml	
Sample Matrix	n	Mean	Range	Mean	Range
Serum	5	96	91 - 99	86	77 - 92
EDTA plasma	5	89	82 - 95	80	65 - 89
Citrate plasma	2	100	99 - 100	96	87 - 106
Heparin plasma	2	91	88 - 94	90	83 - 97

Experiments:

Recovery of spiked samples was tested by adding 2 concentrations of human recombinant LRG to different human sample matrices.

Data showing % recovery of recombinant LRG in human serum samples:

ID		LRG [ng/ml	]	S/R	[%]
10	Reference	+32 ng/ml	+6.4 ng/ml	+32 ng/ml	+6.4 ng/ml
S1	6.3	38.1	11.3	99	77
S2	6.3	36.7	11.6	95	83
S3	6.4	37.3	12.0	97	88
S4	5.2	36.0	10.8	96	87
S5	4.5	33.7	10.4	91	92
			Mean S/R [%]	96	86

Data showing % recovery of recombinant LRG in human EDTA plasma samples:

TD	LRG [ng/ml]		]	S/R [%]	
ID	Reference	+32 ng/ml	⊦32 ng/ml +6.4 ng/ml		+6.4 ng/ml
E1	5.0	35.5	10.7	95	88
E2	7.1	33.4	12.1	82	79
E3	5.9	35.2	11.1	91	81
E4	7.1	33.8	11.3	83	65
E5	3.3	33.0	9.0	93	89
			Mean S/R [%]	89	80



	<i>c</i>			
Data showing % r	recovery of recombina	ant LRG in human	i citrate plasma	samples:

ID		LRG [ng/ml	]	S/R	[%]
10	Reference	+32 ng/ml	+6.4 ng/ml	+32 ng/ml	+6.4 ng/ml
C1	2.5	34.3	9.3	99	106
C2	3.7	35.7	9.3	100	87
			Mean S/R [%]	100	96

Data showing % recovery of recombinant LRG in human heparin plasma samples:

TD	LRG [ng/ml]		]	S/R	[%]
ID	Reference	+32 ng/ml	+6.4 ng/ml	+32 ng/ml	+6.4 ng/ml
H1	3.5	33.7	9.7	94	97
H2	6.0	34.0	11.3	88	83
			Mean S/R [%]	91	90

#### **DILUTION LINEARITY & PARALLELISM**

Tests of dilution linearity and parallelism ensure that both, endogenous and recombinant samples containing LRG, behave in a dose-dependent manner and are not affected by matrix effects. Dilution linearity assesses the accuracy of measurements in diluted clinical samples spiked with known concentrations of recombinant analyte. By contrast, parallelism refers to dilution linearity in clinical samples and provides evidence that endogenous analyte behaves in the same way as the recombinant one. Dilution linearity and parallelism are assessed for each sample type and should be within 20% of the expected concentration.

#### **Dilution Linearity**

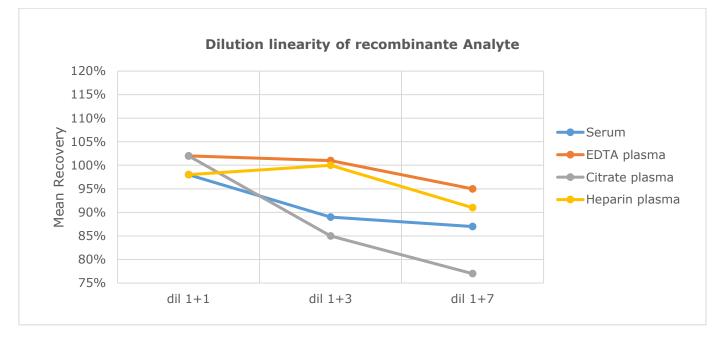
#### Experiment:

**Dilution linearity** was assessed by serially diluting samples containing **recombinant** LRG with assay buffer.

The figure and table below show the mean recovery and range of serially diluted recombinant LRG in several sample matrices:

		Recovery [%] of recombinant LRG in diluted samples							
Sample Matrix	n	1+1		1+3		1+7			
Sample Matrix		Mean	Range	Mean	Range	Mean	Range		
Serum	6	98	94 - 103	89	83 - 95	87	75 - 93		
EDTA plasma	6	102	96 - 110	101	91 - 106	95	91 - 102		
Citrate plasma	2	102	99 - 104	85	84 - 87	77	76 - 77		
Heparin plasma	2	98	97 - 99	100	98 - 101	91	89 - 92		





Data showing dilution linearity of 32 ng/ml recombinant LRG spiked into human serum and plasma samples (ref):

