



# Quantum Blue<sup>®</sup> Infliximab

Quantitative  
Lateral Flow Assay

For research use only.  
Not for use in diagnostic procedures.

LF-TLIF25-U 25 tests

LF-TLIF10-U 10 tests

Release date: 2020-10-30  
Version A2

## ENGLISH

### INTENDED USE

Quantum Blue® Infliximab is a lateral flow immunoassay for the quantitative determination of trough levels of infliximab (Remicade®) and the infliximab biosimilars, CT-P13 (Remsima™; Inflectra™) and SB2 (FLIXABI®), in serum samples. Quantum Blue® Infliximab is combined with the Quantum Blue® Reader.

For research use only. Not intended for use in diagnostic procedures.

### PRINCIPLE OF THE ASSAY

The test is designed for the selective measurement of infliximab by a sandwich immunoassay. Recombinant tumor necrosis factor alpha (TNFα) is conjugated to gold colloids. On the test cassette the gold conjugate is released from a pad into the reaction system as the sample is applied. Infliximab present in the sample will bind to the gold conjugate. A monoclonal antibody, highly specific for the analyte, is immobilized on the test membrane and will capture the complex of gold conjugate and the infliximab analyte, resulting in a coloring of the test line (T). The remaining free TNFα/gold conjugate will bind to the control line (C). The signal intensities of the test line (T) and the control line (C) are measured quantitatively by the Quantum Blue® Reader.

### REAGENTS SUPPLIED AND PREPARATION

Reagents	Quantity		Code	Comments
	LF-TLIF25-U	LF-TLIF10-U		
Test Cassette	25 pieces	10 pieces	B-LFTLIF-TC	Vacuum-sealed in a foil bag pouch
Chase Buffer	1 bottle 10 mL	1 bottle 10 mL	B-LFTLIF-CB	Ready to use
Controls Low* / High*	2 vials 0.5 mL	2 vials 0.5 mL	B-LFTLIF-CONSET	Ready to use
RFID Chip Card	1 piece	1 piece	B-LFTLIF-RCC	White plastic card
RFID Chip Card	1 piece	1 piece	B-LFTLIF-RCC15	Green plastic card
Barcode Card	1 piece	1 piece	B-LFTLIF-BCC	2D Barcode plastic card

Table 1

\* The controls contain lot-specific amounts of infliximab. Refer to the additional QC data sheet for actual concentrations.

### CHECK YOUR TEST KIT

BÜHLMANN products have been manufactured with the greatest of care and all possible efforts have been taken to ensure completeness of this test kit and its performance. Nevertheless, we advise you to verify your test kit for the condition of the test cassette and its pouch based on the following criteria:

- Expiration date
- The fault-free condition of the pouch (e.g. absence of any perforation that could be caused by improper handling).

- The fault-free condition of the test cassette (e.g. absence of scratches on the analytical membrane).

Should one of the test cassettes not fulfil the criteria mentioned above, please use another test cassette.

### STORAGE AND SHELF LIFE OF REAGENTS

Unopened reagents	
Store at 2-8 °C. Do not use the reagents beyond the expiration date printed on the labels.	
Opened reagents	
Test Cassette	Test cassettes removed from the foil pouch must be used within 4 hours.
Chase Buffer	Store for up to 6 months at 2-8 °C after opening.
Controls Low / High	Store for up to 6 months at 2-8 °C after opening.

Table 2

### MATERIALS REQUIRED BUT NOT PROVIDED

- Vortex mixer
- Timer (optional)
- Precision pipettes with disposable tips: 10-100 µL and 100-1000 µL
- Eppendorf tubes (or equivalent) for dilution of serum samples
- Quantum Blue® Reader available from BÜHLMANN (order code: BI-POCTR-ABS)
- Gloves and laboratory coat

### PRECAUTIONS

#### Safety precautions

- None of the reagents of this test contains components of human origin.
- Specimens should be handled as if capable of transmitting infections and should be handled in accordance with Good Laboratory Practice (GLP) using appropriate precautions.
- **Reagents:** Avoid contact of reagents with the skin, eyes, or mucous membranes. If contact does occur, immediately wash with generous amounts of water; otherwise, irritation can occur.
- Unused solution should be disposed according to local state and federal regulations.

