

Bilirubin Auto Total FS*

Order Information

Cat. No. 1 0811 99 10 962

1890 (R1: 6 x 315, R2: 6 x 315)

Intended Use

Diagnostic reagent for quantitative in vitro determination of total bilirubin in in human serum or heparin plasma on automated BioMajesty[®] JCA-BM6010/C.

Kit size

Summary

Bilirubin is a breakdown product of hemoglobin. Free, unconjugated bilirubin is extremely apolar and nearly insoluble in water, thus forming a complex with albumin for the transport in the blood from the spleen to the liver. In the liver, bilirubin is conjugated with glucoronic acid and the resulting water soluble bilirubin glucoronic acid is excreted via the bile ducts. Hyperbilirubinemia can be caused by increased bilirubin production due to hemolysis (pre-hepatic jaundice), by parenchymal damages of the liver (intra-hepatic jaundice) or by occlusion of bile ducts (post-hepatic jaundice). A chronic congenital (predominantly unconjugated) hyperbilirubinemia called Gilbert's syndrome is quite frequent in the population. High levels of total bilirubin are observed in 60 - 70% of neonates due to an increased postpartum breakdown of erythrocytes and because of delayed function of enzymes for bilirubin degradation. Common bilirubin methods detect either total bilirubin or direct bilirubin. Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin. Therefore, the value of unconjugated bilirubin may be estimated from the difference between total bilirubin and direct bilirubin. [1,2]

Method

Photometric test using 2,4-dichloroaniline (DCA)

Direct bilirubin in presence of diazotized 2,4-dichloroaniline forms a red colored azocompound in acidic solution. A specific mixture of detergents enables a safe determination of the total bilirubin [3].

Reagents

Components and Concentrations

R1:	Phosphate buffer	50 mmol/L
	NaCl	150 mmol/L
R2:	2,4-Dichloroaniline	5 mmol/L
	HCI	130 mmol/L

Storage and Stability

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

Warnings and Precautions

- Areagent 1: Warning. H290 May be corrosive to metals. H315 Causes skin irritation. H319 Causes serious eye irritation. H410 Very toxic to aquatic life with long lasting effects. P234 Keep only in original packaging. P264 Wash hands and face thoroughly after handling. P273 Avoid release to the environment. P280 Wear protective gloves/protective clothing/eye protection. P337+P313 If eye irritation persists: Get medical advice/attention. P391 Collect spillage.
- 2. A Reagent 2: Warning: H290 May be corrosive to metals. H319 Causes serious eye irritation. P234 Keep only in original packaging. P264 Wash hands and face thoroughly after handling. P280 Wear protective gloves/protective clothing/eye protection. P305+P351+P338 If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. P337+P313 If eye irritation persists: Get medical advice/attention. P390 Absorb spillage to prevent material damage.
- 3. In very rare cases, samples of patients with gammopathy might give falsified results [4].
- 4. Eltrombopag medication leads to falsely low or high results in patient samples.
- Please refer to the safety data sheets 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.

6. For professional use only.

Waste Management

Refer to local legal requirements.

Reagent Preparation

The reagents are ready to use. The bottles are placed directly into the reagent rotor.

Materials Required

General laboratory equipment

Specimen

Human serum or heparin plasma

Protect sample from light.

Stability [5]:		
1 day	at	20 – 25°C
7 days	at	4 – 8°C
6 months	at	–20°C

in case of immediate freezing.

Only freeze once. Discard contaminated specimens.

Calibrators and Controls

DiaSys TruCal U is recommended for calibration. TruCal U calibrator values have been made traceable to the NIST SRM 916 reference material. Use DiaSys TruLab N and P for internal quality control. Each laboratory should establish corrective action in case of deviations in control recovery.

	Cat. No.	Ki	t size	e
TruCal U	5 9100 99 10 063	20	х	3 mL
	5 9100 99 10 064	6	х	3 mL
TruLab N	5 9000 99 10 062	20	х	5 mL
	5 9000 99 10 061	6	х	5 mL
TruLab P	5 9050 99 10 062	20	х	5 mL
	5 9050 99 10 061	6	х	5 mL

Performance Characteristics

Exemplary data mentioned below may slightly differ in case of deviating measurement conditions.

