CHLORIDE

INTENDED USE

Vitro Chloride reagent is intended for the determination of chloride in human serum, plasma and urine on both automated and manual systems

BACKGROUND

Chloride is the most abundant extracellular anion. Together with natrium-chloride is responsible for the maintenance of osmotic pressure, the anion-cation balance and therefore of the water distribution in the extracellular fluid compartment. Decreased plasma Cl--concentrations (hypochloremia) can result from salt-losing nephritis, persistent gastric secretion, prolonged vomiting and metabolic acidosis that are caused by increased production or reduced secretion of organic acids. Increased plasma Cl--concentrations (hyperchloremia) occur with dehydration, renal tubular acidosis, acute renal failure, in adrenocortical hyperfunction, salicylate intoxication and metabolic acidosis associated with prolonged diarrhoea and loss of sodium bicarbonate. Chloride is often analyzed in combination with natrium and kalium to determine the anion gap in serum and/or urine. The urinary anion gap is useful in the initial evaluation of hyperchloremic metabolic acidosis. Due to the different reactivity equivalents of chloride and bromide the thiocyanate method is less disturbed by the presence of bromide than measurement with an ionselective electrode.

ASSAY PRINCIPLE

Chloride ions and Hg II-thiocyanate form thiocyanate ions in acidic medium. These ions react with HNO3 and Fe III-ions and effect a red colour. The increasing extinction is directly proportional to the concentration of chloride ions.

EXPECTED VALUES

Serum: 97 – 108 mmol/l
Urine 24 h urine 95 – 240 mmol/24h
morning urine 54 – 158 mmol/l

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference range.

REAGENTS

| R1 Standard | 100 mmol/l |
| R 2 Buffer | 2 mmol/l |
| Hg – II - thiocyanate |
| Fe – III - nitrate |
| HNO3 |

Reagent Preparation & Stability

- All the components of the kit are stable until the expiration date on the label when stored tightly closed at 2-8°C protected from light and contaminations prevented during their use. Do not use reagents over the expiration date.

SPECIMEN

Serum
Separate serum from the clot and cells within 45 min. Urine.
 Urine has to be diluted 1+2 with distilled water. Multiply result by 3.
 Centrifuge samples containing precipitate before performing the assay.

PROCEDURE

- Manual Procedure
  Wavelength 460 - 500 nm
  Cuvette 1 cm light path
  Temperature RT
  Zero adjustment against reagent blank
  Specimen Serum or plasma or urine

Mix, and Incubate for 5 minutes at room temperature. Measure the absorbance of specimen (A specimen) and standard (A standard) against reagent blank.

CALCULATION

The color is stable for 60 minutes.

Automated Procedure

User defined parameters for different auto analyzers are available upon request.

Chloride Concentration=

Absorbance of Specimen - X Standard value
Absorbance of Standard

Conversion between mmol/l and mg/dl: mmol/l = 0.282 x mg/dl
Conversion between conventional and SI units: 1 mEq/l = 1 mmol/l

QUALITY CONTROL

It is recommended that controls (normal and abnormal) be included in:
- Each set of assays, or
- At least once a shift, or
- When a new bottle of reagent is used, or
- After preventive maintenance is performed or a clinical component is replaced.

Commercially available control material with established potassium values may be routinely used for quality control.

For in vitro diagnostic use. Exercise the normal precautions required for all laboratory reagents.
Contains mercuric thiocyanate. Toxic, harmful if inhaled or absorbed through skin. Consider local disposal regulations.
INTERFERING SUBSTANCES

Criterion: Recovery within ±10% of initial value.

- Icterus: No significant interference up to a bilirubin concentration of 30 mg/dl.
- Hemolysis: No significant interference up to a haemoglobin concentration of 1000 mg/dl.
- Lipemia (Intralipid): No significant interference up to a triglyceride concentration of 400 mg/dl.

LINEARITY

When run as recommended, the assay is linear up to 130 mmol/l. Dilute samples having higher concentrations 1+1 with the identical volume aqua dest. Multiply the result by factor 2.

BIBLIOGRAPHY


SYMBOL DECLARATION

- Manufacturer
- Consult instructions for use
- Batch code (Lot #)
- Catalog number
- Temperature limitation
- In vitro diagnostic medical device
- Use by
- Caution. Consult instructions
- Keep away from light

ORDERING INFORMATION

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