

Uricacid- EGD

Uricase Method

Code : 11039/40/41 (5x10 / 2x50 / 5x100 ml)

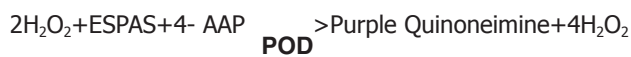
(For the analyser/Colorimetric estimation of Uric Acid in Plasma/Serum)

In VITRO USE Only.

SUMMARY & EXPLANATION OF TEST:

Uric Acid is the major product of the catabolism of endogenous & exogenous(dietary) purine nucleosides (adenosine & guanosine). This transformation mainly occurs in the liver. Approximately 75% of Uric Acid is eliminated by kidneys, the remainder is secreted into the gastrointestinal tract, where it is degraded by bacterial enzymes.

PRINCIPLE:



REAGENTS:

1. Enzyme Reagent	5x10 ml	2x50ml	5x100 ml
2. Standard (5mg%)	1 ml	1ml	2x1 ml

The reagents are stable at 2 - 8°C till the expiry date mentioned on the label.

SAMPLE :

Serum/Heparinised Plasma

EXPECTED RANGE:

Males	: 3.4 - 7.0 mg / dl
Females	: 2.4 - 5.7 mg / dl

LINEARITY:

This method is linear from 0.5 to 25 mg/dl.

INSTRUCTIONS:

1. Use clean glassware to avoid contamination
2. Discard upon turbidity. Slight pink colour (up to 0.15 Abs). does not effect the performance of the reagents.

DIRECTIONS FOR USE ON ANALYSERS :

Reaction Type	:	End point with Std.
Reaction Slope	:	Increasing
Wave Length	:	546 nm
Incubation Temp	:	37°C
IncubationTime	:	10 min.
Sample Volume	:	100 µl
Reagent Volume	:	1 ml
Light path	:	1 cm
Standard	:	5 mg%
Linearity	:	25 mg/dl
Unit	:	mg/dl

PROCEDURE:

Pipette into clean, dry tubes labelled Blank (B) Standard (S) and Test (T) and add the reagents in the following order.

	B	S	T
Enzyme Reagent (ml)	1.0	1.0	1.0
Distilled Water (ml)	0.1	—	—
Standard (ml)	—	0.1	—
Serum/Plasma (ml)	—	—	0.1

Mix well and incubate at 37°C for 10 min. Measure the absorbance of Test (T) and Standard (S), against Blank (B) on a photocolormeter or spectrophotometer at 540 nm.

CALCULATIONS:

$$\text{Uric Acid mg/dl} = \frac{\text{A of (T)}}{\text{A of (S)}} \times 5 \text{ (Std. Conc)}$$

NOTES:

★ Due to variations in inter - laboratory assay conditions, instruments and demography, it is recommended that each laboratory should establish its own normal range. To ensure adequate quality control, each run should include a normal and abnormal assayed controls. The assigned value of the control must be confirmed by this methodology.

★ Final diagnosis should be based on a co-relation of test results with other clinical observations / Diagnostic tools.

BIBLIOGRAPHY:

1. Fossati, Principe L., Berti G. Clin. Chem. 26:227 (1980)
2. Tietz, N.W. Clinical guide to laboratory tests, 3th Ed, (W.B.Saunders eds. Philadelphia USA), (1995), 624.
3. Vassault, A., et al., Protocole de validation de techniques. (Document B, stade 3) Ann. Biol. Clin., (1986), 44, 686.

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