

**Quantitative determination of UREA in Serum/Plasma**  
**Only for *In Vitro* Diagnostic use**

**ORDER INFORMATION**

REF	Cont.
URUVSLR 100	2 X 50 ML
URUVSLR 200	4 X 50 ML
URUVSLR 125	5 X 25 ML

**CLINICAL SIGNIFICANCE**

Urea is the final result of the metabolism of proteins; It is formed in the liver from their destruction. It can appear the urea elevated in blood (uremia) in: diets with excess of proteins, renal diseases, heart failure, gastrointestinal hemorrhage, dehydration or renal obstruction<sup>1,4,5</sup>. Clinical diagnosis should not be made on a single test result; it should integrate clinical and other laboratory data.

**PRINCIPLE**

Urea is hydrolysed in the presence of water and urease to produce ammonia and carbon dioxide. The ammonia produced combines with alfa-oxoglutarate and NADH in the presence of glutamate dehydrogenase to yield glutamate and NAD.

**REAGENT COMPOSITION**

Reagent I : Buffer reagent  
Reagent II : Enzyme reagent  
Urea Standard : 50 mg/dl

**SAMPLE COLLECTION AND PRESERVATION**

Serum or plasma, urine dilute 1:20.  
Dilute urine 1+20 with distilled water. Multiply the result by 21.  
Stability in the serum and in plasma ; 3 days at 2-8°C.  
**NOTE** : All anticoagulants except ammonia & heparin can be used.

**REAGENT PREPARATION**

Mix 4 parts (4 ml) of Buffer reagent with 1 part (1 ml) of Enzyme reagent.

**REAGENT STORAGE AND STABILITY**

**Prior to use:**

When stored between 2-8°C the reagent is stable until the expiration date stated on the bottle and kit box label.

**Reconstituted Reagent:**

When stored capped at 2-8°C, the working reagent is stable for at least 30 days.

**REFERENCE VALUES**

Serum, plasma	15 - 50 mg/dl
Urine	20 - 35 g/24h

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

AUTOMATED PARAMETERS	
Wavelength	340 nm
Measurement	Against distilled water
Reaction	Fixed Time Kinetic
Cuvette	1 cm light path
Reaction Temperature	37°C
Reaction Direction	Decreasing
Sample Volume	10 µl
Working Reagent Volume	1000 µl
Delay/Lag/Time	30 Secs
Interval Time	60 Secs
No. of Readings	01
Blank Absorbance Limit	> 0.8
Low Normal at 37°C	15 mg/dl
High Normal at 37°C	50 mg/dl
Linearity at 37°C	300 mg/dl

**MANUAL ASSAY PROCEDURE**

**PIPETTE INTO TEST TUBES**

	STD	SAMPLE
STANDARD	10 µl	-
SAMPLE	-	10 µl
WORKING REAGENT	1000 µl	1000 µl

Mix well and read after 30 secs initial absorbance of sample (A1s) and standard (A1std) and start timer simultaneously. Read again, after 60 secs.

**CALCULATION**

$$\text{UREA mg/dl} = (A2s - A1s) / (A2std - A1std) \times 50$$

**LINEARITY**

This method is linear to a concentration of 300 mg/dl. Dilute samples above this concentration 1:1 with 0.9% NaCl solution and repeat assay. Multiply the result by 2.

**QUALITY CONTROL**

It is recommended to run a normal and a pathological control serum which is commercially available to verify the performance of the measured procedure. The value of controls should fall within the established limit.

**BIBLIOGRAPHY**

Teitz.N.W.; Fundamentals of clinical chemistry, Philadelphia, W.B. Saunders & Co., Philadelphia, PA, p991 (1976)., Talke H, Schubert GE, Klin Wchrs., (1965), 43, 174.