



2 x 25 mL COPPER 11020001

#### Intended Use

This reagent is intended for in vitro quantitative determination of Copper in serum or plasma.

#### - Di-Br-PAESA Methodology

# Clinical Significance

Copper is an essential trace mineral in humans, the function of copper is to help to release energy, helps in melanin production in the skin, helps in the production of red blood cells and aid in the absorption and transport of iron. Acquired copper deficiency can cause hematological/neurological manifestations. Wilson disease (copper toxicity) is associated with neurological manifestations and low serum copper, with copper deposited in tissues responsible for the toxicity. The symptoms of acute copper poisoning include nausea, vomiting and abdominal and muscle

### Principle

Copper in an acid medium reacts with the chromogen Di-Br-PAESA 4-(3,5dibromo-2- pyridylazo)-N-ethyl-N-(3-sulphopropyl0aniline.) to form a coloured complex. Intensity of the colour is directly proportional to the amount of Copper present in the sample.

#### Kit Components

1 x 25 mL	Acetate Buffer (p H 4.9) 0.1M	
1 x 25 mL	3,5 Di-Br-PAESA Preservatives	
1 x 4 mL	Copper Standard  Concentration 200 µg/dL	

# Risk & Safety

Material safety data sheets (MSDS) will be provided on request.

#### Reagent Preparation

Mix in equal parts of Reagent R1& Reagent R2. Copper Standard is ready to use.

# Reagent Storage and Stability

The sealed reagents are stable up to the expiry date stated on the label, when stored at 2 - 8 °C.

Note: Reagent 1 solidifies when kept at 2-8 °C. Allow the reagent to melt by keeping at room temperature before use.

# Open Vial Stability

Once opened, the reagent is stable up to 4 weeks, if contamination is avoided.

# Reagent Deterioration

Turbidity or precipitation in any kit component indicates deterioration and the component must be discarded. Values outside the recommended acceptable range for the control may also be an indication of reagent instability and associated results are invalid. Sample should be retested, using a fresh vial of reagent.

To avoid contamination, use clean laboratory wares. Use clean, dry disposable pipette tips for dispensing. Close reagent bottles immediately after use.

Avoid direct exposure of reagent to light.

Do not blow into the reagent bottles

This reagent is only for IVD use and follow the normal precaution required for handling all laboratory reagents.

# Waste Management

Reagents must be disposed off in accordance with local regulations.

# Sample

Serum / Plasma (free of hemolysis). Use heparin as anticoagulant. Highly lipaemic serum may interfere the assay. It is recommended to filter or centrifuge the sample.

#### Materials Provided

Copper Reagent (R1), Copper Reagent (R2) and Copper Standard

### Materials Required but Not Provided

- Pipettes & Tips
- Test Tubes & racks
- Timer
- Incubator
- Analyzer

### Tost Parameter

Mode of Reaction	End Point
Slope of Reaction	Increasing
Wavelength	580 nm
Temperature	30 °C
Standard Concentration	200 μg/dL
Blank	Reagent
Linearity	500 μg/dL
Incubation Time	10 min
Sample Volume	35 μL
Reagent Volume	500 μL
Cuvette	1 cm light path

#### Unit Conversion

Traditional Unit	SI Unit	Conversion from Traditional to SI
μg/dL	μmol/L	x 0.1574

#### Calibration

Copper standard is recommended for calibration of this assay on semi auto analyzers.

# **Procedure Notes**

	Blank	Standard	Sample
Working Reagent	500 μL	500 μL	500 μL
Distilled Water	35 μL	-	-
Standard	-	35 μL	
Sample	-	-	35 µL

Mix and incubate for 10 minute at 30 °C. Read the absorbance (A) of standard & sample against blank at 580 nm. The colour is stable for 30 minutes.

# Calculation

Copper Conc. (
$$\mu$$
g/dL) =  $\frac{\text{Absorbance of Sample}}{\text{Absorbance of Standard}} \times 200$ 

# Quality Control

It is recommended to use control to verify the performance of the assay. Each laboratory has to establish its own internal quality control scheme and procedure for corrective action, if control do not recover within the acceptable range.











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# **Reference Range**

It is recommended that each laboratory should establish its own reference values. The following value may be used as guide line.

70 - 140 μg/dL 80 - 155 μg/dL Men Female Newborns: 20 - 70 μg/dL Children up to 6 years : 90 - 190 μg/dL up to 12 years: 80 - 160 μg/dL

Results obtained for patient samples are to be correlated with clinical findings of patient for interpretation and diagnosis.

# Performance

# 1. Linearity

The reagent is linear upto  $500 \, \mu g/dL$ 

If the concentration is greater than linearity (500  $\mu$ g/dL), dilute the sample with normal saline and repeat the assay. Multiply the result with dilution factor.

# 2.Precision

Accuracy (µg/dL)				
Expected Value	Measured Value			
112 ± 30.5	103.42			
76 ± 10.2	65.04			
	112 ± 30.5			

# Bibliography

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- 3. Cuiti, R, Gallia, Giorn.; It. Chim. Clin. 12(2): 91-100 (1987)





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