

G 6PD

(Kinetic method)

For the determination of G6PDH activity in RBC's.

(For in vitro diagnostic use only)



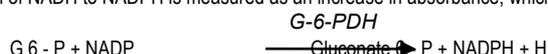
BACKGROUND

Glucose-6-Phosphate-Dehydrogenase (G6PD) deficiency is one of the most common human enzyme deficiency in the world. During G6PD deficiency, the red cells are unable to regenerate reduced Nicotine adenine dinucleotide phosphate (NADPH), a reaction that is normally catalyzed by the G6PD enzyme. Since the X chromosome carries the gene for G6PD enzyme, this deficiency mostly affects the males.

The two major conditions associated with G6PD deficiency are hemolytic anaemias and neonatal jaundice, which may result in neurological complications and death. Screening and detection of G6PD deficiency helps in reducing such episodes, through appropriate selection of treatment, patient counselling and abstinence from disease precipitating drugs such as anti malarials and other agents.

ASSAY PRINCIPLE

G6PDH in the RBC's is released by a lysing agent present in the reagent. The G6PDH released catalyzes the oxidation of Glucose 6 phosphate with the reduction of NADP to NADPH. The rate of reduction of NADH to NADPH is measured as an increase in absorbance, which is proportional to the G6PDH activity in the sample.



REAGENTS

L1: G6PDH Reagent 5 x 5.5 ml
L2: Starter Reagent 50 ml

REAGENT STORAGE AND STABILITY

Contents are stable at 2-8°C till the expiry mentioned on the labels.

Reconstitute G6PDH reagent (L1) with D.W. as per the volume mentioned on the label. This working reagent is stable for 6 hours at R.T. and at least 3 days when stored at 2-8°C.

The Starter Reagent (L2) is ready to use.

SPECIMEN

Fresh whole blood sample collected in EDTA, Heparin or ACD. Red cell G6PDH in whole blood is reported to be stable for 7 days at 2-8°C, but is unstable in hemolyzates. Freezing is not recommended.

NORMAL RANGE

G-6-PDH Activity (U/g Hb.) : 4.6 to 13.5 at 30°C / 6.4 to 18.7 at 37°C
(U/10¹² RBC's) : 146 to 376 at 30°C / 202 to 522 at 37°C

It is recommended that each laboratory establish its own normal range representing its patient population.

PROCEDURE

Wavelength : 340 nm
Temperature : 30°C/37°C
Light path : 1 cm

| | |
|---|---------------|
| G6PD Working Reagent (L1) Whole Blood | 1 ml 10 µl |
| Mix well & incubate for 5-10 min. at R.T. and add | |
| Starter Reagent | 2 ml |

Mix well and incubate for 5 min. at 30°C/37°C and read the initial absorbance A₁ & repeat the absorbance reading after every 1,2 & 3 minutes. Calculate the mean absorbance change per minute (ΔA/min.)

$$\Delta A/\text{min} = \frac{A_2 - A_1}{5}$$

If the G6PDH activity is very low, the absorbance change per minute will also be very low. In such cases read the initial absorbance A₁ and read another absorbance A₂ exactly 5 minutes later. Calculate the mean absorbance change per minute (ΔA/minute).

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CALCULATIONS

$$G6PDH \text{ Activity (U/10}^{12}\text{RBC)} = \Delta A \times \frac{47780}{\text{RBC Count in million} \times 4778}$$

$$G6PDH \text{ Activity (U/g Hb)} = \Delta A \times \frac{4778}{\text{Hb (g/dl)}}$$

TEMPERATURE CONVERSION FACTORS

| Assay Temperature | Desired Reporting Temperature | | |
|-------------------------|-------------------------------|------|------|
| | 25°C | 30°C | 37°C |
| G6PDH Activity (U/g Hb) | 1.00 | 1:32 | 1:82 |
| | 0.76 | 1.00 | 1.39 |
| | 0.55 | 0.72 | 1.00 |

REMARKS

Since the activity of G6PDH is reported in HB. Concentration or RBC count the same should be determined before performing the assay. RBC's are well preserved when collected in ACD and such samples give an accurate count, for samples collected in Heparin counts become unreliable after 2 days and in such cases results are best reported in Hb concentration.

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Copper and Sulphate ions inhibit the G6PDH activity, hence use of good quality D.W. for reconstitution of L1 and properly cleaned glassware is essential.

Young red cells have a higher G6PDH content than the older ones, regardless of the genetic variant that is present. If the enzymes have defective activity, older cells are preferentially destroyed during the mild to moderate hemolytic phase.

Since reticulocytes released to replace lost cells have high enzyme levels, falsely elevated results may occur if blood is tested immediately after a hemolytic episode. Normally the activity contributed by WBC, platelets or serum is very small.

In cases of severe anemia, leucocytosis, or very low G6PDH levels, the use of a sample after removing the Buffy coat is recommended.



BIBLIOGRAPHY

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- 3.Jacques Wallach, Interpretation of Diagnostic Tests, V Edition, page 315.
- 4.Tietz, Clinical Chemistry, Saunders (1986), page no, 1501-12.
5. Varley. H. Practical Clinical Biochemistry, V Edition, 729-713.

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

| REF | SIZE |
|------|---------|
| 1541 | 10 TEST |
| 1542 | 50 TEST |