_			Recovery [%]					
ID	Ref +32 ng/ml	ref	1+1	1+3	1+7	1+1	1+3	1+7
S1	38.1	6.3	18.3	7.9	3.6	96	83	75
S2	36.7	6.3	18.0	7.9	3.9	98	86	85
S3	37.3	6.4	17.5	8.4	4.1	94	90	87
S4	36.0	5.2	16.9	7.8	4.0	94	87	89
S5	33.9	5.8	17.4	8.0	3.9	103	94	93
S6	33.7	4.5	17.2	8.0	3.8	102	95	91
					Mean R [%]	98	89	87

Calculation of dilution linearity of spiked serum samples:

Calculation of dilution linearity of spiked EDTA plasma samples:

			LRG [ng/	ml]		Recovery [%]		
ID	Ref +32 ng/ml	ref	1+1	1+3	1+7	1+1	1+3	1+7
E1	35.5	5.0	17.1	8.1	4.1	96	91	92
E2	33.4	7.1	18.1	8.9	3.9	109	106	94
E3	35.2	5.9	17.5	8.5	4.2	99	97	95
E4	33.8	7.1	16.8	8.9	4.3	100	106	102
E5	33.0	3.3	16.0	8.2	3.8	97	99	91
E6	31.6	4.9	17.3	8.4	3.7	110	106	95
					Mean R [%]	102	101	95

Calculation of dilution linearity of spiked citrate plasma samples:

	LRG [ng/ml]					Recovery [%]		
ID	Ref +32 ng/ml	ref	1+1	1+3	1+7	1+1	1+3	1+7
C1	34.3	2.5	17.9	7.4	3.3	104	87	77
C2	35.7	3.7	17.7	7.5	3.4	99	84	76
					Mean R [%]	102	85	77



Calculation of dilution linearity of spiked heparin plasma samples:

	LRG1 c[ng/ml]					Recovery [%]		
ID	Ref +32 ng/ml	ref	1+1	1+3	1+7	1+1	1+3	1+7
H1	33.7	3.5	16.6	8.5	3.9	99	101	92
H2	34.0	6.0	16.5	8.4	3.8	97	98	89
					Mean R [%]	98	100	91

#### Parallelism

#### Experiment:

**Parallelism** was assessed by serially diluting human samples containing **endogenous** LRG with assay buffer.

The table below shows the summary of the mean recovery and range of serially diluted endogenous LRG in several sample matrices:

	% Recovery of endogenous LRG in diluted samples							
Sample Matrix			1+1	1+3		1+7		
Sample Matrix	n	Mean	Range	Mean	Range	Mean	Range	
Serum	5	116	108 - 123	117	100 - 132	116	110 - 128	
EDTA plasma	7	107	101 - 114	101	93 - 111	96	87 - 104	
Citrate plasma	1	118		111		110		
Heparin plasma	1	115		113		109		

Data showing dilution linearity of endogenous LRG in human serum samples:

		LRG [	ng/ml]		Recovery [%]			
ID	Reference	1+1	1+3	1+7	1+1	1+3	1+7	
S1	23.4	13.7	7.0	3.4	117	121	117	
S2	25.3	15.5	8.4	4.1	123	132	128	
S3	16.0	8.6	4.0	2.2	108	100	111	
S4	19.0	10.5	5.6	2.6	110	117	110	
S5	20.0	12.1	5.7	2.8	121	114	114	
				Mean R [%]	116	117	116	

Data showing dilution linearity of endogenous LRG in human EDTA plasma samples:

		LRG [	ng/ml]		Recovery [%]			
ID	Reference	1+1	1+3	1+7	1+1	1+3	1+7	
E1	19.6	10.1	4.7	2.2	103	97	90	
E2	20.2	10.9	5.2	2.5	108	103	99	
E3	17.7	9.8	4.4	2.2	110	100	98	
E4	18.4	9.8	4.6	2.2	107	100	94	
E5	24.0	13.7	6.7	3.1	114	111	104	
E6	6.9	3.5	1.7	0.8	101	99	96	
E7	14.5	7.3	3.4	1.6	101	93	87	
				Mean R [%]	107	101	96	



Data showing recovery of endogenous LRG in a human citrate plasma sample:

		LRG [n	g/ml]	Recovery [%]			
ID	Reference	1+1	1+3	1+7	1+1	1+3	1+7
C1	19.0	11.2	5.3	2.6	118	111	110

Data showing recovery of endogenous LRG in a human heparin plasma sample:

		LRG [n	g/ml]	Recovery [%]			
ID	Reference	1+1	1+3	1+7	1+1	1+3	1+7
H1	20.5	11.7	5.8	2.8	115	113	109

#### PRECISION

The precision of an ELISA is defined as its ability to measure the same concentration consistently within the same experiments carried out by one operator (within-run precision or repeatability) and across several experiments using the same samples but conducted by several operators at different locations using different ELISA lots (in-between-run precision or reproducibility).

