Alkaline phosphatase FS*

IFCC mod. 37°C

Order Information

Cat. No.	Kit size
1 0441 99 10 962	1320 (R1: 6 x 220, R2: 6 x 220)

Intended Use

Diagnostic reagent for quantitative in vitro determination of alkaline phosphatase (AP) in serum or plasma on BioMajesty®-JCA BM6010/C.

Summary

Alkaline phosphatase (AP), a hydrolytic enzyme acting optimally at alkaline pH, exists in blood in numerous distinct forms which originate mainly from bone and liver, but also from other tissues as kidney, placenta, testes, thymus, lung and tumors. Physiological increases are found during bone growth in childhood and in pregnancy, while pathological increases are largely associated with hepatobiliary and bone diseases. In hepatobiliary disease they indicate obstruction of the bile ducts as in cholestasis caused by gall stones, tumors or inflammation. Elevated activities are also observed in infectious hepatitis. In bone diseases elevated AP activities originate from increased osteoblastic activity as in Paget's disease, osteomalacia (rickets), bone metastases and hyperparathyroidism. [1,2]

Method

Kinetic photometric test, according to the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) [modif.] [3].

$$\text{p-Nitrophenylphosphate} + H_2O \xrightarrow{\text{AP}} \text{Phosphate} + \text{p-Nitrophenol}$$

Reagents

Components and Concentrations

R1:	2-Amino-2-methyl-1-propanol	pH 10.4	1.1 mol/L
	Magnesium acetate		2 mmol/L
	Zinc sulphate		0.5 mmol/L
	HEDTA		2.5 mmol/L
R2:	p-Nitrophenylphosphate		80 mmol/L

Storage and Stability

The reagents are stable up to the end of the indicated month of expiry, if stored at 2 – 8°C and contamination is avoided. Do not freeze the reagents and protect them from light.

Warnings and Precautions

1. The reagents contain sodium azide (0.95 g/L) as preservative. Do not swallow! Avoid contact with skin and mucous membranes.
2. During the reaction, p-nitrophenol is produced which is poisonous when inhaled, swallowed or absorbed through skin. If the reaction mixture comes in contact with skin or mucous membranes wash copiously with water!
3. In very rare cases, samples of patients with gammopathy might give falsified results [4].
4. Please refer to the safety data sheets and take the necessary precautions for the use of laboratory reagents. For diagnostic purposes, the results should always be assessed with the patient's medical history, clinical examinations and other findings.
5. For professional use only.

Waste Management

Refer to local legal requirements.

Reagent Preparation

The reagent is ready to use. The bottles are placed directly into the reagent rotor.

Materials Required

General laboratory equipment

Specimen

Serum or heparin plasma

Do not use hemolytic samples.

Stability [5]:

7 days	at	20 – 25°C
7 days	at	4 – 8°C
2 months	at	–20°C

Only freeze once. Discard contaminated specimens.

Calibrators and Controls

DiaSys TruCal U is recommended for calibration. This method is traceable to the molar extinction coefficient. Use DiaSys TruLab N and P for internal quality control. Each laboratory should establish corrective action in case of deviations in control recovery.

	Cat. No.	Kit size
TruCal U	5 9100 99 10 063	20 x 3 mL
	5 9100 99 10 064	6 x 3 mL
TruLab N	5 9000 99 10 062	20 x 5 mL
	5 9000 99 10 061	6 x 5 mL
TruLab P	5 9050 99 10 062	20 x 5 mL
	5 9050 99 10 061	6 x 5 mL

Performance Characteristics

Exemplary data mentioned below may slightly differ in case of deviating measurement conditions.

Measuring range up to 1400 U/L. In case of higher activities re-measure samples after manual dilution with NaCl solution (9 g/L) or use rerun function.	
Limit of detection**	0.6 U/L
Onboard stability	6 days
Calibration stability	6 days

Interfering substance	**Interferences ≤ 10% up to**
Ascorbic acid	30 mg/dL
Bilirubin (conjugated)	60 mg/dL
Bilirubin (unconjugated)	36 mg/dL
Hemoglobin	150 mg/dL
Lipemia (triglycerides)	2000 mg/dL

For further information on interfering substances refer to Young DS [6].

