


## Glucose GOD FS\*

### Order Information

**Cat. No.**

1 2500 99 10 923

**Kit size**

 800 (4 x 200)

### Intended Use

Diagnostic reagent for quantitative in vitro determination of glucose in human serum or heparin plasma on automated respons<sup>®</sup>910.

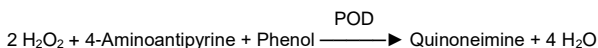
### Summary

Glucose is a monosaccharide and one of the most important carbohydrates for the human organism, as it is a metabolic substrate and a source of energy. The glucose concentration in blood is kept constant by several regulatory mechanisms. The main regulation occurs via secretion of insulin and glucagon. Primarily for the organism, the coverage of the steady glucose demand of the central nervous system with only minimal glucose reserves and the demand of erythrocytes is of major importance [1]. Glucose concentration in blood depends on nutritional status of an individual. Three conditions can be distinguished: Fasting status (8-10 h after the last nutritional intake), postprandial status (2-3 h after beginning of food intake) and postabsorptive status (6-12 h after beginning of food intake) [2]. Glucose measurement is recommended, whenever hypo- or hyperglycemia is suspected. Altered glucose can be the cause of many medical conditions. The main diseases causing elevated blood glucose levels are the different types of diabetes mellitus (DM). The primary purpose of glucose measurement is to diagnose DM respectively to define and monitor therapeutic interventions [2].

### Method

“GOD-PAP“: enzymatic photometric test

Determination of glucose after enzymatic oxidation by glucose oxidase. The colorimetric indicator is quinoneimine, which is generated from 4-aminoantipyrine and phenol by hydrogen peroxide under the catalytic action of peroxidase (Trinder's reaction) [3].



### Reagents

#### Components and Concentrations

Phosphate buffer	pH 7.5	250 mmol/L
Phenol		5 mmol/L
4-Aminoantipyrine		0.5 mmol/L
Glucose oxidase	(GOD)	≥ 10 kU/L
Peroxidase	(POD)	≥ 1 kU/L

### Storage and Stability

Reagent is stable up to the date of expiry indicated on the kit, if stored at 2 - 8°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

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

Separate at the latest 1h after blood collection from cellular contents.

Stability in serum/plasma after addition of a glycolytic inhibitor (fluoride, monoiodacetate, mannose) [5]:

2 days	at	20 – 25°C
7 days	at	4 – 8°C
1 day	at	-20°C

Only freeze once. Discard contaminated specimens.

Stability in serum (separated from cellular contents, hemolysis free) without adding a glycolytic inhibitor [6,7]:

8 h	at	25°C
72 h	at	4°C

Discard contaminated specimens.

### Calibrators and Controls

DiaSys TruCal U is recommended for calibration. Calibrator values have been made traceable to the reference method gas chromatography – isotope dilution mass spectrometry (GC-IDMS). Use DiaSys TruLab N and P for internal quality control. 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 from 0.43 mg/dL up to 500 mg/dL, linearity is given within ± 5%.	
In case of higher concentrations re-measure samples after manual dilution with NaCl solution (9 g/L) or use rerun function.	
Limit of detection**	0.43 mg/dL
Limit of quantitation**	0.43 mg/dL
Onboard stability	6 weeks
Calibration stability	6 weeks

Interference by	Interferences ≤ 10% up to	Analyte concentration [mg/dL]
<b>Ascorbic acid</b>	18 mg/dL	183
<b>Bilirubin</b> (conjugated)	15 mg/dL	75.8
	20 mg/dL	115
<b>Bilirubin</b> (unconjugated)	30 mg/dL	82.1
	30 mg/dL	131
<b>Hemolysis</b>	200 mg/dL	87.4
	200 mg/dL	119
<b>Lipemia</b> (triglycerides)	1500 mg/dL	42.1
	1500 mg/dL	126

For further information on interfering substances, refer to the literature [8-10].

Precision			
Repeatability (n=20)	Sample 1	Sample 2	Sample 3
Mean [mg/dL]	44.1	97.5	280
CV [%]	2.53	2.14	2.02
Between day (n=20)	Sample 1	Sample 2	Sample 3
Mean [mg/dL]	45.7	99.5	280
CV [%]	1.58	2.61	2.32

Method comparison (n=142)	
Test x	DiaSys Glucose GOD FS (Hitachi 917)
Test y	DiaSys Glucose GOD FS (respons <sup>®</sup> 910)
Slope	1.01
Intercept	-0.394 mg/dL
Coefficient of correlation	0.999

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

### Conversion Factor

Glucose [mg/dL] x 0.05551 = Glucose [mmol/L]

