Reactivos GPL

Barcelona, España

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- Calcium-OC-

CALCIUM

o-Cresolphtaleine v/v- Colorimetric

Presentation:

Cod. SU009-SP CONT: R 2 x 50 mL.+ CAL 1 x 5 mL. Cod. SU009 CONT: R 2 x 125 mL.+ CAL 1 x 5 mL. Cod. SU009-B CONT: R 8 x 125 mL.+ CAL 1 x 5 mL.

Procedure

Quantitative determination of calcium.

Only for in vitro use in clinical laboratory (IVD)

Store at: +2+8℃.

The measurement of calcium in the sample is based on formation of color complex between calcium and o-cresolphtalein in alkaline medium:

Ca⁺⁺ + o-Cresolphtalein ———→ Coloured complex

The intensity of the colour formed is proportional to the calcium concentration in the sample 1,2,3.

REAGENTS COMPOSITION

LEAGENTS COMFOSITION						
R.1 Buffer	Ethanolamine Chloroform Methanol	500 mmol/L 15 mmol/L 5700 mmol/L				
R.2 Chromogen	o-Cresolphtalein 8-Hidroxyquinolein	0.62 mmol/L 69 mmol/L				
Calcium Cal	Calcium aqueous primary calibrator	10 mg/dL				

R1: H302+H312+H332-Harmful if swalled, in contact with skin or inhaled. H314-Causes severe skin burns and eye damage. .H370-Causes damage to organs R2: H290-May be corrosive to metals. H314-Causes severe skin burns and eye

CAL: H290-May be corrosive to metals.

Follow the precautionary statements given in MSDS and label of the product.

REAGENT PREPARATION AND STABILITY

All the reagents (R.1) (R.2) are ready to use

CALCIUM CAL: Proceed carefully with this product because due its nature it can get contaminated easily.

Signs of Reagent deterioration:

- Presence of particles and turbidity.
- Blank absorbance (A) at 570 nm ≥ 0.22

All the components of the kit are stable until the expiration date on the label when stored tightly closed at $2\text{-}8^{\circ}$ C, protected from light and contaminations prevented during their use. Do not use reagents over the expiration date.

SPECIMEN

Serum or plasma1: Separated from cells as rapidly as possible. Blood anticoagulants with oxalate or EDTA are not acceptable since these chemicals will strongly chelate calcium.

Urine¹: Collect 24 hour urine specimen in calcium free containers. The collecting bottles should contain 10 ml of diluted Nitric acid (50% v/v). Record the volume. Dilute a sample 1/2 in distilled water. Mix. Multiply results by 2 (dilution factor). Stability of the samples: Calcium is stable 10 days at 2-8°C.

MATERIAL REQUIRED BUT NOT PROVIDED

- Spectrophotometer or colorimeter measuring at 570 nm. Matched cuvettes 1.0 cm. light path.

General laboratory equipment (note, 1,2)

TEST PROCEDURE

- Assav Conditions
 - Wavelength: 570 nm. (550-590).
- 1 cm light path. 37/ 15-25°C. Temperature
- Adjust the instrument to zero with distilled water.
- Pipette into a cuvette:

	Blank	Standard	Sample
R 1 (mL)	1	1	1
R 2 (mL)	1	1	1
Standard (Note 3-4) (µL)		20	
Sample (μL)			20

- Mix and incubate for 5 minutes at 37/15-25°C.
- Read the absorbance (A) of the samples and calibrator, against the Blank. The color is stable for at least 40 minutes.

CALCULATIONS

Serum or plasma:

(A)Sample-(A)Blank x 10 (Calibrator conc.) = mg/dL calcium in the sample (A)Calibrator-(A)Blank

Urine 24:

 $\overline{(A)Sample-(A)Blank} \ x \ 10 \ (Calibrator \ conc.) x \ vol. \ (dL) \ urine/24h \ =mg/24 \ h$

(A) Calibrator- (A)Blank

Conversion factor: mg/dL x 0.25 = mmol/L.

QUALITY CONTROL

Control sera are recommended to monitor the performance of the procedure, Control Normal Ref. QC001 and Control Pathological Ref. QC002. If control values are found outside the defined range, check the instrument, reagents and

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

REFERENCE VALUES¹

Serum or plasma: 8.5-10.5 mg /dL \cong 2.1-2.6 mmol/L Adults Children \cong 2.5 - 3 mmol/L 10 -12 mg/dL ≅ 2 - 3.25 mmol/L

Newborns 8 -13 mg/dL Urine:

Adults $50 - 300 \text{ mg/}24h \cong 1.25 - 7.5 \text{ mmol/}24h$ Children $80 - 160 \text{ mg/}24\text{h} \cong 2 - 4 \text{ mmol/}24\text{h}$

(These values are for orientation purpose).

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

CLINICAL SIGNIFICANCE

Calcium is the most abundant and one of the most important minerals in the human body. Approximately 99% of body calcium is found in bones.

A decrease in albumin level causes a decrease in serum calcium. Low levels of calcium are found in hypoparathyroidism, pseudohypoparathyroidism, vitamin D deficiency, malnutrition and intestinal malabsortion.

Among causes of hypercalcemia are cancers, large intake of vitamin D, enhaced renal retention, hyperparathyroidism^{1,6,7}. osteoporosis, sarcosidosis, thyrotoxicosis,

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 0.007 mg/dL. to linearity limit of 35 mg/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 (mg/dL)	9.14	16.02		9.34	16.27	
SD	0.07	0.11		0.20	0.37	
CV %	0.74	0.68]	2.16	2.27	

<u>Sensitivity:</u> 1 mg/dL. = 0.044 A. <u>Accuracy:</u> 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)²: 0.981.

Regression Equation: y= 0.8234x + 1.5484

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

INTERFERING SUBSTANCES

- No interferences were observed with triglycerides up to 1.25 g/L^{1,2,3}.
- A list of drugs and other interfering substances with calcium determination has been reported by Young et. al^{2,3}.

NOTES

- It is recommended to use disposable material. If glassware is used the material should be scrupulously cleaned with diluted 1/1 HNO₃ in water and then thoroughly rinsed it with distilled water.
- 2. Most of the detergents and water softening products used in the laboratories contains chelating agents. A defective rinsing will invalidate the procedure.
- 3. Calibration with the aqueous standard may cause a systematic error in automatic procedures. In these cases, it is recommended to use a serum
- Use clean disposable pipette tips for its dispensation.

BIBLIOGRAPHY

- Farell E C. Calcium. Kaplan A et al. Clin Chem The C.V. Mosby Co. St Louis. Toronto. Princeton 1984; 1051-1255 and 418.
- Kessler G. et al. Clin Chem 1964; 10 (8); 686-706. Connerty H. V. et al. Am J Clin Path 1996; 45 (3); 200-296. Young DS. Effects of drugs on Clin. 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.

