

AMYLASE CNPG3

Reagent for quantitative determination of α -amylase activity [EC 3.2.1.1] in human serum and plasma, or urines

REF 99523 R1 1 x 105 mL R2 20 x 5 mL REF 99123 R1 8 x 30 mL R2 8 x 30 mL

TECHNICAL SUPPORT AND ORDERS

Tel: (33) 03 23 25 15 50 support@biolabo.fr

Latest revision : www.biolabo.fr



IVD

Made in France

I: corresponds to significant modifications

INTENDED USE

This reagent is designated for professional use in laboratory (manual or automated method).

I It allows the quantification of $\alpha\text{-amylase}$ activity in human serum and plasma, or urines.

GENERALITIES (1) (2)

 $\alpha\text{-amylase}$ is most frequently measured in the diagnostic of acute pancreatitis. In this case, a transient rise in serum amylase activity occurs within 2 to 12 h of the onset and maximal levels are attained 12 to 72 h later. However, elevation of $\alpha\text{-amylase}$ activity in serum is also associated with other disorders (abdominal disorders, biliary tract diseases, diabetic ketoacidosis, severe glomerular dysfunction, salivary glands disorders...). The organ source can sometimes be identified by determining whether the major isoenzyme present is type P (pancreatic) or S (salivary). Diagnostic specificity and sensitivity of elevation of $\alpha\text{-amylase}$ activity in urine remain disputed. Renal clearance of amylase, as related to the reasonably constant clearance of creatinine, has been found useful as a diagnostic concept.

PRINCIPLE (4)

Kinetic CNPG3 method according to following reaction scheme:

10 CNPG₃ $\frac{\alpha\text{-amylase}}{}$ 9 CNP + 1 CNPG₂ + 9 G₃ + G

CNPG3: 2-chloro-4-nitrophényl malto trioside

CNP : Chloro-nitro-phénol G3: Maltotriose G: Glucose

The rate of formation of CNP, directly proportional to the α -amylase activity in the specimen, is measured at 405 nm.

REAGENTS COMPOSITION

R1 AMYLASE CNPG3 Buffer
Calcium Acetate 6.0 mmol/L
MES Buffer pH 6.0 at 25°C 100 mmol/L
Preservative

R2 AMYLASE CNPG3 Substrate
CNPG3 2.25 mmol/L
Potassium thiocyanate 900 mmol/L
NaCl 350 mmol/L

Before reconstitution

Acute Tox. 4: H302+H312+H332 – Harmful if swallowed, in contact with skin, or if inhaled

Aquatic Chronic 3: H412 – - Harmful to aquatic life with long lasting effects P271: Use in well-ventilated area, P302+P352: IF ON SKIN: Wash with plenty of water. P501: Dispose of contents/container in accordance with dangerous waste disposal regulations. Classification due to Potassium Thiocyanate 75 - <100%.. For more details, refer to Safety Data Sheet (SDS) Once reconstituted, working reagent is not classified as dangerous.

SAFETY CAUTIONS

- Refer to current Material Safety Data Sheet available on request or on www.biolabo.fr
- · Verify the integrity of the contents before use.
- · Waste disposal: Respect legislation in force in the country.
- All specimens or reagents of biological origin should be handled as potentially infectious. Respect legislation in force in the country.
- I Any serious incident that has occurred in connection with the device is notified to the manufacturer and the competent authority of the Member State in which the user and/or patient is based.

REAGENTS PREPARATION

Vial R2: Use a non-sharp instrument to remove cap.

REF 99523: Add promptly 5 mL of buffer R1 into R2.

REF 99123: Add promptly the contents of R2 into buffer R1

Mix gently until complete dissolution.

STABILITY AND STORAGE

Stored away from light, well cap in the original vial at 2-8°C, reagent is stable when stored and used as described in the insert: Unopened:

• Until expiry date stated on the label.

Once reconstituted:

- Working reagent is stable for15 days at 18-25°C or 90 days at 2-8°C without contamination.
- Discard any reagent if cloudy or if absorbance > 0.600 at 405 nm.
- Don't use working reagent after expiry date.

SPECIMEN COLLECTION AND HANDLING (1) (2)

Unhemolysed serum or heparinised plasma. α -amylase activity is stable in serum/plasma for:

- α-amylase activity is stable in serum/plasma
 at least 7 days at room temperature.
- 1 month at 2-8°C.

Urines: Adjust pH to alkalin range before storage.

 α -amylase activity is stable in urines for 7 days at 2-8°C.

In case of delay in transporting urines to the laboratory, use a preservative as merthiolate or thimerozal (0.24mM or 0.1 g/L).

