# κοvalent **₹**

## **UREIA UV WS**

### Anvisa 80115310189

### **ORDER INFORMATION**

 Cat. No.
 Kit size

 1070500KWS
 R1: 2 x 200 mL + R2: 1 x 100 mL

 1070150MWS
 R1: 4 x 30 mL + R2: 2 x 15 mL

 1070179.2RWS
 R1: 4 x 34.5 mL + R2: 4 x 10.3 mL

1070100MKWS R1: 2 x 40 mL + R2: 2 x 10 mL

#### INTENDED USE

Diagnostic reagent for quantitative determination of Urea in serum, plasma or urine on photometric systems.

#### SUMMARY [1,2]

Urea is the nitrogen-containing end product of protein catabolism. States associated with high levels of urea in the blood are referred to hyperuremia or azotemia. Parallel determination of urea and creatinine is used in the differentiation between prerenal and postrenal azotemia. Prerenal azotemia caused for example by dehydration, increased protein catabolism, treatment with cortisol or decreased renal perfusion, induces increased urea levels, while creatinine values remain within the reference range. In postrenal azotemia, caused by urinary tract obstruction, the levels of both urea and creatinine rise, but creatinine to a lesser extent. In kidney diseases, urea concentrations are high when there is a reduction in glomerular filtration and when the level of protein ingested is greater than 200 g/day.

#### METHOD

Urease - GLDH": enzymatic UV test

#### PRINCIPLE

Urea is hydrolyzed to ammonia by urease. Ammonia reacts with 2-oxoglutarate and NADH in a reaction catalyzed by GLDH promoting the oxidation of NADH to NAD. The consequent reduction in absorbance measured at 340nm is proportional to the concentration of urea.

$$Urea \ + \ 2H_2O \xrightarrow{Urease} 2NH_4^{\ +} + 2HCO_3^{\ -}$$
 
$$2 - Oxoglutarate \ + \ NH_4^{\ +} + NADH \xrightarrow{GLDH} L - Glutamate \ + \ NAD^+ \ + \ H_2O$$

GLDH: Glutamate Dehydrogenase

### **REAGENTS**

### **Components and Concentrations**

R1	TRIS		150 mmol/L
	Alpha ketoglutarate		<10 mmol/L
	ADP		0.75 mmol/L
	Urease		<20 KU/L
	Glutamate Dehydrogenase	(GLDH)	<5 KU/L
R2			
	NADH		1.32 mmol/L

### STORAGE AND STABILITY

Reagents are stable up to the date of expiry indicated on the kit, if stored at  $2 - 8^{\circ}\text{C}$ , protected from light and if contamination is avoided. Do not freeze the reagents!

### WARNINGS AND PRECAUTIONS

- The reagents contain sodium azide (0.95 g/L) as preservative. Do not swallow! Avoid contact with skin and mucous membranes.
   Reagent 1 contains material of biological origin. Handle the product as
- potentially infectious according to universal precautions and good clinical laboratory practice.

  3. In very rare cases, samples of patients with gammopathy might give
- In very rare cases, samples of patients with gammopathy might giv falsified results [3].
- In case of product malfunction or altered appearance that could affect the performance, contact the manufacturer.
- Any serious incident related to the product must be reported to the manufacturer
- 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.

### 7. For professional use only.

### **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.

#### REAGENT PREPARATION

### Starting with Substrate

The reagents are ready to use.

#### Starting with Sample

Mix 4 parts of R1 with 1 part of R2

(e.g. 20 mL R1 + 5 mL R2) = monoreagent

Leave the monoreagent for at least 30 min at a temperature of 15 to 25 °C before use

Stability: 5 days at 15 - 25 °C 4 weeks at 2 - 8 °C

Protect the reagents from light!

### MATERIALS REQUIRED, BUT NOT PROVIDED

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

#### **SPECIMEN**

Serum, plasma (without ammonium heparinate), fresh urine.

Dilute urine 1 + 50 with distilled water and multiply the results by 51.

Use only suitable tubes or collection container for sample collection and preparation.

When using primary tubes, follow the manufacturer's instructions.

### Stability [4]

In serum or plasma:	7 days	at at at	4 - 8 °C
In urine:	7 days	at	20 - 25 °C 4 - 8 °C -20 °C

Discard contaminated specimens.

