# Manual Procedure

Automated procedure on request

Cat. No. 14711	R1	1 x	20 ml
For 24 tests	R2	1 x	4 ml



## **α-Amylase**

Kinetic colorimetric method, according to IFCC recommendations

### Liquid Reagents

#### **Test principle**

5 ethyliden-G<sub>7</sub>-PNP+ 5H<sub>2</sub>O +2 ethyliden-G<sub>3</sub> + G<sub>4</sub>PNP +2 ethyliden-G<sub>4</sub> + 2G<sub>3</sub>PNP +2ethyliden-G<sub>5</sub> + G<sub>2</sub>PNP

 $2 G_2 PNP+2G_3 PNP+G_4 PNP+14 H_2O \xrightarrow{\alpha-Glucosidase} 5PNP+14Glucose$ 

 $\alpha$ -Amylases catalyse the hydrolytic degradation of the ligosaccharide ethyliden-G7-PNP to release G2PNP, G3PNP, and G<sub>4</sub>PNP. These fragments are then completely hydrolyzed to p-Nitrophenol and glucose by  $\alpha$ -Glycosidase. The rate of increase in absorbance of PNP, measured calorimetrically at 405 nm, is proportional to total  $\alpha$ -amylase activity in the sample.

#### **Concentrations in the test**

Reagent R1		
HEPES Buffer, pH = 7.15	52.5	mmol/L
Magnesium chloride	12.6	mmol/L
Sodium chloride	188	mmol/L
α-Glucosidase	≥ 3.2	KU/L
preservative		
Reagent R2		
HEPES Buffer, pH = 7.15	52.5	mmol/L
Ethyliden-G7PNP (EPS)	22	mmol/L
Stabilizer, preservative, detergent		

#### Stability and preparation of working reagent Reagent R1: *liquid.*

Reagent R2: liquid.

All reagents are stable up to expiry date given on the label when stored at  $+2 \rightarrow +8$  °C.

#### Working Reagent:

Mix 5 volume of reagent R1 with 1 volume of reagent R2 Stability: 2 weeks at 2 - 8 °C.

### Specimen collection and handling

1. Non-hemolyzed serum, heparinized plasma.

- 2. Anticoagulants, such as citrate and EDTA, bind calcium that is needed for amylase activity. Plasma with these anticoagulants should not be used.
- 3. Amylase in serum is reported to be stable for 1 week at 20 25°C and 1 month at 2 8 °C.
- 4. Urine: Dilute (1+2) with sodium chloride solution (0.9 %) and multiply the result by 3.
- 5. Amylase in urine is reported to be stable for 2 days at 20 25°C, and 10 days at 2 8 °C.
  - Stability may decrease in urine samples with pH < 5.

Calibrator MediCal U Cat .No 15011

#### **Quality control**

Meditrol N Cat .No 15171 Meditrol P Cat .No 15181

#### **Procedure**

Wavelength	Hg 405 nm	
Spectrophotometer	405 nm	
Cuvette	1 cm light path	
Temperature	37°C	
Measurement	against air or distilled water	
Reaction	kinetic – increase	

#### Assay : Incubate Working Reagent at 37 °C before use:

Sample	<b>3</b> 0 μl		
Working Reagent 1000 µl			
Mix, incubate at 37°C for exactly 3 min. Read change in the absorbance per 1 min for 3 min. Determine the mean absorbance change per 1 min ( $\Delta A$ /min).			

#### Calculation

 $\alpha\text{-Amylase}$  activity (U/L) =  $\Delta\text{A/min}$  X Factor

Factor = 3270

**Note:** It is recommended that each laboratory (as for instrument performance) could make its own factor (F) by the use of a calibrator according to the following formula:

Conc.<sub>calibrator</sub>

 $\overline{\Delta A / \min}_{\text{Calibrator}}$ 

Up to 1000 U/L.

If the result exceeds 1000 U/L repeat the test using diluted serum (1+2) with sodium chloride solution (0.9 %) and multiply the result by 3.

#### Interference

- 1. A number of drugs and substances affect the determination of amylase. Young et al have published a comprehensive list of such substances.<sup>3</sup>
- Macro amylase in the specimen can cause a measured Hyper amylasemia that could lead to a false diagnosis of acute pan creatitis. However no clinical symptoms are usually associated with macro amylasemia.
- 3. Bilirubin up to 20 mg/dl and hemoglobin up to 500 mg/dl have demonstrated to have a negligible effect on this procedure.
- Lipemic samples up to 1000 mg/dl have been reported to have no effect on serum amylase determination.
- 5. EDTA plasma gives approximately 10 % lower values.

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#### **Precautions**

- 1. Avoid contamination of pipette and reagent with saliva, sweat and skin contact due to the presence of  $\alpha$ -amylase.
- 2 Avoid ingestion.
- 3. Reagents are acidic solutions, flush with water when contact occurs.
- Reagents contain sodium azide. Don't swallow. Avoid any contact 4. with skin and mucous membranes. May react with lead and copper plumbing to form explosive metal azides. Upon disposal, flush with large amounts of water to prevent azide build up.

#### **Reference range**

Serum

Adults	< 100	U/L
Urine		
Random Urine	< 460	U/L

#### References

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  Young, DS., Effects of Drugs on Clinical Laboratory Tests, fifth edition 2000, AACC Press, Washington, D.C.
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- Tietz, N. W. Textbook of clinical chemistry, Philadelphia, W.B. Saunders 5. Company, pp. 725 - 734 (1986).
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