



PACKAGING

Ref.: 101-0458	Cont.: 2 x 100 mL
Ref.: 101-0626	Cont.: 8 x 100 mL

Store at 2 - 8° C

CLINICAL SIGNIFICANCE

Phosphorus is an essential mineral for tissue bone formation and is required by every cell in the body for normal function. Approximately 85 % of the body phosphorus is found in bone and in teeth. Low levels of phosphorus can be caused by hypervitaminosis D, primary hyperparathyroidism, renal tubular disorders, antacids or malabsorption. High levels of phosphorus can be caused by diet, bone metastases, liver disease, alcohol ingestion, diarrhea and vomiting^{1,5,6}.

Clinical diagnosis should not be made on a single test result; it should integrate clinical and other laboratory data.

PRINCIPLE OF THE METHOD

Direct method for determining inorganic phosphate. Inorganic phosphate reacts in acid medium with ammonium molybdate to form a phosphomolybdate complex with yellow color.

The intensity of the color formed is proportional to the inorganic phosphorus concentration in the sample^{1,2}.

REAGENTS

R Molybdic	Ammonium molybdate	0.40 mM
	Sulphuric acid (SO ₄ H ₂)	210 mM
Detergents		
PHOSPHORUS CAL	Phosphorus aqueous primary standard 5 mg/dL	

Optional (not included in the kit)

Contro-N	Ref.: 101-0252	4 x 5 mL	Lyophilized human control serum
	Ref.: 101-0083	20 x 5 mL	
Contro-P	Ref.: 101-0253	4 x 5 mL	Lyophilized human control serum
	Ref.: 101-0084	20 x 5 mL	

PRECAUTIONS

Corrosive (C). R35: Causes severe burns. S24: Avoid contact with the skin. S26: In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. S30: Never add water to this product. S45: In case of accident or if you feel unwell, seek medical advice immediately.

PREPARATION

Reagent and Standard are ready to use.

STORAGE AND 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.

Signs of reagent deterioration:

- Presence of particles and turbidity.
- Blank absorbance (A) at 340 nm ≥ 0.54.

ADDITIONAL EQUIPMENT

- Spectrophotometer or colorimeter measuring at 340 nm.
- Matched cuvettes 1.0 cm light path.
- General laboratory equipment^(Note 1).

SAMPLES

- Serum or plasma^{1,5}: Free of hemolysis. Serum or plasma should be removed from the clot as quickly as possible to avoid elevation of serum phosphorus from hydrolysis or leakage of phosphate present in erythrocytes. Stability: 7 days at 2 - 8° C.

- Urine^{1,2} (24 h): Collect the specimen into a bottle containing 10 mL of 10 % v/v hydrochloric acid (HCl) to avoid phosphate precipitations. Adjust to pH 2. Dilute the sample 1/10 with distilled water. Mix. Multiply the result by 10 (dilution factor). Stability: 10 days at 2 - 8° C.

PROCEDURE

Notes: CHRONOLAB SYSTEMS has instruction sheets for several automatic analyzers. Instructions for many of them are available on request.

PHOSPHORUS CAL: Proceed carefully with this product because due its nature it can get contaminated easily.

Most of the detergents and water softening products used in the laboratories contain chelating agents and phosphates. It is recommended to rinse glassware in diluted nitric acid and water before using.

Calibration with the aqueous standard may cause a systematic error in automatic procedures. In these cases, it is recommended to use a serum Calibrator.

Use clean disposable pipette tips for its dispensation.

- Assay conditions:
Wavelength: 340 nm
Cuvette: 1 cm. light path
Temperature 37 / 30 / 25° C
- Adjust the instrument to zero with distilled water.
- Pipette into a cuvette:

	Blank	Standard	Sample
R (mL)	1.0	1.0	1.0
Standard ^(Note 2,3) (µL)	--	10	--
Sample (µL)	--	--	10

- Mix and incubate for 5 minutes.
- Read the absorbance (A) of the samples and Standard, against the Blank.

CALCULATIONS

Serum: $\frac{(A)_{\text{Sample}}}{(A)_{\text{Standard}}} \times 5 \text{ (Standard conc.)} = \text{mg/dL of phosphorus}$

Urine 24 h: $\frac{(A)_{\text{Sample}}}{(A)_{\text{Standard}}} \times 5 \times \text{vol. (dL) urine 24 h} = \text{mg/24 h of phosphorus}$

Conversion factor: mg/dL x 0.323 = mmol/L.

QUALITY CONTROL

Control sera are recommended to monitor the performance of assay procedures. If control values are found outside the defined range, check the instrument, reagents and calibrator for problems.

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

REFERENCE VALUES¹

- Serum or plasma:
- Children 4,0 - 7,0 mg/dL ≅ 1,29 - 2.26 mmol/L
 - Adults 2,5 - 5,0 mg/dL ≅ 0.80 - 1.61 mmol/L
- Urine:
- Adults 0.4 - 1.3 g /24 h

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

PERFORMANCE CHARACTERISTICS

Measuring range: From detection limit of 0.000 mg/dL to linearity limit of 35 mg/dL.

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

Precision:

	Intra-assay (n=20)		Inter-assay (n=20)	
Mean (mg/dL)	4.09	7.12	4.11	7.09
SD	0.03	0.046	0.09	0.06
CV (%)	0.62	0.80	2.15	0.80

Sensitivity: 1 mg/dL = 0.0798 A.

Accuracy: Results obtained using CHRONOLAB reagents (y) did not show systematic differences when compared with other commercial reagents (x).

The results obtained using 50 samples were the following:

Correlation coefficient (r): 0.8577.

Regression equation: $y = 0.724x + 0.837$.

The results of the performance characteristics depend on the analyzer used.

INTERFERENCES

Hemolyzed specimens are unacceptable because erythrocytes contain high concentrations of organic phosphate esters, which can be hydrolyzed to inorganic phosphate during storage. Inorganic phosphate increases by 4 to 5 mg/dL per day⁵. A list of drugs and other interfering substances with phosphorus determination has been reported by Young et. al^{3,4}.

BIBLIOGRAPHY

1. Farrell E C. Phosphorus. Kaplan A et al. Clin Chem The C.V. Mosby Co. St Louis. Toronto. Princeton 1984; 1072-1074 and 418.
2. Daly J A. et al. Clin Chem 1972; 18 (3): 263-265.
3. Young DS. Effects of drugs on Clinical Lab. Tests, 4th ed AACCC Press, 1995.
4. Young DS. Effects of disease on Clinical Lab. Tests, 4th ed. AACCC 2001.
5. Burtis A. et al. Tietz Textbook of Clinical Chemistry, 3rd ed. AACCC 1999.
6. Tietz N W et al. Clinical Guide to Laboratory Tests, 3rd ed. AACCC 1995.