Creatinine – Jaffè

**Intended Use**

Spectrum Diagnostics creatinine reagent is intended for the in-vitro quantitative diagnostic determination of creatinine in human serum or urine on both automated and manual systems.

**Background**

Creatine is synthesized in kidney, liver and pancreas. It is transported in blood to other organs such as muscle and brain where it is phosphorylated to phosphocreatine. Some free creatine in muscle is converted to creatine daily and the amount of creatine produced is proportional to muscle mass. In the absence of renal disease, excretion rate of creatine in an individual is relatively constant. Therefore, measurement of creatinine clearance is useful in detecting renal disease and estimating the extent of impairment of renal function. Both serum creatinine and urea levels are elevated in patients with renal malfunction, especially decreased glomerular filtration. In the early stage of kidney damage, increase in serum urea level usually precedes the increase in serum creatinine. However, serum urea levels may be affected by dehydration, diet and protein metabolism. On the other hand, serum creatinine levels tend to be constant and unaffected by such factors. Thus, serum creatinine is a significantly more reliable renal function screening test than serum urea.

**Method**

Buffered Kinetic jaffé reaction without deproteinization.

**Assay Principle**

Creatinine reacts with picric acid under alkaline condition to form a yellow-red complex. The absorbance of the color produced, measured at a wavelength of 492 nm, is directly proportional to creatinine concentration in the sample.

\[
\text{Creatinine} + \text{picrate} \rightarrow \text{Alkaline pH} \rightarrow \text{yellow-red complex}
\]

**Reagents**

**Standard (ST)**
- Picric acid: 2 mg/dL, 177 μmol/L
- Surfactants: 25 mmol/L

**Reagent 1 (R1)**
- Sodium hydroxide: 0.4 mol/L

**Reagent 2 (R2)**
- Sodium hydroxide: 0.4 mol/L

**Irritant (xi) R36/38:** Irritating to eyes and skin. S26: In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. S37/39: Wear suitable gloves and eye/face protection.

For further information, refer to the Creatinine Jaffè reagent material safety data sheet.

**Precautions and Warnings**

Do not ingest or inhale. In case of contact with eyes or skin; rinse immediately with plenty of soap and water. In case of severe injuries; seek medical advice immediately.

**Reagent Preparation**

Prepare working solution as following: Combine one volume of R1 with one volume of R2 e.g. 1.0 ml R1 + 1.0 ml R2.

**Calculation**

\[
\text{Creatinine (mg/dL)} = \frac{A_{\text{specimen}}}{A_{\text{standard}}} \times 2
\]

Concentration of creatinine in serum: \[ A_{\text{standard}} \]

Concentration of creatinine in urine: \[ A_{\text{standard}} \times 2 \times 50 \]

**System Parameters**

- **Wavelength:** 492 nm
- **Optical path:** 1 cm
- **Sample volume:** 100 μl
- **First read time:** 30 seconds
- **Zero adjustment:** Against Air
- **Reagent Blank Limits:** Low 0.30 AU, High 0.8 AU
- **Sensitivity:** 0.31 mg/dL (0.027 mmol/L)
- **Linearity:** 20 mg/dL (1.77 mmol/L)

**Procedure**

Pipette into test tubes

Working solution: 1.0 ml
Standard or Specimen: 100 μl

Mix, and after 30 seconds, read the absorbance A1 of the standard or specimen. After exactly 2 minutes later, read absorbance A2 of standard or specimen.

**Reagent Storage and Stability**

All reagents are stable until expiration date stated on label when stored at 15 – 25°C. Working solution is stable for one day at 15 – 25°C away from light.

**Deterioration**

The creatinine reagents are not suitable for use if combined reagents have an absorbance greater than 0.8 at 492 nm measured in a 1 cm lightpath or if the reagents develop a hazy appearance.

**Specimen Collection and Preservation**

Serum or plasma

Both are suitable for analysis. The only acceptable anticoagulants are heparin and EDTA. Specimen should be promptly separated from cells after blood collection. The biological half-life of creatinine in blood is few minutes.