#### Technical precautions

##### Kit components

- The test must be performed at room temperature (20-26 °C).
- All reagents and test samples must be equilibrated to room temperature (20-26 °C) before starting the assay.
- Before performing the test, remove the test cassette from the foil pouch. Allow the test cassette to equilibrate in the laboratory environment (20-26 °C) for at least 2 minutes. Test cassettes removed from the foil pouch must be used within 4 hours.
- Mix well (e.g. vortex) the reagents before use.
- Components must not be used after the expiration date printed on the labels.

- Do not mix different lots of reagents.
- Do not disassemble the test cassettes.
- Test cassettes cannot be re-used.
- Handle the test cassettes with care. Do not contaminate the sample loading port or read-out window via skin contact, other liquids, etc. (figure 1D).
- Ensure a flat, horizontal position of the test cassette while performing the assay.

### Test procedure

- Read the instructions carefully prior to carrying out the test. Test performance will be adversely affected, if reagents are incorrectly diluted, handled or stored under conditions other than those detailed in this instruction for use.
- Please note that there are two generations of readers: The Quantum Blue® Reader 2<sup>nd</sup> Generation with serial numbers between 1000 and 3000 (QB2) and Quantum Blue® Reader 3<sup>rd</sup> Generation with serial numbers above 3000 (QB3G).
- The QB2 must be switched on and programmed for the Quantum Blue® Infliximab assay. Load the assay method using the RFID chip card (B-LFTLIF-RCC or B-LFTLIF-RCC15), before starting the assay (see Quantum Blue® Reader manual).
- The QB3G must be switched on and programmed for the Quantum Blue® Infliximab assay either by using the barcode card (B-LFTLIF-BCC) or by selecting from the test menu (Fast Track Mode only). For more information please refer to the Quantum Blue® Reader manual.
- Use the RFID chip card (QB2) / barcode card (QB3G) in order to change lot-specific test parameters.
- Samples that are not properly handled may cause inaccurate results.
- Diluted samples should be stored at 2-8 °C and measured within 24 hours. The diluted samples cannot be stored for a longer period.
- Samples above 20 µg/mL (up to 183.6 µg/mL) may be additionally diluted 1:10 in chase buffer (1:200, in total) to obtain results within the measuring range of the test.

### SPECIMEN COLLECTION AND STORAGE

Collect blood into plain venipuncture tubes without any additives avoiding hemolysis and let the serum clot at room temperature for at least 20 and for up to 60 minutes. Centrifuge at room temperature at ~2000 x g for 15 minutes. Decant the serum.

Undiluted serum samples can be stored refrigerated at 2-8 °C for up to 10 days. For longer storage, keep undiluted serum samples at ≤-20 °C. These samples are stable for at least 21 months at ≤-20 °C.

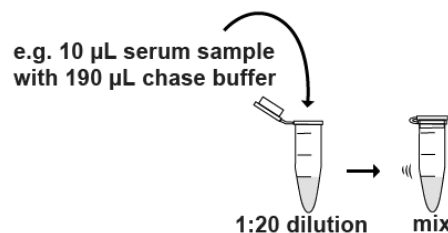
### ASSAY PROCEDURE

For the assay use only reagents equilibrated to room temperature (20-26 °C). The test cassette must be removed from the foil pouch prior to assay start.

The assay procedure consists of two steps:

#### 1. Dilution of serum samples with chase buffer

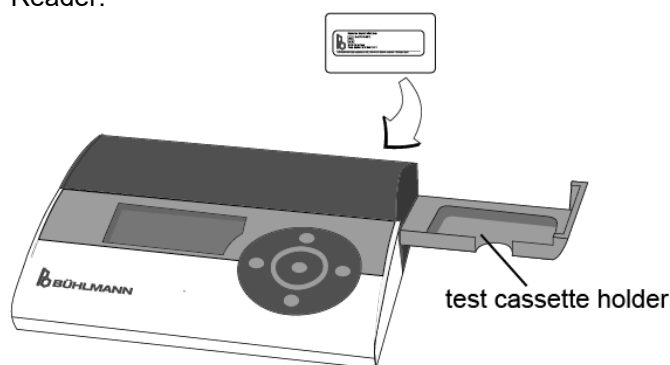
Prior to measurement dilute the serum sample 1:20 with chase buffer (B-LFTLIF-CB) (e.g. mix 10 µL serum sample with 190 µL chase buffer) in a test tube and mix it by vortexing, pipetting or shaking.



