

# Instructions for Use

For *in vitro* diagnostic use



## ALBUMINA WS

## Albumin WS

Anvisa 80115310206

### ORDER INFORMATION

| Cat. No.     | Kit size       |
|--------------|----------------|
| 1110250KWS   | R: 1 x 250 mL  |
| 1110060MWS   | R: 2 x 30 mL   |
| 1110154.4RWS | R: 4 x 38,6 mL |
| 1110040MKWS  | R: 2 x 20 mL   |

### INTENDED USE

Diagnostic reagent for quantitative *in vitro* determination of Albumin in serum or plasma on photometric systems.

### SUMMARY [1,2]

Albumin is an important binding and transport protein for many substances in plasma and is a major contributor to plasma osmotic pressure. Serum albumin levels are used for the diagnosis and monitoring of liver diseases, such as cirrhosis. In addition, albumin levels indicate an individual's nutritional status and health and are therefore used for the detection of malnutrition and for prognosis in elderly hospitalized patients.

### METHOD

Photometric test using bromocresol green.

### PRINCIPLE

In the presence of bromocresol green at a slightly acid pH, serum albumin produces a color change of the indicator from yellow-green to green-blue.

### REAGENTS

#### Components and Concentrations

|                   |        |             |
|-------------------|--------|-------------|
| Citrate buffer    | pH 4.2 | 30 mmol/L   |
| Bromocresol green |        | <0.3 mmol/L |

### STORAGE AND STABILITY

The reagent is ready to use and is stable until the expiration date if stored at 2 - 8 °C, protected from light and if contamination is avoided. Do not freeze the reagent!

### WARNINGS AND PRECAUTIONS

1. In very rare cases, samples of patients with gammopathy might give falsified results [6].
2. Please refer to the safety data sheets (SDS) and take the necessary precautions for the use of laboratory reagents. For diagnostic purposes, the results should always be assessed with the patient's medical history, clinical examinations and other findings.

### WASTE MANAGEMENT

Follow the requirements of the current guidelines about technical regulation for the management of healthcare service waste, as well as other equivalent biosafety practices.

### MATERIALS REQUIRED, BUT NOT PROVIDED

1. NaCl solution 9 g/L.
2. General laboratory equipment.

### SPECIMEN

Serum, heparin plasma or EDTA-plasma.

|                |          |    |            |
|----------------|----------|----|------------|
| Stability [3]: | 10 weeks | at | 20 - 25 °C |
|                | 3 months | at | -20 °C     |
|                | 5 months | at | 4 - 8 °C   |

Only freeze once!

Discard contaminated specimens!

### ASSAY PROCEDURE

Applications for automatic systems are available upon request or on our website: [www.kovalent.com.br](http://www.kovalent.com.br)

|              |                       |
|--------------|-----------------------|
| Wavelength   | Hg 546 nm, (540-600)  |
| Optical path | 1 cm                  |
| Temperature  | 20 - 25 °C / 37 °C.   |
| Measurement  | Against reagent blank |

|   | Blank   | Sample or calibrator |
|---|---------|----------------------|
| Sample or calibrator  | -       | 10 µL                |
| Distilled water   | 10 µL   | -                    |
| Reagent   | 1000 µL | 1000 µL              |
| Mix, incubate for approximately 10 minutes, then read the absorbance against the reagent blank within 60 minutes. |         |                      |

### CALCULATION

#### With calibrator

$$\text{Albumin [g/dL]} = \frac{A_{\text{Sample}}}{A_{\text{Calibrator}}} \times \text{Conc. Calibrator [g/dL]}$$

### Conversion Factor

$$\text{Albumin [g/dL]} \times 144.9 = \text{Albumin [µmol/L]}$$

### CALIBRATORS AND CONTROLS

For calibration in automated photometric systems, Kovalent Topkal U calibrator is recommended. Use Kovalent Topkon N and P for internal quality control. Each laboratory should establish corrective action in case of deviations in control recovery.

### WARRANTY

These instructions for use should be read carefully before using the product and the information contained therein should be strictly adhered to. The reliability of the test results cannot be guaranteed if the instructions are not followed.

