DIAGNOSTIC KIT FOR **DETERMINATION OF ALBUMIN** CONCENTRATION IN URINE AND **CEREBROSPINAL FLUID**

OS – MICROALBUMIN

INTRODUCTION

Albumin is a protein that is formed within the liver and it makes up approximately 60% of the serum protein. Normally only small amounts of albumin are filtered through the renal glomeruli, and that small quantity can be reabsorbed by the renal tubules. In that case there is a low albumin concentration in the urine. When renal disorders appear, level of urine albumin increase but remains still undetectable by routine screening tests (microalbuminuria). The appearance of low but abnormal levels (30-300 mg/24h) of albumin in the urine is an early clinical evidence of nephropathy (mostly diabetic) and cardiovascular

To avoid the necessity of 24-hour urine collection it is common in clinical practice to measure albumin and creatinine simultaneously and give the result as a albumin/creatinine ratio.

METHOD PRINCIPLE

Immunoturbidimetric method. Albumin in the sample forms with anti-albumin antibodies in the reagent an insoluble complex. The turbidity caused by the complexes is measured spectrophotometrically at 340 nm and is proportional to the amount of albumin in the sample.

REAGENTS

Package

1-Reagent 2 x 13.5 ml 2 x 3.5 ml 2-Reagent

The reagents are stable up to the expiry date printed on the package when stored at 2-8°C. The reagents are stable for 12 weeks on board the analyser at 2-10°C.

Concentrations in the test

1-Reagent

Tris buffer (pH 7.6) 18.2 mmol/L sodium chloride 123.2 mmol/l **PEG** < 4% 2-Reagent

sodium chloride 154 mmol/l anti-human albumin antibodies preservatives

Warnings and notes

- Product for in vitro diagnostic use only.
- The reagents must be used only for the intended purpose, by suitably qualified laboratory personnel, under appropriate laboratory conditions.
- Do not freeze the reagents. Protect from light and contamination!
- Do not use after expiry date.
- Do not interchange caps.
- Reagents with different lot numbers should not be interchanged or mixed.
- 2-Reagent contains < 0.1% sodium azide as a preservative. Avoid contact with skin and mucous membranes.

SPECIMEN

Urine. Urine used for analysis may come from the first morning sample, random sample or timed collection sample [3].

Samples with visible turbidity should be centrifuged before analysis. Determination of uncentrifuged samples may give increased results. Urine samples are stable for 2 days at room temperature, 14 days at the 8°C [7].

Nevertheless it is recommended to perform the assay with freshly collected samples!



Cerebrospinal fluid. CSF should be centrifuged before analysis. If the total protein in CSF is greater than 2000 mg/l, the CSF sample needs to be diluted 1:9 and the result multiplied by 10.

It is recommended to follow NCCLS procedures regarding specimen collecting and handling.

Samples should be stored at 2-4°C and analyzed within 2 hours after collection.

PROCEDURE

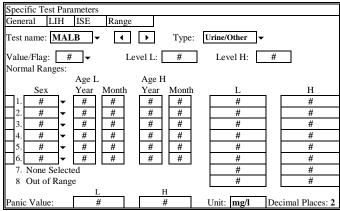
These reagents may be used in automatic analysers Olympus AU400/AU640.

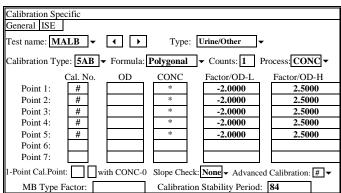
1-Reagent and 2-Reagent are ready to use. Before use mix reagent by gently inverting each bottle.

For reagent blank 0.9% NaCl is recommended.

APPLICATION

Reagent ID: 067 Specific Test Parameters Range General LIH ISE Test name: MALB Type: Urine/Other ▼ Operation: Yes ▼ μL Dilution 0 Sample: Volume μL Pre-Dilution Rate: 1 250 μL Dilution 0 Reagents: R1 Volume Max OD μL Min OD L **-2.0000** R2 Volume 50 H 2.5000 μL Dilution 0 μL Reagent OD Limit: First L **-2.0000** First H **2.5000** Wavelength: Pri. 340 Sec. 700 Method: END Last L -2.0000 Last H 2.5000 Reaction Slope: Dynamic Range Measuring Point 1: First 0 Last L Measuring Point 2: First 0 10 Correlation Factor: Last В 0.000 A 1.000 Linearity: No-Lag-Time: On-board Stability Period: 84





- User defined
- Calibrator value

Calculation

For the calculation of albumin 24 hours quantity, multiply the concentration (mg/l) with the volume (l) of the 24 hours urines.

REFERENCE VALUES 3

urine	mg/24h	μg/min	mg/g creatinine
normal	< 30	< 20	< 30
microalbuminuria	30 – 300	20 - 200	30 – 300
clinical albuminuria (overt nephropathy)	> 300	> 200	> 300
cerebrospinal fluid, lumbar		177 – 251 mg/l	

It is recommended for each laboratory to establish its own reference ranges for local population.

OUALITY CONTROL

For internal quality control it is recommended to use the CORMAY MICROALBUMIN CONTROL (Cat. No 4-461) with each batch of samples.

For the calibration of automatic analysers systems the CORMAY MICROALBUMIN CALIBRATOR (Cat. No 5-193) is recommended. The calibration curve should be prepared every 12 weeks, with change of reagent lot number or as required e.g. quality control findings outside the specified range.

PERFORMANCE CHARACTERISTICS

These metrological characteristics have been obtained using the automatic analysers Olympus AU400 and Hitachi 911. Results may vary if a different instrument or a manual procedure is used.

- Sensitivity: 4.8 mg/l
- Linearity: up to concentration of highest calibrator

For higher concentration dilute the sample with 0.9% NaCl and repeat the assay. Multiply the result by dilution factor.

Specificity / Interferences

Hemoglobin up to 2.5 g/dl, ascorbate up to 200 mg/dl, creatinine up to 6 g/l, uric acid up to 100 mg/dl, glucose up to 35 g/l, urea up to 50 g/l, bilirubin conjugated up to 60 mg/dl, calcium ion up to 130 mg/dl, magnesium ion up to $1.8 \, \text{g/l}$, do not interfere with the test.

Precision

- Frecision			
Repeatability (run to run)	Mean	SD	CV
n = 20	[mg/l]	[mg/l]	[%]
level 1	28.74	0.48	1.68
level 2	219.53	5.25	2.39
Reproducibility (day to day)	Mean	SD	CV
n = 20	[mg/l]	[mg/l]	[%]
level 1	24.9	0.56	2.24
level 2	43.1	1.06	2.46

Method comparison

A comparison between CORMAY kit (y) and another commercially available kit (x) using 23 samples gave following results:

y = 0.8802 x + 1.9453 mg/l;

R = 0.998

(R – correlation coefficient)

WASTE MANAGEMENT

Please refer to local legal requirements.

LITERATURE

- NCCLS Document: Urinalysis and Collection, Transportation, and Preservation of Urine Specimens; Approved Guideline -Second Edition.
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MANUFACTURER

PZ CORMAY S.A.

22 Wiosenna Street, 05-092 Łomianki, POLAND tel.: +48 (0) 22 751 79 10 fax: +48 (0) 22 751 79 14 http://www.cormay.pl

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