



Laboratory Procedure Manual

Analyte: Sex Hormone-Binding Globulin
Matrix: Serum and Plasma
Method: Sex Hormone-Binding Globulin Immunoassay

Method No: 1031

Revised:

As performed by:

CCB Service Laboratory
Clinical Chemistry Branch
Division of Laboratory Sciences
National Center for Environmental Health

Contact: Hubert W. Vesper, Ph.D.
Phone: 770-488-4191
Fax: 404-638-5393
Email: HVesper@cdc.gov

James Pirkle, M.D., Ph.D.
Director
Division of Laboratory Sciences, NCEH

Important Information for Users

CDC periodically refines these laboratory methods. It is the responsibility of the user to contact the person listed on the title page of each write-up before using the analytical method to find out whether any changes have been made and what revisions, if any, have been incorporated.

Public Release Data Set Information

This document details the Lab Protocol for testing the items listed in the following table for SAS file **SHBG_H**:

VARIABLE NAME	SAS LABEL (and SI units)
LBXSHBG	SHBG (nmol/L)

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1. SUMMARY OF TEST PRINCIPLE AND CLINICAL RELEVANCE

1.1 Clinical and Public Health Relevance

Sex Hormone-Binding Globulin (SHBG) is a glycoprotein that is produced mainly in the liver of humans. The purpose of SHBG in serum is the transportation of steroids to target tissues.¹ SHBG has a high affinity for dihydrotestosterone (DHT), moderate affinity for testosterone and estradiol, and low affinity for estrone and androstendione. Only steroid hormones in blood that are not bound to SHBG are available to certain cell receptors. Therefore, only free, unbound steroid hormones are considered biologically active. Thus, SHBG in blood affects the amount of biologically active steroid hormones.

SHBG levels in blood can be affected by age² and certain diseases.^{2,3} In elderly men, patients with cirrhosis of the liver and hyperthyroidism, SHBG levels are usually found to be high.^{4,5} Low levels of SHBG are most often accompanied by polycystic ovarian syndrome, acromegaly, obesity, hirsutism, and hypothyroidism. Thus, the correct interpretation of steroid hormone levels in blood requires knowledge of the blood SHBG levels, i.e., to calculate the amount of biologically active steroid hormones.

Research studies suggest an inverse correlation between SHBG and high sensitivity C-reactive protein, a biomarker for cardiovascular health risks.⁶ Furthermore, some research studies found SHBG levels in blood to be associated with diabetes and other chronic diseases independently from steroid hormone levels. In clinical practice, SHBG levels are determined when total testosterone levels are inconsistent with clinical signs.⁷

1.2 Test Principle

This test is based on the reaction of SHBG with immuno-antibodies and chemo-luminescence measurements of the reaction products. It consists of 2 incubation steps and a chemiluminescent measurement via photomultiplier tube that spans 18 minutes.⁵ The first incubation period begins by sandwiching the sample of SHBG containing serum between a biotinylated monoclonal SHBG-specific antibody and a monoclonal SHBG-specific antibody that is labeled with ruthenium. The second incubation entails the addition of streptavidin-coated microparticles to the sample mixture. The microparticles bind to the solid phase via biotin and streptavidin interactions. The resulting sample mixture is then aspirated into a measuring cell that is subjected to a magnetic field. This captures the microparticles on an electrode. The remains of the sample mixture are subsequently washed out of the measuring cell. A voltage is applied to the electrode causing a chemiluminescent reaction that is measured by a photomultiplier tube. The readings are compared to an instrument- and lot-specific calibration curve.

1.3 Scope

The measurement procedure described in this document is intended for quantitatively measuring SHBG in human serum and plasma. It addresses all aspects related to the measurement process

(specimen collection, storage, processing, analysis, and reporting). This method was evaluated for SHBG measurements in human serum and plasma matrices only.

Specific details related to equipment maintenance and operations are provided in the Roche/Hitachi **cobas e 411 Analyzer Operator's Manual**.⁸ Furthermore, this document is not intended to provide information on data interpretation.

2. SAFETY PRECAUTIONS

2.1 General Safety

All serum specimens should be considered potentially positive for infectious agents including HIV and the hepatitis B virus. Hepatitis B vaccination series are required for all analysts performing this measurement procedure.

Universal precautions should be observed: protective gloves, laboratory coats, and safety glasses must be worn at all times during all tasks of this measurement procedure.

Disposable bench covers must be used during sample preparation and sample handling and must be discarded after use. All non-metal work surfaces must be wiped with 10% bleach solution after work is finished. Metal work surfaces in the biological safety cabinet and the **cobas e 411** analyzer must be wiped with a non-bleach disinfectant.

2.2 Chemical Hazards

All chemical products used in this measurement procedure must be handled while wearing personal protective equipment and with extreme care.

