

Whole PTH™ (1-84) Specific

Immunoradiometric (IRMA) Assay (Coated Tube-Technology)

For the quantitative determination
of human whole PTH

****For In Vitro Diagnostic Use Only**



Scantibodies

(Part Number: 3KG014)

Store at 2 - 8° C

INTENDED USE

This kit has been designed for the quantitative determination of human whole parathyroid hormone (PTH) without cross-reaction to PTH (7-84) fragment in plasma and serum.^{32,33,34,35}

PHYSIOLOGY

The Whole PTH peptide (1-84) is secreted by parathyroid glands under the regulation of the extracellular concentration of ionized calcium, vitamin D and magnesium. PTH acts with respect to calcium on the kidney and the skeleton^{4,5}. PTH binds to receptors, which stimulate adenylate-cyclase to produce cyclic adenosine monophosphate (cAMP) from adenosine triphosphate (ATP)^{10,13}. The biological activity of PTH resides in the first 2 amino acids of the N-terminal portion of the molecule. PTH is metabolized either intraglandular or in the peripheral organs into fragments. Circulatory PTH are immunologically heterogeneous^{7,6,12,13,18,19}. A recent study of circulation immunoreactive PTH showed that significant amounts of a large carboxyl-terminal PTH fragment, PTH (7-84), presented in blood samples from uremic patients³¹. Biologically inactive fragments with molecular weights of 4000 - 7000 Daltons circulate with a half-life of 30 minutes in healthy persons^{4,5}.

cAMP or other PTH dependent processed metabolites (e.g. hypophosphatemia) stimulate the renal hydroxylation of 25-(OH) vitamin D to 1,25-(OH)₂ vitamin D. This vitamin D metabolite stimulates calcium absorption by the small intestine. Severe vitamin D deficiency results in an enhanced secretion of PTH compared to the secretion of calcium.

Hypomagnesemia in the primary stage stimulates hypocalcemia. Severe hypomagnesemia results in the reduced secretion of PTH.

Primary and secondary hyperparathyroidism, kidney insufficiency, malabsorption-syndrome and pseudohypoparathyroidism result in elevated concentrations of PTH^{14,15,16}. Decreased concentrations of PTH coincide with high doses of vitamin-D, milk-alkali-syndrome, Morbus Boeck, hyperthyreosis, ingestion of thiazide and hypercalcemia of malignancy. PTH concentration is also decreased with absorptive hypercalciuria and hypoparathyroidism.

PRINCIPLE OF PROCEDURE

Scantibodies 1-84 PTH or Whole PTH Kit is an immunoradiometric (IRMA) assay utilizing a polyclonal 1-84 PTH antibody with a tendency to bind in the N terminal region of 1-84 PTH (Label Antibody), and a polyclonal 1-84 PTH antibody with a tendency to bind in the C terminal region of 1-84 PTH (Capture Antibody). The use of these antibodies guarantees that only Whole PTH (CAP) is detected. The Label Antibody is labeled with ¹²⁵I. The Capture Antibody is fixed to the tubes. 1-84 PTH or Whole PTH (CAP) in patient samples is bound both to the tubes and the Label Antibody. After incubation free ¹²⁵I antibodies and bound ¹²⁵I antibody fractions are separated by discarding the supernatant. Simple wash steps reduce the non-specific binding (NSB) to a minimum for increased precision at the low end of the calibration curve. The concentration of Whole PTH (CAP) is directly proportional to the radioactivity bound to the tubes after separation. The concentration of PTH in unknown patient samples and controls is determined by interpolation using a calibration curve.³⁰

REAGENTS

The Scantibodies Whole PTH Kit contains sufficient reagents for 100 single determinations. The kit is stable at 2 - 8° C until the stated expiration date.

PTH CALIBRATORS

One set of calibrators consists of seven vials containing lyophilized human serum with nominal Whole PTH (CAP) concentrations. The lyophilized calibrators are prepared in stabilized human serum containing sodium azide 0.1% (w/v). The Whole PTH (CAP) concentrations are declared on the vial label.

PTH CONTROLS

One set of controls consists of two vials containing Whole PTH (CAP) in lyophilized human serum with 0.1% (w/v) sodium azide. The concentration ranges of Whole PTH (CAP) are declared on the vial labels.

