

## Albumin FS\*

### Order Information

#### Cat. No.

1 0220 99 10 923

#### Kit size



800 (4 x 200)

### Intended Use

Diagnostic reagent for quantitative in vitro determination of albumin in human serum or heparin plasma on automated respons<sup>®</sup>920.

### Summary

Albumin is synthesized and released by the liver and represents approximately 60% of the total plasma proteins. It is the main determinant of the plasmatic osmotic pressure and the most important factor for fluid distribution between body compartments [1,2]. Furthermore, albumin binds and transports a variety of substances like metal ions, bilirubin, free fatty acids, phospholipids, amino acids, hormones (steroid hormones, thyroid hormones) and drugs [2,3]. The healthy liver synthesizes 120 – 200 mg/kg body weight of albumin per day. Interestingly, the albumin synthesis rate fluctuates depending on the specific pathophysiological condition. For instance, in decompensated liver cirrhosis the synthesis may decrease to 30 – 50 % compared to healthy values while acute nephrosis leads to a strong increase in the synthesis rate of albumin [4]. On the other hand, hypoalbuminemia is prevalent in numerous diseases and results from different factors. Impaired hepatic synthesis and release (liver diseases, systemic inflammation), variations in the distribution of body fluids (edema, ascites), increased catabolism due to tissue damage (severe burns), protein-losing enteropathy (gastroenteritis) or increased degradation or loss through the urinary tract (nephrotic syndrome) lead to decreased plasmatic albumin concentrations [1,3-5,8]. Furthermore, hypoalbuminemia is common in heart failure and associated with further cardiac diseases, such as myocardial fibrosis [6,7]. A lowered serum concentration of albumin also serves as a rough indicator for the general health status of an individual, especially for elderly, chronically ill and hospitalized patients [3]. Additionally, decreased plasmatic albumin is a strong prognostic parameter in e.g. liver cirrhosis and heart failure patients [5-7].

### Method

Photometric test using bromocresol green

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.

### Reagent

#### Components and Concentrations

Citrate buffer pH 4.2 30 mmol/L  
Bromocresol green 0.26 mmol/L

### Storage and Stability

Reagent is stable up to the date of expiry indicated on the kit, if stored at 2 - 25°C and contamination is avoided. Do not freeze and protect from light.

The open-vial stability of the reagent is 18 months until expiry date.

### Warnings and Precautions

- In very rare cases, samples of patients with gammopathy might give falsified results [9].
- To avoid carryover interference, please take care of efficient washing especially after use of interfering reagents. Please refer to the DiaSys respons<sup>®</sup>920 Carryover Pair Table. Carryover pairs and automated washing steps with the recommended cleaning solution can be specified in the system software. Please refer to the user manual.
- 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 and the competent authority of the Member State where the user and/or patient is located.
- 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.
- For professional use only.

### Waste Management

Refer to local legal requirements for chemical disposal regulations as stated in the relevant SDS to determine the safe disposal.

Warning: Handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

### Reagent Preparation

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

### Materials Required

General laboratory equipment

### Specimen

Human serum or heparin plasma

Only use suitable tubes or collection containers for specimen collection and preparation.

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

#### Stability [10]:

2.5 months at 20 – 25°C  
5 months at 4 – 8°C  
4 months at -20°C

Only freeze once. Discard contaminated specimens.

### Calibrators and Controls

DiaSys TruCal U is recommended for calibration. Calibrator values have been made traceable to the reference material ERM-DA470. Use DiaSys TruLab N and P for internal quality control. All target values of the controls are traceable to DiaSys reagent/calibrator system. Quality control must be performed after calibration. Control intervals and limits have to be adapted to the individual requirements of each laboratory. Results must be within the defined ranges. Follow the relevant legal requirements and guidelines. Each laboratory should establish corrective action in case of deviations in control recovery.

|          | Cat. No.         | Kit size  |
|----------|------------------|-----------|
| TruCal U | 5 9100 99 10 063 | 20 x 3 mL |
|          | 5 9100 99 10 064 | 6 x 3 mL  |
| TruLab N | 5 9000 99 10 062 | 20 x 5 mL |
|          | 5 9000 99 10 061 | 6 x 5 mL  |
| TruLab P | 5 9050 99 10 062 | 20 x 5 mL |
|          | 5 9050 99 10 061 | 6 x 5 mL  |