For additional information about specific reagents provided by Roche as part of the reagent kit consult Roche Diagnostics' Material Safety Data Sheets available in the laboratory and online at <http://www.mylabonline.com>.⁹

The safety precautions for specific products are as follows:

BlankCell: (Roche product # is 11729306122)

Eye contact: Contact with eyes may cause irritation

Skin contact: Substance may cause slight skin irritation

Ingestion: Ingestion may cause gastrointestinal irritation, nausea, vomiting, and diarrhea

Inhalation: Avoid breathing vapors or mists. Irritating to respiratory system

Sensitization or Odor threshold: None

Medical conditions aggravated by exposure: None

Additional information: None

CleanCell: (Roche product # is 11662970122)

Eye contact: Severe eye irritation. This chemical may cause eye pain, redness, blurred vision, and/or burns.

Skin contact: May cause irritation on contact with skin. Prolonged skin contact causes burns.

Ingestion: Ingestion causes burns of the upper digestive and respiratory tracts

Inhalation: May cause irritation of respiratory tract. May cause coughing.

Sensitization or Odor threshold: None

Medical conditions aggravated by exposure: Persons with pre-existing skin disorders, impaired liver, or pulmonary function may be more susceptible to the effects of this material.

Additional information: None

Diluent Universal: (Roche product # is 03183971)

Eye contact: Contact with eyes may cause irritation

Skin contact: None

Ingestion: Ingestion may cause gastrointestinal irritation, nausea, vomiting, and diarrhea

Inhalation: None

Sensitization or Odor threshold: None

Medical conditions aggravated by exposure: None

Additional information: None

PreciControl Universal: (Roche product # is 11731416160)

Eye contact: Contact with eyes may cause irritation

Skin contact: None

Ingestion: Ingestion may cause gastrointestinal irritation, nausea, vomiting, and diarrhea

Inhalation: None

Sensitization or Odor threshold: None

Medical conditions aggravated by exposure: None

Additional information: Using FDA approved methods, the human source material in this product has been tested and shown to be free from HBsAg and antibodies to HCV and HIV. All human material should be considered potentially infectious. It is recommended to handle this product in accordance with Universal Precautions and the OSHA bloodborne Pathogen standard.

Procell: (Roche product # is 11662988122)

Eye contact: Severe eye irritation

Skin contact: Substance may cause slight skin irritation

Ingestion: Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhea

Inhalation: May cause irritation of respiratory tract

Sensitization or Odor threshold: None

Medical conditions aggravated by exposure: None

Additional information: The toxicological properties of Oxaban A have not been investigated. Oxaban A, an anti-bacterial preservative, is present at less than or equal to 0.1%. Oxaban A degrades to release formaldehyde at a pH below 6. If all of the Oxaban A degraded to formaldehyde in the analyzer's waste, the total theoretical maximum concentration of formaldehyde in the waste would be 30.0 to 32.6 mg/L.

SHBG: (Roche product # is 03052001160)

Eye contact: Contact with eyes may cause irritation

Skin contact: May cause irritation on contact with skin

Ingestion: Ingestion may cause gastrointestinal irritation, nausea, vomiting, and diarrhea

Inhalation: None

Sensitization or Odor threshold: The following chemical may cause sensitization, be absorbed via skin, and/or have an odor threshold for detection:

1. Methylisothiazolone (MIT)- skin sensitizer

Medical conditions aggravated by exposure: Persons with pre-existing skin disorders may be more susceptible to the effects of this material.

SHBG CalSet: (Roche product # is 03052028190)

Eye contact: Contact with eyes may cause irritation

Skin contact: May cause sensitization by skin contact. Substance may cause slight skin irritation

Ingestion: Ingestion may cause gastrointestinal irritation, nausea, vomiting, and diarrhea

Inhalation: Avoid breathing vapors or mists. May cause irritation of respiratory tract

Sensitization or Odor threshold: The following chemical may cause sensitization, be absorbed via skin, and/or have an odor threshold for detection:

1. Methylisothiazolone (MIT)- skin sensitizer

Medical conditions aggravated by exposure: None

Additional information: None

SHBG CalCheck 5: (Roche product # is 06269915160)

Eye contact: Contact with eyes may cause irritation

Skin contact: May cause irritation in contact with skin

Ingestion: Ingestion may cause gastrointestinal irritation, nausea, vomiting, and diarrhea

Inhalation: Avoid breathing dust. Dust irritating to respiratory tract

Sensitization or Odor threshold: None

Medical conditions aggravated by exposure: None

Additional information: Using FDA approved methods, the human source material in this product has been tested and shown to be free from HBsAg and antibodies to HCV and HIV. All human material should be considered potentially infectious. It is recommended to handle this product in accordance with Universal Precautions and the OSHA bloodborne Pathogen standard.

