

# GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G-6-PDH)

MANUAL RX MONZA

#### **INTENDED USE**

For the quantitative *in vitro* determination of Glucose-6-Phosphate Dehydrogenase in erythrocytes. This product is suitable for manual use and on the RX **monza** analyser.

#### Cat. No.

PD 410	R1. Buffer	I x 100 ml
100 ml	R2. NADP	l x 2 ml
	R3. Substrate	l x 2 ml
	R4. Digitonin	I x 20 ml
	-	

GTIN:

05055273204797

# UV METHOD

# PRINCIPLE<sup>(1,2)</sup>

The enzyme activity is determined by measurement of the rate of absorbance change at 340 nm due to the reduction of NADP<sup>+</sup>. G-6-PDH

→ gluconate-6-P + NADPH + H<sup>+</sup>

G-6-P + NADP+ -

#### SAMPLE

Erythrocytes

#### PREPARATION OF SAMPLE

Wash 0.2 ml of blood with 2 ml aliquots of 0.9% NaCl solution. Centrifuge after each wash for 10 min at around 3000 rpm. Repeat 3 times. Suspend the washed centrifuged erythrocytes in 0.5 ml of solution 4 and let stand for 15 min at  $+4^{\circ}$ C and then centrifuge again. Use the supernatant in the assay within 2 hours.

#### **REAGENT COMPOSITION**

Contents	Concentrations in the Test
RI. Buffer Triethanolamine Buffer EDTA R2. NADP R3. Substrate R4. Digitonin	31.7 mmol/l, pH 7.6 3.2 mmol/l 0.34 mmol/l 0.58 mmol/l

# SAFETY PRECAUTIONS AND WARNINGS

For *in vitro* diagnostic use only. Do not pipette by mouth. Exercise the normal precautions required for handling laboratory reagents.

Solutions R1, R2, R3 and R4 contain Sodium Azide. Avoid ingestion or contact with skin or mucous membranes. In case of skin contact, flush affected area with copious amounts of water. In case of contact with eyes or if ingested, seek immediate medical attention.

Sodium Azide reacts with lead and copper plumbing, to form potentially explosive azides. When disposing of such reagents, flush with large volumes of water to prevent azide build up. Exposed metal surfaces should be cleaned with 10% sodium hydroxide.

Safety Data Sheets are available on request.

Please dispose of all Biological and Chemical materials according to local guidelines.

The reagents must be used only for the purpose intended by suitably qualified laboratory personnel, under appropriate laboratory conditions.

# STABILITY AND PREPARATION OF REAGENTS RI. Buffer

Contents ready for use. Stable up to the expiry date when stored at +2 to +8 $^{\circ}$ C.

#### R2. NADP

Reconstitute the contents of bottle R2 with 2 ml of redistilled water. Stable for 4 weeks at +2 to +8°C.

#### R3. Substrate

Reconstitute the contents of bottle R3 with 2 ml of redistilled water. Stable for 4 weeks at +2 to +8°C.

#### R4. Digitonin

Contents ready for use. Stable up to the expiry date specified when stored at +2 to  $+8^{\circ}$ C.

Please note that reagent preparation steps may change if G-6-PDH is used on an automated system. A range of instrument-specific applications for G-6-PDH are available from <u>applications@randox.com</u>.

### MATERIALS PROVIDED

Buffer NADP Substrate Digitonin



# MATERIALS REQUIRED BUT NOT PROVIDED

Randox G-6-PDH Controls: Deficient (Cat. No. PD 2617) Normal (Cat. No. PD 2618). Redistilled Water Haemoglobin Reagent (Cat. No. HG1539) (For calculation of results in U/g haemoglobin)

Additional Digitonin may be required when running the G-6-PDH assay on automated systems. This can be purchased from Sigma (Cat No. D-5628). We recommend mixing 20mg Digitonin in 100ml deionised water until dissolved. Digitonin should be prepared fresh, weekly and stored at +2 to  $+8^{\circ}C$ .

### PROCEDURE

Determine the number of erythrocytes/ml of blood.

#### CALIBRATION

Select Curve Type "K factor" in calibration screen. When asked: "Do you want to run S0 Calibration?", please select NO.

Enter value "0.0" into the Concentration field for S0. Save changes.

### I. RX MONZA

Select G6PD in the Run Test screen and carry out a water blank as instructed.

Pipette into a test tu	ıbe:	
	Sample	
Haemolysate	7.5 μl	
Reagent R I	500 µl	
Reagent R2	Ι5 μΙ	

7.5 µl

Mix, incubate for 5 min at  $+37^{\circ}$ C; then add:

Reagent R3

Mix well and aspirate into the RX monza.

## 2. MANUAL USE

Wavelength: Cuvette:	340 nm (Hg 334 nm or I	cm light path		
Temperature: Measurement:		+37°C		
measurement:		against air		
Pipette into test tub	e:			
	Macro	Semi Micro		
RI	3.00 ml	1.00 ml		
R2	0.10 ml	0.03 ml		
Haemolysate	0.05 ml	0.015 ml		
Mix, incubate for 5 r	minutes at +37°C; then add:			
R3	0.05 ml	0.015 ml		

Mix, read initial absorbance and start timer simultaneously. Read again after 1, 2, and 3 minutes.

# MANUAL CALCULATION

To calculate the G-6-PDH activity use the following formulae:

Semi Micro

\* The factor may be adjusted if required depending on Quality Control results.