#### Within-Run Precision (Intra-Assay)

Within-run precision was tested by measuring two samples of known concentrations three times within one LRG ELISA lot by one operator.

ID	n	Mean LRG [ng/ml]	SD [ng/ml]	CV [%]
Sample 1	3	3.9	0.1	2
Sample 2	3	31.7	0.8	3

#### **In-Between-Run Precision (Inter-Assay)**

In-between-run precision was tested by measuring two samples of known concentrations nine times with three kits from two different LRG ELISA lots on different days by two different operators.

ID	n	Mean LRG [ng/ml]	SD [ng/ml]	CV [%]
Sample 1	9	4.0	0.2	5
Sample 2	9	32.0	1.9	6

#### **DETECTION LIMIT & SENSITIVITY**

To determine the sensitivity of the LRG ELISA, experiments measuring the Lower Limit of Detection (LOD) and the Lower Limit of Quantification (LLOQ) were conducted.

The LOD, also called the detection limit, is the lowest point at which a signal can be distinguished from the background signal, *i.e.*, the signal that is measured in the absence of LRG, with a confidence level of 99%. It is defined as the mean back-calculated concentration of standard 1 (0 ng/ml of LRG, five independent measurements) plus three times the standard deviation of the measurements.

The LLOQ, or sensitivity of an assay, is the lowest concentration at which an analyte can be accurately quantified. The criteria for accurate quantification at the LLOQ are an analyte



recovery between 75% and 125% and a coefficient of variation (CV) of less than 25%. To determine the LLOQ, standard 2, i.e., the lowest standards containing LRG, is diluted, measured five times and its concentration back calculated. The lowest dilution, which meets both criteria, is reported as the LLOQ.

The following values were determined for the LRG ELISA:

LOD	0.26 ng/ml
LLOQ	0.5 ng/ml

#### SAMPLE STABILITY

#### **Sample Collection and Storage**

Serum, EDTA plasma, heparin plasma, and citrate plasma are suitable for use in this assay. Do not change sample type during studies. We recommend duplicate measurements for all samples, standards and controls. The sample collection and storage conditions listed are intended as general guidelines.

#### Serum & Plasma

Collect venous blood samples in standardized blood collection tubes. Perform plasma or serum separation by centrifugation as soon as possible according to the tube manufacturer's instructions for use. Assay acquired samples immediately or aliquot and store at -25°C or lower. Lipemic or haemolyzed samples may give erroneous results. Samples are stable for at least five freeze-thaw cycles.

#### Freeze-Thaw Stability of Samples Containing Endogenous Human LRG

The stability of endogenous leucine-rich alpha-2-glycoprotein (LRG) was tested by comparing four measurements in samples that had undergone five freeze-thaw cycles (F/T).

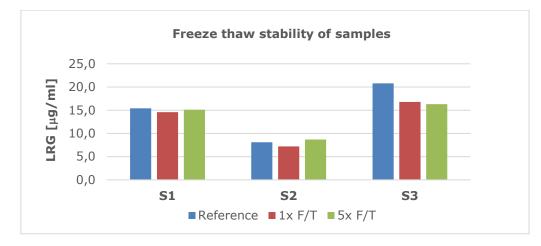
For freeze-thaw experiments, samples were collected according to the supplier's instruction using blood collection devices and stored at -80°C. Reference samples were freeze-thawed once. The mean recovery of LRG in serum samples after five freeze-thaw cycles is 94%.

		LRG [µg/ml]			Recovery [%]	
Sample Matrix	ID	Reference	1x F/T	5x F/T	1x F/T	5x F/T
Serum	S1	15.4	14.6	15.1	95	98
Serum	S2	8.1	7.2	8.7	89	107
Serum	S3	20.8	16.8	16.3	81	78

Leucine-rich alpha-2-glycoprotein concentrations of samples after freeze-thaw (F/T) cycles:

All samples should undergo a maximum of five freeze-thaw cycles.





