Tina-quant® Hemoglobin A1c
Efficiency for your HbA1c testing routine
Highly specific HbA1c detection
The Roche antibody recognizes the glycated N-terminal tetrapeptide of the hemoglobin beta chain, ensuring a highly specific HbA1c detection with no interference from most hemoglobin variants. As a result, ‘true’ HbA1c is measured as defined by the IFCC reference system.3,4

A true result every time – the first time
Continuous improvement of the turbidimetric immunoassay method lead to highly accurate and precise measurement of HbA1c comparable to HPLC methods (Figure 2). Today, more than 50 million HbA1c tests per year are performed on cobas® and COBAS INTEGRA® platforms.

Consolidation without compromise
• Easy integration into routine testing for efficiency, cost and workflow improvements
• No post analytical data review (e.g. interpretation of chromatograms)

Clinically significant interference of hemoglobin variants can produce inaccurate results which may lead to unadjusted treatment of glycemia and increase the risk of long-term complications (Figure 3). Due to the high specificity of the antibody, Tina-quant® HbA1c measurement is unaffected by most hemoglobin variants ensuring the right result is reported the first time.

• NGSP certified and traceable to the IFCC and DCCT reference method
• Universal reagent concept; convenient and safe cobas c packs
• Comprehensive menu covering key indication areas including diabetes and lipid profile

References
1 Diabetes Care 2004, 27(5), 1047-1053.
2 Diabetes Care 2010; 33, suppl. 1, S11-S81.
4 Diabetes Care 2007, 30(9), 2399-2400.
5 Data generated by the European Reference Laboratory Zwolle, NL.

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Figure 1: Glycated (HbA1c) N-terminal hexapeptide and epitope recognition of the Roche HbA1c antibody

Figure 2: Correlation between HPLC and Roche immunological HbA1c detection.5

Figure 3: Effects of HbE and HbD traits on HbA1c measurements. Displayed are the absolute differences from HbAA results to the boronate affinity HPLC comparative method (Primus). Statistically significant deviations are marked (#), clinically significant deviations are marked (*).6

Figure 4: Effects of HbE and HbD traits on HbA1c measurements. Displayed are the absolute differences from HbAA results to the boronate affinity HPLC comparative method (Primus). Statistically significant deviations are marked (#), clinically significant deviations are marked (*).6