

## INORGNIC PHOSPHORUS

REF 295 001 2x 50 ml 100 test  
REF 295 002 2x100 ml 200 test

Colorimetric method without deproteinization

### INTRODUCTION & PRINCIPLE

Spectrum Inorganic Phosphorus Reagent Used For The In-Vitro Quantitative Determination Of Inorganic Phosphorus In Human Serum, Plasma And Urine On Both Of Manual And Automation. The Measurement Of Inorganic Phosphorus In Serum Is Usually Accomplished By Forming A Phosphomolybdate Complex And In Turn Reducing It To A Molybdenum blue Color Complex. Methods Differ As To Choice Of Reducing Agent Stannous chloride, Phenyl hydrazine, Aminonaphthoic sulfonic Acid, Ascorbic Acid, Pmethylaminophenolsulfite, N-Phenyl-P-Phenylenediamine And Ferrous Sulfate. These Methods Suffered From Color Instability. Deproteinization Steps And Complexity Of Performance. Spectrum Regents Eliminated The Need To Prepare A Protein Free Filtrate, Accelerated Color Production, Stabilized The Color And Simplified The Procedure: Inorganic Phosphorus Reacts With Ammonium Molybdate In An Acidic Medium To Form A Phosphomolybdate Complex, Which Reduced By Ferrous Ammonium Sulfite To Produce A Molybdenum Blue Complex. The Intensity Of Color Measured Photometrically At 600 – 675 Nm, And Its 00000000000 Is Directly Proportional To Inorganic Phosphorus Concentration In The Specimen.

### REAGENTS

|           |                          |          |
|-----------|--------------------------|----------|
| <b>S</b>  | PHOSPHORUS STANDARD      | 5.0mg/Dl |
| <b>R1</b> | <b>Reducing Reagent</b>  |          |
|           | SULFURIC ACID            | 1.1 N    |
|           | FERROUS AMMONIUM SULFATE | 100 G/L  |
|           | FERROUS NITRATE          | 2.0 G/L  |
| <b>R2</b> | <b>Color Reagent</b>     |          |
|           | AMMONIUM MOLYBDATE       | 4.5 G/L  |
|           | SULFURIC ACID            | 1.1 N    |

### REAGENTS PREPARATION AND STABILITY

All reagents are supplied ready to use and stable up to the expiry date given on the label When stored at 2-8C

### Specimen Collection and preservation

SPECTRUM Inorganic phosphorus kit can be used with Plasma, serum and urine.

#### Serum and Plasma

Fresh serum collected in the fasting state is the preferred specimen, since serum inorganic phosphorus level are lower after meals. Heparin is the only anticoagulant which can be used and serum or plasma should be separated from blood cells as soon as possible to avoid the leakage of inorganic phosphorus and phosphate esters into the plasma media.

Inorganic phosphorus in serum is stable for 7 days at 4°C and For 3 weeks when frozen.

#### Urine

Urine specimens should be collected in acid-washed containers (5ml of 6.0mol/l HCL).

Stored Urine specimen must be mixed well and diluted 1:10 in distilled water prior analysis and Inorganic phosphorus stable if stored at room temp., refrigerated or frozen.

### PROCEDURE

|                 |                                |
|-----------------|--------------------------------|
| Wavelength      | 600-675 nm                     |
| Cuvette         | 1 cm light path                |
| Temperature     | 20-25 °C                       |
| Zero adjustment | Reagent Blank                  |
| Specimen        | Serum, Plasma or Diluted Urine |

|               | Blank  | Standard | Sample |
|---------------|--------|----------|--------|
| R1            | 0.5 ml | 0.5 ml   | 0.5 ml |
| R2            | 0.5 ml | 0.5 ml   | 0.5 ml |
| Standard (µL) |        | 50 µL    |        |
| Sample (µL)   |        |          | 50µL   |

Mix and incubate for 15 min at 20-25°C. Then Read the absorbance of the sample (A<sub>1</sub>) and Standard (A<sub>2</sub>) against the Reagent Blank. (The color is stable for 60 mins.

