for the quantitative determination of Inorganic Phosphorus in serum or urine

INTENDED USE

The TRUEchemie Phosphorus (Inorganic) Test Kit (Ammonium molybdate) is used for the quantitative determination of Inorganic Phosphorus in serum or urine

INTRODUCTION

Inorganic Phosphorus is present in a small but significant amount, mainly as phosphate ions. The metabolism of phosphorus and calcium are closely related.Decreased levels of serum phosphorus are associated with conditions like primary hyperparathyroidism, osteomalacia, rickets, etc. Elevated levels of serum phosphorus are associated with hypoparathyroidism and Paget's disease, vitamin-D intoxication and chronic nephritis. Elevated urinary phosphorus excretion is observed in hyperparathyroidism while decreased excretion is observed in rickets, mainly due to its impaired absorption. Phosphorus levels are estimated either directly at 340 nm, after reaction with molybdate or by reducing phosphomolybdate to blue coloured complex using various reducing agents

Unlike older methods, our method does not involve deproteinization of the specimen. PRINCIPLE

Inorganic Phosphorus reacts with ammonium molybdate in strong acidic medium to form phospho-inorganic molybdate Complex. The absorbance of this complex is directly proportional to the Phosphorus concentration.

	ACIAIC Mealum	
Phosphorus + Ammonium Molybdate		Phosph

PACK SIZE

o-Inorganic Molybdate Complex

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Kit Size	2 x 50 ml	50 T
Cat. No.	ADX422	ADX425
Kit Contents	·	
1) Inorganic Phosphorus Reagent	2 x 50 ml	50 x 1 ml
2) Inorganic Phosphorus Standard (5 m	ng/dL) 1 x 2 ml	1 x 2 ml
REAG	ENT COMPOSITION	
1) Inorganic Phosphorus Reagent		
Ammonium molybdate	: 0.6 mmol/L	
Sulphuric acid	: 0.3 %	
olyvinyl pyrrolidone : 0.25 mmol/L		
Dimethyl formamide : 0.4 mmol/L		
Stabilizers, Surfactants and inactive ing	redients	
2) Inorganic Phosphorus Standard	: 5 mg/dL	
REAGE	NT PREPARATION	
Deside to consider the		

Ready to use reagents

WARNINGS AND PRECAUTIONS

1. For in vitro diagnostic use.

Specimens should be considered infectious and handled appropriately 2 3. Avoid ingestion. DO NOT PIPETTE BY MOUTH.

4. Essential precautions must be taken against accidental contamination. Use only disposable material (test tubes, micro tips etc.).

Contamination of glassware will adversely affect the phosphorus test results.

6. Contamination free disposable plastic tubes are only recommended to perform the phosphorus assav

7. The disposal of the residues has to be done as per local legal regulations.

CALIBRATION The procedures are calibrated with the standard solution which is included with each series of tests. Its absorbance is used to calculate the results.

REAGENT STORAGE & STABILITY

All the components of the kit are stable until the expiration date on the label when stored tightly closed at 15-30°C and contaminations are prevented during their use. Do not use reagents over the expiration date.

SPECIMEN COLLECTION AND STORAGE

Serum samples are stable 8 hours when stored at room temperature (15 - 25°C) or more than one week when stored at 2-8°C. Urine may contain larger quantities of organic phosphates, which can decompose on exposure to elevated temperatures. When acidified with HCI, urine phosphate is stable for more than 6 months.

MATERIALS REQUIRED BUT NOT PROVIDED

1. Pipettes to accurately measure required volumes

2. Disposable test tubes

3. Timer

4. Photometer capable of accurately measuring absorbance at 340 nm

	TEST PROCEDURE	
Wavelength	340 nm	

	Blank (µl)	Standard (µl)	Sample (µl)
Inorganic Phosphorus Reagent	1000	1000	1000
Inorganic Phosphorus Standard		10	
Sample			10

Incubate all tubes at Room Temperature for 10 minutes. After incubation, zero the photometer with the reagent blank at 340 nm. Read and record the incubated standards and samples.

Sample OD Calculation = -

-- x 5 mg Phosphorus/dL

Standard OD

QUALITY CONTROL

Quality Controls are recommended to monitor the performance of automated assay procedures. Each laboratory should establish its own Quality Control scheme and corrective actions if controls do not meet the acceptable tolerances

EXPECTED VALUE

Serum		
Men	:	2.1 - 5.6 mg/dL
Women	:	1.6 - 6.8 mg/dL
Children	:	4.0 - 7.0 mg/dL

0.3 - 1.30 g/24 hours or 9.6 - 32 mmol/day Urine It is strongly recommended that each laboratory establish its own normal range.

PERFORMANCE CHARACTERISTICS

Sensitivity: upto 0.56 mg/dL

Linearity: upto 20 mg/dL under the described assay conditions. If the concentration is greater than linearity (20 mg/dL), dilute the sample with normal saline and repeat the assay. Multiply the result with dilution factor. The linearity limit depends on the sample / reagent ratio, as well as the analyzers used.

PRECISION:

Intra-assay precision within run (n=10)	Mean (mg/dL)	SD (mg/dL)	CV (%)
Control Level - 1	4.03	0.04	1.03
Control Level - 2	7.05	0.04	0.53
Inter-assay precision run to run (n=12)	Mean (mg/dL)	SD (mg/dL)	CV (%)
Control Level - 1	4.05	0.05	1.21

The reagent was tested for 12 days, using two different Inorganic Phosphorus concentrations. The coefficient of variation was <5%

AUTOMATED PROCEDURE

Appropriate program sheet is available for different analyzers upon request.

METHOD COMPARISON

Results obtained using TRUEchemie Inorganic Phosphorus reagent (y) did not show systematic differences when compared with another commercial reagent (x) with similar characteristics. The results obtained is below: The correlation coefficient (r²) was 0.959 and the regression equation is y=1.058x-0.152. The results of the performance characteristics depend on the analyzer used.

INTERFERENCES

1. Bilirubin can result in falsely depressed Phosphorus levels.

2. Hemoglobin samples may cause falsely elevated Phosphorus levels. WASTE MANAGEMENT

Please refer to local regulation requirements

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SYSTEM PARAMETERS				
Mode	:	End point		
Std. Conc.	:	5		
Wave length	:	340 nm		
Units	:	mg/dL		
Flow cell Temp.	:	37 °C		
Blank	:	Reagent		
Reagent volume	:	1000 µl		
Sample volume	:	10 µl		
Incubation	:	10 min. at R.T.		
Low Normal	:	1.6		
High Normal	:	7.0		
Sensitivity	:	0.56		
Linearity	:	20		
Reaction Slope	:	Increasing		
DECEDENCES				

1. Gindler E.M. (1969) Clin.Chem 15, 807

2. Daly, J.A. Clin Chem. 18:263, 1972 3. Morin L.G. (1973) Clin.Chem.Acta 46,113

 Gamst, O and Try, K, Scand. J.Clin.Lab. Invest.40, 1980
ISO 15223-1:2021 Medical devices — Symbols to be used with information to be supplied by the manufacturer - Part 1: General requirements

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