

Creatinine FS*

Order Information

Cat. No.	Kit size		
1 1711 99 10 021	R1 5 x 20 mL	+ R2	1 x 25 mL
1 1711 99 10 026	R1 5 x 80 mL	+ R2	1 x 100 mL
1 1711 99 10 023	R1 1 x 800 mL	+ R2	1 x 200 mL
1 1711 99 10 704	R1 8 x 50 mL	+ R2	8 x 12.5 mL
1 1711 99 10 917	R1 8 x 60 mL	+ R2	8 x 15 mL

Kits for use in conjunction with DiaSys CE applications.

Intended Use

Diagnostic reagent for quantitative in vitro determination of creatinine in human serum, heparin plasma or urine on automated photometric systems.

Summary

Creatinine, a molecule produced by muscle cells, is a byproduct of creatine metabolism and is excreted in urine [1]. Since healthy kidneys consistently filter creatinine through the glomeruli, its blood concentration serves as a marker of kidney function [2]. Creatinine determination is used to evaluate kidney function and detect general kidney damage but is not intended for early-stage detection. Elevated plasma or serum levels indicate impaired kidney function, although age, gender, and muscle mass can influence results [1]. The glomerular filtration rate (GFR) is a more accurate kidney function measure, with a reduced GFR indicating decreased filtration ability [3]. Calculating creatinine clearance, based on plasma, serum, and a 24-hour urine sample, provides a direct kidney filtration assessment, but complex handling may lead to errors [1]. The currently recommended strategy for GFR estimation is based on specific formulas using plasma or serum creatinine values. The latest KDIGO guideline recommends the use of the 2021 CKD-EPI or EKFC formula [4]. This approach is used to screen, diagnose, and classify kidney disease and monitor patients with kidney damage [1,3,4]. Chronic kidney disease (CKD) is one of the most common causes of impaired kidney function. As outlined in the KDIGO guideline CKD is diagnosed when the estimated GFR remains below 60 mL/min/1.73 m² for over three months [4].

Method

Kinetic test without deproteinization according to the Jaffé method

Creatinine reacts in an alkaline solution with picrate ions to form an orange-red color complex. The difference in absorbance at fixed times during conversion is proportional to the concentration of creatinine in the sample. [5]

Creatinine + Picric acid \longrightarrow Creatinine picrate complex

Reagents

Components and Concentrations

R1: Sodium hydroxide	0.2 mol/L
R2: Picric acid	20 mmol/L

Storage and Stability

Reagents are 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

1. Components contained in Creatinine FS are classified according to EC regulation 1272/2008 (CLP) as follows:



⚠ Reagent 1: Warning. H290 May be corrosive to metals. H315 Causes skin irritation. 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. P302+P352 IF ON SKIN: Wash with plenty of water/soap. P305+P351+P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. P332+P313 If skin irritation occurs: Get medical advice/attention. P337+P313 If eye irritation persists: Get medical advice/attention. P390 Absorb spillage to prevent material damage

⚠ Reagent 2: Warning. H290 May be corrosive to metals. P234 Keep only in original packaging. P280 Wear protective gloves/protective clothing/eye protection. P390 Absorb spillage to prevent material damage.

2. High homogenetic acid concentrations in urine samples lead to false results.
3. In very rare cases, samples of patients with gammopathy might give falsified results [6].
4. Eltrombopag medication leads to falsely low or high results in patient samples.
5. In case of product malfunction or altered appearance that could affect the performance, contact the manufacturer.
6. 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.
7. 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.
8. 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 reagents are ready to use.

Materials Required

General laboratory equipment

Specimen

Human serum, heparin plasma or urine

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

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

Stability in serum/plasma [7]:

7 days	at	4 – 25°C
3 months	at	-20°C

Stability in urine [7]:

2 days	at	20 – 25°C
6 days	at	4 – 8°C
6 months	at	-20°C

Dilute urine 1 + 49 with dist. water; multiply the result by 50. TruLab Urine controls must be prediluted the same way as patient samples.

Only freeze once. Discard contaminated specimens.

