**Triglycerides FS**

Diagnostic reagent for quantitative in vitro determination of triglycerides in serum or plasma on photometric systems

**Order Information**

<table>
<thead>
<tr>
<th>Cat. No.</th>
<th>Kit size</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15710 99 10 021</td>
<td>R 5 x 25 mL + 1 x 3 mL Standard</td>
<td></td>
</tr>
<tr>
<td>15710 99 10 026</td>
<td>R 6 x 100 mL</td>
<td>Standard</td>
</tr>
<tr>
<td>15710 99 10 023</td>
<td>R 1 x 1000 mL</td>
<td></td>
</tr>
<tr>
<td>15710 99 10 704</td>
<td>R 8 x 50 mL</td>
<td></td>
</tr>
<tr>
<td>15710 99 10 717</td>
<td>R 6 x 100 mL</td>
<td></td>
</tr>
<tr>
<td>15710 99 10 917</td>
<td>R 10 x 60 mL</td>
<td></td>
</tr>
<tr>
<td>15700 99 10 030</td>
<td>R 6 x 3 mL Standard</td>
<td></td>
</tr>
</tbody>
</table>

**Summary** [1,2]

Triglycerides are esters of glycerol with three fatty acids and are the most abundant naturally occurring lipids. They are transported in plasma bound to apolipoproteins forming very low density lipoproteins (VLDL) and chylomicrons. Measurement of triglycerides is used in screening of the lipid status to detect atherosclerotic risks and in monitoring of lipid lowering measures. Studies have shown that elevated triglyceride concentrations combined with increased low density lipoprotein (LDL) concentrations constitute an especially high risk for coronary heart disease (CHD). High triglyceride levels also occur in various diseases of liver, kidneys and pancreas.

**Method**

Colorimetric enzymatic test using glycerol-3-phosphate-oxidase (GPO)

**Principle**

Determination of triglycerides after enzymatic splitting with lipoprotein lipase. Indicator is quinoneimine which is generated from 4-aminoantipyrine and 4-chlorophenol by hydrogen peroxide under the catalytic action of peroxidase.

\[
\text{Triglycerides} \xrightarrow{\text{LPL}} \text{Glycerol} + \text{fatty acid}
\]

\[
\text{Glycerol} + \text{ATP} \xrightarrow{\text{GK}} \text{Glycerol-3-phosphate} + \text{ADP}
\]

\[
\text{Glycerol-3-phosphate} + \text{O}_2 \xrightarrow{\text{GPO}} \text{Dihydroxyacetone phosphate} + \text{H}_2\text{O}_2
\]

\[
2 \text{H}_2\text{O}_2 + \text{Aminoantipyrine} + 4\text{Chlorophenol} \xrightarrow{\text{POD}} \text{Quinoneimine} + \text{HCl} + 4\text{H}_2\text{O}
\]

**Reagent**

**Components and Concentrations**

- Good's buffer pH 7.2 50 mmol/L
- 4-Chlorophenol 4 mmol/L
- ATP 2 mmol/L
- Mg\(^2+\) 15 mmol/L
- Glycerokinase (GK) ≥ 0.4 kU/L
- Peroxidase (POD) ≥ 2 kU/L
- Lipoprotein lipase (LPL) ≥ 2 kU/L
- 4-Aminoantipyrine 0.5 mmol/L
- Glycerol-3-phosphate-oxidase (GPO) ≥ 0.5 kU/L

**Standard:**

200 mg/dL (2.3 mmol/L)

**Storage Instructions and Reagent Stability**

Reagent and standard are stable up to the end of the indicated month of expiry, if stored at 2 – 8°C, protected from light and contamination is avoided. Do not freeze the reagent!

**Note:** It has to be mentioned, that the measurement is not influenced by occasionally occurring color changes, as long as the absorbance of the reagent is < 0.3 at 546 nm.

**Warnings and Precautions**

1. The reagent contains sodium azide (0.95 g/L) as preservative. Do not swallow! Avoid contact with skin and mucous membranes.
2. The reagent contains animal material. Handle the product as potentially infectious according to universal precautions and good laboratory practice.
3. In very rare cases, samples of patients with gammopathy might give falsified results [6].
4. N-acetylcysteine (NAC), acetaminophen and metamizole medication leads to falsely low results in patient samples.
5. 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**

Please refer to local legal requirements.

**Reagent Preparation**

The reagent and the standard are ready to use.

**Materials required but not provided**

- NaCl solution 9 g/L
- General laboratory equipment

**Specimen**

Serum, heparin plasma or EDTA plasma

**Stability [4]:**

- 2 days at 20 – 25°C
- 7 days at 4 – 8°C
- at least one year at –20°C

Discard contaminated specimens. Freeze only once!

