



Factor VIII Deficient Plasma

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INTENDED USE - George King Factor VIII Deficient Plasma is citrated human plasma derived from congenital Factor VIII Deficient donors and intended for use as a substrate in the quantitative determination of Factor VIII activity in citrated plasma, based on the activated partial thromboplastin time (APTT) assay. Intended for *in vitro* diagnostic use only.

SUMMARY AND PRINCIPLE - Factor VIII deficiency, also known as Hemophilia A, is characterized by a deficiency in factor VIII clotting activity that results in prolonged oozing after injuries, tooth extractions, or surgery, and delayed or recurrent bleeding prior to complete wound healing. FVIII is an essential part of the hemostatic mechanism, participating as a cofactor in the second burst of thrombin generation, which leads to clot formation. An isolated deficiency of factor VIII-C is associated with a significant bleeding diathesis, demonstrating the importance of factor VIII in hemostasis. In plasma, factor VIII is stabilized and protected from degradation because of its association with von Willebrand factor protein.¹ Primary sites of factor VIII-C production are thought to be the liver and the reticuloendothelial system.

The one-stage FVIII assay uses a modified activated partial thromboplastin time (APTT) to determine the % FVIII in citrated plasma. Citrated patient plasma is diluted, added to a factor VIII-deficient substrate and an APTT is performed. The % factor activity is interpolated using a reference curve with the same dilutions of a calibrator plasma and FVIII-deficient substrate.²

REAGENT - George King Factor VIII deficient plasma: (0800) – no buffers or stabilizers added

WARNING - Each individual donor plasma used in these products has been tested by and found to be non-reactive for the presence of HBsAg and antibody to HIV. Anti-HCV positive, NAT negative donors have been identified. Because no known test method can offer complete assurance that these or other infectious agents are absent, this product should be handled at the **Biosafety Level 2** as recommended for any human blood-based product in the Centers for Disease Control/ National Institutes of Health manual "Biosafety in Microbiological and Biomedical Laboratories," 1999.³

PREPARATION - Place vial in 37° C. water bath until plasma is thawed. Exact time is determined by volume of plasma in vial - approximately 2-5 minutes for 1.0 mL vials. Mix gently and keep cool until ready to use. Plasma should be used within 4 hours after being thawed. Plasma must be discarded once thawed and used. **DO NOT REFREEZE.**

STORAGE and STABILITY: Recommended storage: -70° C. or below. Stability for FVIII deficient plasma is 3 years from the date of manufacture. Plasmas must remain frozen and will be stable until expiration date shown on vial. Remove plasma from dry ice packaging upon receipt and place in freezer overnight before use. (self-defrost freezer not recommended) Plasma is stable for 4 hours after being thawed when kept at refrigerated temperatures, and stable for 4 hours at room temperature.

PROCEDURE - Plasmas should be used as indicated by specific assay direction inserts for instrument and reagent system being used. See instrument manual and reagent direction insert for specific instructions regarding specimen preparation, procedure and limitations.

REAGENTS AND MATERIALS REQUIRED, NOT PROVIDED:

| | | |
|------------------------------|------------------------|----------------------------|
| Owren's Buffer or equivalent | aPTT Reagent/CaCL | Calibration plasma |
| Coagulation instrument | Plastic tubes / pipets | Quality Control (2 levels) |

QUALITY CONTROL: Two levels of quality control (normal and abnormal) should be performed each 8 hours of operation in accordance with good laboratory practice. Each laboratory should establish its own mean and standard deviation and should establish a quality control program to monitor laboratory testing.⁴

SPECIMEN COLLECTION AND PREPARATION: Nine parts of freshly drawn venous blood is collected into one part trisodium citrate. Refer to CLSI Document H21-A5 for further instructions on specimen collection and handling.⁵

EXPECTED VALUES – GK Factor VIII Deficient Plasma has been tested at <1% factor activity. All other coagulation factors have been tested and found to be within the normal range.

Normal Reference Range – The normal range for FVIII in adults is 50-150% according to literature. However each laboratory should determine its own normal range.

PERFORMANCE CHARACTERISTICS

Precision was assessed in-house on two lots of GK FVIII deficient plasma following CLSI EP5 guidelines. Multiple FVIII assays (n=80) were performed over 20 non-consecutive days on the ACL TOP 500 using a specific lot of SynthASil and GK PNP (normal), GK B-FACT (borderline) and GK A-FACT (low abnormal) controls.

| Sample Type | Sample mean % FVIII | Within Run %CV | Between Run %CV | Between Day %CV | Between Lots %CV | Total %CV |
|-------------|---------------------|----------------|-----------------|-----------------|------------------|-----------|
| GK PNP | 82.5 | 3.0 | 2.3 | 1.4 | 2.9 | 2.4 |
| GK B-FACT | 34.4 | 3.1 | 2.9 | 4.0 | 1.0 | 2.7 |
| GK A-FACT | 6.2 | 3.2 | 3.2 | 2.1 | 1.1 | 2.4 |

Acceptable (CV% ≤10%) when using an optical instrument.

All studies were performed using an optical instrument. Validation studies would need to be performed by the end user if utilizing an instrument other than optical, ie. clotting, chromogenic and immunologic test methods.

BIBLIOGRAPHY

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