Assay Procedure

Wavelength	505/571 nm
Temperature	37°C
Measurement	Kinetic
Sample/Calibrator	5.0 µL
Reagent 1	80 µL
Reagent 2	20 µL
Addition reagent 2	Cycle 19 (286 s)
Absorbance	Cycle 24/32 (354 s/464 s)
Calibration	Linear

Calculation

With Calibrator

Serum/Plasma

$$\text{Creatinine [mg/dL]} = \frac{\Delta A \text{ Sample}}{\Delta A \text{ Cal.}} \times \text{Conc. Cal. [mg/dL]}$$

Urine

$$\text{Creatinine [mg/dL]} = \frac{\Delta A \text{ Sample}}{\Delta A \text{ Cal.}} \times \text{Conc. Cal. [mg/dL]} \times 50$$

Creatinine Clearance [mL/min/1.73 m²] [8]

$$= \frac{\text{mg Creatinine/ 100 mL Urine} \times \text{mL Urine}}{\text{mg Creatinine/ 100 mL Serum} \times \text{min Urine collection time}}$$

The calculated creatinine clearance refers to the average body surface of an adult (1.73 m²).

Conversion Factor

$$\text{Creatinine [mg/dL]} \times 88.4 = \text{Creatinine [µmol/L]}$$

$$\text{Creatinine [mg/dL]} \times 0.0884 = \text{Creatinine [mmol/L]}$$

Calibrators and Controls

DiaSys TruCal U is recommended for calibration. Calibrator values for the compensated method have been made traceable to the NIST (National Institute for Standardization) Standard Reference Material SRM 967 using level 1 and 2 and, therefore, to GC-IDMS (gas chromatography - isotope dilution mass spectrometry). Creatinine Standard FS may be used alternatively for calibration. Use DiaSys TruLab N and P or TruLab Urine Level 1 and Level 2 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
TruLab Urine Level 1	5 9170 99 10 062	20 x 5 mL
	5 9170 99 10 061	6 x 5 mL
TruLab Urine Level 2	5 9180 99 10 062	20 x 5 mL
	5 9180 99 10 061	6 x 5 mL
Creatinine Standard FS	1 1700 99 10 030	6 x 3 mL

Compensated Method

Picric acid which forms the colored complex reacts unspecifically with interfering serum components, so-called pseudo-creatinines. This leads to falsely elevated creatinine values in serum and plasma samples especially in the low measuring range. To compensate these interferences, the calibrator value for the compensated method indicated in the value sheet of TruCal U has to be used for calculation. Additionally, 0.3 mg/dL has to be subtracted from the calculated creatinine value [9,10]. For use of the compensated method, calibration with the calibrator TruCal U is strictly recommended. The method is applicable only for serum and plasma samples. The compensated method is traceable to GC-IDMS.

Performance Characteristics

Data evaluated on BioMajesty® JCA-BM6010/C

Serum/Plasma

Measuring range up to 14 mg/dL, linearity is given within ± 5%. When values exceed this range samples should be diluted 1 + 1 with NaCl solution (9 g/L) and the result multiplied by 2.

Limit of detection**	0.1 mg/dL
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Interference by	Interferences ≤ 10% up to	Analyte concentration [mg/dL]
Ascorbic acid	30 mg/dL	0.715
Bilirubin (conjugated)	3 mg/dL	0.747
Bilirubin (unconjugated)	1.5 mg/dL	0.738
Hemolysis	600 mg/dL	0.738
Lipemia (triglycerides)	1800 mg/dL	0.730

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

Precision			
Repeatability (n=20)	Sample 1	Sample 2	Sample 3
Mean [mg/dL]	0.660	1.52	4.70
CV [%]	1.49	1.26	0.702
Between day (n=20)	Sample 1	Sample 2	Sample 3
Mean [mg/dL]	0.642	1.50	4.65
CV [%]	3.07	2.05	0.944

Method comparison (n=98)	
Test x	DiaSys Creatinine FS (BioMajesty® JCA-BM6010/C)
Test y	Competitor Creatinine (BioMajesty® JCA-BM6010/C)
Slope	1.03
Intercept	0.029 mg/dL
Coefficient of correlation	0.999

Urine

Measuring range up to 700 mg/dL, linearity is given within ± 5%. When values exceed this range samples should be diluted 1 + 1 with NaCl solution (9 g/L) and the result multiplied by 2.	
Limit of detection**	5 mg/dL

Precision			
Repeatability (n=20)	Sample 1	Sample 2	Sample 3
Mean [mg/dL]	27.8	58.3	107
CV [%]	1.03	0.629	0.673
Between day (n=20)	Sample 1	Sample 2	Sample 3
Mean [mg/dL]	35.4	60.5	123
CV [%]	2.74	2.13	1.81

Method comparison (n=99)	
Test x	DiaSys Creatinine FS (BioMajesty® JCA-BM6010/C)
Test y	Competitor Creatinine (BioMajesty® JCA-BM6010/C)
Slope	0.957
Intercept	0.113 mg/dL
Coefficient of correlation	0.999