### Performance Characteristics

|  |          |
|--|----------|
| Measuring range up to 6 g/dL.<br>In case of higher concentrations re-measure samples after manual dilution with NaCl solution (9 g/L) or use rerun function. |          |
| Limit of detection**   | 0.1 g/dL |
| Onboard stability  | 6 weeks  |
| Calibration stability  | 6 weeks  |

| Interference by          | Interferences ≤ 10% up to | Analyte concentration [g/dL] |
|--------------------------|---------------------------|------------------------------|
| Ascorbic acid            | 30 mg/dL                  | 3.31                         |
| Bilirubin (conjugated)   | 60 mg/dL                  | 3.57                         |
| Bilirubin (unconjugated) | 60 mg/dL                  | 3.59                         |
| Hemolysis                | 900 mg/dL                 | 4.76                         |
| Lipemia (triglycerides)  | 500 mg/dL                 | 3.23                         |

For further information on interfering substances, refer to the literature [11-13].

| Precision                  |  |          |          |
|----------------------------|--|----------|----------|
| Repeatability (n=20)       | Sample 1                                     | Sample 2 | Sample 3 |
| Mean [g/dL]                | 3.51   | 4.30     | 5.75     |
| CV [%]                     | 1.23   | 1.31     | 1.74     |
| Between day (n=20)         | Sample 1                                     | Sample 2 | Sample 3 |
| Mean [g/dL]                | 3.63   | 4.24     | 5.34     |
| CV [%]                     | 2.72   | 2.68     | 3.01     |
| Method comparison (n=122)  |  |          |          |
| Test x                     | DiaSys Albumin FS (Hitachi 917)              |          |          |
| Test y                     | DiaSys Albumin FS (respons <sup>®</sup> 920) |          |          |
| Slope                      | 0.983  |          |          |
| Intercept                  | 0.142 g/dL                                   |          |          |
| Coefficient of correlation | 0.994  |          |          |

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

### Conversion Factor

Albumin [g/dL] x 144.9 = Albumin [µmol/L]

### Reference Range [3]

|                      | [g/dL]    | [µmol/L]  |
|----------------------|-----------|-----------|
| <b>Adults</b>        |           |           |
| ≤ 60 years           | 3.5 – 5.3 | 507 – 753 |
| > 60 years           | 3.4 – 4.8 | 492 – 695 |
| > 70 years           | 3.3 – 4.7 | 478 – 681 |
| > 80 years           | 3.1 – 4.5 | 449 – 652 |
| > 90 years           | 3.0 – 4.5 | 434 – 652 |
| <b>Children</b>      |           |           |
| Newborns             | 3.5 – 4.9 | 507 – 710 |
| 1 <sup>st</sup> year | 3.6 – 5.0 | 521 – 724 |
| 2–20 years           | 3.7 – 5.1 | 536 – 738 |

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

### Literature

- Johnson AM, Rohlfes EM, Silverman LM. Proteins. In: Burtis CA, Ashwood ER, editors. Tietz textbook of clinical chemistry. 3rd ed. Philadelphia: W. B. Saunders Company; 1999. p. 482-484.
- Fanali G, di Masi A, Trezza V, et al. Human serum albumin: from bench to bedside. Mol Aspects Med. 2012;33:209-90.
- Thomas L. Clinical Laboratory Diagnostics [Internet]. Prof. Dr. Lothar Thomas; 2020 [cited 2021 Dec 30]. Available from: <https://www.clinical-laboratory-diagnostics-2020.com/>
- Artigas A, Wernerman J, Arroyo V, et al. Role of albumin in diseases associated with severe systemic inflammation: Pathophysiologic and clinical evidence in sepsis and in decompensated cirrhosis. J Crit Care. 2016;33:62-70.
- Carvalho JR, Verdelho Machado M. New Insights About Albumin and Liver Disease. Ann Hepatol. 2018;17:547-560.
- El Iskandarani, M; El Kurdi B, Murtaza G, et al. Prognostic role of albumin level in heart failure. Medicine. 2021;100:p e24785.
- Prenner SB, Pillutla R, Yenigalla S, et al. Serum Albumin Is a Marker of Myocardial Fibrosis, Adverse Pulsatile Aortic Hemodynamics, and Prognosis in Heart Failure With Preserved Ejection Fraction. J Am Heart Assoc. 2020;9:e014716.
- Graciela C-N, Carlos M-V, Rene M-V, et al. Position statement on the use of albumin in liver cirrhosis. Annals of Hepatology.2022; 100708
- Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. ClinChemLabMed 2007;45(9):1240-1243.
- Guder WG, da Fonseca-Wollheim F, Heil W, Schmitt Y, Töpfer G, Wisser H, Zawta B. Quality of Diagnostic Samples. 3rd edition; 2010. p. 32-3
- 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.
- Young DS. Effects on Clinical Laboratory Tests - Drugs Disease, Herbs & Natural Products, <https://clinfx.wiley.com/>

- aaccweb/aacc/, accessed in February 2021. Published by AACC Press and John Wiley and Sons, Inc.
- Sonntag O, Scholer A. Drug interference in clinical chemistry: recommendation of drugs and their concentrations to be used in drug interference studies. Ann Clin Biochem. 2001 Jul;38:376-85.