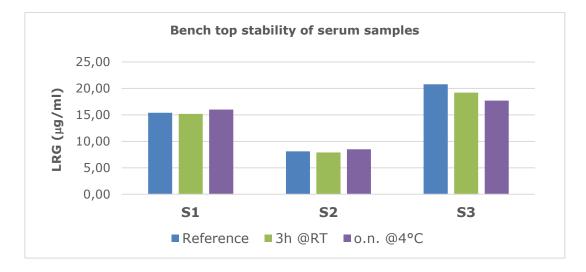
#### Benchtop Stability of Samples Containing Endogenous Human LRG

The benchtop stability of endogenous leucine-rich alpha-2-glycoprotein (LRG) was tested by comparing LRG measurements in human samples that had been stored at different temperatures.

For the assessment of the benchtop stability, a set of undiluted human samples was aliquoted and stored at room temperature or at 4°C. Samples can be stored for at least three hours at room temperature as well as overnight at 4°C. The mean recovery of sample concentrations after overnight storage at 4°C is 98%.

LRG concentrations of samples stored at -25°C (reference), at room temperature (RT) or overnight (o.n.) at 4°C:

		LRG (µg/ml)			Recovery [%]	
Sample Matrix	ID	Reference	3h @RT	o.n. @4°C	3h @RT	o.n. @4°C
Serum	S1	15.4	15.2	16.0	99	104
Serum	S2	8.1	7.9	8.5	98	105
Serum	S3	20.8	19.2	17.7	92	85
				Mean R [%]	96	98





# SPECIFICITY

The specificity of an ELISA is defined as its ability to exclusively recognize the analyte of interest.

The specificity of the LRG ELISA was shown by characterizing both the capture and the detection antibodies through epitope mapping. In addition, the specificity of the ELISA was established through competition experiments, which measure the ability of the antibodies to exclusively bind LRG.

This assay recognizes recombinant and endogenous human LRG.

#### **Epitope Mapping**

Antibodies were characterized by epitope mapping of linear epitopes with microarray technology and by the determination of binding kinetics with biolayer interferometry. The peptide-specific coating antibody binds to a linear epitope in the N-terminal region of LRG. Multiple linear epitopes recognized by the polyclonal detection antibody are distributed over the whole LRG sequence and are located in the N- and C-terminus, as well as within the leucine-rich repeats. Both antibodies bind to LRG with low dissociation rate constants.

#### **Competition of Signal**

Competition experiments were carried out by pre-incubating human samples containing endogenous LRG with an excess of capture antibody (AB). The concentration measured in this mixture was then compared to a reference value, which was obtained from the same sample without the pre-incubation step. Mean competition in serum and plasma samples was 99%.

		LRG [ng/ml]	Competition [0/ ]	
Sample Matrix	ID	Reference	Reference + capture AB	Competition [%]
Serum	S1	5	0.1	99
Serum	S2	7	0.0	100
Serum	S3	20	0.1	99
EDTA plasma	E1	16	0.1	99
Citrate plasma	C1	15	0.1	100
Heparin plasma	H1	13	0.0	100
-	-		Mean	99

#### Isoforms

There are no known isoforms of leucine-rich alpha-2-glycoprotein (LRG).

#### **Cross Reactivity**

The LRG sequence similarity between human LRG with mouse, rat an pig is 64%, 64% and 71%, respectively. The cross-reactivity of the human LRG ELISA with non-human samples was not tested.

#### CALIBRATION

The leucine-rich alpha-2-glycoprotein (LRG) ELISA kit is calibrated against recombinant human LRG protein (<u>P02750</u> - Uniprot ID).



# **COMPARISON** of the Biomedica LRG ELISA with a human LRG (leucine-rich alpha-2-glycoprotein) ELISA assay from a different manufacturer.

#### Assay characteristics of different human and LRG ELISA assays

	BIOMEDICA	Another MANUFACTURER	
Method	Sandwich ELISA	Sandwich ELISA	
Sample type	Serum, EDTA plasma, citrate plasma, heparin plasma (urine cell culture protocol available)	Plasma, serum, CSF, urine	
Sample volume	100 µl pre-diluted sample / well (5 µl sample)	100 μl pre-diluted sample / well (5 μl sample)	
Assay time	2 h / 1 h / 30 min	Overnight / 30 min / 30 min	
Assay range	0 - 64 ng/ml (0 / 2 / 4 / 8 / 16 / 32 / 64) Assay range optimized for clinical samples, no additional testing required. Pre-dilution of samples 1:4000.	1.56 – 100 ng/ml (pre-dilution of samples 1:2000 - 1:10000)	
Sensitivity	LOD: 0.26 ng/ml; LLOQ: 0.5 ng/ml	0.17 ng/ml	
Specificity	Endogenous and recombinant human LRG 100%.	Human LRG 100%	
Antibodies	Epitope-mapped antibodies Capture antibody: polyclonal sheep anti- human LRG antibody Detection antibody: polyclonal sheep anti- human LRG antibody, HRP-labeled Target antigen: human LRG (leucine-rich alpha-2-glycoprotein)	Capture antibody: polyclonal rabbit anti- human LRG antibody Detection antibody: polyclonal rabbit anti- human LRG antibody, HRP-labeled Target antigen: human LRG (leucine-rich alpha-2-glycoprotein)	
Standard matrix	Human serum matrix containing recombinant human LRG 7 ready to use standards	Matríx not indicated 1 stock standard vial containing recombinant human LRG	
Values of apparently healthy samples	Serum mean (n=18): 27.5 µg/ml Plasma mean (n=22): 27.9 µg/ml	Not indicated	
Controls	2 controls (high and low) included	Not included	
Validation	According to FDA/ICH/EMEA guidelines	Not indicated	
Use	RUO	RUO	