### CALCULATION

$$\frac{A1 \text{ Sample}}{A2 \text{ Standard}} \times \text{Standard conc.} = \text{mg/dl of inorganic phosphorus}$$

### Unit Conversion

$$\text{mmol/l} = \text{mg/dl} \times 0.323$$

### CALCULATION for 24 hr Urine

$$\frac{A1 \text{ Sample}}{A2 \text{ Standard}} \times 5 \times 10 \times V = \text{mg/day of inorganic phosphorus}$$

Where:  
5.0 Standard concentration  
10 Dilution Factor  
V 24 hr. urine volume in litre

### Expected Values

For Fasting Serum

| Children | <2 years   | 4.5-6.7 mg/dl (1.45-2.16 mmol/l) |
|----------|------------|----------------------------------|
| Children | 2-12 years | 4.5-5.5 mg/dl (1.45-1.78 mmol/l) |
| Adults   | >12 years  | 2.5-5.0 mg/dl (0.81-1.62 mmol/l) |

For Urine

|                        |                                |
|------------------------|--------------------------------|
| On Non restricted diet | 0.4-1.3 g/day (12.9-42 mmol/l) |
|------------------------|--------------------------------|

### Linearity

The assay is linear up to 14 mg/dl  
Above this value should be diluted with 0.9% NaCl  
Or Distilled water and re-assayed, then multiply the Result by the dilution factor.

### Sensitivity

The sensitivity of the inorganic phosphorus is 0.3 mg/dl

### Quality Control

It is recommended that controls (normal and abnormal) be included in each set of assays, or at least once a start, or, when a new reagent is used, or, after preventive maintenance is performed or a clinical component is replaced.

### Interfering Substances

#### Anticoagulants

The only accepted one is the heparin. Complexing anticoagulants such as EDTA, CITRATE AND OXALATE Must be avoided.

#### BILIRUBIN

No significant interference from free or conjugated bilirubin up to a level 30mg/dl.

#### Haemolysis

Avoid haemolysed specimen since high amount of phosphate is liberated during rupture of erythrocytes.

Lypemia

No significant interference

#### Drugs

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

### Warning & Precaution

SPECTRUM INORGANIC PHOSPHORUS reagent is for in-vitro diagnostics use only. Normal precautions with handling laboratory reagents should be followed.

Reagent is an acid and is caustic, so, avoid contact with skin. Flush with plenty of water if contact occurs.

Don't pipette by mouth.

It is recommended that disposable the PVC tubes are used for this assay.

### Imprecision

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

| Within Run     |         |         |
|----------------|---------|---------|
| Control        | Level 1 | Level 2 |
| No. of Samples | 50      | 50      |
| Mean(mg/dl)    | 4.0     | 6.8     |
| SD(mg/dl)      | 0.03    | 0.06    |
| CV (%)         | 2.7     | 2.7     |

| Between Day    |         |         |
|----------------|---------|---------|
| Control        | Level 1 | Level 2 |
| No. of Samples | 50      | 50      |
| Mean(mg/dl)    | 4.2     | 6.0     |
| SD(mg/dl)      | 0.07    | 0.09    |
| CV (%)         | 4.9     | 2.6     |

### Method Comparison

Comparison studies were carried out by using similar commercially available inorganic phosphorus reagents as a reference. Serum, plasma (Heparin) and urine samples were assayed in parallel and the results compared by least squares regression. The following statistics were obtained:

### SERUM/PLASMA

No. of sample pairs 50  
Range of sample results 2.5- 7.4 mg/dl  
Mean of reference method results 4.3 mg/dl  
Mean of inorganic phosphorus results 4.1mg/dl  
Slope 0.93  
Intercept 0.21mg/dl  
Correlation Coefficient 1.00

### BIBLIOGRAPHY

1. Fraser et al., (1987) calcium and phosphate metabolism in Tietz, NW.ed. Fundamental of clinical chemistry, 3<sup>rd</sup>ed. Philadelphia:705-728
2. Tietz, NW. ed.,(1990) Clinical Guide to Laboratory Tests, 2<sup>nd</sup> Philadelphia Pa: WB Saunders company:444-447
3. Young, DS (1990): Effects of Drugs on. Clinical Laboratory Tests Third Edition 1990:3:6-12.

| ORDERING INFORMATION |          |
|----------------------|----------|
| CATALOG NO.          | QUANTITY |
| 295 001              | 100 test |
| 295 002              | 200 test |



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