LIMITS (3) (5)

For a more comprehensive review of factors affecting this assay refer to the publication of Young D.S.

MATERIAL REQUIRED BUT NOT PROVIDED

- 1. Medical analysis laboratory equipment.
- 2. Spectrophotometer or Biochemistry Clinical Analyzer

QUALITY CONTROL

- REF 95010 EXATROL-N Level I
- REF 95011 EXATROL-P Level II
- External quality control program

It is recommended to control in the following cases:

- At least once a run
- At least once within 24 hours
- When changing vial of reagent
- After maintenance operations on the instrument

If control is out of range, apply following actions:

- 1. Prepare a fresh control serum and repeat the test
- 2. If control is still out of range, use a new vial of fresh calibrator
- 3. If control is still out of range, use a new vial of reagent and reassay If control is still out of range, please contact BIOLABO technical support or your local Agent.

REFERENCE INTERVALS (1)

Serum (37°C)	α -amylase (IU/L)	α -amylase (µKat/L)	
	22-80	[0.38-1.36]	
Urines (37°C)	24-408 IU/24 h	[0.41-6.94]/24 h	

Each laboratory should establish its own normal ranges for the population that it serves.

PERFORMANCES

On Kenza 240TX, 37°C, 405 nm.

Linearity Range: between 6 and 2000 IU/L

Detection limit: approx. 3 IU/L

Precision:

Within-run N = 20	Low level	Normal level	High level
Mean (IU/L)	36.9	250.4	466.4
S.D. IU/L	0.93	2.65	7.31
C.V. %	2.5	1.1	1.6

Between run N = 20	Low level	Normal level	High level
Mean (IU/L)	68	136	418
S.D. IU/L	1.52	2.93	8.96
C.V. %	2.2	2.2	2.1

Analytical Sensitivity: approx.. 0. 003 ∆Abs/min for 10 IU/L at 405 nm (manual procedure, 1 cm pathlength).

Comparison studies with commercially available reagent:

y = 1.0532 x - 2.8141r = 0.9938

Interferences:

Turbidity	No interference up to 0.320 abs	
Ascorbic acid	No interference up to 2500 mg/dL	
Total bilirubin	No interference up to 400 µmol/L	
Haemoglobin	Negative interference from 130 µmol/L	
Glucose	No interference up to 1010 mg/dL	

Other substances may interfere (see § Limits)

On the board stability: 2 months Calibration Stability: 1 month

Make a new calibration when changing reagent batch, if quality control results are found out of the established range and after maintenance operations

CALIBRATION

• REF 95015 Multicalibrator traceable to IRMM/IFCC-456

The calibration frequency depends on proper instrument functions and on the preservation of reagent

MANUAL PROCEDURE

Manual method:

Let stand reagents and specimens at room temperature

Pipette into 1 cm pathlength thermostated cuvette :		
Reagent	1000 μL	
Bring to temperature 37°C, then add :		
Specimen	25 μL	
Mix. Record initial absorbance after 30 seconds, record absorbance at 405 nm every 30 seconds during 90 seconds.		
Calculate absorbance change per minute (ΔAbs/min).		

- Performances with manual procedure should be validated by user.
- Kenza applications and other applications proposal are available on request.

CALCULATION

With Seric Muticalibrator:

ALT Activity =
$$(\triangle Abs/min)$$
 Specimen x Calibrator Activity $(\triangle Abs/min)$ Calibrator

With Theoretical Factor:

Activity (U/L) = Δ Abs/min x Factor

With:

VR = Total reactional volume (mL)

VE = Specimen volume (mL)

12.9 = Molar extinction coefficient for CNP a 405 nm

P = Pathlength (cm).

Example, with Manual Procedure,

(Pathlength 1 cm, 37°C, 405 nm):

 $IU/L = (\Delta Abs/min) \times 3178$

REFERENCES

- TIETZ N.W. Text book of clinical chemistry, 3rd Ed. C.A. Burtis, E.R. Ashwood, W.B. Saunders (1999) p. 689-698, 1284, 1286. Clinical Guide to Laboratory Test, 4th Ed., N.W. TIETZ (2006) p. 100-107.
- YOUNG D.S., Effect of Drugs on Clinical laboratory Tests, 4th Ed. (1995) p. 3-43 to 3-47. E.S. WINN-L
- WINN-DEEN . H.DAVID, G. SIGLER and R. CHAVEZ, Developpement of a direct assay for α -amylase, Clin. Chem. 34, (1988), p.
- A. Ying Foo, Renze Bais, Clin Chim Acta, (1998) 272 : p.137-147