#### 2. Lateral flow assay procedure and readout

##### QB2

Two alternative methods can be loaded from the respective RFID chip card: B-LFTLIF-RCC15 (with internal timer) or B-LFTLIF-RCC (without internal timer). Select one of the RFID chip cards before starting the experiments. Load the test method from the RFID chip card on the Quantum Blue® Reader.



##### QB3G

Two different modes of operation are available from BÜHLMANN to measure samples with the QB3G: Fast Track Mode or Fail Safe Mode. Before starting the assay, please inform yourself in which operation mode your reader is working.

The test method can be loaded from the barcode card (Fast Track and Fail Safe Mode) or, if previously used, selected from the test menu (Fast Track Mode only). Measurements can be performed with or without an internal timer in the Fast Track Mode. Measurements in the Fail Safe Mode can be performed with internal timer only.

Follow the instructions provided on the screen of the QB3G. You may also refer to the QB3G Quick Guides for the Fast Track and Fail Safe Mode.



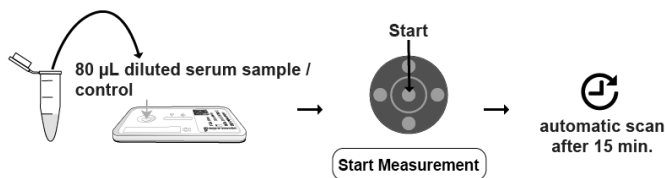
## 2.1. Method with internal timer

**QB2:** use the green RFID chip card B-LFTLIF-RCC15

**QB3G (Fast Track Mode):** when prompted by the QB3G to skip the incubation time, select “NO”

**QB3G (Fail Safe Mode):** default setting

- Unpack the test cassette. Allow the test cassette to equilibrate in the laboratory environment for at least 2 minutes.
- Add 80 µL of the diluted serum sample onto the sample loading port of the test cassette (figure 1D).
- Insert the test cassette into the test cassette holder of the Quantum Blue® Reader.
- Close the test cassette holder and start the measurement by pressing the start button on the QB2 or the “Start Measurement” option on the QB3G.
- The scan starts automatically after 15 minutes.
- For low / high controls: Repeat step 2.1 using 80 µL of control instead of diluted serum.



## 2.2. Method without internal timer

**QB2:** Use the white RFID chip card B-LFTLIF-RCC

**QB3G (Fast Track Mode):** when prompted by the QB3G to skip the incubation time, select “YES”.

**QB3G (Fail Safe Mode):** option not available.

- Unpack the test cassette. Allow the test cassette to equilibrate in the laboratory environment for at least 2 minutes.
- Add 80 µL of the diluted serum sample onto the sample loading port of the test cassette (figure 1D).
- Incubate for 15 ± 1 minute (set a timer manually).
- Insert the test cassette into the test cassette holder of the Quantum Blue® Reader.
- Scan the test cassette with the Quantum Blue® Reader immediately by pressing the start button on the QB2 or the “Start Measurement” option on the QB3G.
- For low / high controls: Repeat step 2.2 using 80 µL of control instead of diluted serum.



**Remark:** Please refer to your Quantum Blue® Reader manual to learn about the basic functions and how to initialize and operate the Quantum Blue® Readers, especially how to select test methods and how to load lot-specific parameters from the RFID chip card (QB2) / barcode card (QB3G) on the Quantum Blue® Reader. Ensure the correct insertion of the test cassette into the

Quantum Blue® Reader, with the read-out window first (figure 1D).

## QUALITY CONTROL

- If the performance of the assay does not correlate with the established limits and repetition excludes errors in technique, check the following issues: *i)* pipetting, temperature controlling and timing *ii)* expiration dates of reagents and *iii)* storage and incubation conditions.
- Result of the self-test of the Quantum Blue® Reader performed at the startup of the instrument has to be valid.

## STANDARDIZATION

- Calibrator values of the standard curve are assigned according to a value transfer protocol (ref. 1). The standard curve parameters are indicated in the enclosed QC data sheet. The calibrator material comprises infliximab in a human serum matrix and is standardized against internal reference material.
- The Quantum Blue® Reader uses a lot-specific calibration curve to calculate the infliximab concentration. The measuring range is between 0.4 and 20.0 µg/mL.