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

Reference Range

Serum/Plasma, Jaffé-method not compensated

	mg/dL	µmol/L
Adults [1]		
Women	0.58 – 1.12	51 – 99
Men	0.70 – 1.30	62 – 115
Children [14]		
1 – 30 day(s)	0.5 – 1.2	44 – 106
1 month – 3 years	0.4 – 0.7	35 – 62
4 – 6 years	0.5 – 0.8	44 – 71
7 – 12 years	0.5 – 1.0	44 – 88
13 – 15 years	0.6 – 1.2	53 – 106
16 – 18 years	0.8 – 1.4	71 – 123

Serum/Plasma, Jaffé-method compensated

	mg/dL	µmol/L
Adults [1]		
Women	0.40 – 1.00	35 – 88
Men	0.64 – 1.19	57 – 105
Children [15]		
0 – 14 days	0.24 – 0.85	21 – 75
2 months – 1 year	0.17 – 0.42	15 – 37
1 – 5 year(s)	0.24 – 0.47	21 – 42
5 – 9 years	0.32 – 0.60	28 – 53
9 – 11 years	0.39 – 0.73	34 – 65
11 – 15 years	0.53 – 0.87	46 – 77

Urine

24h urine [5]

Women	11 – 20 mg/kg/24h	97 – 177 µmol/kg/24h
Men	14 – 26 mg/kg/24h	124 – 230 µmol/kg/24h

Albumin/creatinine ratio (early morning urine) [16]:

< 30 mg/g Creatinine

Creatinine clearance [8] with Jaffé-method compensated

71.2 – 151 mL/min/1.73 m²

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

Literature

- Thomas L. Clinical Laboratory Diagnostics [Internet]. Prof. Lothar Thomas; 2024 [cited 2025 February 05]. Available from: https://www.clinical-laboratory-diagnostics.com/k12.html#_idTextAnchor4725, https://www.clinical-laboratory-diagnostics.com/k12.html#_idTextAnchor4288 and https://www.clinical-laboratory-diagnostics.com/12.html#_idTextAnchor4328.
- Liu Y, Xu G. Trueness investigation of routine creatinine assays on nine homogeneous systems in Beijing demonstrates an encouraging outcome that meets clinical requirements. Chinese Medical Journal. 2010;123(17):p 2364-2369
- Boss K, Stolpe S, Müller A, Friebus-Kardash J, et al. Effect of Difference in Serum Creatinine between Jaffe and Enzymatic Methods in Outpatient Kidney Transplant Recipients. Journal of Clinical Medicine. 2024;13(20):6066.
- Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney Int. 2024;105(4S): S117–S314.
- Lamb E, Newman DJ, Price CP. Kidney Function Tests. In: Burtis CA, Ashwood ER, Bruns DE editors. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 4th ed. Elsevier Saunders, St. Louis, Mo., ©2006 p. 798 and 2264.
- 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, et al. The Quality of Diagnostic Samples, Deutsche Vereinte Gesellschaft für Klinische Chemie und Laboratoriumsmedizin. 3rd ed; 2010. page 42-3 and 66-7
- Junge W, Wilke B, Halabi A, et al. Determination of reference intervals for serum creatinine, creatinine excretion and creatinine clearance with an enzymatic and a modified Jaffé method. Clin Chim Acta. 2004;344:137-148.
- Mazzachi BC, Peake MJ, Ehrhardt V. Reference Range and Method Comparison Studies for Enzymatic and Jaffé Creatine Assays in Plasma and Serum and Early Morning Urine. Clin. Lab. 2000; 46: 53-55.
- Swanson AF, Swartzentruber M, Nolen PA et al. Multicenter Evaluation of the Boehringer Mannheim Compensated, Rate-Blanked Creatinine/Jaffe Application on BM/Hitachi Systems. Advances in Clinical Diagnostics. 1993. Boehringer Mannheim Corporation.
- Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th ed. Vol. 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 January 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.
- Soldin SJ, Brugnara C, Wong EC, eds. Pediatric Reference Intervals. 6th ed. AACC Press, 2007: p. 77-78.
- Schlebusch H, Liappis N, Kalina E, et al. High Sensitive CRP and Creatinine: Reference Intervals from Infancy to Childhood/Hochsensitives CRP und Kreatinin:

Referenzbereich für Neugeborene und Kinder.
LaboratoriumsMedizin. 2002;26(5-6): 341-346.

16. Dati F, Metzmann E. Proteins-Laboratory testing and clinical use. 1st ed. Holzheim: DiaSys Diagnostic Systems; 2005: p. 93.

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