**Assay Procedure**

**Application sheets for automated systems are available on request.**

- **Wavelength:** 500 nm, Hg 546 nm
- **Optical path:** 1 cm
- **Temperature:** 20 – 25°C/37°C
- **Measurement:** Against reagent blank

<table>
<thead>
<tr>
<th>Sample or standard</th>
<th>Blank</th>
<th>Sample or standard</th>
<th>10 µL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dist. water</td>
<td>10 µL</td>
<td>Reagent</td>
<td>1000 µL</td>
</tr>
<tr>
<td>Mix, incubate 20 min. at 20 – 25°C or 10 min. at 37°C.</td>
<td></td>
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</tbody>
</table>

**Calculation**

With standard or calibrator

\[
\text{Triglycerides} [\text{mg/dL}] = \frac{A \text{ Sample}}{\text{Conc. Std/Cal}[\text{mg/dL}]} \times \text{A Std/Cal}
\]

To correct for free glycerol, subtract 10 mg/dL (0.11 mmol/L) from the triglycerides value calculated above.

**Conversion factor**

\[
\text{Triglycerides} [\text{mg/dL}] \times 0.01126 = \text{Triglycerides} [\text{mmol/L}]
\]
Calibrators and Controls
For the calibration of automated photometric systems, DiaSys TruCal U calibrator is recommended. The assigned values of TruCal U have been made traceable to the reference method gas chromatography-isotope dilution mass spectrometry (GC-IDMS). DiaSys TruLab N and P or TruLab L controls should be assayed for internal quality control. Each laboratory should establish corrective action in case of deviations in control recovery.

<table>
<thead>
<tr>
<th>Cat. No. Kit size</th>
<th>TruCal U 5 9100 99 10 063 20 x 3 mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TruCal U 5 9100 99 10 064 6 x 3 mL</td>
<td></td>
</tr>
<tr>
<td>TruLab N 5 9000 99 10 062 20 x 5 mL</td>
<td></td>
</tr>
<tr>
<td>TruLab N 5 9000 99 10 061 6 x 5 mL</td>
<td></td>
</tr>
<tr>
<td>TruLab P 5 9050 99 10 062 20 x 5 mL</td>
<td></td>
</tr>
<tr>
<td>TruLab P 5 9050 99 10 061 6 x 5 mL</td>
<td></td>
</tr>
<tr>
<td>TruLab L Level 1 5 9020 99 10 065 3 x 3 mL</td>
<td></td>
</tr>
<tr>
<td>TruLab L Level 2 5 9030 99 10 065 3 x 3 mL</td>
<td></td>
</tr>
</tbody>
</table>

Performance Characteristics
Measuring range
The test has been developed to determine triglyceride concentrations within a measuring range from 2 – 1000 mg/dL (0.02 – 11.3 mmol/L). When values exceed this range, samples should be diluted 1 + 4 with NaCl solution (9 g/L) and the result multiplied by 5.

Specificity/Interferences
No interferences were observed by ascorbic acid up to 3 mg/dL, conjugated bilirubin up to 30 mg/dL, by unconjugated bilirubin up to 9 mg/dL and hemoglobin up to 500 mg/dL. For further information on interfering substances refer to Young DS [5].

Sensitivity/Limit of Detection
The lower limit of detection is 2 mg/dL.

Precision (at 37°C)

<table>
<thead>
<tr>
<th>Intra-assay precision n = 20</th>
<th>Mean [mg/dL]</th>
<th>SD [mg/dL]</th>
<th>CV [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample 1</td>
<td>55.5</td>
<td>0.901</td>
<td>0.54</td>
</tr>
<tr>
<td>Sample 2</td>
<td>212</td>
<td>1.69</td>
<td>0.80</td>
</tr>
<tr>
<td>Sample 3</td>
<td>447</td>
<td>3.09</td>
<td>0.69</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>Sample 1</td>
<td>88.9</td>
<td>0.795</td>
<td>0.89</td>
</tr>
<tr>
<td>Sample 2</td>
<td>235</td>
<td>3.61</td>
<td>1.54</td>
</tr>
</tbody>
</table>

Method Comparison
A comparison of DiaSys Triglycerides FS (y) with a commercially available test (x) using 95 samples gave following results: y = 0.969 x - 0.092 mg/dL; r = 0.9999

Reference Range [2]
Desirable: < 200 mg/dL (fasting) (2.3 mmol/L)
Borderline high: 200 – 400 mg/dL (2.3 – 4.5 mmol/L)
Elevated: > 400 mg/dL (4.5 mmol/L)
Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary.

Clinical Interpretation [3]
Epidemiological studies have observed that a combination of plasma triglycerides > 180 mg/dL (> 2.0 mmol/L) and HDL-cholesterol < 40 mg/dL (1.0 mmol/L) predict a high risk of CHD. Borderline levels (> 200 mg/dL) should always be regarded in association with other risk factors for CHD.

Literature

Manufacturer
DiaSys Diagnostic Systems GmbH
Alte Strasse 9 65558 Holzheim Germany