URIC ACID T FL

5 x 20) ml
5 x 50) ml
4 x 100) ml

INTENDED USE

In vitro diagnostic medical device for quantitative in vitro determination of uric acid in biological fluids (serum) and intended to aid in the diagnosis and to determination of therapy adequacy of gout or kidney diseases. The IVD is to be used on automatic random-access analyzer. The product is intended for professional use in clinical laboratories.

TEST PRINCIPLE

Uric acid in sample is oxidized to allantoin in presence of the enzyme uricase and H_2O_2 is generated. The H_2O_2 reacts with ADPS and 4-aminoantipyrine in the presence of peroxidase to form a violet dye. The intensity of color formed is proportional to the uric acid concentration and can be measured photometrically to 546 (510 - 560) nm^{2,14-15}.

MATERIALS PROVIDED AND COMPOSITION		
UATR1	F100:	4 x 20 ml (liquid) blue cap
	E250.	4 x 50 ml (liquid) blue can

F250: 4 x 50 ml (liquid) blue cap F402: 4 x 80 ml (liquid) blue cap

Composition: Buffer pH 7.0, ADPS \geq 0.2 mM, stabilizers and preservatives.

UA T R2	F100:	1 x 20 ml (liquid) red cap
	F250:	1 x 50 ml (liquid) red cap
	F402:	1 x 80 ml (liquid) red cap

Composition: Buffer pH 7.7, 4-aminoantipyrine \geq 1 mM, uricase \geq 500 U/l, POD > 5000 U/l, stabilizers and preservatives.

Standard: uric acid 5 mg/dl - 5 ml

* Traceability: this method has been standardized against HPLC, according to Original formulation Gindler (1980 - U.S. Patent 4207203) - Weighed in purified material.

MATERIALS REQUIRED BUT NOT SUPPLIED

General laboratory equipment. Analyser: Ilab or Hitachi or Cobas Mira S.

Saline solution

For calibrators and controls see the paragraph "Quality control and calibration".

REAGENT PREPARATION

Working reagent: mix 4 parts of reagent R1 with 1 part of reagent R2.

STABILITY AND STORAGE

Store all components at 2-8°C.

Stability of single reagents: up to expiration date on labels at 2-8°C.

Stability of single reagents after first opening: 60 days at 2-8°C.

Stability of working reagent: 15 days at 2-8°C.

PRECAUTIONS

UA T R1: Danger. Causes serious eye damage (H318). Wear protective gloves. Eye protection (P280). IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and

easy to do. Continue rinsing (P305+P351+P338). Immediately call a doctor (P310).

UATR2: It is not classified as hazardous.

Standard: It is not classified as hazardous.

SPECIMEN

Serum.

Uric acid is not normally affected by additives such as heparin, ethylenediaminetetraacetic acid (EDTA), separation gels, or procoagulants, so the samples should be collected in the same manner routinely used for any laboratory test¹.

Freshly drawn serum are the preferred specimens.

Uric acid is stable 48 hours a 20-25°C, 14 days at 4°C and 4 months at -20°C1.

TEST PROCEDURE			
Wavelenght: Lightpath: Temperature:	546 nm 1 cm 37°C	allowed 510	÷ 560 nm)
dispense:	blank	standard	sample
Working reagent	1 ml	1 ml	1 ml
water	25 μl	-	-
standard	-	25 μl	-
sample	-	-	25 µl

Mix, incubate at 37°C for 5 minutes.

Read absorbances of standard (As) and samples (Ax) against reagent blank.

l	RESULTS CALCULATION
	Uric acid mg/dl = Ax/As x 5 (standard value)

EXPECTED VALUES

Men ^{1,3} :	3.5 - 7.2 mg/dl	(0.21 - 0.43 mmol/l)
Women ^{1,3} :	2.6 - 6.0 mg/dl	(0.16 - 0.36 mmol/l)

Each laboratory should establish appropriate reference intervals related to its population.

QUALITY CONTROL AND CALIBRATION

Calibration is required with each change in reagent lot number. It is suggested to verify calibration with at least one level of an internal quality control. If control results fall outside acceptable ranges, recalibration may be necessary. For this purpose the following human based control sera are available:

QUANTINORM CHEMA - MULTINORM CHEMA with normal or close to normal control values QUANTIPATH CHEMA - MULTIPATH CHEMA with pathological control values.

If required, a multiparametric, human based calibrator is available:

AUTOCAL H

Please contact Customer Care for further information.

TEST PERFORMANCE

The uric acid T FL has been validated on Ilab 650 (a) Hitachi 912 (b) and Cobas Mira S (c). However, the use of the reagent can be extended to all automatic random-access analyzers, because they have comparable characteristics^{16,19}

Sensitivity / Limit of Detection (LOD)^{4, b} The LOD is 0.04 mg/dl.

Analytical specificity:

Interferences	
interference does no	ot occurr in the presence of:
hemoglobin	≤ 50 mg/dl
bilirubin	≤ 33 mg/dl
Intralipid	≤ 1200 mg/dl

N-acetylcysteine (NAC), metamizole and acetaminophen may cause interference in the Trinder reaction¹¹⁻¹³. To avoid interference, the blood withdrawal should be performed before drug administration.