¹²⁵I-ANTI N-TERMINAL PTH TRACER

One set of tracer consists of two bottles of ¹²⁵I-antibodies. Each bottle contains goat anti N-terminal PTH antibodies which are labeled with ¹²⁵I and dissolved in 5 ml phosphate buffered saline with sodium azide 0.1% (w/v) and protein stabilizers. The maximum radioactivity in a bottle is <370 kBq (<10 µCi). This kit contains ¹²⁵I (half life: 60 Days), emitting ionizing X (28 keV) and Gamma

γ (35,5 keV) radiations.

PTH (39-84) ANTIBODY COATED TUBES

Two packages of 50 tubes plus desiccant. The tubes are coated with goat anti-PTH (39-84). The desiccant contains silica.

WASH CONCENTRATE

One bottle contains 30 ml of a 30 fold concentrate of phosphate buffered saline with sodium azide 1.5% (w/v) and detergent.

PREPARATION AND STORAGE OF REAGENTS

PTH CALIBRATORS

The Scantibodies Laboratory, Inc. Whole PTH Coated Tube Diagnostic Kit contains the PTH standards prepared analytically on a mass basis from purified synthetic Whole PTH (1-84). These standards are further evaluated against "primary standards" which are stored at -70° C to maintain calibration.

Reconstitute the zero calibrator with 5 ml of distilled or deionized water. Reconstitute the remaining calibrators with 2 ml of distilled or deionized water. After addition of the water, mix each vial thoroughly but gently. Use the reconstituted calibrators within 1 hour. Store the unused portion of the calibrators below -20° C until the stated expiration date. Do not store the calibrators at room temperature for more than one hour at any given time. Do not thaw any calibrator vial more than two times.

PTH CONTROLS

Reconstitute the vials of controls with 2 ml of distilled or deionized water. After addition of the water, mix each vial thoroughly but gently. Use the reconstituted controls within 1 hour. Store the unused portion of the controls below -20° C until the stated expiration date. Do not store the controls at room temperature for more than one hour at any given time. Do not thaw any control vial more than two times.

¹²⁵I-ANTI N-TERMINAL PTH TRACER

The tracer is ready to use. Store the tracer at 2 - 8° C until the stated expiration date.

PTH (39-84) ANTIBODY COATED TUBES

The antibody coated tubes are ready to use. Store the tubes at 2 - 8° C until the stated expiration date. Allow the tubes to equilibrate to ambient temperature prior to opening package. Reseal the package immediately after removing the required number of tubes.

WASH CONCENTRATE

Mix the contents of the wash concentrate thoroughly with 870 ml of distilled or deionized water (1:30). Store the diluted wash solution at

room temperature (18 - 25° C) until the stated expiration date.

WARNINGS AND PRECAUTIONS FOR USERS

Use of The Assay

The reagents are for in vitro diagnostic use only.

Human Serum Caution

The human serum in this kit has been prepared from human donors and it has been tested by FDA approved immunoassays and found to be non-reactive for Hepatitis B Surface Antigen (HBsAg), Anti HIV I/II and Anti HCV. However, it is recommended to consider the calibrators and controls as a potential biohazard and handle them with the same precautions as applied to any untested patient sample.

Radioactivity Warning

This radioactive material may be received, acquired, possessed, or used only by physicians, clinical laboratories, or hospitals and only for *in vitro* clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority.

All radioactive materials must be disposed of according to the regulations (regulations differ from country to country) and guidelines of the agencies with jurisdiction over the laboratory. Do not eat, drink, smoke or apply cosmetics in areas where radioactive materials are used. Storage of radioactive materials should be limited to specifically designated and appropriately secured areas. Access to radioactive materials should be limited to authorized and trained personnel only. Do not pipette radioactive solutions by mouth. Avoid direct contact with radioactive materials by using protective articles such as lab coats and disposable gloves. Radioactive materials must be stored in designated areas in their original containers or in containers providing equivalent radiation protection. A record of disposal of all radioactive materials must be kept. Immediately remove spilled solutions and decontaminate contaminated devices. Check laboratory equipment and glassware regularly to detect contamination with radioisotopes.