Precision

Within run (n=20)	**Sample 1**	**Sample 2**	**Sample 3**
Mean [U/L]	86.4	197	277
CV [%]	0.66	0.72	0.53
Between day (n=20)	**Sample 1**	**Sample 2**	**Sample 3**
Mean [U/L]	29.7	139	305
CV [%]	3.10	1.49	1.70

Method comparison (n=100)

Test x	Competitor Alkaline Phosphatase (AP)
Test y	DiaSys Alkaline Phosphatase FS
Slope	1.03
Intercept	3.96 U/L
Coefficient of correlation	0.9998

** lowest measurable concentration which can be distinguished from zero; mean + 3 SD (n = 20) of an analyte free specimen.

Conversion Factor

AP [U/L] x 0.0167 = AP [µkat/L]

BioMajesty®

Reference Range

Adults [7]		
Women	35 – 104 [U/L]	0.58 – 1.74 µkat/L
Men	40 – 129 [U/L]	0.67 – 2.15 µkat/L

Adults [8]		
Women	35 – 105 [U/L]	0.58 – 1.75 µkat/L
Men	40 – 130 [U/L]	0.67 – 2.17 µkat/L

Children [9]				
	Female [U/L]	Male [U/L]	Female [µkat/L]	Male [µkat/L]
1 – 30 day(s)	48 – 406	75 – 316	0.80 – 6.77	1.25 – 5.27
1 month – 1 year	124 – 341	82 – 383	2.07 – 5.68	1.37 – 6.38
1 – 3 year(s)	108 – 317	104 – 345	1.80 – 5.28	1.73 – 5.75
4 – 6 years	96 – 297	93 – 309	1.60 – 4.95	1.55 – 5.15
7 – 9 years	69 – 325	86 – 315	1.15 – 5.42	1.43 – 5.25
10 – 12 years	51 – 332	42 – 362	0.85 – 5.53	0.70 – 6.03
13 – 15 years	50 – 162	74 – 390	0.83 – 2.70	1.23 – 6.50
16 – 18 years	47 – 119	52 – 171	0.78 – 1.98	0.87 – 2.85

Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary.

Literature

1. Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 36-46.
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4. Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. ClinChemLabMed 2007;45(9):1240-1243.
5. Guder WG, Zawta B et al. The Quality of Diagnostic Samples. 1st ed. Darmstadt: GIT Verlag; 2001; p. 14-5.
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7. Abicht K et al. Multicenter evaluation of new GGT and ALP reagents with new reference standardization and determination of 37 °C reference intervals. Clin Chem Lab Med 2001; 39 (Suppl.): S 346 [abstract].
8. Thomas L, Müller M, Schumann G, Weidemann G et al. Consensus of DGKL and VDGH for interim reference intervals on enzymes in serum. J Lab Med 2005;29:301-308.
9. Soldin JS, Brugnara C., Wong CE. In: MJ Hicks, editor. Pediatric reference intervals. 6th ed. Washington: AACC Press, 2007. p. 11.

IVD CE

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* Fluid Stable

Alkaline phosphatase FS IFCC 37 °C

Chemistry code 10 044

Application for serum and plasma samples

This application was set up and evaluated by DiaSys. It is based on the standard equipment at that time and does not apply to any equipment modifications undertaken by unqualified personnel.

Analytical Conditions	
R1 volume	80
R2e volume	0
R2 volume	20
R1 diluent vol	0
R2e diluent vol	0
R2 diluent vol	0
Sample vol (S)	1.5
Sample vol (U)	1.5
Reagent 1 mix	weak
Reagent 2e mix	weak
Reagent 2 mix	weak
Reaction time	10

Sub-analy. Conditions	
Name	AP
Digits	2
M-wave L.	410
S-wave.L	694
Analy.mthd.	RRA
Calc.mthd.	STD
Qualit. judge	No

Analysis Test Condition Setting (M)		
Sample Type	**Serum**	**Urine**
Reac. sample vol.	1.5	1.5
Diluent method	No dil	No dil
Undil. sample vol.	0	0
Diluent volume	0	0
Diluent position	0	0

entered by user

Endpoint method	
Re.absorb (u)	9.999
Re. Absorb (d)	-9.999

Calculation Method Setting	
M-DET.P.I	21
M-DET.P.m	25
M-DET.P.n	42
S-DET.P.p	0
S-DET.P.r	0
Check D.P.I.	21
Limit value	0.003
Variance	10
Reac.type	Inc

Reaction Rate Method	
Cycle	2
Factor	2
E2 corre	Do
Blank (u)	9.999
Blank (d)	-9.999
Sample (u)	1.7
Sample (d)	-9.999

Standards Setting	
FV	#
BLK H	9.999
BLK L	-9.999
STD H	9.999
STD L	-9.999