CE IVD

Instructions for Use of Urea (UREA) Kit (Urease-GLDH Method)

Package Specification

REF	Reagent	Systems
01.09.01.06.EC.01	R1 30 mL × 3 R2 7.5 mL × 3	Zybio EXC200/220
01.09.01.06.EC.02	R1 48 mL × 2 R2 12 mL × 2	Hitachi 7180 Zybio EXC400/420

Intended Use

In vitro test for the quantitative determination of urea concentration in human samples (serum or plasma). Clinically, it is mainly used as one of the evaluation indicators of renal function.

Summary

Urea is the major end product of protein nitrogen metabolism. It is synthesized by the urea cycle in the liver from ammonia which is produced by amino acid deamination. Urea is excreted mostly by the kidneys but minimal amounts are also excreted in sweat and degraded in the intestines by bacterial action. Determination of blood urea nitrogen is the most widely used screening test for renal function. When used in conjunction with serum creatinine determinations it can aid in the differential diagnosis of the three types of azotemia: prerenal, renal and postrenal. Elevations in blood urea nitrogen concentration are seen in inadequate renal perfusion, shock, diminished blood volume (prerenal causes), chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis (renal causes) and urinary tract obstruction (postrenal causes). Transient elevations may also be seen during periods of high protein intake. Unpredictable levels occur with liver diseases.

Principle

1. $Urea + H_2O \xrightarrow{Urease} 2NH_3 + CO_2$

2. $NH_3 + \alpha\text{-Ketoglutaric Acid} + NADH + H^+ \xrightarrow{GLDH} Glutamic\ Acid + NAD^+ + H_2O$

Oxidation of NADH to NAD^+ causes a decrease in absorbance at 340 nm, which is directly proportional to the Urea concentration in the sample.

Reagents Components and Concentration

Components	Main Constituents	Concentration
R1	Trometamol (Tris) buffer	100 mmol/L
	Nicotinamide adenine dinucleotide (NADH)	0.3 mmol/L
R2	α-Ketoglutaric Acid	10 mmol/L
	Urease	6.0 kU/L
	Glutamate dehydrogenase (GLDH)	2.0 kU/L

The components in different batches are non-interchangeable.

Storage and Validity

1. The reagents should be stored at 2 - 8 ℃ and kept away from direct light and freezing. The unopened reagents are valid for 12 months.
2. Once opened, the reagents are stable for 30 days at 2 - 8 ℃. For reagents not in use, the cap should be tightened to avoid contamination.
3. The production date and expiration date are available on package insert.

System Information

Hitachi 7180, Zybio EXC400/420, Zybio EXC200/220 Chemistry Analyzer. Other models can be used after verification.

Specimen Information

Serum or plasma (heparin or EDTA anticoagulation) is suitable for samples, which are stable for 3 days at 2 - 8 ℃ and for 30 days at - 20 ℃. Avoid repeated freezing and thawing.

Warnings and Precautions

1. For in vitro diagnostic use only. In case of contact, immediately flush the affected area with plenty of water.
2. The dosage of reagents and samples can be appropriately increased or decreased according to various instruments, under the condition that the volume proportion of reagents and samples is invariable.
3. The necessary precautions should be taken to use the reagents. The bottle cap should be tightened immediately after use to avoid contamination.
4. When reagent becomes turbid or the blank absorbance < 1.000, the reagent is failed and should be discarded.
5. All samples and reaction wastes should be treated as sources of infection. The waste liquid generated during the experiment and the used packaging materials shall be collected and disposed in accordance with relevant regulations.
6. The same sample tested with reagents from different manufacturers may lead to different measured values.
7. Warning: This product contains ingredients of human or animal origin. At present, there is no way to completely guarantee that it is free from infectious substances and may be contaminated during use. This product and samples shall be considered as potential sources of infection, and operators should take protective measures and comply with laboratory safety regulations. All waste shall be disposed of in accordance with local regulations.