Additions and/or changes in the document are highlighted in grey. Deletions are communicated via customer info by stating the edition no. of the package insert/instruction for use.



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\* Fluid Stable

## Albumin FS

### Application for serum and plasma

| Test Details       |              | Test Volumes        |          | Reference Ranges                |                          |
|--------------------|--------------|---------------------|----------|---------------------------------|--------------------------|
| Test               | : ALB        |                     |          | Auto Rerun                      | <input type="checkbox"/> |
| Report Name        | : Albumin    |                     |          | Online Calibration              | <input type="checkbox"/> |
| Unit               | : g/dL       | Decimal Places      | : 2      | Cuvette Wash                    | <input type="checkbox"/> |
| Wavelength-Primary | : 578        | Secondary           | : 700    | Total Reagents                  | : 1                      |
| Assay Type         | : 1-Point    | Curve Type          | : Linear | Reagent R1                      | : ALB R1                 |
| M1 Start           | : 0          | M1 End              | : 0      | Reagent R2                      | :                        |
| M2 Start           | : 33         | M2 End              | : 33     |                                 |                          |
| Sample Replicates  | : 1          | Standard Replicates | : 3      | <b>Consumables/Calibrators:</b> |                          |
| Control Replicates | : 1          | Control Interval    | : 0      | Blank /Level 0                  | : 0                      |
| Reaction Direction | : Increasing | React. Abs. Limit   | : 0.0000 | Calibrator 1                    | : *                      |
| Prozone Limit %    | : 0          | Prozone Check       | : Lower  |                                 |                          |
| Linearity Limit %  | : 0          | Delta Abs./Min.     | : 0.0000 |                                 |                          |
| Technical Minimum  | : 0.1        | Technical Maximum   | : 6.0    |                                 |                          |
| Y = aX + b         | a= : 1.0000  | b=                  | : 0.0000 |                                 |                          |

\* Enter calibrator value.

| Test Details                             |                | Test Volumes     |        | Reference Ranges                           |  |
|--|----------------|------------------|--------|--|--|
| Test                                     | : ALB          |                  |        |  |  |
| Sample Type                              | : Serum        |                  |        |  |  |
| <b>Sample Volumes</b>                    |                |                  |        | <b>Sample Types</b>                        |  |
| Normal                                   | : 2.00 $\mu$ L | Dilution Ratio   | : 1 X  | <input checked="" type="checkbox"/> Serum  |  |
| Increase                                 | : 4.00 $\mu$ L | Dilution Ratio   | : 1 X  | <input type="checkbox"/> Urine             |  |
| Decrease                                 | : 2.00 $\mu$ L | Dilution Ratio   | : 2 X  | <input type="checkbox"/> CSF               |  |
| Standard Volume                          | : 2.00 $\mu$ L |                  |        | <input checked="" type="checkbox"/> Plasma |  |
|  |                |                  |        | <input type="checkbox"/> Whole Blood       |  |
|  |                |                  |        | <input type="checkbox"/> Other             |  |
| <b>Reagent Volumes and Stirrer Speed</b> |                |                  |        |  |  |
| RGT-1 Volume                             | : 180 $\mu$ L  | R1 Stirrer Speed | : High |  |  |
| RGT-2 Volume                             | :              | R2 Stirrer Speed | :      |  |  |

| Test Details           |             | Test Volumes |             | Reference Ranges                           |  |
|------------------------|-------------|--------------|-------------|--|--|
| Test                   | : ALB       |              |             |  |  |
| Sample Type            | : Serum     |              |             |  |  |
| Reference Range        | : DEFAULT   |              |             |  |  |
| Category               | : Male      |              |             |  |  |
| <b>Reference Range</b> |             |              |             | <b>Sample Types</b>                        |  |
|                        | Lower Limit |              | Upper Limit | <input checked="" type="checkbox"/> Serum  |  |
|                        | (g/dL)      |              | (g/dL)      | <input type="checkbox"/> Urine             |  |
| Normal                 | : #         |              | : #         | <input checked="" type="checkbox"/> CSF    |  |
| Panic                  | : #         |              | : #         | <input checked="" type="checkbox"/> Plasma |  |
|                        |             |              |             | <input type="checkbox"/> Whole Blood       |  |
|                        |             |              |             | <input type="checkbox"/> Other             |  |

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