SysWash: (Roche product # 11930346122)

Eye contact: May cause irritation

Skin contact: Substance may cause slight skin irritation

Ingestion: Ingestion may cause gastrointestinal irritation, nausea, vomiting, and diarrhea

Inhalation: Avoid breathing vapors or mists. May cause irritation of respiratory tract

Sensitization or Odor threshold: The following chemical may cause sensitization, be absorbed via skin, and/or has an odor threshold for detection:

1. Methylisothiazolone (MIT)- skin sensitizer

Medical conditions aggravated by exposure: None

Additional information: None

Additional information: All products derived from human blood are prepared exclusively from the blood of donors tested individually and shown to be free from HBsAg and antibodies to HCV and HIV. The testing methods applied were approved by the FDA. All human material should be considered potentially infectious. It is recommended to handle this product in accordance with Universal Precautions and the OSHA Bloodborne Pathogen Standard.

2.3 Radioactive Hazards

There are no radioactive hazards associated with this measurement procedure.

2.4 Mechanical Hazards

There are only minimal mechanical hazards when performing this procedure using standard safety practices. Analysts must read and follow the manufacturer's information regarding safe operation of the equipment. Generally, mechanical and electronic maintenance and repair must only be performed by qualified technicians or trained personnel. Follow the instructions in the Roche/Hitachi **cobas e 411 Analyzer Operator's Manual**⁸ located in the Clinical Chemistry Branch Service Laboratory.

2.5 Waste Disposal

All solid waste used in the sample preparation process (e.g., disposable plastic pipette tips, gloves, bench covers, caps, etc.) as well as any residual sample material must be placed into the appropriate biohazard autoclavable bags and waste pans until sealed and autoclaved.

All sharps (e.g., broken glass) must be placed in appropriate sharps containers along with any other metal containing materials.

All liquid waste must be disposed of in accordance with CDC policies using the appropriate waste management and chemicals tracking systems.

All waste disposals must be performed in compliance with CDC policies and regulations. The CDC Safety Policies and Practices Manual are located in the laboratory and can be accessed at http://isp-v-ehip-asp/dlsintranet/safety_manual/.

2.6 Training

Analysts performing this measurement procedure must, at a minimum, successfully complete the following safety courses as required by the U.S. Government Office of Management Budget (OMB), Department of Health and Human Services, and Centers for Disease Control and Prevention.

- Safety Survival Skills Parts 1 and 2
- Bloodborne Pathogens
- Hazardous Chemical Waste Management
- Information Security Awareness Training
- Records Management Overview
- Occupant Emergency Plan

Further, analysts must receive training on the specific instrumentation used with this measurement procedure from designated staff or the instrument manufacturer.

At a minimum, analysts performing this measurement procedure must be familiar with the

- Lab-specific Chemical Hygiene Plan
- Lab-specific Exposure Control Plan
- Relevant MSDS
- DLS Policies and Procedures Manual

- DLS After-Hours Work Policy
- Policy on confidentiality, data security and release of information
- Proper use of biological safety cabinets

3. COMPUTERIZATION AND DATA-SYSTEM MANAGEMENT

3.1 Software and Knowledge Requirements

The **cobas e 411** instrument is computer operated. Please refer to the Roche/Hitachi *cobas e 411 Analyzer Operator's Manual*⁸ for instructions on use of the software. Specific training to operate this software by a Roche Diagnostics instructor, or a qualified staff member, is required to ensure appropriate and safe instrument use.

Data obtained from the **cobas e 411** instrument are transferred to the Division of Laboratory Sciences (DLS) Laboratory Data Information System (STARLIMS), which was created and is maintained by DLS staff. Data transfer is performed by specifically trained and assigned staff.

Assessment of bench quality control (QC) results is performed using a program created with Statistical Analysis System (SAS) Inc. software, and it is integrated into STARLIMS. The SAS software is maintained by DLS staff.

3.2 Sample Information

All sample vials must be labeled as described in the latest version of the DLS Policies and Procedures Manual and according to the work instructions set in place in the PBL laboratory. No personal identifiers are used, and all samples are referenced to a blind coded identifier.

Information about samples and related analytical data are checked prior to being entered into the STARLIMS system for transcription errors and overall validity. Filing of electronic and physical files and their maintenance is the responsibility of designated staff in the Clinical Chemistry Branch Service Laboratory. STARLIMS is routinely backed up by CDC Information Technology Services Office (ITSO). ITSO must be contacted for emergency assistance via email (itservice@cdc.gov) or by phone (404-639-6000).