Sodium Azide (NaN₃) Warning

Some reagents in the Scantibodies PTH assay contain sodium azide. Sodium azide may react with lead and copper plumbing to form highly explosive metal azides. On disposal flush the drain with a large volume of water to prevent azide build-up. Avoid direct contact with skin and mucous membranes.

SAMPLE PREPARATION AND STORAGE

Specimen Collection

The determination of human PTH should be made on EDTA-plasma or serum. Four hundred microliters of plasma are required to assay one sample in duplicate. To obtain plasma, collect blood by venipuncture into a tube containing EDTA. Invert the tube gently 5 - 6 times after collection to ensure adequate mixing. Whole blood may be stored refrigerated for up to 48 hours prior to centrifugation. Centrifuge the sample and separate the plasma from the cells. To obtain serum, collect blood by venipuncture into serum collection tubes. Allow the blood to clot on an ice bath for 1 - 3 hours. Centrifuge the sample and separate the serum from the cells. Plasma and serum should be stored at -20° C or lower if not tested immediately. Avoid repeated freezing and thawing of plasma. Do not use patient samples which have been frozen and thawed more than two times.

Dilution of Patient Samples

Dilute patient samples with PTH concentrations greater than the highest calibrator with Scantibodies PTH Zero Calibrator before assay. The dilution factor is applied to the diluted sample assay result in order to determine the PTH concentration in the undiluted sample.

Quality Control

Two levels of controls are provided with each assay kit. The values assigned to these controls are printed on the container label. The control value should fall within the specified range when tested in the same manner as the unknowns. Controls should be included in each assay. If the control values do not meet the established range, the assay may be invalid and should be repeated.

ASSAY PROCEDURE

Materials Provided

The Scantibodies Whole PTH Kit (Part No. 3KG014) is supplied with the following:

Description	Number
PTH Standards 3CA650, 3CB650, 3CC650, 3CD650, 3CE650, 3CF650, 3CG650	7 vials
PTH Controls Part Nos. 3CA651, 3CB651	2 vials
PTH (39-84) Antibody Coated Tubes Part No. 3KT001	2 packages of 50 tubes
Goat Anti-N-Terminal PTH ¹²⁵ I Antibody Part No. 3KL022	2 vials
Wash Concentrate Part No. 3KW001	1 bottle
Directional Insert Part No. 7KI024	1 insert

Materials And Equipment Required But Not Provided:

- Distilled or deionized water
- Round-bottomed polypropylene or polystyrene test tubes
(12 x 55, 12 x 75, 12 x 70 mm or equivalent)
- Pipettor with disposable tips: 0.2 ml
- Insert 7KI023 Vs. 05
- 12 June 2007

- Wash station
- Vortex mixer
- Gamma counter calibrated to detect ¹²⁵I
- Rotator, capable of maintaining 170 ± 10 RPM.

Preparation for Assay

- For each assay, prepare the following groups of tubes and place them in a test tube rack (double determination):
- 2 total count tubes (optional for QC). Use non-coated tubes.
- 2 Bo tubes (NSB) - provided with kit
- 2 tubes for each calibrator concentration- provided with kit
- 2 tubes for each control concentration- provided with kit
- 2 tubes for each patient sample- provided with kit

Pipetting and Incubation Steps

1. Pipette 0.2 ml of calibrators, samples and controls into the corresponding tubes.
2. Pipette 0.1 ml of goat anti-N-terminal PTH ¹²⁵I antibody into each tube.
3. Gently vortex all tubes.
4. Seal the tubes and incubate them for 18 - 24 hours at room temperature (18 - 25° C) and shaking 170 ± 10 RPM.
5. Aspirate the supernatant from each tube except for the total count tubes. Wash the tubes 3 times with 2 ml of diluted wash solution. After each addition of diluted wash solution aspirate all of the wash solution.
6. Count each tube for at least 1 minute in a gamma counter calibrated to detect ¹²⁵I. The total count tube should contain approximately 300,000 CPM (assuming the counter has an efficiency of 70% - 80%) when freshly iodinated ¹²⁵I-anti-N-terminal PTH tracer is used. The total activity of the tracer decreases according to the half-life of ¹²⁵I.