Test Process

1. Parameters

Method	Rate Method	**Sample/Reagent**	1/100
Main Wavelength	340 nm	**Reaction Temperature**	37 ℃
Sub Wavelength	405 nm	**Reaction Time**	10 min
Reaction Direction	-		

2. Operation

Addition	Blank	Calibration	Detection
Sample (μL)	/	/	3
Calibrator (μL)	/	3	/
Purified Water (μL)	3	/	/
Reagent 1 (μL)	240	240	240
Mix well, incubate at 37 ℃ for 5 min			
Reagent 2 (μL)	60	60	60
Mix well, after 1 min, measure the absorbance change within 2 min, and calculate the absorbance change rate ΔA/ min.			

3. Calibration

Use Zybio Clinical Chemistry Multi-analyte Calibrator or Randox multi-analyte calibrator. Calibration cycle: Re-calibration is needed in case of replacement of the reagent batch, deviation of quality control, or the major repair and maintenance of equipment.

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4. Quality Control

To ensure the reliability of the test results, quality control is required after each calibration, and the quality control value should be within the specified range. If it is out of the specified range, the user should check the measurement system and recalibrate it if necessary. It is recommended that users conduct regular quality control according to their own needs to ensure the accuracy of the measurement system and the reliability of the test results.

5. Calculation

Linear calibration was used to draw the working curve. The concentration of urea (UREA) in the sample can be calculated on the working curve based on its absorbance change rate.

Reference Intervals

1.7~8.3 mmol/L (10~50 mg/dL)

This reference interval is determined based on 95% distribution interval obtained from 200 healthy human specimens without related diseases, and is for reference only. It is recommended that each laboratory establish its own reference range.

Explanation of Results

If the concentration of UREA in the sample exceeds 40.0 mmol/L, the reduction mode of the chemistry analyzer will be used, or the high concentration sample shall be diluted with normal saline, with its report result multiplied by the dilution factor.

The professional is responsible for the review of the test result, which may be affected by the subject's age, sex, or weight. The test values within the critical range should be confirmed by remeasuring, if it is obviously beyond the reference value range or if it is still beyond the reference range after confirmation detection, the target concentration in the sample is considered to be abnormal. If the test result is inconsistent with or even contrary to the clinical situation, cause analysis should be performed correspondingly.

Limitations

1. The deviation of test results caused by interferents is less than 10% if the concentrations of the following interferents are at or below the given values:

Substances	Concentrations
Vc	0.5 g/L
Hemoglobin	5 g/L
Chyle	0.30%
Bilirubin	342 μmol/L

2. The test results of this product are only for clinical reference and cannot be used as the basis for diagnosis or exclusion of cases. The clinical diagnosis and treatment of patients should be combined with their symptoms/signs, medical history, other laboratory tests and treatment response. For achieve diagnostic purposes, the test results should be combined with clinical tests, medical history and other test results.

Performance Characteristics

1. The reagent blank absorbance ≥ 1.000; the reagent blank absorbance change rate (ΔA/min) ≤ 0.04.
2. Analytical sensitivity: at the test concentration of 7.5 mmol/L, the reagent absorbance change rate (ΔA/min) ≥ 0.008.
3. Accuracy: relative deviation ≤ 10%.
4. Precision: within-run *CV* ≤ 5%, between-run relative range ≤ 6%.
5. Linear Range:

[0.5, 40.0] mmol/L, the correlation coefficient (*r*) ≥ 0.990.

[0.5, 5.0] mmol/L, the absolute deviation ≤ 0.5 mmol/L;

(5.0, 40.0] mmol/L, the relative deviation ≤ 10%.

Materials Required (but not provided)

Chemistry analyzer, Zybio Clinical Chemistry Multi-analyte Calibrator or Randox multi-analyte calibrator, Control, General lab equipment and consumable.

References

[1] Ai H, Chen K. Diagnostic Value of Blood Urea Nitrogen and Serum Creatinine in the Diagnosis of Early Diabetic Nephropathy[J]. Journal of Practical Medical Techniques, 2008, 15:431-433.

Symbol Interpretation

IVD	In Vitro Diagnostic Medical Device	LOT	Batch Code
	Consult Instructions for Use		Use-By Date
REF	Catalogue Number		Manufacturer
	Temperature Limit		Date of Manufacture
CE	CE marking of conformity	EC REP	Authorized Representative in the European Community

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