3.3 Information Security

Information security is managed at multiple levels. Information management systems that contain the final reportable results are restricted through user ID and password security access. Computers and instrument systems that contain the raw and processed data files require specific knowledge of software manipulation techniques and physical location. Site security is provided through restricted access to the individual laboratories, buildings, and offices. Confidentiality of results is protected by referencing results to blind coded sample IDs (no names or personal identifiers).

4. PREPARATION OF REAGENTS, CALIBRATION MATERIALS, CONTROL MATERIALS, AND ALL OTHER MATERIALS; EQUIPMENT AND INSTRUMENTATION.

The chemicals, equipment, and other materials described below, or equivalents, are used in this measurement procedure. It is recommended to only use reagents, calibrators and other solutions that are suitable, as stated by the material provider, for the instrumentation used in this procedure. The reagents for this assay are provided as kits by Roche Diagnostics.

4.1 Equipment, Instrumentation, and Supplies Used For Sample Analysis

1. Roche/Hitachi **cobas e 411** analyzer (immunoassay analysis). Roche Diagnostics, 9115 Hague Road, Indianapolis, IN 46250. For instrument settings see the most recent version of the instructions provided by the manufacturer.
2. Ovation BioNatural pipette (VistaLab Technologies, Brewster, NY), 20-200uL
3. Rotator to homogenize samples: Adams Nutator, model # 1105, serial # 0586030 and Fisher Scientific hematology mixer, model # MIXER, serial # 2291M003.
4. Sample cups (standard): Roche Diagnostics' product # 10394246001
5. Purified water supplied via a combination reverse osmosis and DI system installed and maintained by Aqua Solutions, Inc.
6. Calibrators: SHBG Calset, Roche Diagnostics' product # 03052028190
7. Controls: PreciControl Universal, Roche Diagnostics' product # 11731416160
8. SysWash, Roche Diagnostics' product # 11930346122
9. Assay Tips: Roche Diagnostics' product # 1706799
10. Assay Cups: Roche Diagnostics' product # 1706802

4.2 Preparation of Reagents Used For Sample Analysis

Roche reagents are ready to use. Do not mix or invert the reagent bottles due to the microparticles needing to remain on the bottom of the containers. If there are residual microparticles near the mouth of any of the containers, Roche should be contacted to order a replacement. Reagent bottles may be stored on-board (in the climate controlled reagent well of the **cobas e 411**) or recapped and stored at 2-8°C until the expiration date determined by Roche (see package insert).

The lot number, expiration date, and date opened is documented for the reagents used in this method.

Reagents are loaded in the instrument as described by the instrument manufacturer (see the Roche/Hitachi *cobas e 411 Analyzer Operator's Manual*⁷ for directions).

4.3 Preparation of Calibration Materials Used For Sample Analysis

Elecsys SHBG CalSet is a bi-level material used for the calibration of quantitative Elecsys SHBG assays. The CalSet kit provided by Roche includes lyophilized equine (Cal1) and human (Cal2) serum. A particular lot of calibrator can be used for any lot of reagent.

Each calibrator concentration is lot-specific and each lot is encoded in the barcodes as well as printed on the package insert. The calibrators are designed to provide 1.0 mL of working solution. Calibrator 1 has a SHBG concentration of approximately 0 nmol/L and Calibrator 2 has a SHBG concentration of approximately 40 nmol/L.

Dissolve the contents of each bottle of calibrator by adding exactly 1.0 mL of DI water to the bottle. Allow the mixture to stand in the closed container for 15 minutes followed by gentle swirling for 1 minute being careful to avoid the formation of foam. Transfer aliquots of reconstituted calibrator into empty labeled CalSet Vials (snap-cap vials) and immediately store in the CCB Service Lab's -70 °C freezer. Calibrators are stable for 2 months at -20 °C and for one day once thawed.

4.4 Preparation of Quality Control Materials Used for Sample Analysis

Quality control (QC) materials are used to aid in the detection and correction of problems in a laboratory's analytical processes in order to assure quality results are reported by the laboratory. QC materials should be the exact matrix as the samples being analyzed or as close as possible to the sample matrix under investigation. QC materials are run at the beginning of each analytical run, after every 50 samples, and at the end of the run to monitor the performance of the instrument throughout the entire analytical run.

Serum units, collected from individual human donors, are prescreened on the Roche **cobas** e 411 for SHBG content. Once suitable donor units are identified to prepare each level of QC pools (i.e., the low, mid, and high levels), those units are combined, aliquoted into individual cryovials in 1 mL increments, and frozen at -70 °C until they are ready for use.

Commercially prepared control materials can also be used. The lot numbers, expiration dates, and date opened are documented for all commercial controls used.

Records with certificates of analysis for the human serum used to prepare in-house QCs, as well as package inserts for commercially prepared QCs, are maintained in the laboratory.

The desired concentration ranges for the low, mid, and high in-house QC pools are 10 - 15, 40 - 50, and 100-200 nmol/L, respectively.