PIPETTING GUIDE

Additive to Tube	Total Count Tubes	Bo Tubes	Calibrator Tubes	Control Tubes	Sample Tubes
Calibrator	-	200 µl	200 µl		-
Control	-	-	-	200 µl	
Sample	-	-	-	-	200 µl
¹²⁵ I anti-N-terminal PTH	100 µl	100 µl	100 µl	100 µl	100 µl
Tubes	-	1	1	1	1

Vortex mix all tubes, except for the TC tubes. Incubate tubes for 18 - 24 hours at room temperature (18 - 25° C) and shaking at 170 ± 10 RPM.

Aspirate the supernatant from all of the tubes except the total count tubes. Wash all tubes except the total count tubes by adding 2 ml of diluted wash solution and aspirating the wash solution. Repeat this wash step two more times for a total of three times.

Additive to Tube	Total Count Tubes	Bo Tubes	Calibrator Tubes	Control Tubes	Sample Tubes
Count each tube for at least 1 minute in a gamma counter.					

PROCEDURAL COMMENTS

Interferences:

Samples containing up to 250 mg/dl triglyceride, 15 mg/dl hemoglobin and 15 mg/dl bilirubin do not exhibit any effect on the assay.

Grossly hemolyzed or lipemic samples.

Samples from patients receiving radioisotopes for diagnostic or therapeutic purposes.

Contamination of the sample or assay tube with ¹²⁵I or other radioisotopes.

Reagents from different lot numbers must not be interchanged.

The patient sample or calibrator and the ¹²⁵I-anti-N-terminal PTH tracer should be pipetted carefully into the bottom one-fourth of the assay tube. This is to avoid losing liquid on the surface of the tube as the liquid runs down the tube.

The washing step is an important step in the assay procedure. Accurate dispensing of the wash solution and complete aspiration of the tube contents is essential to achieving assay sensitivity, low background and assay precision.

It is recommended that calibrators and patient samples be assayed in duplicate. The average counts per minute of each duplicate should then be used for data reduction and the calculation of results.

Avoid sample to sample contamination by using a new pipette tip for each sample.

Proper reconstitution of the controls and standards in the assay is a critical specification as any under or over reconstitution may result in a faulty result including, poor recovery and precision.

Studies have shown that samples stored at 2 - 8° C or room temperature for any significant amount of time may degrade.

CALCULATION OF RESULTS

Evaluation

1. Calculate the average CPM for each double determination.
2. Subtract the average CPM of the zero calibrator tubes from the CPM's from all other tubes in order to obtain the corrected CPM for each tube.
3. Corrected CPM = average CPM of duplicate samples - average CPM of duplicate zero calibrators.
4. Draw the calibration curve by plotting the average corrected CPM from each duplicate calibrator level (ordinate) against the respective concentration declared on the calibrator vial (absolute) using log-

log graph paper. Obtain sample concentrations by interpolation of average sample CPM on the calibration curve.

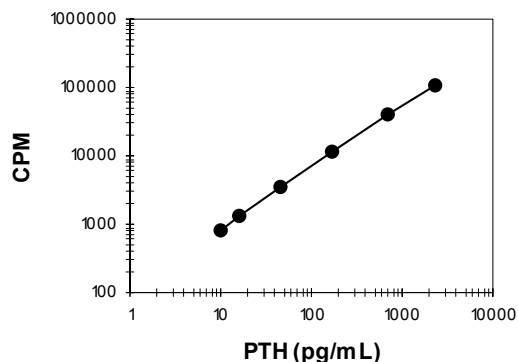
5. If samples were run with dilution, multiply the diluted sample assay results from the curve by the appropriate dilution factors to obtain the undiluted sample assay results.

SAMPLE DATA

Tube	CPM	Ave.CPM	Corrected CPM
Total Activity	331856 332975	332415	
0 pg/ml	246 283	264	
10 pg/ml	787 852	819	555
16 pg/ml	1349 1262	1306	1042
46 pg/ml	3490 3557	3523	3259
165 pg/ml	11178 11070	11124	10860
700 pg/ml	39835 39907	39871	39607
2300 pg/ml	110979 110168	110574	110310

NOTE: The data presented are for demonstration purposes only and must not be used in place of data generated at the time of the assay.

REPRESENTATIVE STANDARD CURVE



Automated data reduction can also be used to construct the Scantibodies PTH calibration curve. To program automated data reduction systems or to adapt an existing program consult the data processor manufacturer or the programmer.