### Reference Range [2]

	[mg/dL]	[mmol/L]
<b>Newborns</b>		
Cord blood	63 – 158	3.5 – 8.8
1 h	36 – 99	2.0 – 5.5
2 h	39 – 89	2.2 – 4.9
5 – 14 h	34 – 77	1.9 – 4.3
20 – 28 h	46 – 81	2.6 – 4.5
44 – 52 h	48 – 79	2.7 – 4.4
<b>Children (fasting)</b>	60 – 99	3.3 – 5.5
<b>Adults (fasting)</b>	60 – 95	3.3 – 5.3

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

### Literature

- Hallbach J. Klinische Chemie und Hämatologie – Biomedizinische Analytik für MTLA und Studium. 3rd ed. Stuttgart: Georg Thieme Verlag KG; 2011. p. 170-171.
- Thomas L. Clinical Laboratory Diagnostics [Internet]. Prof. Lothar Thomas; 2023 [cited 2023 Nov 21]. Available from: <https://www.clinical-laboratory-diagnostics.com/>
- Barham D, Trinder P. An improved color reagent for the determination of blood glucose by the oxidase system. *Analyst* 1972; 97: 142-5.
- Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. *ClinChemLabMed* 2007;45(9):1240-1243.
- Guder WG et al. Die Qualität diagnostischer Proben – Empfehlung der Arbeitsgruppe Präanalytik der Deutschen Vereinten Gesellschaft für Klinische Chemie und Laboratoriumsmedizin. 7th ed. Heidelberg: BD Diagnostics Preanalytical Systems; 2012. p. 46-47, p. 68-69.
- Sacks DB, Bruns DE, Goldstein ER, Bruns DE, editors. Tietz Textbook of Clinical Chemistry and Molecular Diagnosis. 4th ed. St. Louis, Missouri: Elsevier Saunders Company; 2006. p. 837-901.
- Sacks DB, Bruns DE, Goldstein DE, MacLaren NK, McDonald JM, Parrott M. Guidelines and Recommendations for Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus. *ClinChem* 2002; 48: 436-472.
- 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 2024. 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.



DiaSys Diagnostic Systems GmbH  
Alte Strasse 9 65558 Holzheim  
Germany  
[www.diasys-diagnostics.com](http://www.diasys-diagnostics.com)

\* Fluid Stable

## Glucose GOD 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:	GLUC GOD
Shortcut:	
Reagent barcode reference:	036
Host reference:	036

Technic	
Type:	End point
First reagent:[ $\mu$ L]	180
Blank reagent	Yes
Sensitive to light	
Second reagent:[ $\mu$ L]	
Blank reagent	
Sensitive to light	
Main wavelength:[nm]	508
Secondary wavelength:[nm]	700
Polychromatic factor:	1.0000
1 st reading time [min:sec]	(-00:12)
Last reading time [min:sec]	09:48
Reaction way:	Increasing
Linear Kinetics	
Substrate depletion: Absorbance limit	
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 [ $\mu$ L]	0 (no hemolysis)
Cleaner	
Sample [ $\mu$ L]	0
Technical limits	
Concentration technical limits-Lower	3.0000
Concentration technical limits-Upper	400.0000
SERUM	
Normal volume [ $\mu$ L]	2.0
Normal dilution (factor)	1
Below normal volume [ $\mu$ L]	
Below normal dilution (factor)	
Above normal volume [ $\mu$ L]	2.0
Above normal dilution (factor)	6
URINE	
Normal volume [ $\mu$ L]	2.0
Normal dilution (factor)	1
Below normal volume [ $\mu$ L]	
Below normal dilution (factor)	
Above normal volume [ $\mu$ L]	2.0
Above normal dilution (factor)	6
PLASMA	
Normal volume [ $\mu$ L]	2.0
Normal dilution (factor)	1
Below normal volume [ $\mu$ L]	
Below normal dilution (factor)	
Above normal volume [ $\mu$ L]	2.0
Above normal dilution (factor)	6
CSF	
Normal volume [ $\mu$ L]	2.0
Normal dilution (factor)	1
Below normal volume [ $\mu$ L]	
Below normal dilution (factor)	
Above normal volume [ $\mu$ L]	2.0
Above normal dilution (factor)	6
Whole blood	
Normal volume [ $\mu$ L]	2.0
Normal dilution (factor)	1
Below normal volume [ $\mu$ L]	
Below normal dilution (factor)	
Above normal volume [ $\mu$ L]	2.0
Above normal dilution (factor)	6

Results	
Decimals	1
Units	mg/dL
Correlation factor-Offset	0.0000
Correlation factor-Slope	1.0000

Range	
Gender	All
Age	
SERUM	>=70.0 <=115.0
URINE	
PLASMA	>=70.0 <=115.0
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	0.006
Cal. 2	0.040
Cal. 3	
Cal. 4	
Cal. 5	
Cal. 6	
Drift limit [%]	0.80

Calculations	
Model	X
Degree	1

\* Enter calibrator value