Control values for the bench QC materials should be entered into the cobas e 411 before analyzing a new lot number of control. See the Roche/Hitachi cobas e 411 Analyzer Operator's Manual⁷ for directions on how to enter values for control materials. Quality control materials are characterized following guidance provided in the DLS Policies and Procedures Manual and Clinical and Laboratory Standards Institute (CLSI) documents,¹⁰ EP5-A2 (Evaluation of Precision Performance of Quantitative Measurement Methods),¹¹ EP10-A3 (Preliminary Evaluation of Quantitative Clinical Laboratory Measurement Procedures),¹² and EP15-A2 (User Verification of Performance for Precision and Trueness).¹³ Records with package inserts for the commercial control material are maintained in the laboratory.

4.4.1. Preparation of In-House Quality Control (QC) Serum Pools

Individual serum units are ordered from commercial sources. Units received are stored at -70 °C freezer until analysis. Each unit is prescreened (for sample preparation and instrument operation please refer to section 6 below) on the **cobas e 411** to obtain SHBG content.

Following the prescreening analysis, suitable units are chosen to create the low, medium, and high bench QC serum pools. To achieve concentrations within the desired ranges, the volumes needed from each unit to obtain the low, medium, and high pools are determined. The volume of QC pool created should be sufficient for 2 years. For further details on preparation of the bench QC pools for this method, please refer to work instruction PBLW10SH20 (Preparing Bench Serum Pools for SHBG).

5. PROCEDURE FOR COLLECTING, STORING, AND HANDLING SPECIMENS; CRITERIA FOR SPECIMEN REJECTION

5.1 General Specimen Requirements

A minimum of 230 µL of plasma/serum is needed for measurement of serum SHBG on the **cobas e 411**. A sample volume of 450 µL is preferred in order to allow for single sample repeat analyses and entire run repeat analysis in case of QC failure. Only serum, and plasma collected in tubes containing Li-/Na-heparin, Na-/K₃-EDTA, or citrate plasma are considered acceptable by the test manufacturer. Samples containing precipitates should be centrifuged prior to testing. Because of possible evaporation effects, all samples, calibrators, and QC on the analyzer should be measured within 2 hour.

Specimens should be transported in 2.0-mL cryogenic vials with external screw-caps. These cryovials should be labeled in accordance with CDC and DLS policies and regulations. Other specimen handling conditions are outlined in the Policies and Procedures Manual of the Division of Laboratory Sciences (DLS). Barcodes are scanned upon receipt of the samples, during the process of sample preparation, and during sample transfer in order to ensure that individual samples can be tracked throughout the process. The instructions for creating barcode labels are in work instruction PBLW00LT01_Procedure for barcode labeling. Additional specimen handling instructions are outlined in the DLS Policies and Procedures Manual.

Specimens collected in the field are frozen and then shipped on dry ice by overnight mail. Samples received cooled at 4 °C ± 1 °C are also acceptable.

5.2 Receiving Specimen

Sample information and related study information are entered in the laboratory information system upon receipt of samples.

Acceptability of samples is assessed.

Acceptable samples are registered by scanning the sample ID barcode and estimating the specimen volume.

5.3 Specimen Storage

Samples should be stored frozen at -70°C upon receipt unless they are to be analyzed immediately.

Samples should be analyzed immediately after thawing and reaching room temperature.

Unopened commercial controls are stable at -70°C until the expiration date specified on the package. Once opened, reconstituted, and aliquoted, (400 μL into each cryovial) controls are stable for 4 weeks at -70°C . Controls should be allowed to come to room temperature before analyzing.

The manufacturer suggests that samples are stable for 11 days at $15 - 25^{\circ}\text{C}$, two months at $2-8^{\circ}\text{C}$, and 3 years at -15 to -25°C .

Multiple freeze thaw cycles should be avoided.

5.4 Unacceptable Specimens

Specimens that do not meet the above mentioned criteria (e.g., minimum sample volume, were transported at room temperature, have evidence of leakage, and/or are in a condition that may compromise sample integrity) are not acceptable.

6. PROCEDURES FOR OPERATION, INSTRUCTIONS, CALCULATIONS, AND INTERPRETATION OF RESULTS

All instruments are checked before use for correct function using the manufacturer's acceptance criteria.

6.1 Specimen Storage and Handling during Testing

1. Specimens are allowed to reach room temperature for sample preparation. The volume of each sample must be recorded prior to withdrawing an aliquot from the original sample vial, and the amount withdrawn must be recorded for inventory purposes.
2. After aliquoting, samples in the original sample vials may be stored at $2-8^{\circ}\text{C}$ until it is determined that the final QCs for the run have passed and no samples need to be retested. At this point, the samples should be stored at -70°C .
3. Due to possible evaporation effects, samples, calibrators, and controls on the analyzer should be analyzed/measured within two hours. Samples that have been aliquoted into sample cups for use on the analyzer cannot be reused for future sample analysis. If samples need to be retested at a later time, a fresh aliquot must be used from the original sample vial.