**Stability:** 7 day 2 – 8°C ; > 1 year at -20°C.

Urine

Thymol or toluene may be used for urine preservation. To determine creatinine concentration in urine, dilute 1 part sample with 49 parts isotonic saline prior to assay. Multiply result by 50 to compensate for dilution.

**Stability:** 2 days at 15 - 25°C ; 6 days at 2 – 8°C
6 months at -20°C away from light

**Temperature Limitation**

15 – 25°C away from light.
Creatinine clearance (ml/minutes):

\[
\text{mg creatinine / dl urine} \times \text{ml urine / 24 hours} \times \frac{mg \text{ creatinine / dl serum}}{1440}
\]

Correction for body surface area can be done using the following formula for creatinine clearance:

\[
\frac{\text{UCr} \times V}{\text{PCR} \times A} = \frac{\text{Serum creatinine / min. per standard surface area}}{1.73}
\]

Where:
- \( \text{UCr} \) = Concentration of creatinine in urine (mg/dl)
- \( \text{PCR} \) = Concentration of creatinine in plasma (mg/dl)
- \( V \) = Volume of urine flow in mL/min.
- \( A \) = Body surface area in square meter.
- \( 1.73/A \) = Factor normalizes clearance for average body surface.

Note: Body surface area can be determined from height weight via normograms in Tietz (6).

Quality Control

Normal & abnormal commercial control serum of known concentrations should be analyzed with each run.

Performance Characteristics

Precision

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
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<tbody>
<tr>
<td>n</td>
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<tr>
<td>Mean (mg/dL)</td>
<td>1.55</td>
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<tr>
<td>SD</td>
<td>0.069</td>
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<tr>
<td>CV%</td>
<td>4.45</td>
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Run to run (Reproducibility)

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
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<tbody>
<tr>
<td>n</td>
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<tr>
<td>Mean (mg/dL)</td>
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<tr>
<td>SD</td>
<td>0.081</td>
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<tr>
<td>CV%</td>
<td>4.58</td>
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Methods Comparison

A comparison between Spectrum Diagnostics Creatinine Jaffé reagent and a commercial reagent of the same methodology was performed on 20 human sera. A correlation of 0.991 was obtained.

Sensitivity

When run as recommended, the minimum detection of this assay is 0.31 mg/dL creatinine (0.027 mmol/L).

Linearity

The reaction is linear up to serum creatinine concentration of 20mg/dL (1.77 mmol/L). Specimens showing higher concentration should be diluted 1+4 using physiological saline and repeat the assay (result is multiplied).

Interfering Substances

Serum, plasma

Hemolysis

Erythrocyte contamination doesn’t elevate results.

Icterus

Serum bilirubin levels higher than 5 mg/dL (85 µmol/L) decrease serum creatinine.

Lipemia

Lipemic specimens may cause high absorbance flagging. Diluted sample treatment may be recommended.

Expected Values

<table>
<thead>
<tr>
<th>Serum, plasma</th>
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<tbody>
<tr>
<td>Females</td>
</tr>
<tr>
<td>Males</td>
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<table>
<thead>
<tr>
<th>Urine(24 hrs)</th>
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<tbody>
<tr>
<td>Females</td>
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<tr>
<td>Males</td>
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</table>

Creatinine clearance

| Females | 75 – 115 ml / min. |
| Males   | 85 – 125 ml / min. |

Spectrum Diagnostics does not interpret the results of a clinical laboratory procedure; interpretation of the results is considered the responsibility of qualified medical personnel. All indications of clinical significance are supported by literature references.

Analytical Range

0.31 – 20 mg/dL (0.027-1.77 mmol/L).

Waste Disposal

This product is made to be used in professional laboratories. Please consult local regulations for a correct waste disposal.

References


ORDERING INFORMATION

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<th>CATALOG NO.</th>
<th>QUANTITY</th>
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</tr>
<tr>
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</tr>
<tr>
<td>234 003</td>
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