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URIC ACID

Enzymatic Colorimetric test (Uricase- PAP) Reagent for the quantitative determination

of uric acid in human plasma and urine

If a control value is outside the confidence limits, repeat the procedure using the same control.

The standard of the kit (Reagent 3) or any calibrator connected to a method or reference material.

If the uric acid concentration is higher than 250 mg/l, repeat the test on a sample diluted 1/2 with 9

Standard

20 ul

- -

1 ml

Sample

- -

20 ul

1 ml

n = Standard value

Adjust the spectrophotometer zero on the reagent blank for standard and samples

Blank

- -

- -

1 ml

Mix read absorbances after incubation for 5 minutes at 37°C or 10

x n

The frequency of calibration depends on analyzer performance and reagent storage conditions.

	REF 15013	3 x 125 ml (375 T)	R1: 3 x 125 ml	R2: 3 lyophilisates	R3: 1 x 6 ml
	REF 15020	4 x 30 ml (120 T)	R1: 4 x 30 ml	R2:4 lyophilisates	R3: 1 x 4 ml
IVD	REF 15037	2 x 30 ml (60 T)	R1: 2 x 30 ml	R2:2 lyophilisates	R3: 1 x 4 ml
	REF 15044	5 x 120 ml (600 T)	R1: 5 x 120 ml	R2: 5 lyophilisates	R3: 2 x 6 ml

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CLINICAL SIGNIFICANCE

Uric acid is a waste product produced by the body. It is the end product of the metabolism of nucleic acids and purines. Hyperuricemia can be caused by excessive production of uric acid or by a decrease in its elimination by the kidneys. The doctor prescribes a blood and/or urine uric acid test to detect gout, kidney failure or in case of pregnancy. For example, high levels of uric acid in the blood can be the result of a diet rich in purine.

Hereditary predispositions are found in some patients but are often associated with overeating, alcohol abuse, diabetes and hypertriglyceridemia. On the other hand, hypourecemia (less common than hyperurcemia) may be related to renal or hepatic pathology or to a diet low in purines.

PRINCIPLE

Uric acid is dosed according to the following reactions:

Uricase

uric acid + $2H_00 + 0_0 -$ Allantoïne + CO₂ + H₂O₂

2H₂O₂+ Amino - 4-antipyrine + Dichloro 2- 4phenolsulfonate

Peroxidase

Quinone rose + 4H₂O

REAGENT COMPOSITION

Reagent 1 Buffer	Buffer phosphate ; pH 7.4 Dichloro 2-4 Phenolsulfonate	50 mmol/l 4 mmol/l	
Reagent 2 Enzymes	Uricase Peroxidase Amino-4-Antipyrine	70 UI/I 660 UI/I 1 mmol/I	
Reagent 3 Standard uric acid		6 mg/dl 60 mg/l 357 µmol/l	

SAFETY CAUTIONS

Biomaghreb reagents are intended for use by qualified personnel for in vitro use (do not pipette by mouth)

- · Refer to the current SDS available on request or at www.biomaghreb.com;
- · Verify the integrity of the reagents before use; and
- · Disposal of waste: comply with the legislation in force.

For safety reasons, treat any specimen or reagent of biological origin as potentially infectious. Respect the legislation in force

REAGENT PREPARATION

Dissolve the lyophilisate R2 with the contents of a Buffer R1 vial. Shake gently until completely dissolved before using the reagent (approximately 5 minutes)

SAMPLE PREPARATION

Serum, plasma heparinized non-hemolyzed.

Urine diluted 1/10 in distilled water.

If the urine sample is turbid, warm up to about 60°C for 10 minutes to dissolve the uric acid.

PRESERVATION AND STABILITY

- Before opening: Until the expiry date indicated on the label of the box at 2-8°C;
- After opening (Working Solution) :
- 7 days at 20 -25°C
- 3 weeks at 2-8°C

ADDITIONAL EQUIPMENT

- · Basic equipment of the medical analysis laboratory ;
- · Spectrophotometer or Clinical Biochemistry Analyzer.

LIMITS

Elevated levels of bilirubin and/or ascorbic acid may interfere negatively with the uric acid assay.







Limitation

li See insert









DO Standard

DO. Sample

minutes at 20 - 25°C. Staining is stable 30 minutes.

n =60 mg/l ;

Uric acid =

n = 6 mg/dI;

n =357 µmol/l.

• Urine : Multiply the result by 10.

QUALITY CONTROL

It is recommended to control in the following cases:

After maintenance work on the analyzer.

Recalibration is recommended in the following cases:

2. After maintenance work on the analyzer; and

3. Control values are outside the confidence limits.

The method is linear up to 250 mg/l (25 mg/dl = $1487,5 \mu mol/l$).

· At least one test per series.

· Change of reagent bottle.

Use normal and pathological control sera.

1. Changing the reagent lot ;

External quality control program.

CALIBRATION

LINEARITY

g/LNaCL solution Multiply the result by 2. PROCEDURE Wavelength: 510 nm (490-550) ; Temperature : 20 - 25°C ; Tank : 1 cm thick ;

Standard

Sample

Working solution

• Serum or plasma :

CALCULATION

REFERENCE VALUES

Serum	Women	2.5 - 6.0 mg/dl 25 - 60 mg/l 148 - 357 µmol/l	
plasma	Men	3.4 - 7.0 mg/dl 34 - 70 mg/l 200 - 416 μmol/l	
Urine		250 - 750 mg/24 h	

REFERENCES

Barham et Trinder, Analyst 97, 142 (1972) ; Fossati et Principe, Clin. Chem. 28, 227 (1980).

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