Only freeze once!

### **ASSAY PROCEDURE**

### Applications for automatic systems are available upon request.

Wavelength 340nm, Hg 334nm, Hg 365nm Optical path 1 cm

Temperature 25 °C / 30 °C / 37 °C
Measurement Against reagent blank
Two-point kinetics

### Starting with Substrate

	Blank	Sample or calibrator
Sample or calibrator	•	10 μL
Reagent 1	1000 μL	1000 μL
Mix, incubate for 0 to 5 min, then add:		
Reagent 2	250 μL	250 μL
Mix, incubate for approximately 60 sec. at 25 °C/30 °C or approximately 30 to 40 sec. at 37°C, then read absorbance A1.  Read the absorbance A2 after exactly 60 sec.		

ΔA= (A1-A2) Sample

### Starting with Sample

	Blank	Sample or calibrator
Sample or calibrator	-	10 μL
Monoreagent	1000 μL	1000 μL
Mix, incubate for approximately 60 sec. at 25 °C/30 °C or approximately		
30 to 40 sec. at 37°C, then read absorbance A1.		
Read the absorbance A2 after exactly 60 sec.		

 $\Delta A$ = (A1-A2) Sample

### Notes

 The method is optimized for 2-point kinetics measurement. It is recommended to perform the test only in automated equipment because it is difficult to incubate all samples and blank of the reagent in exactly the same time interval. The test design can

### Instructions for Use

For in vitro diagnostic use

κοvalent **<** 

be used for adaptation purposes on equipment without a specific adaptation table. Volumes can be proportionately smaller.

The statement "approximately 60 sec or approximately 30 – 40 sec" means that the user must necessarily select the pre-incubation time and then this must be **exactly** the same for all samples, standards and for the reagent blank.

#### CALCULATION

#### With calibrator

Urea [mg/dL] =  $\Delta A_{Sample}$  x Conc. Cal. [mg/dL]  $\Delta A_{Cal.}$ 

### **Conversion factor**

Urea [mg/dL] x 0.1665 = Urea [mmol/L] Urea [mg/dL] x 0.467 = BUN [mg/dL] BUN [mg/dL] x 2.14 = Urea [mg/dL]

(BUN: "Blood Urea Nitrogen")

#### 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 test is designed to determine urea concentrations within a measurement range of 2 – 300 mg/dL (0.3 – 50 mmol/L). When the values exceed this range, the samples should be diluted 1 + 2 with NaCl solution (9 g/L) and the result is multiplied by 3.

### Specificity / Interferences

No interference was observed by ascorbic acid up to 30 mg/dL, bilirubin up to 40 mg/dL, hemoglobin up to 500 mg/dL, and lipemia up to 2,000 mg/dL of triglycerides. Ammonium ions interfere, so ammonium heparinate should not be used as an anticoagulant for plasma collection! For more information on interfering substances see Young DS [5,6].

### Sensitivity / Limit of Detection

The lowest detection limit is 2 mg/dL.

### Precision (37°C)

	·			
Intra-assay precision		Mean	SD	CV
n = 10		[mg/dL]	[mg/dL]	[%]
Batch N1	Normal Control	36.7	0.29	0.80
Batch P1	Pathological Control	152.6	0.73	0.48
Batch N2	Normal Control	35.6	0.31	0.87
Batch P2	Pathological Control	144.0	0.78	0.54

Inter-assay precision		Mean	SD	CV
n = 10		[mg/dL]	[mg/dL]	[%]
Batch N1	Normal Control	36.2	0.50	1.38
Batch P1	Pathological Control	153.2	2.68	1.75
Batch N2	Normal Control	35.4	0.38	1.07
Batch P2	Pathological Control	143.7	1.84	1.28

### Method comparison

Method comparison between Kovalent Ureia UV WS (y) and a commercial test available (x) using 30 samples demonstrated the following results:  $y = 0.9897x + 0.4072 \text{ mg/dL}; R^2 = 0.9971.$ 

