

# ALKALINE PHOSPHATASE Single Reagent (Kinetic - IFCC method)

REF: 217 001 REF: 217 002 REF: 217 003 REF: 217 004 (2 x 25 ml) (4 x 25 ml) 100 test (4 x 50 ml) 200 test (4 x100 ml) 400 test

#### **Intended Use**

Spectrum Diagnostics liquizyme Alkaline Phosphatase reagent is intended for the in-vitro quantitative, diagnostic determination of ALP in human serum on both automated and manual systems.

Alkaline phosphatase (ALP) catalyzes the hydrolysis of a wide variety of physiologic and non-physiologic phosphoric acid esters in alkaline medium (pH optimum 10). The liver and biliary tract are the source of alkaline phosphatase in normal sera. Normal alkaline phosphatase levels are age dependent being higher in children and adolescents in comparison to adults. ALP is one of the tests of choice for evaluating cholestasis and obstructive juandice. Elevated levels are found in many diseases including hepatitis, cirrhosis, malignancy and in bone diseases.

#### Method

Kinetic method according to the International Federation of Clinical Chemistry (IFCC)

# **Assay Principle**

P-Nitrophenyl phosphate is converted to p-Nitrophenol and phosphate by alkaline phosphatase. The increase of absorption at 405 nm is proportional to the alkaline phosphatase concentration in the sample.

#### Reagents

#### Reagent (R)

Substrate Reagent

For further information, refer to the Alkaline phosphatase Monoreagent material safety data sheet.

# **Precautions and Warnings**

Do not ingest or inhalate. 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**

Spectrum ALP-Single reagent is supplied ready-to-use.

# Reagent Storage and Stability

The reagent is stable until expiration date stated on label when stored refrigerated at 2 - 8  $^{\rm O}$ C.Once opened, the reagent is stable for 1 month at the specified temperature.

#### Deterioration

Do not use liquizyme ALP reagent if it is turbid or if the absorbance of the reagent is more than 2.2 at 405 nm. Failure to recover control values within the assigned range may be an indication of reagent deterioration.



#### **Specimen Collection and Preservation**

Nonhaemolyzed fresh serum is the preferred specimen. Heparin is the only acceptable anticoagulant. Complexing anticoagulants such as citrate, oxalate and EDTA must be avoided.

Alkaline phosphatase activity may slowly increase in serum samples stored at room temperature. Previously frozen or lypholized sera may show a marked decrease in values immediately upon thawing or reconstitution. The activity then increases to the initial values, and the rate of this increase is time and temperature dependent.

Stability: 2 months at  $\,$  - 20  $^{\rm O}C$  ; 4 weeksat 4 – 8  $^{\rm O}C;$  7 days at 20 – 25  $^{\rm O}C$ 

#### **System Parameters**

Wavelength 405 nm (400 - 420 nm) Optical path 1 cm Kinetic Assay type Direction Increase Sample: Reagent Ratio 1:100 ė.g.: Reagent volume 1 ml Sample volume 10 μl 37 <sup>O</sup>C Temperature 60 Sec. Interval time Delay/Lag time 180 Sec.

Against distalled Water Measurement

Reagent Blank Limits Low 0.2 AU High 2.2 AU Sensitivity Linearity at 37°C 5 Ŭ/L 750 U/L

#### **Procedure**

Pipette in a test tube: Reagent (R) 1.0 ml Specimen 10 μΙ

Mix well and incubate at 37 °C for 60 sec.

Measure absorbance increase every 60 seconds for 3 minutes and determine the ( $\Delta A/min$ ).

#### Calculation

ALP Concentration (U/L) =  $\Delta$ A/min x 5454

### **Quality Control**

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

# **Performance Characteristics**

#### **Precision**

Within run (Repeatability)

	Level 1	Level 2
n	20	20
Mean (U/L)	177.7	359.7
SD	1.71	1.5
CV%	0.96	0.43

#### Run to run (Reproducibility)

	Level 1	Level 2
n	20	20
Mean (U/L)	178.5	365.5
SD	1.82	1.86
CV%	1.02	0.51

#### Sensitivity

When run as recommended, the minimum detection limit of this assay is 5.0 U/L.

# Linearity

The reaction is linear up to alkaline phosphatase concentration of 750 U/L

#### Interfering Substances Serum, plasma

A 200 mg/dL haemoglobin results in a 10 % negative bias.

No significant interference up to bilirubin level of 40 mg/dL.

No significant interference from lipemia up to 1000 mg/dL.

# **Expected Values**

		37 <sup>0</sup> C
Males	(20 - 50) years	53-128 U/L
Males	(> 60) years	56-119 U/L
Females	(20 - 50) years	42-98 U/L
Females	(> 60) years	53-141 U/L
Childern	(1 - 12) years	<460 U/L

The reference values are to be considered as indicative only. Every Laboratory should establish its own normal ranges.

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**

5 - 750 U/L.

#### **Waste Disposal**

This product is made to be used in professional laboratories. Please consult local regulations for a correct waste disposal. S56: dispose of this material and its container at hazardous or

special waste collection point.

**\$57:** use appropriate container to avoid environmental contamination. S61: avoid release in environment. refer to special instructions/safety data sheets.

#### References

1.Moss DW. Alkaline phosphatase isoenzymes. Clin Chem.

1982;28:2007-2016 . 2.Moss DW, Henderson AR, Kachmar JF. Enzymes in:Tietz NW, ed. Fundamentals of clinical chemistry. 3 rd ed. Philadelphia: WB Saunders; 1987:346-421.

3. Tietz NW, Rinker AD, Shaw LM. IFCC methods for the measurement of catalytic concentration of enzymes. Part 5. IFCC method for alkaline phosphatase . J Clin Chem Clin Biochem. 1983;21:731-748. 4.Zawta B, Klein G, Bablok W. Temperaturumrechnung in der Klinischen Enzymologie? Klin lab. 1994:40:23-32. Sensitivity

ORDERING INFORMATION		
CATALOG NO.	QUANTITY	
217 001 217 002 217 003 217 004	2 x 25 ml 4 x 25 ml 4 x 50 ml 4 x 100 ml	

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