### PERFORMANCE CHARACTERISTICS

#### Measuring range

The assay is designed to determine albumin concentrations within a measurement range of 0.2 - 6.0 g/dL. When values exceed this range, samples should be diluted 1 + 1 with NaCl solution (9 g/L) and the result multiplied by 2.

#### Specificity / Interferences

No interference was observed by ascorbic acid up to 30 mg/dL, bilirubin up to 40 mg/dL, hemoglobin up to 400 mg/dL, and lipemia up to 500 mg/dL of triglycerides. For more information on interfering substances, see Young DS [5].

#### Sensitivity / Limit of Detection

The lowest detection limit is 0.2 g/dL.

#### Precision

| Within run<br>n = 10 | Mean<br>[g/dL] | SD<br>[g/dL] | CV<br>[%] |
|----------------------|----------------|--------------|-----------|
| Normal Control       | 3.64           | 0.07         | 1.92      |
| Pathological Control | 4.393          | 0.05         | 1.25      |

| Between day<br>n = 9 | Mean<br>[g/dL] | SD<br>[g/dL] | CV<br>[%] |
|----------------------|----------------|--------------|-----------|
| Normal Control       | 3.79           | 0.11         | 2.81      |
| Pathological Control | 4.57           | 0.10         | 2.18      |

#### Method comparison

Method comparison between Kovalent Albumina WS (y) and a commercially available test (x) using 30 samples demonstrated the following results:  $y = 0.9776x - 0.1077$ ;  $r = 0.993$

#### REFERENCE VALUES [4]

|         |                  |
|---------|------------------|
| Adults: | 3.5 - 5.2 g/dL   |
|         | 35 - 52 g/L      |
|         | 507 - 756 µmol/L |

Each laboratory should verify that reference values can be used in its own patient population and determine its own reference values, if necessary.

### LITERATURE

1. Johnson AM, Rohlf EM, Silverman LM. Proteins. In: Burtis CA, Ashwood ER. Editors. Tietz textbook of clinical chemistry. 3rd ed. Philadelphia: W. B. Saunders Company; 1999. p. 477-540.















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2. Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 652-6.
3. Gunder WG, Zawta B et al. The Quality of Diagnostic Samples. 1<sup>st</sup> ed. Darmstadt: GIT Verlag; 2001; p. 14-5.
4. Dati F, Schumann G, Thomas L, Aguzzi F, Baudner S, Bienvenu J et al. Consensus of a group of professional societies and diagnostic companies on guidelines for interim reference ranges for 14 proteins in serum based on the standardization against the IFCC/BCR/CAP reference material (CRM 470), Eur J Clin Chem Clin Biochem 1996; 34:517-20.
5. Young DS. Effects of Drugs on Clinical Laboratory Tests. 5<sup>th</sup> ed. Volume 1 and 2. Washington, DC: The American Association for Clinical Chemistry Press 2000.
6. Bakker AJ, Mucke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. Clin Chem Lab Med 2007; 45(9):1240-1243.

## CONSUMER INFORMATION

Symbols used:

|   |  |
|---|--|
|    | Manufacturer                                 |
|    | Temperature limit                            |
|    | In vitro diagnostic device                   |
|    | Caution                                      |
|    | Operating instructions                       |
|    | Recycling material                           |
|   | Do not discard directly into the environment |
|  | Batch code                                   |
|  | Date of manufacture                          |
|  | Use by date                                  |
|  | Biological hazards                           |
|  | Highly toxic                                 |
|  | Corrosive                                    |
|  | Harmful                                      |

Manufacturer:

**Kovalent do Brasil Ltda.**

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CNPJ: 04.842.199/0001-56

Kit sizes variations on demand:

| Anvisa No.  | Kit size     |
|-------------|--------------|
| 80115310206 | R: 2 x 50 mL |
| 80115310206 | R: 3 x 40 mL |
| 80115310206 | R: 5 x 40 mL |

Customer service: sac@kovalent.com.br - (21) 3907-2534 / 0800 015 1414

Expiration date and Lot no.: See label