#### **Temperature Correction**

Please note that the below temperature correction may be used for patient samples only.

When the temperature is  $+37^{\circ}$ C, no temperature correction factor (TCF) is required. If results for patient samples are reported at a temperature other than  $+37^{\circ}$ C, a TCF must be used.

Cuvette	TCF
Temperature (°C)	
+25	2.076
+30	1.515

To calculate G-6-PDH activity as mU/10<sup>9</sup> erythrocytes Divide the calculated activity (mU/erythrocytes per ml blood) with the RBC's count per ml.

eg.	RBC count per ml	= 5.3 × 10 <sup>9</sup>	
	mU/erythrocytes per ml	= 695	
	mU/10 <sup>9</sup> erythrocytes	$=\frac{695}{5.3}=131$	

#### **To calculate G-6-PDH activity as U/g haemoglobin** The following equation is used.

<b>C</b> / <b>F</b>		_	G-6-PDH (U/I, 37°C)
G-6-PDH U/gHb =		-	Hb (g/dl) × 10
	10	=	Factor to convert from g/dl to g/l
	Hb(g/dl)	=	Haemoglobin concentration determined for each specimen
eg.	U/I, 37°C.		= 695
	Hb(g/dl)		= 15.0
	G-6-PDH U	/gHb	$=\frac{695}{15.0 \times 10}$
			= 4.63



# QUALITY CONTROL

Randox G-6-PDH Controls, Deficient and Normal are recommended for quality control to monitor accuracy and precision. Two levels of controls should be assayed at least once a day. Values obtained should fall within a specified range. If these values fall outside the range and repetition excludes error, the following steps should be taken:

- 1. Check instrument settings and light source.
- 2. Check cleanliness of all equipment in use.
- 3. Check water, contaminants i.e. bacterial growth may contribute to inaccurate results.
- 4. Check reaction temperature.
- 5. Check expiry date of kit and contents.
- 6. Contact Randox Laboratories Technical Services, Northern Ireland + 44 (0) 28 9445 1070.

#### INTERFERENCE

Reticulocytes have higher G-6-PDH levels than mature red cells. Therefore, it is not recommended that this assay be performed after a severe hemolytic crisis, since G6-PDH levels may appear falsely elevated. Testing may be more helpful after the level of mature red cells have returned to normal.

Physiological changes in serum or plasma analyte concentrations can be caused by a number of substances. Comprehensive discussion of possible interfering substances, their serum or plasma concentrations, and their possible physiological involvements is beyond the scope of this document. The listed reference contains specific details on known potential interfering substances<sup>(3)</sup>. The user must remain vigilant to the possible effect on results of unknown interferences from medications or endogenous substances. All patient results must be evaluated in light of the total clinical status of the patient.

#### NORMAL VALUES(4)

In erythrocytes: 245 - 299 mU/109 erythrocytes (+37°C).

6.97 - 20.5 U/g Hb (+37°C)

	Blood Haemoglobin (g/dl)
Adult Males Adult Females	3 -  8  1 -  6
Newborns	14 - 23

It is recommended that each laboratory establish its own reference range to reflect the age, sex, diet and geographical location of the population.

# SPECIFIC PERFORMANCE CHARACTERISTICS

The following performance data were obtained using an RX **monza** analyser in flow cell mode running at +37°C.

#### LINEARITY

This method is linear up to a concentration of 4303 U/l. Dilute samples with concentration greater than this, using 0.2 ml of haemolysate with 1.8 ml of 0.9% NaCl solution and repeat the assay. Multiply the result by 10.

#### SENSITIVITY

The minimum detectable concentration of G6PDH in erythrocytes with an acceptable level of precision was determined as 154 U/I.

# PRECISION

#### Intra assay precision

	Level I	Level 2
Mean (U/I)	784	1533
SD	33.2	71.3
CV (%)	4.24	4.65
n	20	20
Inter assay precision		
Inter assay precision	Level I	Level 2
Inter assay precision Mean (U/I)	Level I 784	Level 2 1533
Mean (U/I)	784	1533

#### CORRELATION

The Randox method on the Rx Monza (Y) was compared to the Rx Daytona (X) and the following linear regression equation was obtained:

Y = 1.0069 x + 47.644

and a correlation coefficient of r = 0.9903

47 patient samples were analysed spanning the range 161 to 1232U/l.

## REFERENCES

- Kornberg, A. et al., Methods in Enzymology I, Academic Press, New York, 1955; p.323.
- Makarem, A., Clinical Chemistry-Principles and Techniques. 2<sup>nd</sup> Ed. R.F. Henry, D. C. Cannon, J.W. Winkelman, Editors. Harper and Row, Hagerstown [MD], 1974; 1128-1135.
- Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th ed. Washington, DC: AACC Press; 2000.
- Lohr GW, Waller HD: Glucose-6-Phosphate Dehydrogenase. Methods of Enzymatic Analysis, 3<sup>rd</sup> Edition - Varlag Chemie, Wehnheim: 1974; p. 636.

The presence of a vertical bar in the margin indicates a technical update from the previous revision.

EC REP

Randox Teoranta, Meenmore, Dungloe, Donegal, F94 TV06, Ireland

Revised 06 Mar 24 bm



THIS PAGE IS INTENTIONALLY BLANK