# BQ Kits

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## **CREATININE REAGENT SET** (KINETIC PROCEDURE)

Catalog Number: BQ 037CR

#### INTENDED USE

Creatinine reagent is used for the quantitative determination of creatinine in human serum.

#### INTRODUCTION

Creatinine, an anhydride of creatine, is a waste product formed by the spontaneous dehydration of kidneys.<sup>1</sup> Most of the creatinine is found in muscle tissue where it is present as creatine phosphate and serve, as a high-energy storage reservoir for conversion to ATP. Independent of diet serum creatinine concentrations depends almost entirely upon its excretion rate by the kidneys. For this reason its elevation is highly specific for kidney diseases.<sup>2</sup> The assay of creatinine has been based on the reaction of creatinine with alkaline picrate as described by Jaffe. Further modifications have developed the Jaffe reaction into a kinetic assay that is fast, simple and avoids interference.

## PRINCIPLE

Creatinine + Sodium Picrate <u>Alkali</u> > Creatinine - Picrate complex (yellow-orange)

Creatinine reacts with picric acid in alkaline conditions to form a color complex, which absorbs at 510 nm. The rate of formation of color is proportional to the creatinine concentration in the sample.

#### REAGENTS

- 1. Creatinine Picric Acid Reagent: a solution containing 10 mM picric acid.
- 2. Creatinine Sodium Hydroxide: a solution containing 240 mM. sodium hydroxide.
- 3. Creatinine standard (5 mg/dl): A solution containing creatinine in hydrochloric acid with preservative.

#### WARNINGS AND PRECAUTIONS

- 1. This reagent is for *in vitro* diagnostic use only.
- Creatinine Picric Acid Reagent is a strong oxidizing agent. Avoid contact with skin. WIPE ANY SPILLAGE, SINCE PICRIC ACID IS EXPLOSIVE.
- 3. Creatinine Sodium Hydroxide is an alkali.

#### **REAGENT PREPARATION**

Combine equal volumes of creatinine picric acid reagent and creatinine sodium hydroxide, mix well.

#### REAGENT STORAGE AND STABILITY

- 1. Both reagents are stored at room temperature (15 30 °C).
- 2. Combined (working) reagent is stable for up to one (1) month.

#### **REAGENT DETERIORATION**

The reagent should be discarded if:

- 1. Turbidity has occurred; turbidity may be a sign of contamination.
- 2. The reagent fails to meet linearity claims or fails to recover control value, in the stated range.

#### SPECIMEN COLLECTION AND STORAGE

- 1. Serum is recommended.
- 2. Creatinine in serum is stable for twenty-four (24) hours at refrigerated temperatures (2 8 °C) and for several months when frozen (-20°C) and protected from evaporation and contamination.
- 3. 24-hour urine specimens must be preserved with 15 grams of boric acid.

#### INTERFERING SUBSTANCES

A number of substances affect the accuracy of creatinine determination. See Young *et al*<sup>3</sup> for a comprehensive list.

#### MATERIALS PROVIDED

- 1. Creatinine Picric Acid Reagent
- 2. Creatinine Sodium Hydroxide
- 3. Creatinine Standard

#### MATERIALS REQUIRED BUT NOT PROVIDED

- 1. Accurate pipetting devices
- 2. Timer
- 3. Heating bath/rack
- 4. Test tube/rack
- 5. Vessel for combining reagents (glass or plastic)
- 6. Spectrophotometer with a temperature controlled cuvette

#### AUTOMATED PROCEDURE

Refer to appropriate instrument application manual available.

#### MANUAL PROCEDURE

- 1. Label test tubes: Blank, Standard, Control, Patient, etc...
- 2. Set the spectrophotometer cuvette temperature to 37  $^{\circ}$ C.
- 3. Pipette 1.0 ml of working reagent into test tubes.
- 4. Zero spectrophotometer with the reagent blank at 510 nm. (Wavelength range: 500 520 nm)
- 5. Add 0.05 ml (50 μl) of sample to reagent, mix and immediately place into cuvette.
- 6. After exactly thirty (30) seconds, read and record the absorbance  $(A_1)$ .
- 7. At exactly sixty (60) seconds after the  $A_1$  reading, read and record the absorbance  $(A_2)$  (i.e. time elapsed between  $A_1 A_2$  is sixty (60) seconds.)
- 8. Calculate the change in absorbance ( $\Delta$ Abs./min.) by subtracting (A<sub>2</sub> A<sub>1</sub>). See "Calculations."

\*MULTI-PURPOSE CALIBRATOR MAY BE USED TO REPLACE STANDARD.

#### ALTERNATE VOLUMES

If the spectrophotometer in use requires a volume greater than 1.0 ml for accurate reading, use 0.2 ml (200  $\mu$ l) sample to 3.0 ml reagent. Perform as above.

#### CALCULATIONS

The creatinine value of the unknown is determined by comparing its absorbance change with that of a known standard.

$$mg/dl = \frac{\Delta Abs.(unknown)}{\Delta Abs. (standard)} x Concentration of Standard$$

#### Where:

 $\Delta Abs. = Absorbance change between readings (A<sub>2</sub> - A<sub>1</sub>)$ 

#### Example:

 $\Delta Abs./Unknown = 0.020$  $\Delta Abs./Standard = 0.050$ Conc. of Standard = 5 mg/dl

Then:

 $\frac{0.020}{0.050} \ge 5 = 2.0 \text{ mg/dl creatinine}$ 

# LIMITATIONS

Albumin at a concentration of 10.0 mg/dl contributes 0.2 mg/dl to the creatinine value, moderate hemolysis (0.2 gm/dl Hgb), grossly icteric and lipemic samples will give elevated results. Acetoacetate above 10 mg/dl will interfere with the results.

## CALIBRATION

Use the aqueous standard provided.

#### QUALITY CONTROL

The integrity of the reaction should be monitored using normal and abnormal control sera with known creatinine values.

## EXPECTED VALUES<sup>4</sup>

Serum:

*Male:* 0.9 - 1.50 mg/dl

Female: 0.7 - 1.37 mg/dl

It is recommended that each laboratory establish its own range of expected values.

#### PERFORMANCE CHARACTERISTICS

1. Linearity: 25 mg/dl

- 2. <u>Comparison</u>: A study performed between this procedure and a similar kinetic procedure yielded a correlation coefficient of 0.99 with a regression equation of y = 0.96 x + 0.06. Serum and control samples used in the study had creatinine values ranging from 0.9 to 8.3 mg/dl.
- 3. <u>Precision:</u>

Within Run		
Mean	S.D.	C.V. %
1.9	0.05	2.6
8.2	0.6	7.3
Ru		
Mean	S.D.	C.V. %
2.0	0.2	10.0
8.2	0.4	4.6

#### REFERENCES

- 1. Henry, J.B., *Clinical Diagnosis and Management by Laboratory Method*, 16th ed. Saunders, Philadelphia, PA, p. 263, (1974).
- 2. Vasilades, J. Can. Chem. 22:1664 (1976).
- 3. Young, D.S., et al., Can. Chem. 21 (1975).
- 4. Tietz, N.W., *Fundamentals of Clinical Chemistry*, W. Saunders, S, Phila, p.1211 (1976).