

Bilirubin Auto Total FS*

Order Information

Cat. No. 1 0811 99 10 920
Kit size  800 (4 x 200)

Intended Use

Diagnostic reagent for quantitative in vitro determination of total bilirubin in human serum or heparin plasma on automated DiaSys respons[®]910.

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 glucuronic acid and the resulting water soluble bilirubin glucuronic 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
 HCl 130 mmol/L

Storage and Stability

Reagents are stable up to the date of expiry indicated on the kit, if stored at 2 – 8°C and contamination is avoided. Do not freeze reagents and protect them from light.

Warnings and Precautions

- ⚠ Reagent 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.
- ⚠ 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.
- In very rare cases, samples of patients with gammopathy might give falsified results [4].
- Eltrombopag medication leads to falsely low or high results in patient samples.
- To avoid contamination and carryover, special care should be taken in combination with Rheumatoid factor FS reagent.
- 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.

- 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.	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

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**	0.11 mg/dL
Onboard stability	4 weeks
Calibration stability	3 days

Interfering substance	Interferences ≤ 10% up to	Analyte concentration [mg/dL]
Ascorbic acid	30 mg/dL	2.26
Hemoglobin	100 mg/dL	1.17
	500 mg/dL	15.2
Lipemia (triglycerides)	1000 mg/dL	1.29
	2000 mg/dL	13.3
Naproxen	1 mmol/L	0.46

For further information on interfering substances refer to Young DS [6,7].

Precision			
Within run (n=20)	Sample 1	Sample 2	Sample 3
Mean [mg/dL]	0.85	1.03	6.86
CV [%]	1.85	2.31	0.93
Between day (n=20)	Sample 1	Sample 2	Sample 3
Mean [mg/dL]	0.75	1.84	6.82
CV [%]	4.60	3.67	0.95

Method comparison (n=94)	
Test x	DiaSys Bilirubin Auto Total FS (Hitachi 911)
Test y	DiaSys Bilirubin Auto Total FS (respons [®] 910)
Slope	1.028
Intercept	0.036 mg/dL
Coefficient of correlation	0.999

** according to CLSI document EP17-A, Vol. 24, No. 34

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

1. Thomas L ed. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft, 1998; p. 192-202.
2. Tolman KG, Rej R. Liver function. In: Burtis CA, Ashwood ER, editors. Tietz Textbook of Clinical Chemistry. 3rd ed. Philadelphia: W.B Saunders Company; 1999. p. 1125-77.
3. Rand RN, di Pasqua A. A new diazo method for the determination of bilirubin. Clin Chem 1962; 6: 570-8.
4. Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. ClinChemLabMed 2007;45(9):1240-1243.
5. Guder WG, Zawta B et al. The Quality of Diagnostic Samples. 1st ed. Darmstadt: GIT Verlag; 2001; p. 18-9.
6. 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.
7. Young DS. Effects on Clinical Laboratory Tests - Drugs Disease, Herbs & Natural Products, <https://clinfx.wiley.com/aaccweb/aacc/>, accessed in May 2020. Published by AACC Press and John Wiley and Sons, Inc.




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* Fluid Stable

Bilirubin Auto Total FS

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.

Identification	
This method is usable for analysis:	Yes
Twin reaction:	No
Name:	TBIL
Shortcut:	
Reagent barcode reference:	019
Host reference:	

Technic	
Type:	End point
First reagent:[μ L]	180
Blank reagent	Yes
Sensitive to light	
Second reagent:[μ L]	45
Blank reagent	Yes
Sensitive to light	
Main wavelength:[nm]	546
Secondary wavelength:[nm]	660
Polychromatic factor:	1.000
1 st reading time [min:sec]	(04:24)
Last reading time [min:sec]	09:00
Reaction way:	Increasing
Linear Kinetics	
Substrate depletion: Absorbance li	
Linearity: Maximum deviation [%]	
Fixed Time Kinetics	
Substrate depletion: Absorbance limit	
Endpoint	
Stability: Largest remaining slope	
Prozone Limit [%]	

Reagents	
Decimals	
Units	

Sample	
Diluent	DIL A (NaCl)
Hemolysis:	
Agent [μ L]	0 (no hemolysis)
Cleaner	
Sample [μ L]	0
Technical limits	
Concentration technical limits-Lower	0.11
Concentration technical limits-Upper	30
SERUM	
Normal volume [μ L]	5
Normal dilution (factor)	1
Below normal volume [μ L]	8
Below normal dilution (factor)	1
Above normal volume [μ L]	2
Above normal dilution (factor)	1
URIN	
Normal volume [μ L]	5
Normal dilution (factor)	1
Below normal volume [μ L]	8
Below normal dilution (factor)	1
Above normal volume [μ L]	2
Above normal dilution (factor)	1
PLASMA	
Normal volume [μ L]	5
Normal dilution (factor)	1
Below normal volume [μ L]	8
Below normal dilution (factor)	1
Above normal volume [μ L]	2
Above normal dilution (factor)	1
CSF	
Normal volume [μ L]	5
Normal dilution (factor)	1
Below normal volume [μ L]	8
Below normal dilution (factor)	1
Above normal volume [μ L]	2
Above normal dilution (factor)	1
Whole blood	
Normal volume [μ L]	5
Normal dilution (factor)	1
Below normal volume [μ L]	8
Below normal dilution (factor)	1
Above normal volume [μ L]	2
Above normal dilution (factor)	1

Results	
Decimals	2
Units	mg/dL
Correlation factor-Offset	0.000
Correlation factor-Slope	1.000

Range	
Gender	All
Age	
SERUM	>=0.1 <=1.2
URINE	
PLASMA	>=0.1 <=1.2
CSF	
Whole blood	
Gender	
Age	
SERUM	
URINE	
PLASMA	
CSF	
Whole blood	

Contaminants	
Please refer to r910 Carryover Pair Table	

Calibrators details	
Calibrator list	Concentration
Cal. 1/Blank	0
Cal. 2	*
Cal. 3	
Cal. 4	
Cal. 5	
Cal. 6	
	Max delta abs.
Cal. 1	0.002
Cal. 2	0.005
Cal. 3	
Cal. 4	
Cal. 5	
Cal. 6	
Drift limit [%]	0.8

Calculations	
Model	X
Degree	1

* Enter calibrator value