

Fluid-Stable. Ready-To-Use. Excellent Performance.



CHOOSING QUALITY.

Clinical Relevance

When the cellular oxygen level is low or mitochondria are not working properly, energy production switches to a less efficient anaerobic modus. In this modus the primary by-product is lactate. Lactate is transported to the liver and metabolized there. Normally the liver breaks down lactate immediately, therefore its level stays within the normal range. In case of shock, sepsis and burn injuries lactate level increases and serves as a prognostic marker in intensive care units and emergency rooms. Furthermore lactate is determined in neonatal care units to control oxygen supply in newborn and premature babies. In sports lactate helps to assess and optimize physical performance of athletes.

Reaction Principle

Lactate + NAD+

Lactate dehydrogenase

Pyruvate + NADH+H⁺

The increase in absorbance is measured at 340 nm. The absorbance is proportional to the lactate concentration in the sample.

Excellent Performance

- · Fluid-stable, ready-to-use reagent
- Good comparibility to competitor assays
- · No interference by ascorbic acid up to 30 mg/dL, bilirubin up to 60 mg/dL, triglycerides up to 2000 mg/dL and hemoglobin up to 1000 mg/dL.
- · Easy applicable to various clinical chemistry analyzers

| Precision | | | | | | | |
|---------------------|-----------------|---------------|-----------|---------------------|-----------------|---------------|-----------|
| Intra-assay N=20 | Mean [mg/dL] | SD [mg/dL] | CV [%] | Inter-assay N=20 | Mean [mg/dL] | SD [mg/dL] | CV [%] |
| Sample 1 | 5.60 | 0.163 | 2.29 | Sample 1 | 7.33 | 0.192 | 2.62 |
| Sample 2 | 12.9 | 0.219 | 1.96 | Sample 2 | 13.9 | 0.381 | 2.93 |
| Sample 3 | 24.0 | 0.396 | 1.65 | Sample 3 | 29.6 | 0.447 | 1.51 |

Handed over by:



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