6.2 Preparation of Samples for Analysis

All patient samples are tested with two sets of QC samples per 50 samples (one set in the beginning and another set at the end of the 50 samples); a total of 100 patient samples can be processed in one run (therefore, a total of 4 sets of QC samples should be included). Samples are transferred into Roche sample cups using the PerkinElmer JANUS Automated Liquid Handling System. Details on preparation of samples for processing can be referenced from the work instruction PBLW10SH22 (Serum Sample Preparation via JANUS Automated Liquid Handling System).

6.3 Operation of the cobas e 411 analyzer

The **cobas e 411** analyzer must be used for SHBG quantification of serum samples. Operation of the **cobas e 411** analyzer must only be performed by trained personnel. The operation of this analyzer consists of preliminary maintenance procedures, calibration procedures, QC verification procedures, and routine sample processing procedures. Details on operation of the **cobas e 411** analyzer are found in work instruction PBLW10MS21 (**Cobas e 411** Basic Operating Procedures for SHBG Testing).⁶²

7. CALIBRATION AND CALIBRATION VERIFICATION

Manufacturer recommended calibration procedures are followed for SHBG testing using manufacturer reagent packs. Details on calibration of the **cobas e 411** analyzer are found in work instruction PBLW10RP23 (**Cobas e 411** Calibration Procedures).

8. METHOD PERFORMANCE CHARACTERISTICS

8.1 Reportable Range of Results and Linearity limits

The reportable range for this method is 0.1–20 mg/L (0.95–190 nmol/L). Samples having higher concentrations will be retested with a dilution. Results from samples diluted by the rerun function are automatically multiplied by the dilution factor used when ordering the test.

8.2 Limit of detection (LOD)

The limit of detection (LOD), as determined by the assay manufacturer, is 0.800 nmol/L. According to the manufacturer, the LOD is based on the Limit of Blank (0.500 nmol/L) and the standard deviation of low concentration samples. The LOD corresponds to the concentration which analyte-free samples are found with a probability of 95%.

8.3 Accuracy (Trueness and Precision)

Imprecision of the method was determined according to CLSI guide EP5-A2.¹¹ The evaluation of within and among days assessment of the method is recorded below in Table 1. The evaluations

were carried out using bench QC materials at three concentrations. The concentration of the QC range is applicable to the method.

Within-day imprecision was determined from 5 replicates of the low, mid, and high QC materials. The between-day (or among-day) variability was also assessed by measuring the low, mid, and high QC materials in duplicate over 20 days and calculating the means and standard deviations (SDs) using the DLS SAS program for bench QC characterization.

The imprecision of the method is reflected in the variance of QC materials data with three different concentration levels analyzed over time. Records of the method's precision are maintained on the network drive for the PBL laboratory.

	High QC Pool	Mid QC Pool	Low QC Pool
Within-day imprecision	2.53%	2.11%	1.58%
Between-day imprecision	4.27%	3.20%	2.82%

No reference materials for SHBG exist; therefore, accuracy was assessed using the manufacturer's calibrators. This was done by mixing the low and high commercial in-house QC materials at different volume ratios (25%, 50%, and 75%). Recovery was calculated from the expected values.¹⁴ The results of the accuracy test for the measurement of serum SHBG using the Roche **cobas** e 411 are shown in the table below.

Accuracy Mix	Measured Value (nmol/L)	Expected Value (nmol/L)	Recovery in %
25%	40.79	42.67	95.60
50%	66.43	68.66	96.74
75%	95.09	94.66	100.46

The accuracy, as determined by these recovery experiments, is found on average to be 97.6% for SHBG. The accuracy was found to be acceptable for the mixing experiment.

8.4 Limitations of Method, Interfering Substances and Conditions⁵

- The assay is unaffected by icterus (bilirubin < 1026 $\mu\text{mol/L}$ or < 60 mg/dL), hemolysis (Hb < 1.8 mmol/L or < 2.9 g/dL), lipemia (Intralipid < 2700 mg/dL), and biotin (< 246 nmol/L or < 60 ng/mL).
- Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.
- No interference was observed from rheumatoid factors up to a concentration of 1160 IU/mL. Rheumatoid factors < 1200 IU/mL do not interfere.
- There is no high-dose hook effect at SHBG concentrations up to 1000 nmol/L
- In vitro tests were performed on 16 commonly used pharmaceuticals. No interference with the assay was found.

- In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur. These effects are minimized by suitable test design.
- For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Although measures were taken to minimize interference caused by human anti-mouse antibodies, erroneous findings may be obtained from samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purposes.