LIMITATIONS OF THE PROCEDURE

For diagnostic purposes PTH values should be used in addition to other diagnostic data and clinical information available to the physician.

The assay procedure must be followed exactly; careful technique must be used to obtain valid results. Any modification of the assay procedure is likely to alter the

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This diagnostic kit complies with IVDD 98/79/CE.

results.

Grossly hemolyzed, lipemic or icteric samples are likely to give non valid results.

The highest concentration of PTH measurable without sample dilution is the concentration of the highest calibrator. The lowest level measurable is approximately 1.91 pg/ml.

EXPECTED VALUES

The normal value range was determined following the NCCLS guidelines (C28-A) using 244 samples from apparently healthy individuals. It is recommended that each laboratory establish its own range of normal values. The values given are only indicative and may vary from other published data.

PATIENT CLASSIFICATION	Whole PTH RANGE pg/ml
Normal	6 - 32
Hyperparathyroidism	> 32

PERFORMANCE CHARACTERISTICS

Accuracy, Recovery

Different PTH samples were spiked with 2 amounts of PTH (1-84). The % recovery was determined following assay of the spiked samples.

Sample value (pg/ml)	Added PTH (pg/ml)	Measured value (pg/ml)	Expected value (pg/ml)	Recovery (%)
21.16	37.5	44.25	58.66	75.4
	107.6	101.56	128.77	78.9
106.96	45.9	144.76	152.82	94.7
	142.2	225.13	249.19	90.3
233.58	42.5	270.67	276.13	98.0
	151.7	359.46	385.24	93.3

Accuracy, Dilution

Different samples with high concentrations of PTH were diluted in a sample with low concentrations of PTH. The % recovery was determined following assay of the diluted samples.

Sample	Dilution	Measured value (pg/ml)	Expected value (pg/ml)	Recovery %
1	Neat	237.93	-	-
	1:2	133.42	119	112.1
	1:4	62.07	59.48	104.4
	1:8	29.63	29.74	99.6
2	Neat	959.65	-	-
	1:2	527.2	479.82	109.9
	1:4	270.91	239.91	112.9
	1:8	128.44	119.96	107.14
	1:16	58.22	59.98	97.1

Sample	Dilution	Measured value (pg/ml)	Expected value (pg/ml)	Recovery %
3	Neat	529.87	-	-
	1:2	289.91	264.94	109.4
	1:4	141.88	132.47	107.1
	1:8	64.94	66.23	98.1
	1:16	30.77	33.12	92.9
	1:32	14.97	16.55	90.5

High Dose Hook Response

This high dose hook response of the Scantibodies Laboratory, Inc. Whole PTH Specific Coated Tube Diagnostic Kit was determined as 20,000 pg/ml of Whole PTH (CAP). Samples greater than the highest standard (approximately 2300 pg/ml) and up to 20,000 pg/ml Whole PTH (CAP) will read CPM values greater than that of the highest standard.

Precision

The inter-assay precision was evaluated by performing 20 separate Whole PTH (CAP) assays on two samples in duplicate over a two week period.

Precision Inter-assay				
Kit Batch	Sample	Mean value (pg/ml)	Std Dev (pg/ml)	% CV
E1	1	21.42	2.26	10.53
	2	116.02	7.91	6.82
	3	252.17	15.67	6.22
E2	1	20.77	1.4	6.72
	2	115.42	6.08	5.27
	3	256.63	26.42	10.29
E3	1	19.77	0.99	4.99
	2	108.55	4.44	4.09
	3	245.01	7.92	3.23

The intra-assay precision was evaluated by performing 20 replicates in the Whole PTH (CAP) assays on three samples.

Precision Intra-assay				
Kit Batch	Sample	Mean value (pg/ml)	Std Dev (pg/ml)	% CV
E1	1	20.34	0.89	4.37
	2	115.42	2.52	2.18
	3	241.85	4.17	1.73
E2	1	21.95	0.91	4.16
	2	121.28	2.52	2.08
	3	248.04	4.34	1.75
E3	1	19.34	0.46	2.39
	2	109.79	7.91	7.2
	3	245.44	2.84	1.16

Sensitivity

The detection limit of the assay is defined as the lowest measurable value distinguishable from zero. This sensitivity was determined by assaying the zero calibrator 20 times in the same assay. The detection limit is approximately 1.91 pg/ml at 2 standard deviation above the PTH zero calibrator.