### REFERENCE VALUES

In serum/plasma [1] Adults	[mg/dL]	[mmol/L]
Global	17 – 43	2.8 - 7.2
Women < 50 years	15 – 40	2.6 - 6.7
Women > 50 years	21 - 43	3.5 - 7.2
Men < 50 years	19 – 44	3.2 - 7.3
Men > 50 years	18 – 55	3.0 - 9.2

### Children

1 – 3 years 4 – 13 years 14 – 19 years	11 – 36 15 – 36 18 – 45	1.8 - 6.0 2.5 - 6.0 2.9 - 7.5
BUN in serum/plasma Adults	[mg/dL]	[mmol/L]
Global	7.94 - 20.1	2.8 - 7.2
Women < 50 years	7.01 – 18.7	2.6 - 6.7
Women > 50 years	9.81 - 20.1	3.5 - 7.2
Men < 50 years	8.87 - 20.5	3.2 - 7.3
Men > 50 years	8.41 - 25.7	3.0 - 9.2
Children		
1 – 3 years	5.14 - 16.8	1.8 - 6.0
4 – 13 years	7.01 – 16.8	2.5 - 6.0
14 – 19 years	8.41 – 21.0	2.9 - 7.5

### Urea/Creatinine ratio in serum [1]

25 - 40 [(mmol/L)/(mmol/L)] 20 - 35 [(mg/dL)/(mg/dL)]

#### Urea in urine [2]

26 - 43 g/24h (0.43 - 0.72 mol/24h)

Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary.

### LITERATURE

- Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-
- Books Verlagsgesellschaft; 1998. p. 374-7. Burtis CA, Ashwood ER, editors. Tietz Textbook of Clinical Chemistry. 3rd ed. Philadelphia: W.B Saunders Company; 1999. p. 1838 3
- Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. Clin 3. Chem Lab Med 2007;45(9):1240-1243.4.
- Guder WG, da Fonseca-Wollheim F, Heil W, et al. The Quality of Diagnostic Samples. 3rd ed. Darmstadt: GIT Verlag; 2010. p. 62-3;
- 5. Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th ed. Volume 1 and 2. Washington, DC: The American Association for Clinical Chemistry Press 2000.6.
- Young DS. Effects on Clinical Laboratory Tests Drugs Disease, Herbs & Natural Products, https://clinfx.wiley.com/ aaccweb/aacc/, accessed in May 2022. Published by AACC Press and John Wiley and Sons, Inc.

### **CONSUMER INFORMATION**

Symbols used	:

***	Manufacturer
1	Temperature limit
IVD	In vitro diagnostic device
$\triangle$	Caution
<b>i</b>	Operating instructions
	Recycling material
VI	Do not discard directly into the environment
LOT	Batch code
س	Date of manufacture
$\Sigma$	Use by date
8	Biological hazards
<b>\$</b>	Highly toxic
	Corrosive

### **Instructions for Use**

For in vitro diagnostic use





Harmful

### Manufacturer:

Kovalent do Brasil Ltda. Rua Cristóvão Sardinha, 110 – Jd. Bom Retiro São Gonçalo – RJ – CEP 24722-414 – Brasil www.kovalent.com.br CNPJ: 04.842.199/0001-56

Kit sizes variations on demand:

THE SIZES VARIATIONS ON ASMATIA.		
Anvisa No.	Kit size	
80115310189	R1: 1 x 200 mL + R2: 1 x 50 mL	
80115310189	R1: 1 x 800 mL + R2: 1 x 200 mL	
80115310189	R1: 4 x 28 mL + R2: 4 x 7 mL	
80115310189	R1: 4 x 40 mL + R2: 4 x 10 mL	
80115310189	R1: 5 x 80 mL + R2: 1 x 100 mL	
80115310189	R1: 6 x 39 mL + R2: 6 x 13,7 mL	
80115310189	R1: 8 x 50 mL + R2: 8 x 12,5 mL	
80115310189	R1: 8 x 60 mL + R2: 8 x 15 mL	
80115310189	R1: 10 x 20 mL + R2: 2 x 25 mL	
80115310189	R1: 10 x 20 mL + R2: 2 x 30 mL	
80115310189	R1: 3 x 40 mL + R2: 3 x 10 mL	
80115310189	R1: 1 x 40 mL + R2: 1 x 10 mL	

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

Expiration date and Lot no.: See label