

## PRODUCT CODE

CS022

### INTENDED USE

The reagent is intended for in vitro quantitative determination of Total Bilirubin in serum or plasma.

### CLINICAL SIGNIFICANCE

Bilirubin is caused by the degradation of hemoglobin and exists in two forms. Unconjugated bilirubin is transported to the liver bound by albumin where it becomes conjugated (direct) with glucuronic acid and excreted. Hyperbilirubinemia is the result of an increase of bilirubin in plasma. Possible causes:

Total bilirubin: Increase hemolysis, genetic alteration, neonatal anemia, erythropoiesis alterations and presence of drugs.

Direct Bilirubin: cholestasis liver, liver abnormalities and genetic. Clinical diagnosis should not be made based on a single test result; it should integrate clinical and other laboratory data.

### PRINCIPLE

Bilirubin (both conjugated and unconjugated) couples with the diazo reagent in the presence of a surfactant to form azobilirubin. The intensity of color formed is proportional to the bilirubin concentration in the sample tested. The increase of absorbance at 546 nm is directly proportional to the total bilirubin concentration.

### REAGENT COMPOSITION

#### Total Bilirubin Reagent (R1)

Surfactants <1%

Hydrochloric acid (HCl) 160 mM

#### Total Bilirubin, Nitrite Reagent (R2)

2,4-DPD ≥2 mM

Hydrochloric acid (HCl) 120 mM

Surfactant <1%

### REAGENT PREPARATION

Both reagents are ready to use.

### REAGENT STORAGE AND STABILITY

The reagents are stable until the expiry date stated on the label when stored at 2-8°C, protected from light and contaminations are prevented during their use.

Do not use reagents over the expiration date.

**Signs of reagent deterioration:** Presence of particles and turbidity

### SPECIMEN

Fresh hemolysis-free serum or heparinized plasma may be used. Carefully protect from light until use. Bilirubin in sample is stable for '4' days when stored in the dark at 2-8°C and 2 months at -20°C.

### PRECAUTION

- R1/ R2: H290- Corrosive to metals. H314 - Irritation or skin corrosion.
- R1: contains HCl and Triton X-114. R2: contains HCl and 2,4-DPD.
- To avoid contamination, use clean laboratory wares.

### PROCEDURE

#### 1. Assay condition:

Wavelength 546 nm (530-580)  
 Temperature 37 °C  
 Measurement Against zero distilled water

#### 2. Adjust the instrument to zero with distilled water.

#### 3. Pipette into a cuvette:

	Calibrator Blank	Sample
Total Bilirubin Reagent (R1)	800 µL	800 µL
Calibrator	40 µL	-
Sample		40 µL

#### 4. Mix and incubate for 5 minutes at 37 °C.

#### 5. Read the absorbance (A1) of the sample and calibrator.

#### 6. Add:

	Calibrator	Sample

R2 (µL)	200	200

7. Mix and incubate for 5 minutes at 37 °C.

8. Read the absorbance (A1) of the sample and calibrator against the blank.

9. Calculate the increase of the absorbance:  $\Delta A = A2 - A1$

### CALCULATION

**With calibrator:**

$(\Delta A) \text{ Sample} \times \text{Calibrator conc.} = \text{mg/dL of bilirubin in the sample}$

$(\Delta A) \text{ Calibrator}$

**With Factor:**  $(\Delta A) \text{ Sample} \times \text{Factor}^* = \text{mg/dL bilirubin in the sample}$

\*Factor: Calibrator concentration

$(\Delta A) \text{ Calibrator}$

Conversion factor:  $\text{mg/dL} \times 17,1 = \mu\text{mol/L}$ .

### REFERENCE VALUES

Total bilirubin 0,2-1,2 mg/dL (3,4 – 20,5 µmol/L)

These values are for orientation purpose; each laboratory should establish its own reference range.

### LINEARITY

From quantification limit of 0,1 mg/dL to linearity limit of 30 mg/dL.

If the results obtained were greater than the linearity limit, dilute the sample 1/2 with NaCl 9 g/L and multiply the result by 2.















### QUALITY CONTROL

Each laboratory should establish its own Quality Control scheme and corrective actions if controls do not meet the acceptable tolerances.

### INTERFERENCES

from hemolysis, lipemia and a. ascorbic were evaluated for this total bilirubin method. Two concentrations of total bilirubin were evaluated. No interferences were observed for lipemia (Intralipid) up to 1800 mg/dL, hemoglobin up to 2000 mg/dL and ascorbic acid up to 40 mg/L. A list of drugs and other interfering substances with bilirubin has been reported by Young et. al 4,5.

### SYMBOL ON LABELS

Symbols	Signify	Symbols	Signify
	Catalogue Number		Pack Size
	Expiry Date		Volume
	Storage Condition		Lot Number
	Instruction for Use		In Vitro Diagnostics
	Manufacturing Date		Manufacturer
	Number of Tests		For Single Use Only
	EC Representative		European conformity

### BIBLIOGRAPHY

1. David G Levitt and Michael D Levitt. Quantitative assessment of the multiple processes responsible for bilirubin homeostasis in health and disease. Clin Exp Gastroenterol. 2014; 7: 307–328.
2. Malloy H T. et al. The determination of bilirubin with the photoelectric colorimeter. J Biol Chem 1937; 112, 2: 481–491.
3. Martinek R. Improved micro-method for determination of serum bilirubin. Clin Chim 1966; Acta 13: 61-170.
4. Young DS. Effects of drugs on Clinical Lab. Tests, 4th ed AACC Press, 1995.
5. Young DS. Effects of disease on Clinical Lab. Tests, 4th ed AACC 2001.
6. Burtis A et al. Tietz Textbook of Clinical Chemistry, 3rd ed AACC



- 
1999.  
7. Tietz N W et al. Clinical Guide to Laboratory Tests, 3rd ed AACC  
1995.

