1. INTENDED USE
This consists of a batch of ampoules (coded 78/556) which was established by WHO in 1984(1).

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. However, as with all preparations of human origin, this material cannot be assumed to be free from infectious agents. The container and its contents should be used and discarded according to your own laboratory procedures. Such procedures probably will include the wearing of protective gloves and avoiding the generation of aerosols. Care should be exercised in opening the container to avoid cuts.

3. UNITAGE
Each ampoule contains 10 International Units (by definition). (This unitage was assigned on the basis that the International Unit is represented by 1 microgram of the pure subunit preparation).

4. CONTENTS
Country of origin of biological material: United Kingdom. Each ampoule contains the residue, after freeze-drying of 0.5ml of a solution which contained:

- Beta subunit of pituitary LH (LH-beta) approx 10 µg
- Lactose * 2.5 mg
- Human plasma albumin * 0.5 mg
- Sodium chloride * 45 µg

Nitrogen gas at slightly less than atmospheric pressure.

5. STORAGE
Unopened ampoules should be stored at -20°C.

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.

7. USE OF MATERIAL
For practical purposes each ampoule contains the same amount of the same materials. Dissolve all the contents in a known amount of buffer solution. No attempt should be made to weigh portions of the freeze-dried powder. For economy of use the solution can be kept for several months if an anti-bacterial preservative is added and the solution is subdivided into several small containers, which are frozen rapidly to below -70°C and then stored below -30°C in the dark; repeated freezing and thawing should be avoided.

If extensive dilutions are prepared, a carrier protein (0.1% w/v) should be added, which is free of peptidase. The material has not been sterilized and contains no bacteriostat.

8. PREPARATION OF AMPOULES

Bulk Material
Some 20mg of LH-beta (batch NM14 DEAE I, G75 (A+E)) was prepared for WHO by Drs G. Hennen and R.M. Lequin and their colleagues by the method of Closset al(2). From LH batch NM14 (Loeber(3)), this subunit preparation was characterised by them using amino acid analysis, chromatography and immunossay; its contamination with the alpha subunit of human pituitary LH (LH-alpha) was found to be < 0.1% (w/w) in two different immunossay systems specific for the LH-alpha. The LH potencies (with 95% confidence limits) of the LH (batch NM14) from which the LH-beta was prepared, were found by Loeber(3) to be 8400 (6630-11100) IU/mg by ovarian ascorbate depletion assay(4) and 2360 (1560-3210) IU/mg by seminal vesicle weight gain assay(5), each in terms of the first IRP of Human Pituitary Gonadotrophins (FSH and LH) for Bioassay (coded 69/014)(6). (See Storring et al(7), for a comparison of these biological potencies with those of other preparations of highly purified human pituitary LH).

Distribution into ampoules.
In May 1978, 6.0 mg of the preparation of LH-beta was dissolved in water containing 0.5% (w/v) lactose and 0.1% (w/v) purified human albumin (by dilution of a 10% solution in 0.89% sodium chloride (batch AK8, Lister Institute, Elstree)), to a final concentration of about 20 micrograms LH-beta/ml. Equal volumes (0.5ml) of this solution were distributed into ampoules and the ampoule contents freeze-dried, secondarily dessicated and sealed under nitrogen as described by Campbell(8), and the WHO Expert Committee on Biological Standardisation(9). The batch consisted of 500 ampoules. The mean weight of filling solution in each of 11 weighed ampoules was 0.503mg, with a range of 0.14% of the mean.

9. CONTAMINATING ACTIVITIES
The LH activity (with 95% confidence limits) of the ampoule contents was estimated to be < 0.5 IU/ampoule by ovarian ascorbate depletion assay in terms of the IRP coded 69/014, and to be 0.124 IU/ampoule by in vitro bioassay(2), in terms of the Second IRP of Human Pituitary FSH and LH for Bioassay(10). Assuming a potency of 10000 IU/mg for highly purified LH(11) these activities would represent at most a contamination of 0.2% (w/w) with native LH.

In specific immunossay systems, the ampouled LH-beta preparation showed cross reactions of: 0.005-0.02% (w/w) with FSH; < 0.004% (w/w) with TSH; < 0.08% (w/w) with LH-alpha; 6.8-27.2% (w/w) with LH in one assay system and 11.2% (w/w) in another in which however there was a significant (p < 0.001) deviation from parallelism between the log dose-response curves.

10. STABILITY
NIBSC follows the policy of WHO with respect to its reference materials. It is the policy of WHO not to assign an expiry date to their international reference materials. They remain valid with the assigned potency and status until withdrawn or amended. Reference materials are held at NIBSC within assured, temperature-controlled storage facilities.
Unopened ampoules should be stored on receipt as indicated on the label. In addition, once reconstituted, diluted or aliquoted, users should determine the stability of the material according to their own method of preparation, storage and use.

11. REFERENCES

1. WHO Expert Committee on Biological Standardisation (1985).
   Eur J Biochem 57, 325.
   http://www.nibsc.org/terms_and_conditions.aspx
7. Bangham DR, Berryman I, Butler H, Cotes PM, Furnival BE, Hunter
   WM, Midgley AR, Mistry YG, Lindberg M, Stenning BE & E
8. Storring PL, Zaidi AA, Misir YG, Lindberg M, Stenning BE & E
    WHO Tech Rep Ser No 626.
    Acta Endocrinol 77, 655.
    WHO Tech Rep Ser No 658.

12. ACKNOWLEDGEMENTS

Grateful acknowledgements are due to Drs G Hennen (Liege, Belgium)
and RM Lequin (Nijmegen, The Netherlands) and their colleagues for
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for the in vivo bioassay of the standard; Dr AHWM Schurs (Organon,
OSS, The Netherlands) and Drs AS Khan and E Diczfalusy
(Stockholm, Sweden) for in vitro bioassays of the standard; Dr JG
Loeber (Bilthoven, The Netherlands) for LH and LH subunit
immunoassays of the standard; and Drs SS Lynch and WR Butt
(Birmingham) for FSH, TSH and LH immunoassays; Dr Rose E Gaines
Dias (NIBSC) for statistical help; and Dr PJ Campbell (NIBSC) for
ampouling.

13. 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

14. 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

15. CITATION

In all publications, including data sheets, in which this material is
referred to, it is important that the preparation's title, its status, the NIBSC
code number, and the name and address of NIBSC are cited and cited
correctly.

16. MATERIAL SAFETY SHEET

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

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<td>Handling: See caution, Section 2</td>
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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: Seek medical advice
Ingestion: Seek medical advice
Contact with eyes: Wash with copious 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 disinfectant followed by water. Absorbent materials used to treat spillage should be treated as biological waste.

17. LIABILITY AND LOSS

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.

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.

18. 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: 3mg
Toxicity Statement: Non-toxic
Veterinary certificate or other statement if applicable.
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. The reference materials are established according to the WHO Recommendations for the preparation, characterization and establishment of international and other biological reference standards http://www.who.int/bloodproducts/publications/TRS932Annex2_Inter_biolefstandardsrev2004.pdf (revised 2004). They are officially endorsed by the WHO Expert Committee on Biological Standardization (ECBS) based on the report of the international collaborative study which established their suitability for the intended use.