The functional sensitivity is defined as being the measured concentration by imprecision profile for a CV

equal to 20%. It has been assessed as being 3 pg/mL.



Specificity

























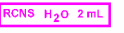
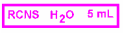






This Whole PTH (CAP) assay does not show any cross-reaction to PTH (7-84) fragment when the synthetic PTH (7-84) peptide is serially diluted with standard zero matrix and assayed.

PTH (7 -84) Conc. Sample (pg/ml)	Measured PTH conc. (pg/ml)
2500	undetectable
5000	undetectable
10000	undetectable
20000	undetectable

A high degree of correlation exists between the PTH levels of duplicate samples measured by a commercially available predicate PTH kit and those levels measured by the Scantibodies Laboratory, Inc. (SLI) Whole PTH (1-84) Specific IRMA Tube Assay. A correlation coefficient (r) of 0.987 (n=240) was obtained with a slope of 1.02 and intercept of -2.37 where x represents the predicate device data and y represents the SLI Whole PTH (1-84) Specific IRMA Tube data. Correlation testing was performed by testing 120 EDTA-plasma normal samples and 124 normal serum samples side by side to that of the predicate device. 120 EDTA-plasma patient samples were run side by side to determine correlation outside of the normal range. Calculations were made with samples ranging from 5 - 1227 pg/mL.

Chemical Characterization:	1) Antibodies coated on to polystyrene Tubes.
	2) Radioactive Isotope containing Iodine-125 with radioactivity <10 µCi and Sodium Azide @ 0.1%.
	3) Calibrators & Controls – Human Serum containing Sodium Azide @ 0.1%
	4) Wash Concentrate containing sodium azide @ 1.5%.
Hazardous Ingredients:	Radioactive Isotope (Iodine-125) @ <10 µCi/Vial (<370 kBq) CAS Number: 7553-56-2 Symbols: Harmful Xn R-phrases: R22, R52/53 S-phrases: S28, S45, S53, S60, S61
	Sodium Azide @ 0.1% CAS Number: 026628-22-8 Symbols: N/A R-phrases: N/A S-phrases: N/A
	Sodium Azide @ 1.5% CAS Number: 026628-22-8 Symbols: Very Toxic T+; N R-phrases: R28, R32, R50/53 S-phrases: S28, S45, S53, S60, S61

Symbol	Used for	Symbol	Used for
	Do Not Reuse		Use By YYYY-MM-DD or YYYY-MM

Symbol	Used for	Symbol	Used for
	Batch Code		Serial Number
	Date of Manufacture		Sterile
	Sterilized Using Aseptic Processing Technique		Catalog Number
	Caution, Consult Accompanying Documents		Biological Risks
	Manufacturer		Authorized Representative in the European Community
	Contains Sufficient for < n > Tests		For IVD Performance Evaluation Only
	<i>In vitro</i> Diagnostic Medical Device		Upper Limit of Temperature
	Lower Limit of Temperature		Temperature Limitation
	Consult Instructions for Use		Positive Control
	Control		Negative Control
	Antibody Coated Beads		Antibody Coated Tubes
	Radioactive Iodine Tracer		Wash Solution
	Reconstituted with 2 mL Water		Reconstituted with 5 mL Water
	European Conformity Mark		Radioactive
	Toxic		Harmful
	Corrosive		Oxidizing