## VALIDATION OF RESULTS

- For a valid test result, the control line (C) must be visible in any case (see figure 1A and figure 1B). It is used as a functional test control only and cannot be used for the interpretation of the test line (T). If the test line (T) is not detectable after 15 minutes of incubation time (figure 1A), the concentration of infliximab present in the serum sample is below the detection limit. If a test line (T) is detectable after 15 minutes of incubation time (figure 1B), the infliximab concentration present in the serum sample is calculated by the Quantum Blue® Reader.
- If only the test line (T) is detectable after 15 minutes of incubation time (figure 1C), the test result is invalid and the Quantum Blue® Infliximab assay has to be repeated using another test cassette.
- If neither the control line (C) nor the test line (T) are detectable after 15 minutes of incubation time (figure 1D), the test result is invalid and the Quantum Blue® Infliximab assay has to be repeated using another test cassette.
- As the Quantum Blue® Reader allows a quantitative evaluation of the test (T) and control (C) line, an additional validity check of the control line (C) is undertaken. If the signal intensity of the control line (C) is below a specific preconfigured threshold after 15 minutes of incubation time, the test result is also invalid and the Quantum Blue® Infliximab assay has to be repeated using another test cassette.

## LIMITATIONS

- The reagents supplied with this kit are optimized to measure trough levels of infliximab in diluted serum samples.

## PERFORMANCE CHARACTERISTICS

The following performance characteristics have been established with the Quantum Blue® Reader 2<sup>nd</sup> Generation and were verified on the Quantum Blue® Reader 3<sup>rd</sup> Generation.

Indicated performance characteristics apply for both Reader generations.

### Method comparison

**Bias at 3 µg/mL: -0.7% (95% CI: -6.9% – 3.1%)**

**Bias at 7 µg/mL: -3.8% (95% CI: -8.3% – -0.7%)**

The method comparison study was performed according to the CLSI guideline EP09-A3. One hundred and ten (110) samples were measured in triplicate with the Quantum Blue® Infiximab test, resulting in 330 values, and with a commercially available infiximab ELISA test (ref. 8). Measurements were performed over three days using two Quantum Blue® Infiximab test cassette lots. The results are summarized in figure 2.

### Recovery: 83-100%

Six specimens were spiked with 3.24 µg/mL infiximab in serum-based calibrator material. “Base” samples were spiked with the corresponding amount of filtered, pooled normal human serum. “Base” and “base + spike” samples were measured in ten replicates with one reagent lot. The results are shown in table 3.

### Repeatability: 16.3-25.0% CV

#### Within-laboratory precision: 18.5-25.3% CV

Repeatability and within-laboratory precision were established according to the CLSI guideline EP05-A3. Seven, pooled serum samples with infiximab concentrations covering the measuring range of the assay were tested over 20 days, in two independent runs with two replicates per run. The results are summarized in table 4.

### Reproducibility: 22.6-29.3% CV

Reproducibility was established according to the CLSI guideline EP05-A3 by performing measurements on three different Quantum Blue® Reader instruments with three different test cassette lots. Seven, pooled serum samples with infiximab concentrations covering the measuring range of the assay were tested over five days, in one independent run with five replicates per run. Each Quantum Blue® Reader was operated by a different operator using a different test cassette lot. The results are summarized in table 5.

### Limit of Blank (LoB): <0.10 µg/mL infiximab

The LoB was established according to the CLSI guideline EP17-A2 with four negative serum samples. The samples were measured over three days in five replicates each day to produce 60 blank values. The study was performed with two test cassette lots. The LoB was calculated using non-parametric analysis.

### Limit of Detection (LoD): <0.21 µg/mL infiximab

The LoD was established according to the CLSI guideline EP17-A2 with four samples with concentrations of 0.63, 0.40, 0.26, and 0.15 µg/mL infiximab. The samples were measured over three days in five replicates each day to produce 60 values. The study was performed with two different test cassette lots. The LoD was calculated using parametric analysis.

### Lower Limit of Quantitation (LLoQ): 0.32 µg/mL

### Upper Limit of Quantitation (ULoQ): 22.7 µg/mL

The LLoQ was established according to the CLSI guideline EP17-A2 with four samples generated by diluting calibrator material in negative serum to concentrations of 0.5, 0.4, 0.3, and 0.2 µg/mL; the ULoQ with diluted calibrator material with concentrations of 29.9, 24.9, 20.5, and 15.0 µg/mL. The samples were measured over three days, in five replicates each day to produce 60 values. Relative total error (TE) was calculated using the RMS model from bias and precision estimates for each sample and log transformed. A total error profile was generated with the results and the LoQ was determined as the intersection of the profile with an acceptance criterion corresponding to 30% TE.