Measuring range up to 30 mg/dL. In case of higher concentrations re-measure samples after manual dilution with NaCl solution (9 g/L) or use rerun function.					
Limit of detection**		0.03	mg/dL		
Onboard stability		6 wee	6 weeks		
Calibration stability		4 wee	eks		
Interfering substance Interferences ≤ 10% up to					
Ascorbic acid			30 mg/dL		
Hemoglobin			500 mg/dL		
Lipemia (triglycerides)			1000 mg/dL		
For further information on interfering substa			nces refer to Yo	ung DS [6,7].	
Precision					
Within run (n=20)	Within run (n=20) Sample 1		Sample 2	Sample 3	
Mean [mg/dL]	0.42		3.21	7.22	
CV [%]	1.78		1.66	1.09	
Between day (n=20)	Sam	ple 1	Sample 2	Sample 3	
Mean [mg/dL]	1.37		5.34	7.17	
CV [%]	2.25		1.81	1.19	



Method comparison (n=100)

Test x	Competitor Bilirubin Auto Total
Test y	DiaSys Bilirubin Auto Total FS
Slope	1.04
Intercept	0.045 mg/dL
Coefficient of correlation	0.9998

 ** lowest measurable concentration which can be distinguished from zero; mean + 3 SD (n = 20) of an analyte free specimen.

Conversion Factor

Bilirubin [mg/dL] x 17.1 = Bilirubin [µmol/L]

Reference Range [1]

	[mg/dL]	[µmol/L]
Neonates		
24 h	< 8.8	< 150
2nd day	1.3 – 11.3	22 – 193
3rd day	0.7 – 12.7	12 – 217
4th – 6th day	0.1 – 12.6	1.7 – 216
Children		
>1 month	0.2 – 1.0	3.4 – 17
Adults	0.1 – 1.2	1.7 – 21

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

Literature

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- Rand RN, di Pasqua A. A new diazo method for the determination of bilirubin. Clin Chem 1962; 6: 570-8.
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- 5. Guder WG, Zawta B et al. The Quality of Diagnostic Samples. 1st ed. Darmstadt: GIT Verlag; 2001; p. 18-9.
- 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.
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* Fluid Stable



Bilirubin Auto Total FS

Chemistry code 10 081

Application for serum and plasma samples

This application was set up and evaluated by DiaSys. It is based on the standard equipment at that time and does not apply to any equipment modifications undertaken by unqualified personnel.

Analytical Conditions		
R1 volume	80	
R2e volume	0	
R2 volume	20	
R1 diluent vol	0	
R2e diluent vol	0	
R2 diluent vol	0	
Sample vol (S)	2	
Sample vol (U)	2	
Reagent 1 mix	weak	
Reagent 2e mix	weak	
Reagent 2 mix	weak	
Reaction time	10	

Sub-analy. Conditions		
Name	TBIL	
Digits	1	
M-wave L.	545	
S-wave.L	658	
Analy.mthd.	EPA	
Calc.mthd.	STD	
Qualit. judge	No	

Analysis Test Condition Setting (M)			
Sample Type	Serum	Urine	
Reac. sample vol.	2	2	
Diluent method	No dil	No dil	
Undil. sample vol.	0	0	
Diluent volume	0	0	
Diluent position	0	0	

entered by user

Endpoint method		
Re.absorb (u)	9.999	
Re. Absorb (d)	-9.999	

Calculation Method Setting		
M-DET.P.I	0	
M-DET.P.m	41	
M-DET.P.n	42	
S-DET.P.p	17	
S-DET.P.r	18	
Check D.P.I.	0	
Limit value	0.003	
Variance	10	
Reac.type	Inc	

Reaction Rate Method		
Cycle 3		
Factor	3	
E2 corre	Not do	
Blank (u)	9.999	
Blank (d)	-9.999	
Sample (u)	9.999	
Sample (d)	-9.999	

Standards Setting	
FV	#
BLK H	9.999
BLK L	-9.999
STD H	9.999
STD L	-9.999