PTH LITERATURES

1. Berson, S.A., Yalow, R.S., Aurbach, G.D., and Potts Jr., J.T. "Immunoassay of Bovine and Human Parathyroid Hormone." **Proc. National Academy Science, U.S.A.** 49:613-617, 1963.
2. Keutmann, H.T., Sauer, M.M., Hendy, G.N., O'Riordan, J.L.H., and Potts Jr., J.T. "Complete Amino Acid Sequence of Human Parathyroid Hormone." **Biochemistry** 17:5723-5729, 1978.
3. Raisz, L.G., Yajnik, C.H. Bockman, R.S., and Bower, B.B. "Comparison of Commercially Available Parathyroid Hormone Immunoassay in the Differential Diagnosis of Hypercalcemia Due to Primary Hyperparathyroidism or Malignancy." **Annals International Medicine** 91:739-740, 1979.
4. Habener, J.F., and Potts Jr., J.T. "Biosynthesis of Parathyroid Hormone." **New England Journal of Medicine** 299:580-585, and 635-644, 1978.
5. Segre, G.V., D'Amour, P.D., Hultman, A., and Potts Jr., J.T. "Effects of Hepatectomy and Nephrectomy Uremia on Metabolism of Parathyroid Hormone in the Rat." **Journal of Clinical Investigation** 67:439-448, 1981.
6. Segre, G.V., Perkins, A.S., Witters, L.A., and Potts Jr., J.T. "Metabolism of Parathyroid Hormone by Isolated Kupffer Cells and Hepatocytes." **Journal Clinical Investigations** 67:449-457, 1981.
7. Segre, G.V., Habener, J.F., Powell, D., Tregear, G.W., and Potts Jr., J.T. "Parathyroid Hormone in Human Plasma: Immunochemical Characterization and Biological Implications." **Journal of Clinical Investigations** 51:3163-3172, 1972.
8. Freitag, J., Martin, K.J., Hruska, K.A., Anderson, C., Conrades, M., Ladenson, J., Klahr, S. and Slatopolsky, E. "Impaired Parathyroid Hormone Metabolism in Patients with Chronic Renal Failure." **New England Medical Journal of Medicine** 298:29-32, 1978.
9. Potts Jr., J.T., Segre, G.V. and Endres, D.B. "Current Clinical Concepts: Assessment of Parathyroid Function with an N-Terminal Specific Radioimmunoassay for Intact Parathyroid Hormone." **Nichols Institute Reference Laboratories**, 1983.
10. Goltzman, D., Henderson, B., and Loveridge, N. "Cytochemical Bioassay of Parathyroid Hormone: Characteristics of the Assay and Analysis of Circulating Hormonal Forms." **Journal of Clinical Investigations** 65:1309, 1980.
11. Lafferty, F.W. " Pseudohyperparathyroidism." **Medicine** 45:247, 1966.
12. Endres, D., Brickman, A., Goodman, W., Maloney, D., and Sherrard, D. "N-Terminal PTH Radioimmunoassays in Assessment of Renal Osteodystrophy." **Kidney International** 21:132, 1982.
13. Broadus, A.E., Mahaffey, J.E., Bartter, F.C., and Neer, P.M. "Nephrogenous Cyclic Adenosine Monophosphate as a Parathyroid Function Test." **Journal of Clinical Investigations** 60:771, 1977.
14. Berson, S.A., Yalow, R.S., Bauman, A., Rothchild, M.A. and Newerly, K. **Journal of Clinical Investigations** 35:170, 1956.
15. Rodbard, D., Rayford, P.L., Cooper, J.A. and Ross, G.T. **Journal of Clinical Endocrinology Metab.** 28:1412, 1968.
16. Segre, G.V. Niall, H.D., Habener, J.F., and Potts Jr., J. T. **American Journal of Medicine** 56:774.
17. Flueck, J., Edis, A., McMahon, J. and Arnaud, C. "Proceedings of the 58th American Meeting of the Endocrine Society." June 1976.
18. Silverman, R. and Yalow, R.S. **Journal of Clinical Investigations** 52:1958, 1973.
19. Segre, G.V., Niall, H.D., Sauer, R.T. and Potts Jr., J.T. **Biochemistry** 16:2417, 1977.
20. Canterbury, J.M., Bricker, L.A., Levy, G.S., Kozlovskis, et. al. **Journal of Clinical Investigations** 55:1245, 1975.
21. Mallette, L.E., Tuma, S.N., Berger, R.E. and Kirkland, J.L. "Radioimmunoassay for the Middle Region of Human Parathyroid Hormone Using a Homologous Antiserum with a Carboxyl-terminal Fragment of Bovine Parathyroid Hormone as Radioligand." **Journal of Clinical Endocrinology Metab.** 54:1017, 1982.
22. Roos, B.A., Lindall, A.W., Aron, J.W., et al. "Detection and Characterization of Small Mid-Region Parathyroid Hormone Fragments in Normal and Hyperparathyroid Glands and Sera by Immuno-Extraction and Region Specific Radioimmunoassays." **Journal of Clinical Endocrinology Metab.** 53:709, 1981.
23. Gallagher, J.C., Riggs, B.L., Jerpak, C.M. and Arnaud, C.D. "The Effect of Age on Serum Immunoreactive Parathyroid Hormone in Normal and Osteoporotic Women." **Journal Of Laboratory Clinical Medicine** 95:373, 1980.
24. Mallette, L.E. "Use of Homologous Antisera for Radioimmunoassay of Human Parathyroid Hormone." **Ligand Review** 1:18, 1979.
25. Dambacher, M.A., Fischer, J.A., Hunziker, W.H. et. al. "Distribution of Circulating Immunoreactive Components of Parathyroid Hormone in Normal Subjects and in Patients with Primary and Secondary Hyperparathyroidism: The Role of the Kidney and of the Serum Calcium Concentration." **Clinical Science** 57:435, 1979.

