**Intended Use**

Spectrum Diagnostics albumin reagent is intended for the in-vitro quantitative, diagnostic determination of albumin in human serum on both automated and manual systems.

**Background**

Albumin is the major serum protein in normal individuals. It maintains the plasma colloidal osmotic pressure, binds and solubilizes many compounds such as calcium and bilirubin. Elevated serum albumin levels are usually the result of dehydration. Hyperalbuminemia is of little diagnostic significance. Hypoalbuminemia is very common in many diseases including malabsorption, liver diseases, kidney diseases, severe burns, infections, cancer and some genetic abnormalities. In severe hypoalbuminemia (less than 2.5 g/dL), the low plasma oncotic pressure allows water to move out of the blood capillaries into the tissues causing edema.

**Method**

Modified bromocresol green colorimetric method.

**Assay Principle**

Measurement of albumin is based on its binding to the indicator dye bromocresol green (BCG) in pH 4.1 to form a blue-green colored complex. The intensity of the blue-green color is directly proportional to the concentration of albumin in the sample. It is determined by monitoring the increase in absorbance at 623 nm, or 578 nm.

**Reagents**

- **Standard albumin**: 4.0 g/dL.
- **Reagent (R)**
  - Acetate Buffer: 100 mmol/L
  - Bromocresol green: 0.27 mmol/L
  - Detergent

For further information, refer to the Albumin reagent material safety data sheet.

**Precautions and Warnings**

Do not ingest or inhale. In case of contact with eyes or skin; rinse immediately with plenty of soap and water. In case of severe injuries; seek medical advice immediately.

**Reagent Preparation, Storage and Stability**

Spectrum albumin reagents are supplied ready-to-use and stable up to the expiry date labeled on the bottles. The reagents are stable at 2 – 8 °C.

**Deterioration**

Do not use the Spectrum albumin reagents if precipitate forms. Failure to recover control values within the assigned range may be an indication of reagent deterioration.

**Specimen Collection and Preservation**

The only acceptable anticoagulants are heparin and EDTA. Use preferably fresh serum, Serum should be separated immediately from the clot. The biological half-life of albumin in blood is 3 weeks. **Stability:** 1 day at 15 – 25 °C; 4 weeks at 4 – 8 °C; 6 months at -20 °C

**System Parameters**

- **Wavelength**: 623 nm (or 578 nm)
- **Optical path**: 1 cm
- **Assay type**: End-point
- **Direction**: Increase
- **Sample : Reagent Ratio**: 1 : 250
- **e.g.: Reagent volume**: 2.5 ml
- **Sample volume**: 10 µL
- **Temperature**: 20 – 25 °C
- **Incubation time**: 5 minutes at 20-25°C
- **Zero adjustment**: Reagent Blank
- **Sensitivity**: 1 g/dL
- **Linearity**: 7 g/dL

**Procedure**

<table>
<thead>
<tr>
<th>Blank</th>
<th>Standard</th>
<th>specimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reagent (R)</td>
<td>1 ml</td>
<td>1 ml</td>
</tr>
<tr>
<td>Standard</td>
<td>-------</td>
<td>10 µL</td>
</tr>
<tr>
<td>Specimen</td>
<td>-------</td>
<td>-------</td>
</tr>
</tbody>
</table>

Mix, incubate for approximately 5 minutes at 20-25 °C. Measure absorbance of specimen (A_{specimen}) and standard (A_{standard}) against reagent blank within 60 minutes.

**Calculation**

\[
\text{Albumin concentration (g/dL)} = \frac{A_{\text{specimen}}}{A_{\text{standard}}} \times 4
\]

**Quality Control**

Normal & abnormal commercial control serum of known concentrations should be analyzed with each run.

**Performance Characteristics**

**Precision**

Within run (Repeatability)

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Mean (g/dL)</td>
<td>3.28</td>
<td>4.78</td>
</tr>
<tr>
<td>SD</td>
<td>0.8</td>
<td>0.12</td>
</tr>
<tr>
<td>CV%</td>
<td>2.66</td>
<td>2.68</td>
</tr>
</tbody>
</table>

Run to run (Reproducibility)

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Mean (g/dL)</td>
<td>3.4</td>
<td>4.9</td>
</tr>
<tr>
<td>SD</td>
<td>0.9</td>
<td>0.14</td>
</tr>
<tr>
<td>CV%</td>
<td>3.1</td>
<td>2.9</td>
</tr>
</tbody>
</table>
Methods Comparison

A comparison between Spectrum Diagnostics Albumin reagent and a commercial reagent of the same methodology was performed on 20 human sera. A correlation of 0.97 was obtained.

Sensitivity

When run as recommended, the minimum detection limit of this assay is 1.0 g/dL.

Linearity

The reaction is linear up to an albumin concentration of 7.0 g/dL; specimens showing higher concentration should be diluted 1+1 with physiological saline and repeat the assay (result x 2).

Interfering Substances

Serum, plasma

Haemolysis
A haemoglobin level of 800 mg/dL results in 13 % positive bias.

Icterus
No significant interference up to a bilirubin level of 40 mg/dL.

Lipemia
No significant interference up to an intralipid level of 1000 mg/dL.

Expected Values

Adults

18 – 60 y 3.5 – 5.5 g/dL (35 – 50 g/L)
>60 y 3.4 – 4.8 g/dL (34 – 48 g/L)

Children

14-18 y 3.2-4.5 g/dL (32-45 g/L)
4-14 y 3.8-5.4 g/dL (38-54 g/L)

Newborns

0-4 day 2.8-4.4 g/dL (28-44 g/L)

Analytical Range

1.0 – 7.0 g/dL.

Waste Disposal

This product is made to be used in professional laboratories. Please consult local regulations for a correct waste disposal.

S65: dispose of this material and its container at hazardous or special waste collection point.

S67: use appropriate container to avoid environmental contamination.

S61: avoid release in environment. refer to special instructions/safety data sheets.

References

