

BILIRUBIN

Total & Direct (DCA)

INTENDED USE

Vitro bilirubin reagent is intended for the in vitro quantitative determination of total and direct bilirubin in serum or plasma on manual system.

VITRO SCIENT.

METHOD

Diazo method Using dichloroaniline (DCA)

CLINICAL SIGNIFICANCE

Bilirubin is formed in the reticuloendothelial system during the degradation of aged erythrocytes. The heme portion from hemoglobin and from other-containing proteins is removed, metabolized to bilirubin, and transported as a complex with serum albumin to the liver. This process accounts for about 80% of bilirubin formed daily. Other sources of bilirubin include the breakdown of myoglobin and cytochromes and the catabolism of immature red cells in the bone marrow. In the liver, bilirubin is conjugated with glucuronic acid for solubilization to form conjugated or direct bilirubin for subsequent transport through the bile duct into the digestive tract where it is metabolized by bacteria to a group of products collectively known as stercobilinogen. Total bilirubin is the sum of the conjugated and unconjugated fractions. Pre-hepatic diseases or conditions such as hemolytic disease or liver diseases resulting in impaired entry, transport or conjugation within the liver cause elevation of unconjugated (indirect) bilirubin. Monitoring of bilirubin in newborns, particularly if premature, has special importance since the hepatic handling of bilirubin is immature leading to elevated unconjugated bilirubin. If not bound to albumin, unconjugated bilirubin is able to cross the blood brain barrier more easily, increasing the risk of cerebral damage. Total bilirubin is elevated in conditions causing obstruction of the bile duct, hepatitis, cirrhosis, in hemolytic disorders and several inherited enzyme deficiencies. There is information indicating elevated levels of direct bilirubin in patients with liver or biliary tract disease, even though, total bilirubin levels are normal. Therefore, the greatest diagnostic value of direct bilirubin assays stem from their ability to indicate occult liver disease⁴.

ASSAY PRINCIPLE

Bilirubin present in the sample reacts with diazotized Dichloroaniline to form a coloured azocomplex whose intensity at 546 nm (540-560 nm) is directly proportional to the analyte concentration. Detergents present in the reagent for total bilirubin allow to non conjugated bilirubin to solubilize and take part in the reaction.

EXPECTED VALUES

Total Bilirubin ²	
Adults and infants > 1 month	0.2 – 1.0 mg/dl 3.4 - 17 µmol/l
Newborns premature (3-5 days)	10 - 14 mg/dl 171 - 239 µmol/l
Newborns (3-5 days)	4.0 – 8.0 mg/dl 68 - 137 µmol/l
Newborns (<48 hrs)	6.0 – 10.0 mg/dl 103 - 171 µmol/l
Newborns (<24 hrs)	2.0 – 6.0 mg/dl 34 - 103 µmol/l
Direct Bilirubin	
Adults and infants	Up to 0.2 mg/dl Up to 3.4 µmol/l

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference range. For diagnostic purposes, the bilirubin results should always be assessed in conjunction with the patient's medical history, clinical examination, and other findings.

REAGENTS

R₁ Total Reagent	2,4 Dichloroaniline	2.7	mmol/l
	HCl	0.29	N
	Detergent	30	g/l
R₁ Direct Reagent	2,4 Dichloroaniline	2	mmol/l
	HCl	0.20	N
R₂	Sodium nitrite	30.0	mmol/l

• Reagent Preparation & Stability

All reagents are stable up to the expiry date given on label when stored at 2-8 °C.

SPECIMEN

Serum.

For direct bilirubin plasma specimen may be used, but the only accepted anticoagulants are heparin and oxalate.

• Specimen Preparation & Stability

The specimen of choice is serum. Specimens should be assayed promptly after collection, since direct bilirubin is reportedly unstable⁵. If testing is delayed, specimens should be protected from exposure to light. Bilirubin remains stable in serum samples for 2 days at room temperature, 4 days at 4°C, or 3 months at -20°C, if care is taken to prevent exposure to light⁶.

PROCEDURE

Total Bilirubin

Method 1:

Wavelength	546 nm
Cuvette	1 cm light path
Temperature	37 °C
Zero adjustment	against specimen blank
Specimen	Serum

	Specimen blank	Specimen
R₁	1 ml	1 ml
R₂	One drop
Specimen	100 µl	100 µl
Mix well, let stand 5 minutes at 37°C		

Method 2: Icteric or pediatric specimen

	Specimen blank	Specimen
R₁	1 ml	1 ml
R₂	One drop
Specimen	20 µl	20 µl
Mix well, let stand 5 minutes at 37°C		

Measure the absorbance of specimen (A_{specimen}) against specimen blank. The color is stable for 60 minutes.