As this assay must be performed according to the manufacturer's specifications, none of the parameters can be altered. Therefore, ruggedness testing cannot be performed for this assay.

9. QUALITY ASSESSMENT AND PROFICIENCY TESTING

Quality assessment activities for this measurement procedure follow the requirements outlined in the DLS Policies and Procedures Manual.

9.1 Quality Control Procedures

9.1.1 Quality Control Materials

Bench QC materials (tri-level) are used in this measurement procedure. The intent of QC material is for the analyst to evaluate the performance of the analytical system. The QC materials are inserted in each sample batch and processed the same as the patient samples. When each component part of the bench QC material, or commercially purchased QC material, is run as a respective set on the **cobas e 411** analyzer, the concentrations span the low to high ranges for serum SHBG.

For further details about the bench QC materials see section 4.4.

9.1.2 Establishing QC Limits and Quality Control Evaluation

Acceptance criteria for values obtained with the bench QC materials ("QC limits") are established according to the procedure described by Caudill et al.¹⁵

The rules described in the most recent version of the DLS Policies and Procedures Manual⁹ together with the acceptance criteria are applied to measurement results obtained with the QC materials. Sample runs are rejected, if:

- one bench QC result is beyond the characterization mean \pm 4SD
- one bench QC result is outside a 3SD limit
- current and previous bench QC results are outside the same 2SD limit
- current and previous 9 run results are on same side of the characterization mean
- current and previous run results differ by more than 4SD

For further details, see the DLS Policies and Procedures Manual. Quality control evaluation is performed using a SAS program developed and maintained by DLS.¹⁰

9.1.3 Remedial Action if Calibration or QC Systems Fail to Meet Acceptable Criteria.

When results of control or calibration materials fail to meet the laboratory's established criteria for acceptability, all patient test results obtained in the unacceptable test run and since the last acceptable test run must be considered adversely affected and thus cannot be reported. Specimen processing and analysis is stopped and will only resume when corrective actions have been performed that ensure the reporting of accurate and reliable patient test results.

Activities typically performed when calibration or QC systems fail to meet acceptable criteria are:

1. Check to make sure that the hardware is functioning properly.
2. Recalibrate the instrument.
3. Test reference material.
4. If the steps outlined above do not result in correction of the "out of control" values for QC materials, consult the supervisor for other appropriate corrective actions.
5. Call Roche Diagnostics Technical Support.
6. Do not report analytical results for runs not in statistical control.

9.2 Proficiency Testing

Proficiency testing is performed by participation in a program offered by the College of American Pathologists (Ligand Assay Special Survey).

10. REFERENCE RANGES (NORMAL VALUES)

The results below were obtained from healthy human donors and measured using Elecsys SHBG immunoassay. The data was taken from the Mayo Clinic's Medical Laboratory Test Catalog.¹⁶

SHBG Reference Range (nmol/L)	
Adult Male	10 – 57
Female (Non-pregnant)	18 – 144

11. CRITICAL CALL RESULTS (“PANIC VALUES”)

No critical call values exist for SHBG.

12. ALTERNATE METHODS FOR PERFORMING TEST AND STORING SPECIMENS IF TEST SYSTEM FAILS

If the analytical system fails, the specimens will be stored at -70°C until the analytical system is restored to functionality.

13. TEST RESULT REPORTING SYSTEM; PROTOCOL FOR REPORTING CRITICAL CALLS (IF APPLICABLE)

Not applicable.

14. TRANSFER OR REFERRAL OF SPECIMENS;

Transfer or referral of specimens will follow the procedures outlined in the most recent version of the DLS Policies and Procedures Manual.

15. PROCEDURES FOR SPECIMEN ACCOUNTABILITY AND TRACKING

Following successful completion of analysis, remaining samples will be retained until all results have been reported and sufficient time has passed for review of the results. After this time, samples are either returned to the contact person who requested the analysis or are treated according to DLS and CDC policy.

Standard record keeping (e.g., database, notebooks, and data files) is used to track specimens. Records (including related QA/QC data) are maintained for 3 years, and duplicate records are kept off-site in electronic format. Study subject confidentiality is protected by providing personal identifiers only to the medical officer, if needed, or remain with the contact person who requested the analyses.

16. COMPUTERIZATION; DATA SYSTEM MANAGEMENT

Samples are identified by their sample ID. The sample ID is a number that is unique to each sample that links the laboratory information to demographic data recorded by those who collected the sample.

Calculation of SHBG concentration is performed by the software on the Roche/Hitachi **cobas e** 411 control unit, and generated data are saved on a dedicated, access-restricted network space and transferred to the DLS Laboratory Information System.

