**TECHNICAL INFORMATION**

**THYROGLOBULIN (Tg) AUTOANTIBODY COATED TUBE RIA KIT**

**RiaRSR™ TgAb CT**

**Description:** Coated tube (CT) radioimmunoassay (RIA) kit for the quantitative determination of autoantibodies to the thyroglobulin (Tg) in serum

**Disease application:** Autoimmune thyroid disease  
Chronic autoimmune thyroiditis (Hashimoto’s disease)

**Test samples:** Sera can be used. Do not use lipaemic or haemolysed serum samples. Do not use plasma.  
No interference was observed with bilirubin at 20 mg/dL, haemoglobin at 500 mg/dL and intralipid up to 3,000 mg/dL.

**Sample volume:** 20 µL per tube

**Total assay time:** Approx. 2 ½ hours

**Assay method:**

```
Calibs, controls, samples into tubes + {+2I Tg
2 hrs incubation
Wash
Decant, drain + count
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**Sensitivity:** 59%  \( n = 50 \) for either Hashimoto’s Thyroiditis or Graves’ disease patients

**Specificity:** 94%  \( n = 50 \) for healthy blood donors

**Calibrator range:** 20 - 4000 units/mL (arbitrary RSR units)

**Cut-off:** Negative: <35 unit/mL; Positive: ≥35 unit/mL

**Lower detection limit:** 13.2 units/mL (mean - 2 standard deviations in assay of 0 units/mL calibrator; \( n = 20 \))

**Advantages:** Robust and convenient assay

**Features:** Coated tube system and single incubation gives optimum customer convenience.

**Kit size:** 100 tubes

**Order code:** TGT/100

**Literature:**

V B Peterson et al, Autoimmunity 1989 4: 89-102
A human-mouse hybridoma which secretes monoclonal thyroglobulin autoantibody with properties similar to those of the donor patient’s serum autoantibody

Human monoclonal thyroglobulin autoantibodies of high affinity. I. production, characterisation and interaction with murine monoclonal thyroglobulin antibodies

N Fukuma et al, Autoimmunity 1991 11: 97-105
Human monoclonal thyroglobulin autoantibodies of high affinity. II. Interaction between thyroglobulin and thyroglobulin autoantibodies of different IgG subclasses

This kit is intended for in-vitro use by professional persons only. The data quoted is for guidance only. Each laboratory should establish its own normal and pathological reference ranges for the assay and should include its own panel of control samples in the assay along with the controls provided as part of the kit.

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