Direct Bilirubin

Method 1:

Wavelength	546 nm
Cuvette	1 cm light path
Temperature	37 °C
Zero adjustment	against specimen blank
Specimen	Serum

	Specimen blank	Specimen
R₁	1 ml	1 ml
R₂	One drop
Specimen	100 µl	100 µl
Mix well, let stand 1 minutes at 37°C (Maximum 2 minutes)		

Method 2: Icteric or pediatric specimen

	Specimen blank	Specimen
R₁	1 ml	1 ml
R₂	One drop
Specimen	20 µl	20 µl
Mix well, let stand 1 minutes at 37°C (Maximum 2 minutes)		

Measure the absorbance of specimen (A_{specimen}) against specimen blank.

After 2 minutes indirect bilirubin reacts slowly with diazotized dichloroanilin and leads to over-estimated values.

CALCULATION

Calculate the bilirubin concentration by using the following formulae:

For method 1

Total Bilirubin Concentration = Specimen absorbance X 15.47 =mg/dl

Direct Bilirubin Concentration = Specimen absorbance X 15.47 =mg/dl

For method 2

Total Bilirubin Concentration = Specimen absorbance X 71.96 =mg/dl

Direct Bilirubin Concentration = Specimen absorbance X 71.96 =mg/dl

Unit conversion

mg/dl x 17.1= μ mol/dl

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 bilirubin values may be routinely used for quality control.

Failure to obtain the proper range of values in the assay of control material may indicate:

- Reagent deterioration,
- Instrument malfunction, or
- Procedure errors.

The following corrective actions are recommended in such situations:

- Repeat the same controls.
- If repeated control results are outside the limits, prepare fresh control serum and repeat the test.
- If results on fresh control material still remain outside the limits, then repeat the test with fresh reagent.
- If results are still out of control, contact Vitro Technical Services.

INTERFERING SUBSTANCES

• Anticoagulants:

The only accepted anticoagulants are heparin and oxalate for direct bilirubin.

• Drugs:

Young⁷ in 1990 has published a comprehensive list of drugs and substances, which may interfere with this assay.

• Hemolysis:

Avoid hemolyzed specimens. Even slight hemolysis interferes with the test. Haemoglobin interference is dependent on both analyte and hemoglobin concentration.

The interference becomes decreasingly significant with increasing concentration of total bilirubin.

• Lipemia:

Avoid lipemic specimens. Even slight lipemia interferes with the test.

WARNING & PRECAUTION

- Vitro bilirubin reagent is for in vitro diagnostic use only. Normal precautions exercised in handling laboratory reagents should be followed.
- The reagent and sample volumes may be altered proportionally to accommodate different spectrophotometer requirements.
- Valid results depend on an accurately calibrated instrument, timing, and temperature control.
- All specimens must be protected from light. Serum bilirubin will decrease 50% in one hour if kept at room temperature and at direct sunlight.
- Don't use the reagent if it is turbid.

PERFORMANCE CHARACTERISTICS

Imprecision

Reproducibility was determined using in an internal protocol. The following results were obtained.

Within Run			Between Day		
I. Total Bilirubin					
Control	Level I	Level II	Control	Level I	Level II
Number of samples	40	40	Number of samples	40	40
Mean (mg/dl)	1.15	4.22	Mean (mg/dl)	1.15	4.27
SD (mg/dl)	0.02	0.04	SD (mg/dl)	0.02	0.13
CV (%)	2.02	1.05	CV (%)	1.91	3.2
II. Direct Bilirubin					
Number of samples	40	40	Number of samples	40	40
Mean (mg/dl)	0.78	2.28	Mean (mg/dl)	0.8	2.18
SD (mg/dl)	0.015	0.01	SD (mg/dl)	0.01	0.03
CV (%)	1.31	0.65	CV (%)	1.63	1.53

Method Comparison

Comparison studies were carried out using a similar commercially available Bilirubin reagent as a reference. Serum samples were assayed in parallel and the results compared by least squares regression. The following statistics were obtained.

Number of sample pairs 929
 Range of sample results 0.05-26 mg/dl
 Mean of reference results 1.2 mg/dl
 Mean of Bilirubin results 1.2 mg/dl
 Slope 1.10
 Intercept 0.12 mg/dl
 Correlation coefficient 1.00

Sensitivity

The sensitivity is defined as the change of analytical response ($\Delta A/\text{min}$) per unit change in analyte concentration at a pathlength of 1 cm.

When run as recommended the sensitivity of this assay is 0.01 mg/dl (0.17 μ mol/l).

LINEARITY

When run as recommended, the assay is linear

up to 20 mg/dl (0.342 mmol/l) for method 1

up to 100 mg/dl (1.71 mmol/l) for method 2

If result exceeds 20 mg/dl (0.342 mmol/l) reassay using method 2.

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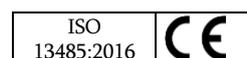
SYMBOL DECLARATION

	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

Product	REF	SIZE
Bilirubin T&D	18201	2 x 100 ml

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EC	REP	Medical Device Safety Services MDSS GmbH, Burckhardtstr. 1 30163 Hannover, Germany.
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