

Albumin Reagent Set

Intended Use

For the quantitative determination of Albumin in serum.

Method History

Determination of serum albumin is usually made using an ultra centrifugation, salt fractionation, electrophoretic or dye binding method. Dye binding procedures are the simplest to perform, and lend themselves to high volume testing and automation. They are also the procedures most widely used in combination with total protein determinations to yield an A/G ratio. 1.2 In 1953, the use of methyl orange³ for direct determination was described. This method suffered from non-specific binding characteristics. 4.5 The use of a HABA⁶ dye was introduced in 1954. This method was specific for albumin but displayed poor sensitivity, poor correlation with electrophoresis methods and significant interference from bilirubin, lipids, salicylates, penicillin and sulfonamides. 7

A bromocresol green (BCG) dye-binding procedure was first proposed in 1964.8 This procedure exhibited greater sensitivity and much lower susceptibility to interfering substances. The original method has been optimized to improve correlation with electrophoretic methods.9 The present procedure follows a modification of the original BCG dye-binding procedure.

Several publications of the late 1970's 10,11,12,13 reported that abnormal proteins will bind with BCG after the first minute. The present procedures include a reduced measuring time to eliminate abnormal globulin interference and offers linearity to 8.0 g/dl.

Principle

Albumin is bound by the BCG dye to procedure an increase in the blue-green color measured at 630 nm. The color increase is proportional to the concentration of albumin present.

Reagents

Bromocresol Green (BCG) 0.15 g/L, Buffer, pH 4.66± 0.1, surfactant, non-reactive ingredients and stabilizers.

Reagent Preparation

Reagent is in a "ready to use" state.

Reagent Storage

Store reagent at room temperature.

Reagent Deterioration

The reagent should be clear, yellow-green solution. Turbidity or precipitation makes the reagent unsatisfactory and it should be discarded.

Precautions

- 1. This reagent is for in vitro diagnostic use only.
- 2. Avoid ingestion.
- Avoid contact. Reagent is an acid solution. Flush with water when contact occurs.
- Reagent contains Sodium Azide as a preservative. This may react with copper or lead plumbing to form explosive metal azides. Upon disposal, flush with large amounts of water to prevent azide build up.

Specimen Collection and Storage 14

- Serum is the specimen of choice.
- Avoid excessive hemolysis since every 100 mg/dl of hemoglobin corresponds to about 100 mg/dl of albumin.
- Albumin in serum is reported stable for one week at room temperature (18-30°C) and approximately one month when stored in the refrigerator (2-8°C) and protected against evaporation.

Interferences

- 1. See Young et al¹⁵ for a list of interfering substances.
- 2. Ampicillin has been found to seriously interfere with BCG methods. 16

Materials Provided

Albumin reagent.

Materials Required but not Provided

- Accurate pipetting devices
- 2. Test tubes/rack
- Timer
- 4. Spectrophotometer able to read at 630 nm.

Procedure (Automated)

Refer to specific instrument application instructions.

Procedure (Manual)

- 1. Label test tubes blank, standard, control, patient, etc.
- 2. Pipette 1.0 ml of reagent into each tube.*
- 3. Transfer 0.01 (10ul) of sample to respective tubes and mix.
- 4. Incubate all tubes at room temperature for one minute.
- 5. Zero spectrophotometer with the blank at 630 nm.
- Read and record absorbances of all tubes.
 - *For spectrophotometers requiring greater than 1.0 ml to read, 3.0 ml of reagent and 20 ul of serum should be used.

Limitations

- The dye-binding properties of albumin, other than human, differ among species.¹⁷
- Samples with values above 8.0 g/dl should be diluted with 0.9% saline 1:1, re-run, and results multiplied by 2. Samples with results below 0.5 g/dl should be done electrophoretically.
- 3. Severely lipemic serums should have a serum blank.
 - A. Add 0.01 ml (10ul) sample to 1.0 ml D-Water and read absorbance against D-Water at 630 nm.
 - B. Subtract the serum blank absorbance from the test absorbance and use the corrected absorbance in the calculations.

Calibration

Use an aqueous albumin standard (4.0g/dl) or an appropriate serum calibrator.

Calculation

Abs. = Absorbance

Abs. of Unknown x Conc. Of = Albumin (g/dl)

Abs. of Standard Std.

Example: If the Absorbance of the Unknown = 0.200 and the Absorbance of the Standard is 0.19 and the Standard Concentration = 3.5, then:

Phone: 734-487-8300 • Toll Free: 800-445-9853 • Fax: 734-483-1592 • www.pointescientific.com

 $\frac{0.200}{0.190}$ x 3.5 = 3.68 g/dl

Quality Control

The validity of the reaction should be monitored by use of normal and abnormal control sera with known albumin concentrations.

Expected Values¹

3.5 - 5.3 g/dl

It is strongly recommended that each laboratory establish its own normal range.

Performance

- 1. Linearity: 0.5 8.0 g/dl
- Comparison: A comparison study performed between this method and another BCG method resulted in a correlation coefficient of 0.998 with a regression equation of y = 0.95x-0.11.
- Precision:

Within Run			Run to Run		
Mean	<u>S.D.</u>	C.V.%	<u>Mean</u>	S.D.	C.V.%
3.5	0.05	1.4	3.5	0.10	2.9
2.7	0.10	3.7	2.9	0.05	1.7

References

- Tietz, N., Fundamentals of Clinical Chemistry, Philadelphia, W.B. Saunders, pp. 335-337 (1976).
- Davidson, I., Henry, J., Todd-Stanford Clinical Diagnosis by Laboratory Methods, Philadelphia, W.B. Saunders, p 814 (1974).
- 3. Bracken, J.S., Klotz, I.M., Am. J. Clin. Path. 23:1055 (1953).
- 4. Lundh, B., Scand. J. Clin. Lab. Invest. 17:503 (1965).
- 5. Rosenberg, R.M., et al. J. Am. Chem. Soc. 77:6502 (1955).
- 6. Rutstein, D.D., et al, J. Clin. Invest 33:211 (1954).
- 7. Arvan, D.A., Ritz, A., Clin. Chim. Acta. 26:505 (1969).
- 8. Bartholomew, R., Delany, A., Proc. Australian Assoc. Clin. Biochem. 1:64 (1964).
- 9. Dow, D., Pinto, PVC, Clin. Chem. 15:1006 (1969).
- 10. Savory, J., et al, Clin. Chem. 22:1102 (1976).
- 11. Corcoran, R., Duran, S., Clin. Chem. 23:765 (1977).
- 12. Webster, D., Clin. Chem. 23:663 (1977).
- 13. Gustaffson, J., Clin. Chem. 24:369 (1978).
- Doumas, B.T., Biggs, H.G., Standard Methods of Clinical Chemistry, Academic Press, N.Y., vol. 7, p. 175 (1972).
- Young D.S., et al, Clin. Chem. 21:1D (1975).
- 16. Beng, C.G., Lim, K.L., Am. J., Clin. Path. 59:14 (1973).
- 17. Spencer, D., et al, Anal. Clin. Biochem. 14:105 (1977).

Rev. 5/03 P803-A7502-01

Manufactured by Pointe Scientific, Inc. 5449 Research Drive, Canton, MI 48188

"European Authorized Representative" (O.E.A.R.C.) Av. De Tervueren 34 bte 44 B-1040 Brussels, Belgium



Phone: 734-487-8300 • Toll Free: 800-445-9853 • Fax: 734-483-1592 • www.pointescientific.com