

WHO International Standard
Ancrod 1st International Reference Preparation
NIBSC code: 74/581
Instructions for use
(Version 4.0, Dated 04/01/2011)

## 1. INTENDED USE

The 1st International Reference Preparation of Ancrod consists of a batch of ampoules coded 74/581. The ampoules contain the residue after freeze-drying of a solution of a highly purified preparation of ancrod, an enzyme from the venom of Agkistrodon rhodostoma.

#### 2. CAUTION

# This preparation is not for administration to humans or animals in the human food chain

The preparation contains material of human origin, and either the final product or the source materials, from which it is derived, have been tested and found negative for HBsAg, anti-HIV and HCV RNA. As with all materials of biological origin, this preparation should be regarded as potentially hazardous to health. It should be used and discarded according to your own laboratory's safety procedures. Such safety procedures should include the wearing of protective gloves and avoiding the generation of aerosols. Care should be exercised in opening ampoules or vials, to avoid cuts.

## 3. UNITAGE

Each ampoule contains 55 International Units (IU). Assigned unitage valid at time of manufacture-no information on long term stability.

#### 4. CONTENTS

Country of origin of biological material: United Kingdom.

Each ampoule contains the residue after freeze-drying of a solution which contained:

Ancrod solution: approx. 0.1ml Lactose: approx.10mg Human serum albumin: approx. 5mg Phosphate buffer (pH 4.7) to approx. 1.0ml

and pure dry nitrogen at less then atmospheric pressure.

# 5. STORAGE

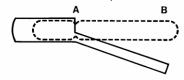
In October 1974, the ancrod concentrate was removed from  $-150^{\circ}\text{C}$  storage and thawed, and 395 ml of the solution was dissolved in cold (+4°C) 0.01M phosphate buffer (pH4.7) which contained lactose and heattreated re-precipitated human serum albumin. The resulting solution was clear, and homogeneos and was not filtered. The filling solution maintained at +4°C was distributed in approx. 1.0ml quantities into neutral glass ampoules. The weight of liquid contents in 77 check-weight ampoules gave a mean of 1.002 gm  $\pm$  0.15% (range 1.000 to 1.003 gm). The filled ampoules were held at +4°C until filling was complete. The ampouled solution was then frozen, freeze-dried and secondarily dessicated; the ampoules being then sealed by fusion of the glass so as to contain an atmosphere of pure dry nitrogen1.

Please note: because of the inherent stability of lyophilized material, NIBSC may ship these materials at ambient temperature.

# 6. DIRECTIONS FOR OPENING

Tap the ampoule gently to collect the material at the bottom (labelled) end. Ensure ampoule is scored all round at the narrow part of the neck, with a diamond or tungsten carbide tipped glass knife file or other suitable implement before attempting to open. Place the ampoule in the ampoule opener, positioning the score at position 'A'; shown in the diagram below. Surround the ampoule with cloth or layers of tissue paper. Grip the ampoule and holder in the hand and

squeeze at point 'B'. The ampoule will snap open. Take care to avoid cuts and projectile glass fragments that enter eyes. Take care that no material is lost from the ampoule and that no glass falls into the ampoule.



Side view of ampoule opening device containing an ampoule positioned ready to open. 'A' is the score mark and 'B' the point of applied pressure.

# 7. USE OF MATERIAL

No attempt should be made to weigh out any portion of the freeze-dried material prior to reconstitution

Do not attempt to weigh out any portion of the freeze dried-material. Dissolve the total contents of the ampoule in 1.0 ml of distilled water. The solution will contain 55 IU. A suitable buffer solution should be used for further dilution of the reconstituted Reference Preparation.

## **BULK MATERIAL**

The bulk material consisted of 395 ml of a solution of ancrod purified by sepharose affinity chromatography; Lot No. 33-002-Q. The material was kindly donated by Abbott Laboratories, Chicago, U.S.A., through the good offices of Dr G. Barlow. It was received at NIBSC in February 1974 and was stored at –150°C.