17. PROCEDURES FOR MICROSCOPIC EXAMINATIONS; CRITERIA FOR REJECTION OF INADEQUATELY PREPARED SLIDES

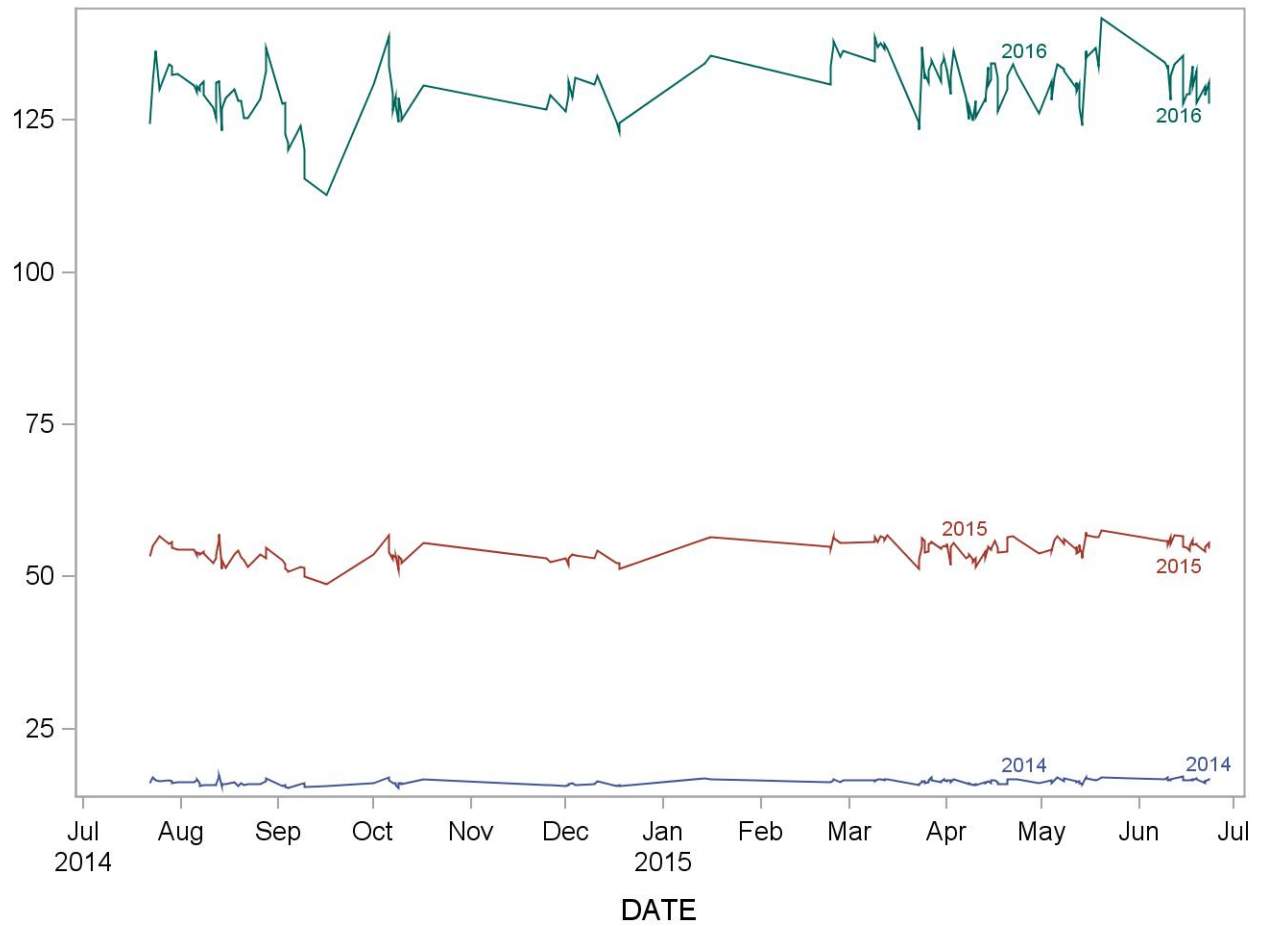
Not applicable for this procedure.

18. SUMMARY STATISTICS AND QC GRAPHS

See following page.

2013-2014 Summary Statistics and QC Chart for SHBG (nmol/L)

Lot	N	Start Date	End Date	Mean	Standard Deviation	Coefficient of Variation
2016	112	22JUL14	16APR15	130.161	4.879	3.7
2014	112	22JUL14	16APR15	16.225	0.432	2.7
2015	112	22JUL14	16APR15	53.955	1.701	3.2
2016	48	17APR15	23JUN15	131.334	3.502	2.7
2014	48	17APR15	23JUN15	16.578	0.327	2.0
2015	48	17APR15	23JUN15	55.354	1.111	2.0



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