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COPPER

Colorimetric determination of Copper in serum and plasma

INTENDED USE

Copper is a co-factor of different enzymes such as cytochrome oxidase, tyrosinase, uricase. It is involved in iron metabolism, promoting its intestinal uptake, and its mobility from storage tissue.

A decrease level of copper is correlated to a decreased level of proteins in the serum, therefore in case of inadequate nutrition or not correct uptake (celiac disease, sprue), loss of protein through faeces or urine (nephritic syndrome), or in Wilson disease. An increase of copper level occurs in pregnancy, acute or chronic infections. surgery, myocardium infarction, iperthyroidism, and haematological diseases.

PRINCIPLE

Copper (Cu++) reacts with the chromogen Di-Br-PAESA at room temperature yielding a coloured complex which intensity is proportional to the Copper concentration present in the sample.

The method does not require serum deproteinisation either sample blank.

COMPOSITION

REATTIVO A: Acetate buffer pH 4.9 0.100 mmol/l Reducing agents and preservatives

REATTIVO B

3,5 Di-Br-PAESA Preservatives	0.02 g/l
STANDARD:	1x5 ml

STANDARD: Sulphate Copper

PREPARATION OF REAGENTS

Bireagent procedure:

The reagents are liquids ready to use.

Monoreagent procedure: Mix 1 part of Reagent A with 1 part of Reagent B to obtain the working reagent (ex. 10 ml of RA + 10 ml of RB)

200 µg/dl as Cu++ ion

Storage and stability

Store at 2-8 °C. Do not freeze the reagents! The reagents are stable up to the expiry date stated on the label if contamination and evaporation are avoided, protected from light. The above conditions are valid if the vials are opened just only for the time to take the reagent, closed immediately with their cap and stored at the indicated conservation temperature.

Working reagent is stable for 15 days at 2-8 °C.

ANCILLARY EQUIPMENT

- Automatic pipettes
- Photometer
- Analysis cuvettes (optical path = 1 cm)
- NaCl solution (9 g/l)

SAMPLES

Serum, plasma with heparin, do not use chelating agents as anticoagulant or haemolysed samples. Stable 8 days at 2-8 °C.

<u>Specimen collection/Preanalytical factors</u> It is recommended that specimen collection should be carried out in accordance with NCCLS Document H11-A3

INTERNAL QUALITY CONTROL

It is recommended to use commercial Quality Control sera with known Copper concentration. Check that the values obtained are within the reference range provided.

ANALYTICAL PROCEDURE

Allow the reagents to reach working temperature before using

Bireagent procedure

Pipette into disposable or well clean cuvettes:			
	Blank	Standard	Sample
Sample	-	-	100 µl
Distilled H ₂ O	100 µl	-	-
Standard	-	100 µl	-
Reagent A	750 μl	750 μl	750 μl
Mix and incubate 5 minutes at room temperature (20-25 $^{\circ}\!$			
Reagent B	750 μl	750 µl	750 μl

Mix and incubate 10 minutes at room temperature (20-25 ℃). Read the absorbance A for all cuvettes at 580 (570-590) nm against blank. Colour is stable for 30 minutes.

Monoreagent procedure:

Pipettare in cuvette a perdere o ben pulite:

	Blank	Standard	Sample
Sample	-	-	100 µl
Distilled H ₂ O	100 µl	-	-
Standard	-	100 µl	-
Working reagent	1500 µl	1500 µl	1500 µl

Mix and incubate 10 minutes at room temperature (20-25 ℃). Read the absorbance A for all cuvettes at 580 (570-590) nm against blank. Colour is stable for 30 minutes.

Note: reaction volumes may be proportionally changed.

It is possible to read the absorbance at 600 nm. In this case the values will be 30% lower than the ones obtained at the 570-590 nm range.

CALCULATION OF RESULTS Utilize the following formula

		A	-1-	

Copportug/dl	A sample	— x 200	
Copper µg/dl =	A standard	x 200	

REFERENCE VALUES	
Men:	80 ÷ 140 μg/dl
Women:	80 ÷ 155 μg/dl
Newborn:	12 ÷ 67 μg/dl
Children up to 10 years:	30 ÷ 150 µg/dl

Each laboratory should establish reference ranges for its own patients population.

ANALYTICAL PERFORMANCES

Precision			
Intra-assay (n = 25)	Media (µg/dl)	SD (µg/dl)	CV%
Sample 1	121.88	1.301	1.07
Sample 2	247.64	1.186	0.48
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Inter-assay (n = 25)	Media (µg/dl)	SD (µg/dl)	CV%
Sample 1	124.96	1.485	1.19
Sample 2	248.08	2.308	0.93

Methods comparison

A comparison with a commercial available product gave the following results in a comparison on 31 samples of serum:

Copper Acid M.B. = x Copper competitor = y n = 31

y = 0,98353x + 2,80806



For in Vitro diagnostics use

Sensivity/limit of detection

The method is able to discriminate until 8 µg/dl.

Linearity

The method is linear up to 500 µg/dl.

Interferences

Highly lipemic sera may interfere in the assay; it is recommended to centrifuge or filter (with membranes of 0.2 μ m) the sample.

Instructions for use

Do not use haemolysed serum since haemoglobin interferes.

Bilirubin does not interfere up to 20 mg/dl.

PRECAUTIONS IN USE

The reagents contain inactive components such as preservatives (Sodium azide or others), surfactants etc. The total concentration of these components is lower than the limits reported by 67/548/ECC and 88/379/EEC directives about classification, packaging and labelling of dangerous substances. However, the reagents should be handled with caution, avoiding swallowing and contact with skin, eyes and mucous membranes. The use of the laboratory reagents according to good

laboratory practice is recommended.

WASTE MANAGEMENT Please refer to local legal requirements.

BIBLIOGRAPHY

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- 101-111 (1987) NCCLS Document, "Procedures for the collection of arterial blood specimens", Appr. Std., 3rd Ed. 5
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CONTENTS (66 tests)	REF. NB12000
Reagent A	2 x 25 ml
Reagent B	2 x 25 ml
Standard	1 x 5 ml
Instruction for use	1 item
Instruction for use	1 item

SYMBOLS

- F Only for IVD use
- С Lot of manufacturing
- B Code number
- Ι Storage temperature interval
- Κ Expiration date
- J Warning, read enclosed documents
- Read the directions L
- Α Biological risk

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