# Pediatric Total BILIRUBIN

IVD
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Cat. No.	Pack size		
106 02 125	(2 x 125 ml ) 125 tests		

#### Intended Use

Spectrum Diagnostics Total Bilirubin single reagent is intended for in-vitro quantitative, diagnostic determination of Total Bilirubin in human serum on both manual and automated systems.

## Background

The average level of the bilirubin produced in humans from different sources ranges between 250 to 300 mg/day, of which 85% is derived from the heme moiety of the haemoglobin released from senescent erythrocytes that are destroyed in the reticuloendothelial system. The remaining 15 % is produced from erythrocytes destroyed in the bone marrow and from catabolism of other heme containing proteins such as cytochromes and myoglobin. After it is produced in the peripheral tissues, bilirubin is transported to the liver in association with albumin. In the liver, bilirubin is conjugated with glucuronic acid for solubilization and subsequent transport through the bile duct and elimination via the digestive tract. Disease or conditions which, through hemolytic processes, produce bilirubin faster than the liver can metabolize it, cause the levels of unconjugated (indirect) bilirubin to increase in the circulation. Bile duct obstruction or damage to hepatocellular structure causes increases in the levels of both conjugated (direct) and unconjugated (indirect) bilirubin in the circulation

#### Method

Modified Bergh & Muller method (Colorimetric, End point)

## **Assay Principle**

The azobilirubin produced by the reaction between bilirubins and the diazonium salt of 3,5-dichlororphenyl diazonium tetrafluoroborate shows maximum absorption at 540 nm. The intensity of the colour produced is proportional to the quantity of bilirubin which has reacted. In the presence of caffeine and surfactants as accelerators conjugated and free bilirubin participate in the reaction in the same way, so that the level of total bilirubin is determined.

## Reagents

## Reagent (R)

3,5-dichlorophenyl diazonium tetrafluoroborate 0.2 mmol/L 50 mmol/L < 3% Caffeine Surfactants and stabilizers

## Serum Blank Reagent (SB)

**Buffered Saline** 

For further information, refer to the Pediatric Total Bilirubin reagent 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, Storage and Stability

The reagents are supplied ready to use. Stability:at 2  $^{\circ}$ C to 8  $^{\circ}$ C up to the expiration date labeled on the bottles. Once opened, the reagent is stable for 2 months at the specified temperature

Always keep bottles closed tightly and protect from light.

## Specimen collection and preparation

Avoide exposure of the specimen to light. If plasma is used, only heparin and oxalate plasma are suitable. Other anticoagulants should not be used. The average half-life of total bilirubin and direct bilirubin in serum is 17 days and few hours respectively.

#### Deterioration

Do not use the bilirubin reagents if precipitate forms. Failure to recover control values within the assigned range may be an indication of reagent deterioration.

## **Materials Not Provided**

- Total Bilirubin Reagent

Additional Material may be required:

- Bilirubin Calibrators

This reagent can be used manually (see methods below) and on most Autoanalyzers, Applications are available on request

## **System Parameters**

Wavelength 546 nm Optical path 1 cm

Assay type Colorimetric End-point Increase 25 °C or 37 °C Direction Temperature Reagent blank Zero adjustment

0.1 mg/dL (1.71 μmol/l) 25 mg/dL (427.5 μmol/l) Sensitivity Linearity

## **Procedures**

	Blank	Serum Blank	Sample
Serum blank reagent (SB)	1 ml	1 ml	
Reagent (R)			1 ml
Sample		25 μl	25 µl

Mix well and let stand 5 minutes at 25 °C or 2 min at 37 °C, then read absorbance of sample blank and sample against reagent blank.

### Calculation

∆A= A sample - A sample blank Total Bilirubin Factor = 56 Serum Total Bilirubin conc. ( mg/dL) =  $\Delta A \times 56$ Conversion Factor = mg/dl x 17.1 =  $\mu$ mol/l

### **Quality Control**

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

### **Methods Comparison**

A comparison between Total Bilirubin reagent and a commercial reagent of the same methodology was performed on 20 human sera. A correlation of 0.978 was obtained.

## Sensitivity

When run as recommended, the minimum detection limit of the assay is 0.1 mg/dl (1.71 μmol/l)

## Linearity

The reaction is linear up to Bilirubin concentration of 25 mg/dl (427.5 µmol/l)

## Interfering substances

#### Haemolysis

Avoid haemolysis since it interferes with the test.

Lipemic specimens interfere with the test.

Theophyllin and propranolol may cause artificially low total bilirubin

### **Expected Values**

#### **Total Bilirubin**

Newborns premature (3-5 d) 10-14 mg/dL (171-239 µmol/l)

#### Newborns:

(3-5 d) (<48 h) 4.0 - 8.0 mg/dL ( 68-137 µmol/l) 6.0 - 10.0 mg/dL (103-171 µmol/l) (<24 h 2.0-6.0 mg/dL (34-103 µmol/l)

## **Analytical Range**

0.1 - 25 mg/dl.

## **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.
\$61: avoid release in environment, refer to special instructions/safety data sheets

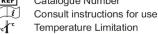
## References

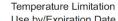
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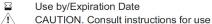
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   Williams HL, Johnson DJ, Haut MJ. Simultaneous spectrophotometry of Fe2+ and Cu2+ in serum denatured with guanidine hydrochloride. Clin Chem. 1977;23:237-240.
   Makino et al.: Clinica Chimica Acta, 171 (1988), 19-28.

## SYMBOLS IN PRODUCT LABELLING

IVD LOT REF For in-vitro diagnostic use Batch Code/Lot number Catalogue Number









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