### Linear range: 0.14-20.37 µg/mL infiximab

The linear range of the Quantum Blue® Infiximab test was determined according to the CLSI guideline EP06-A. Two sample pools, low and high, were blended to produce samples covering and exceeding the expected measuring range. The blends were assayed in ten replicates on two test cassette lots. The linear range was defined as the interval of concentration levels in which coefficients of the second and third order fits were determined as not significant. Results for one test cassette lot are shown in figure 3.

Samples with elevated infiximab levels (up to 183.6 µg/mL) may be additionally diluted 1:10 in chase buffer (1:200, in total) to obtain linear results within the measuring range of the assay. A series of samples with infiximab concentrations in the range of 2.4 to 379 µg/mL was generated by blending a high, contrived sample with negative serum. The samples were diluted 1:10 and then 1:20 in chase buffer and measured in five replicates with the Quantum Blue® Infiximab test. A linear range was determined for infiximab levels between 2.6 and 183.6 µg/mL.

### High dose hook effect

A high dose hook effect was not observed for samples with infiximab concentrations of up to 354 µg/mL.

### Specificity / cross-reactivity

The Quantum Blue® Infiximab test specifically recognizes the infiximab originator drug (Remicade®) as well as the infiximab biosimilars, CT-P13 (Remsima™; Inflectra™) (ref. 9) and SB2 (FLIXABI®), in serum. For FLIXABI®, results of a recovery study performed at the Departamento de Biomedicina - Unidade de Farmacologia e Terapêutica, Porto met the acceptance criterion of ±30% recovery from the expected concentration of the base sample + FLIXABI® spike. In contrast, spiked serum with TNFα blockers, such as adalimumab (Humira®), etanercept (Enbrel®), golimumab (Simponi®), and certolizumab (Cimzia®) up to 100 µg/mL resulted in a read out below the limit of blank.

## INTERFERING SUBSTANCES

The susceptibility of the Quantum Blue® Infiximab test to interfering substances was assessed according to the CLSI-approved guideline EP07-A2. Bias exceeding 30% was considered interference.

**Within-class switch**

No interference was detected up to 10 µg/mL for adalimumab (Humira®), etanercept (Enbrel®) and golimumab (Simponi®). Interference was detected with certolizumab (Cimzia®) with bias criteria not exceeded at a concentration of 1.7 µg/mL.

**Serum indices**

No interference was detected with the following substances up to the listed concentrations: Triglycerides (Intralipid® 1320 mg/dL), conjugated bilirubin (342 µmol/L; 28.8 mg/dL), unconjugated bilirubin (342 µmol/L; 20.0 mg/dL), haemoglobin (50 µmol/L; 322 mg/dL), TNFα (0.15 nmol/L; 2.6 ng/mL) and rheumatoid factors (497.3 IU/mL).

**Immunosuppressive co-medication**

No interference was detected with immunosuppressive co-medication such as azathioprine (216 µmol/L; 6.0 mg/dL), 6-mercaptopurine (216 µmol/L; 3.7 mg/dL), and methotrexate (3000 µmol/L; 136.3 mg/dL).

All performance characteristics, unless otherwise indicated, were assessed with infliximab (Remicade®, MSD).