#### Correlation data between LRG ELISA assays (Biomedica and another manufacturer)

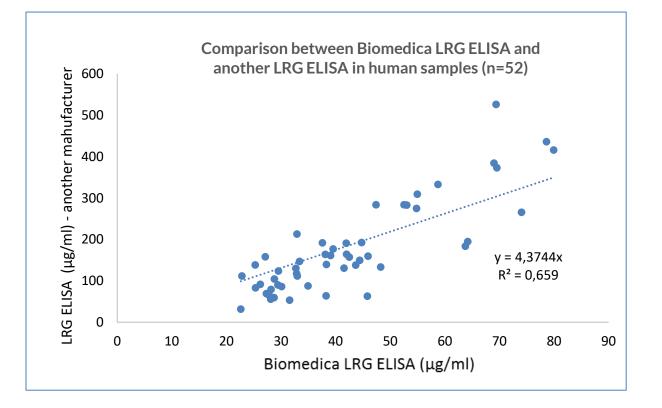
Measurement of LRG with the Biomedica and a another LRG ELISA in 52 samples (healthy + diseased)

Pearson coefficient	0.85	
P value	0.00001	
P value summary	***	

Conclusion:

- Serum and plasma LRG concentrations are approximately 3-5 fold lower in the Biomedica assay than when measured with the competitor assay.
- Good correlation between both assays Pearson correlation coefficient R = 0.85, p < 0.00001.</li>





# Table showing LRG concentrations measured with the Biomedica and the other LRG ELISA assay:

	ALL SAMPLES				
	n = 52				
	Sample ID	Biomedica	other		
<u>Cohorts:</u>		LRG, μg/ml	LRG, µg/ml		
Apparently	AH1	33	147		
healhty	AH2	29	104		
(AH )	AH3	25	138		
samples	AH4	33	130		
	AH5	33	213		
	AH6	23	112		
	AH7	27	158		
	AH8	25	83		
	AH9	33	112		
	AH10	28	65		
	AH11	29	90		
Nephrology	N12	43	157		
(N)	N13	64	183		
samples	N14	79	436		
	N15	40	177		
	N16	46	159		



	1		
	N17	42	191
	N18	55	275
	N19	44	150
Unspecific	UHP20	46	63
hospital	UHP21	38	139
panel	UHP22	42	131
(UHP)	UHP23	69	526
samples	UHP24	28	56
	UHP25	38	63
	UHP26	23	31
	UHP27	28	79
	UHP28	64	195
	UHP29	32	53
	UHP30	80	416
Cardiology	C31	33	117
(C)	C32	30	124
samples	C33	44	138
·	C34	29	59
	C35	74	266
	C36	27	69
	C37	48	133
	C38	55	309
	C39	47	284
	C40	69	384
	C41	38	164
	C42	35	88
	C43	42	164
	C44	30	86
	C45	26	91
	R46	59	333
Rheuma	R47	53	284
(R)	R48	70	373
samples	R49	39	161
	R50	38	192
	R51	53	283
	R52	45	192
	L	Pearson	0.85
		p value	< 0.00001
		•	



# **REFERENCES & DOCUMENTS**

#### **Validation Literature**

The assay is fully validated according to:

- 1. ICH Topic Q2 (R1) "Validation of Analytical Procedures: Text and Methodology"
- 2. EMEA/CHMP/EWP/192217/2009 Guideline on bioanalytical method validation
- 3. Bioanalytical Method Validation, Guidance for Industry, FDA, May 2018

#### Additional Documents Available Online (www.bmgrp.com)

Instructions for Use (IFU, package insert) Material Safety Data Sheet (MSDS)