

Reliable results for targeted tacrolimus patient monitoring

Dimension Integrated Chemistry Systems Tacrolimus (TAC) assay specifications

When survival is on the line, the quality of tacrolimus results cannot be compromised. The new Dimension® Integrated Chemistry Systems Tacrolimus (TAC) assay* provides confidence in patient results and improved productivity for complete care of transplant patients, including tacrolimus minimization.

Confidence in complete transplantpatient care

The Dimension TAC assay eliminates manual sample-pretreatment steps to deliver tangible clinical and analytical benefits. Excellent precision across the entire assay range enables care management of transplant patients at any phase of immunosuppressant drug (ISD) therapy and at any therapeutic target level.

- Count on reliable results with a proprietary automated pretreatment that minimizes the risk of matrix effect and a predecorated chrome particle that enhances the stability of the reagent
- Deliver sensitive results with a limit of quantification (1 ng/mL) specified by the clinical practice guidelines¹ for tacrolimus minimization regimens

- Provide an assay with good agreement with the LC-MS/MS reference method
- Avoid errors with a built-in software check that flags false positives

Fast tacrolimus results: whenever and wherever they are needed

Since no manual sample-pretreatment steps are required, tacrolimus testing can be added to the routine daily workload of any laboratory, eliminating the need for specialized equipment and freeing up valuable personnel.

- Increase productivity and reduce sample-handling errors with fully automated TAC results available in less than 15 minutes—anytime, day or night
- Manage the health of both the transplant patient and graft with consolidated tacrolimus testing. More than 91 assays are available on the Dimension systems, including the four most commonly monitored ISDs: mycophenolate, cyclosporine, sirolimus, and tacrolimus

Assay Analytical Performance

Mnemonic	TAC		
Assay Principle	Affinity chrome-mediated immunoassay (ACMIA)		
Pretreatment	Fully automated onboard the system. No manual sample pretreatment required		
Sample Type	EDTA whole blood		
Sample Volume	15 μL		
Assay Range	1.0-30.0 ng/mL (1.3-39.0 nmol/L)		
Limit of Blank (LoB)	0.5 ng/mL (0.7 nmol/L)		
Limit of Detection (LoD)	0.7 ng/mL (0.9 nmol/L)		
Limit of Quantification (LoQ)	1.0 ng/mL (1.3 nmol/L)		
Reagent Onboard Stability	Closed onboard (at 2–8°C): 30 days Open well: 2 days		
Calibration Stability	30 days		
Dilution	1:2 (manual)		
Time to First Result	15 minutes		

Assay precision/Reproducibility

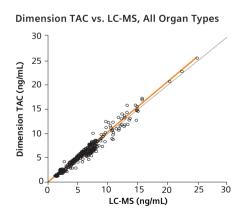
Matarial	Me	ean	Repeatability	Within-lab (%CV)	
Material	ng/mL	nmol/L	(%CV)		
Whole Blood Pool 1	1.8	2.3	5.0	8.8	
Whole Blood Pool 2	5.4	7.0	2.9	6.3	
Whole Blood Pool 3	13.1	17.1	2.2	4.6	
Whole Blood Pool 4	20.7	26.9	2.3	4.9	
QC Level 1	4.4	5.7	3.8	6.9	
QC Level 2	11.4	14.8	2.3	4.5	
QC Level 3	27.4	35.6	3.1	5.1	

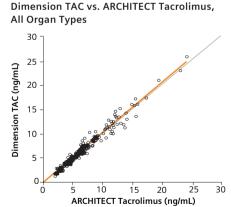
CLSI/NCCLS EP5-A2 was used. Two separate runs, with two test samples for each test material, were analyzed each day for 20 days.

Method comparison

Comparative Method	Slope	Intercept		Correlation	
Comparative Method		ng/mL	Interval	Coefficient	n
LC-MS/MS	1.04 (1.00 to 1.07)	-0.26	-0.42 to -0.00	0.982	201 ²
ARCHITECT Tacrolimus	1.05 (1.02 to 1.08)	-0.67	-0.83 to -0.48	0.980	198³

CLSI/NCCLS EP9-A2 was used. Ordinary least squares method was used to fit the linear regression line.





Ordering information

Part Number	Description	Quantity
DF207	Dimension® TAC Flex® reagent cartridge	Four Flex cartridges 20 tests per cartridge
DC207	Dimension® TAC Calibrator (5 levels)	Level 1: 2 x 2 mL Levels 2–5: 2 x 1 mL

References

- 1. Therapeutic Drug Monitoring. 2009 Apr;31(2):139-52.
- 2. The range of LC-MS/MS tacrolimus values in the correlation study was 1.3 to 24.9 ng/mL (1.7 to 32.4 nmol/L). The number of individual patients (adults 21 to 81 years old) represented in the above method comparisons for each organ transplant group were 99 (renal) and 102 (hepatic).
- 3. The range of ARCHITECT tacrolimus values in the correlation study was 2.1 to 24.2 ng/mL (2.7 to 31.5 nmol/L).

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Global Siemens Headquarters

Siemens AG Wittelsbacherplatz 2 80333 Muenchen Germany

Global Siemens Healthcare Headquarters

Siemens AG Healthcare Sector Henkestrasse 127 91052 Erlangen Germany Telephone: +49 913184-0 www.siemens.com/healthcare

Global Division

Siemens Healthcare Diagnostics Inc. 511 Benedict Avenue Tarrytown, NY 10591-5005 USA www.siemens.com/diagnostics

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