## 8. STABILITY

Reference materials are held at NIBSC within assured, temperature-controlled storage facilities. Reference Materials should be stored on receipt as indicated on the label.

NIBSC follows the policy of WHO with respect to its reference materials.

## 9. REFERENCES

1 Campbell, P.J. (1974) J. Biol. Standardisation, 2, 259-267

2 28th ECBS Report (1977).

# 10. ACKNOWLEDGEMENTS

## 11. FURTHER INFORMATION

Further information can be obtained as follows;

This material: enquiries@nibsc.org

WHO Biological Standards:

http://www.who.int/biologicals/en/

JCTLM Higher order reference materials: http://www.bipm.org/en/committees/jc/jctlm/

Derivation of International Units:

http://www.nibsc.org/standardisation/international\_standards.aspx

Ordering standards from NIBSC:

http://www.nibsc.org/products/ordering.aspx

NIBSC Terms & Conditions:

http://www.nibsc.org/terms\_and\_conditions.aspx

# 12. CUSTOMER FEEDBACK

Customers are encouraged to provide feedback on the suitability or use of the material provided or other aspects of our service. Please send any comments to enquiries@nibsc.org

# 13. CITATION

In all publications, including data sheets, in which this material is referenced, it is important that the preparation's title, its status, the NIBSC



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NIBSC Confidence in Biological Medicines

code number, and the name and address of NIBSC are cited and cited correctly.

## 14. MATERIAL SAFETY SHEET

Classification in accordance with Directive 2000/54/EC, Regulation (EC) No 1272/2008: Not applicable or not classified

(EC) No 1272/2008: Not applicable or not classified		
hysical and Chemical properties		
Physical	Corrosive:	No
appearance: Freeze		
dried powder		
Stable:	Oxidising:	No
Yes		
Hygroscopic:	Irritant:	No
No		
Flammable:	Handling:	See caution, Section 2
No		
Other (specify): Contains material of human origin		
Toxicological properties		
Effects of inhalation: Not established, avoid inhalation		
Effects of ingestion: Not established, avoid ingestion		
Effects of skin absorption: Not established, avoid contact with skin		
Suggested First Aid		
Inhalation: So	eek medical adv	ice
Ingestion: Seek medical advice		
Contact with eyes: W	ash with copious	s amounts of water. Seek
medical advice		
Contact with skin: Wash thoroughly with water.		
Action on Spillage and Method of Disposal		
Spillage of ampoule contents should be taken up with absorbent		
material wetted with an appropriate disinfectant. Rinse area with an		
appropriate disinfectar	nt followed by wa	ater.

## 15. LIABILITY AND LOSS

biological waste.

In the event that this document is translated into another language, the English language version shall prevail in the event of any inconsistencies between the documents.

Absorbent materials used to treat spillage should be treated as

Unless expressly stated otherwise by NIBSC, NIBSC's Standard Terms and Conditions for the Supply of Materials (available at http://www.nibsc.org/About\_Us/Terms\_and\_Conditions.aspx or upon request by the Recipient) ("Conditions") apply to the exclusion of all other terms and are hereby incorporated into this document by reference. The Recipient's attention is drawn in particular to the provisions of clause 11 of the Conditions.

## 16. INFORMATION FOR CUSTOMS USE ONLY

Country of origin for customs purposes\*: United Kingdom

\* Defined as the country where the goods have been produced and/or sufficiently processed to be classed as originating from the country of supply, for example a change of state such as freeze-drying.

Net weight: 20mg

Toxicity Statement: Toxicity not assessed

Veterinary certificate or other statement if applicable.

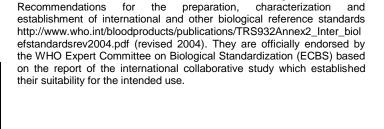
Attached: No

## 17. CERTIFICATE OF ANALYSIS

NIBSC does not provide a Certificate of Analysis for WHO Biological Reference Materials because they are internationally recognised primary reference materials fully described in the instructions for use.

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The reference materials are established according to the WHO