26. Wood, W.G., Butz, R., Casaretto, M., et. al. "Preliminary Results on the Use of an Anti-serum to Human Parathyrin in a Homologous Radioimmunoassay." **Journal of Clinical Chemical Biochemistry** 18:789, 1980.
27. Kao, P.C., Jiang, N.S., Klee, G.G., and Purnell, D.C. "Development and Validation of a New Radioimmunoassay for Parathyrin (PTH)." **Clinical Chemistry** 28:69, 1982.
28. Travis, J.C. (ed.) "Clinical Radioimmunoassay." **State-of-the-Art Scientific Newsletter, Inc.**, Anaheim, CA 92803, 1980.
29. Rodbard, D., and Hutt, D. "Statistical Analysis of Radioimmuno-assays and Immunoradiometric (labeled antibody) Assays." **Assays, Radioimmunoassays and Related Procedures in Medicine**, Vol. 1 Vienna: International Atomic Energy Agency, Vienna, 1974.
30. Nussbaum, S.R., Zahradnik, R.J., Lavigne, J.R., Brennan, G.L., Nozawa-Ung, K., Kim, L.Y., Kentmann, H.T., Wang, C.A., Potts Jr., J.T. and Segre, G.V. "Highly Sensitive Two-Site Immunoradiometric Assay of Parathyrin and Its Clinical Utility in Evaluating Patients with Hypercalcemia." **Clinical Chemistry** Vol. 33, No. 8, 1364-1367, 1988.
31. Lepage R., Roy L., Brossard J.H., Rousseau L., Dorais C., Lazure C., D'Amour P. "A Non-(1-84) Circulating Parathyroid Hormone (PTH) Fragment Interferes Significantly with Intact PTH Commercial Assay Measurements in Uremic Samples." **Clinical Chemistry** Vol. 44, No. 4, 805-809, 1998.
32. Gao, P., Scheibel, S., D'Amour, P., Cantor, T.L.. "Measuring the Biologically Active or Authentic Whole Parathyroid Hormone (PTH) with a Novel Immunoradiometric Assay Without Cross-reaction to the PTH(7-84) Fragment." **Journal of Bone and Mineral Research** 14:S446, 1999.
33. Brossard, J.H., Lepage, R., Gao, P., Cantor, T., Rousseau, L., D'Amour, P. "A New Commercial Whole-PTH Assay Free of Interference by Non-(1-84) Parathyroid Hormone (PTH) Fragments in Uremic Samples." **Journal of Bone and Mineral Research** 14:S444, 1999.
34. Slatopolsky, E., Finch, J.L., Martin, D., Sicard, G., Gao, P., Cantor, T. "A Novel Mechanism for Skeletal Resistance in Uremia." **Journal of American Society of Nephrology** 10:625A, 1999.
35. John, M.R., Goodman, W.G., Gao, P., Cantor, T.L., Salusky, I.B., Jueppner, H. "A Novel Immunoradiometric Assay Detects Full-length Human PTH but Not Amino-terminally Truncated Fragments: Implication for PTH Measurements in Renal Failure." **The Journal of Clinical Endocrinology & Metabolism** 84:4287, 1999.
36. Brossard J.H., Lepage R., Roy L., Rousseau L., Dorais C., Lazure C., D'Amour P. "Influence of Glomerular Filtration Rate on Non-(1-84) Parathyroid Hormone (PTH) Detected by Intact PTH Assays." **Clinical Chemistry** Vol. 46:5, 697-703, 2000.



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