In very rare cases gammopathy may give unreliable results $^{\rm 16,17}$

Carry-over effect^{6, a} BIAS% < 9.81

Accuracy: Trueness^{6, a}

Total observed error% < 11.97 (allowable total error)

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Repeatability			
intra-assay (n=10) mean (mg/dl)	SD (mg/dl)	CV%
sample 1	5.03	0.02	0.46
sample 2	10.49	0.05	0.49
Reproducibility			
inter-assay (n=20) moon (ma/dl)	SD (mg/dl)	CV%
	, ,	· · · /	/ -
sample 1	5.03	0.05	0.97
sample 2	10.50	0.11	1.08
Maaauramantuan	m = 8 h		
Measurement ran	geo, o		

0.11 - 30.00 mg/dl

Linearity^{8, c}

the method is linear up to 30 mg/dl.

If the limit value is exceeded, it is suggested to dilute sample 1+9 with saline and to repeat the test, multiplying the result by 10.

Methods comparison7, b

a comparison between Chema and a commercially availa-

ble product gave the following results:

Uric Acid T FL Chema = xUric Acid AOX FL Chema = yn = 85

Linear regression

y = 1.016x + 0.095 mg/dl r = 0.9995

Passing-Bablok⁹⁻¹⁰ y = 1.018x + 0.081 mg/dl

Positive and negative Predictive Value

Positive predictive value (PPV): 88.9% Negative predictive value (NPV): 100.0%

WASTE DISPOSAL

P501: Dispose of contents according to national/international regulations.

NOTICE TO THE USER

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the Member State in which the user and/or the patient is established.

REFERENCES

 N. Rifai, A.R. Horvath et al. Tiez Textbook of Clinical Chemistry and Molecular Diagnostics, sixth edition 2018.
A. Kunst, B. Draeger B. et al. Bergmeyer: Methods of Enzymatic Analysis, third edition 1984.

3. M. Ciaccio, G. Lippi. Biochimica Clinica e Medicina di laboratorio, III edizione 2020, EdiSES Università S.r.I.

4. D.A.Armbruster and T. Pry. Limit of Blank, Limit of Detection and Limit of Quantitation. *Clin Biochem Rev.* 2008; 29(suppl 1): 49-52.

5. M.R. Glick, K.W. Ryder et al. Graphical Comparisons of Interferences in Clinical Chemistry Instrumentation. *Clin. Chem.* **1986**; 32: 470-475.

6. E. Theodorsson, B. Magnusson et al. Bias in Clinical Chemistry. *Bionalysis* 2014; 6(21): 2855-2875.

7. M. Vidali, M. Tronchin et al. Protocollo per la comparazione di due metodi analitici di laboratorio. *Biochimica Clinica* 2016; 40(2): 129-142.

8. CLSI EP0-A:2003 Evaluation of the Linearity of Quantitative Measurement Procedures: A Statistical Approach; Approved Guideline.

9. H. Passing and W. Bablok. A New Biometrical Procedure for Testing the Equality of Measurements from Two Different Analytical Methods. J. Clin. Chem. Biochem. 1983: 21: 709-720.

 L. Bilić-Zulle. Comparison of methods: Passing and Bablok regression. *Biochemia Medica* 2011; 21(1): 49-52.
J.R. Genzen, J.J. Hunsaker et al. N-acetylcysteine interference of Trinder-based assays. *Clin Biochem.* 2016; 49(1-2):100-104

12. O. Wiewiorka, Z. Čermáková et al. Drug interference in Trinder reaction. *Euromedlab*. 2017; ISSN 1437-4431

13. D. Barham, P. Trinder. An Improved Colour Reagent for the Determination of Blood Glucose by the Oxidase System. *Analyst.* 1972; 97: 142-145.

14. P Fossati, L. Prencipe et al. Use of 3, 5-Dichloro-2-hydroxybenzenesulfonic Acid/4-Ami nophenazone Chromogenic System in Direct Enzymic Assay of Uric Acid

in Serum and Urine. *Clin. Chem.* 1980; 26(2): 227-231. 15. M. Jelikic-Stankov, P. Djurdjevic at al. Determination of

uric acid in human serum by an enzymatic method using N-methyl-N-(4-aminophenyl)-3-methoxyaniline reagent. J. Serb. Chem. Soc. 2003; 68 (8-9): 691-698.

16. A. J. Bakker, M. Mücke. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. *ClinChemLabMed* 2007;45(9):1240-1243.

17. Bakul I. Dalal, MD, FRCPCet al., Factitious Biochemical Measurements Resulting From Hematologic Conditions. *Am J Clin Pathol* 2009;131:195-204

 Khandpur, Raghbir Singh. Clinical Chemistry Analyser, Random Access. *Compendium of Biomedical Instrumentation* 2020; 457-460.
Data on file

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SYMBOLS

Chema Diagnostica uses symbols listed in the ISO 15223-1 (see www.chema.com - Section "Products" for definition of symbols used).

Addition, deletions or changes are indicated with a vertical line on the side of the affected paragraph.

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