Reactivos GPL

Barcelona, España

GLUCOSE -GLUCOSE LS- Liquid. CHOD-POD

Presentation:

CE

Store at: +2+8°C.

CONT: R 2 x 125 mL.+ CAL 1 x 5 mL. Cod. SU018 Cod. SU019 CONT: R 4 x 250 mL.+ CAL 1 x 5 mL.

Procedure

Quantitative determination of glucosel.

Only for in vitro use in clinical laboratory (IVD)

TEST SUMMARY

Glucose Oxidase (GOD) catalyses the oxidation of glucose to gluconic acid. The formed hydrogen peroxide (H2O2) is detected by a chromogenic oxygen acceptor, phenol-aminophenazone in the presence of peroxydase (POD):

 β -D-Glucose + 2H₂O + O₂ \longrightarrow Gluconic acid + H₂O₂

 H_2O_2 + Phenol + (4-AP) $\xrightarrow{\text{POD}}$ Quinone + H_2O

The intensity of the red color formed is proportional to the glucose concentration in the sample $^{1,2}\!\!\!\!$

REAGENTS COMPOSITION

| R | | TRIS pH 7.4 Phenol Glucose oxydase (GOD) Peroxidase (POD) 4-Aminophenazone (4-AP) | 92 mmol/L. 0.3 mmol/L. 15000 U/L. 1000 U/L. 2.6 mmol/L. |
|---|------------|---|---|
| G | lucose Cal | Gucose aqueous primary Calibrator | 100 mg/dL. |

REAGENT PREPARATION AND STABILITY

All the reagents are ready to use.

All the components of the kit are stable until the expiration date on the label when stored at 2-8°C, protected from light and contamination prevented during their use.

Do not use reagents over the expiration date.

Glucose Cal: Once open is stable up to 1 month when stored tightly closed at 2-8°C, protected from light and contamination prevented during their use. Signs of Reagent deterioration: - Presence of particles and turbidity.

Blank absorbance (A) at 505 nm. \geq 0.32

All the reagents of the kit are stable up to the end of the indicated month and year of expiry. Store tightly closed at 2-8°C,. Do not use reagents over the expiration date.

SPECIMEN

Serum or plasma, free of hemolysis¹ Stability: Glucose is stable at 2-8°C for 3 days. Serum shoud be removed from the clot as quickly as possible.

MATERIAL REOUIRED BUT NOT PROVIDED

- Spectrophotometer or colorimeter measuring at 505 nm.
- Matched cuvettes 1.0 cm. light path.

General laboratory equipment.

TEST PROCEDURE

1. Assay Conditions

- Wavelenght : 505 nm. (490-550).
- Cuvette: 1 cm light path.
- 2. Adjust the instrument to zero with Blank of reagent. Pipette into a cuvette:

| | Blank | Standard | Sample |
|---------------------------------------|-------|----------|--------|
| R (mL.) | 1.0 | 1.0 | 1.0 |
| Calibrator ^(note1-2) (µL.) | | 10 | |
| Sample (µL.) | | | 10 |

Mix and incubate for 10 minutes at 37°C or 30 minutes at room 4. temperature (15-25°C).

Read the absorbance (A) of the samples and calibrator, against the 5. Blank. The colour is stable at least 30 minutes

CALCULATIONS

Glucose (mg/dL.) = $\frac{(A)Sample}{(A)Standard} \times 100$ (Calibrator conc.)

Conversion Factor. mg/dL. x 0.0555 = mmol/L.

QUALITY CONTROL

CHEMELE

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Control sera are recommended to monitor the performance of the procedure, Normal and Pathological.

| CHEMELEX, S.A. | | | |
|--|--|--|--|
| Pol. Ind. Can Castells. C / Industria 113, Nau J | | | |
| 08420 Canovelles -BARCELONA- | | | |
| Tel- 34 93 849 17 35 Fax- 34 93 846 78 75 | | | |

If control values are found outside the defined range, check the instrument, reagents and calibrator for problems.

Serum controls are recommended for internal quality control. Each laboratory should establish its own Quality Control scheme and corrective actions.

REFERENCE VALUES

Serum or Plasma:

60 - 110 mg/dL. 3.33 - 6.10 mmol/L

(These values are for orientation purpose).

It is suggested that each laboratory establish its own reference range.

CLINICAL SIGNIFICANCE

Glucose is major source of energy for most cells of the body; insulin facilitates glucose entry into the cells.

Diabetes is a disease manifested by hyperglucemia; patients with diabetes demonstrate an inability to produce insulin^{1,5,6}.

Clinical diagnosis should not be made on a single test result; it should integrate clinical and other laboratory data.

REAGENT PERFORMANCE

Measuring Range:

From detection limit of 1 mg/dL. to linearity limit of 500 g/dL., under the described assay conditions.

If results obtained were greater than linearity limit, dilute the sample $\frac{1}{2}$ with NaCl 9 g/L. and multiply result by 2.

Precision:

| | Intra-assay n= 20 | | | Inter-assay n= 20 | | |
|-------------|-------------------|------|--|-------------------|------|--|
| Mean (g/dL) | 94.9 | 238 | | 98.6 | 246 | |
| SD | 1.99 | 4.11 | | 3.04 | 5.00 | |
| CV (%) | 2.10 | 1.73 | | 3.09 | 2.03 | |

<u>Sensitivity:</u> 1 mg/dL. = 0.0035A

Accuracy:

Results obtained GPL reagents did not show systematic differences when compared with other commercial reagents.

The results obtained using 50 samples were the following: Correlation coefficient (r): 0.9929

Regression Equation: y=0.9901 x + 1.0515

The results of the performance characteristics depend on the analyzer used.

INTERFERING SUBSTANCES

Interference No interferes¹ were observed to bilirubin up to 100 mg/L, hemoglobin up to 19 a/L.

Other substances may interfere. A list of drugs and other substances that could interfere has been reported by Young et. al³

NOTES

- Calibration with the aqueous standard may cause a systematic error 1. in automatic procedures. In these cases, it is recommended to use a serum Calibrator.
- 2. Use clean disposable pipette tips for its dispensation.

BIBLIOGRAPHY

- Kaplan L.A. Glucose Kaplan A et al. Clin Chem The C.V Mosby Co. St Louis 1. Toronto. Princeton 1984; 1032-1036. Trinder P. Ann Clin Biochem 1969; 6: 24-33 Young DS. Effects of drugs on Clinical lab. Tests, 4th ed AACC Press, 1995. Young DS. Effects of disease on Clinical lab. Tests, 4th ed AACC 2001 Burtis A et al. Tietz Textbook of Clinical Chemistry, 3rd ed AACC 1999. Tietz N W et al. Clinical Guide to Laboratory Tests, 3rd ed AACC 1995.
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