# APPENDIX I

## TABLES AND FIGURES

### Test Results

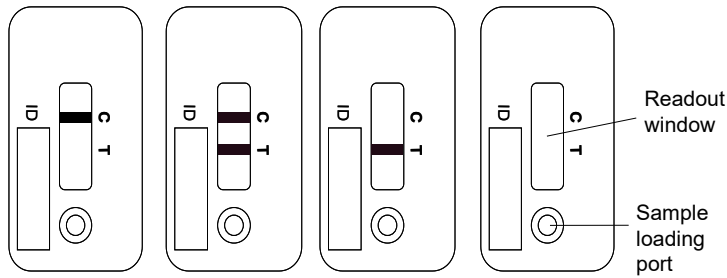


Figure 1A Figure 1B Figure 1C Figure 1D

### Method Comparison

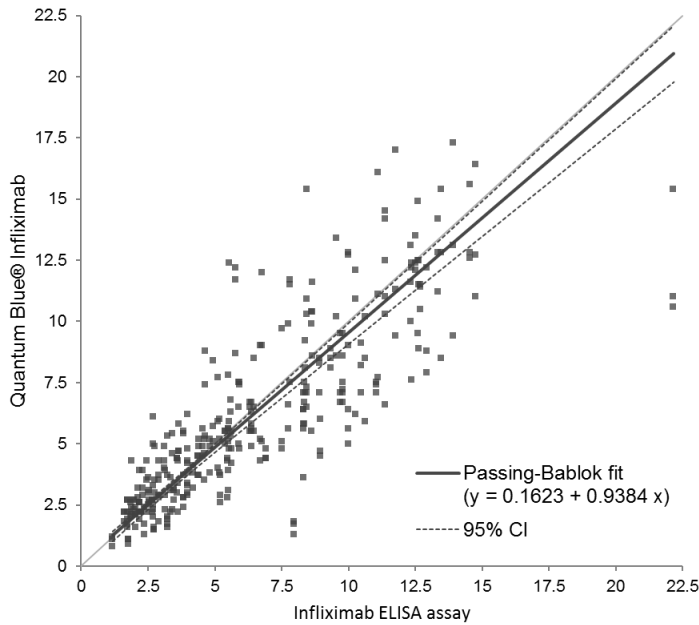


Figure 2

### Recovery

Sample	Base [µg/mL]	Spike [µg/mL]	Expected Base + Spike [µg/mL]	Observed Base + Spike [µg/mL]	Recovery [%]
S1	1.5	3.2	4.7	3.9	83
S2	2.0	3.2	5.3	5.1	98
S3	2.9	3.2	6.1	6.1	100
S4	4.3	3.2	7.6	7.2	95
S5	6.5	3.2	9.7	9.3	96
S6	9.9	3.2	13.2	11.8	89

Table 3

### Repeatability / Within-Laboratory Precision

Mean IFX Conc. [µg/mL]	Repeatability CV [%]	Between-run Precision CV [%]	Between-day Precision CV [%]	Within-lab Precision CV [%]
0.42	16.3	3.7	7.9	18.5
1.44	25.0	0.0	3.6	25.2
3.02	20.3	5.1	5.1	21.5
4.78	21.0	0.0	0.0	21.0
7.26	17.0	7.5	4.5	19.2
9.37	20.4	0.0	2.7	20.6
11.71	23.5	9.5	0.0	25.3

Table 4

### Reproducibility

Mean IFX Conc. [µg/mL]	Within-run CV [%]	Between-day precision CV [%]	Between-lot / instrument / operator precision CV [%]	Within-lab precision CV [%]
0.42	21.1	3.0	15.4	26.3
1.43	21.7	5.5	15.9	27.4
2.86	21.9	16.4	10.5	29.3
4.73	24.5	10.1	4.2	26.8
7.13	25.0	9.8	10.1	28.7
9.71	18.5	9.7	8.9	22.6
12.33	27.5	0.0	5.1	28.0

Table 5

### Linearity Plot

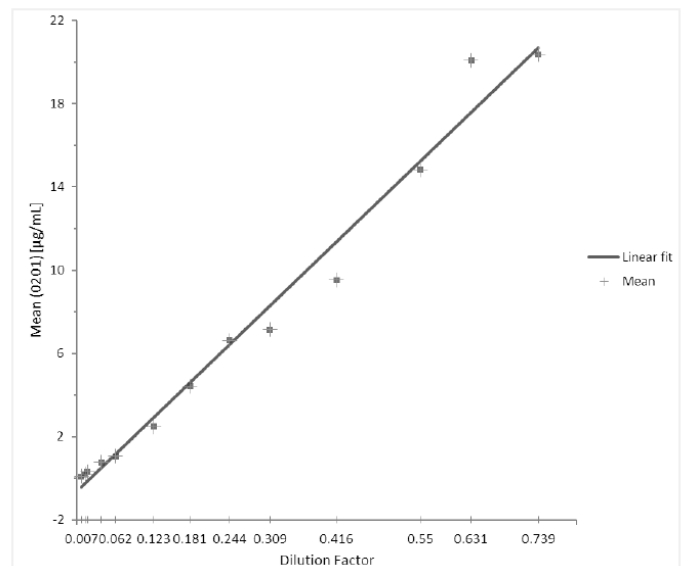














Figure 3

## APPENDIX II

### SYMBOLS

Symbol	Explanation
	Use By
	Catalogue number
	Batch code
	Contains sufficient for <n> tests
	Consult Instructions for Use
	Temperature limitation

Symbol	Explanation
	Test Cassette
	Chase Buffer
	Control Low
	Control High
	RFID Chip Card
	Barcode Card