Manual Procedure

Automated procedure on request

Cat. No.12170	R1	1 x	20	ml
For 50 tests	R2	1 x	20	ml
Cat. No.12171	R1	1 x	50	ml
For 100 tests	R2	1 x	50	ml
Cat. No.12172	R1	3 x	50	ml
For 300 tests	R2	3 x	50	ml

Test principle

Ca⁺⁺ + MTB Ca-MTB Complex

Ca²⁺ forms a colored complex with methylthymol blue in an alkaline medium. The intensity of the color produced is proportional to the concentration of total calcium present in the samples. 8-Hydroxyquinoline prevents Mg²⁺ ions of interfering up to 100 mg/L (4 mmol/L).

Concentrations in the test

Reagent R1 Monoethanol amine	1.0	mol/L
Reagent R2		
Methylthymol blue	92	μmol/L
8-hydroxyquinoline	50	mmol/L
Standard · The concentration	n as indicated on v	<i>r</i> ial

Stability and preparation of working reagent

Reagent R1: liquid, ready to use.

Reagent R2: liquid, ready to use.

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

Working Reagent : You could mix R1 and R2 in a ratio of (1+1), and use 1 ml of the mixture as a working reagent (Stable for 15 days at 2 - 8 °C in the dark).

Note: The reagent should be clear. Turbidity indicates deterioration and the reagent should be discarded.

Specimen collection and handling

- 1. Fasting non-hemolyzed serum is the specimen of choice.
- Anticoagulants other than heparin should not be used. 2.
- Remove serum from clot as soon as possible since red cells can 3.
- absorb calcium. Older serum specimen containing visible precipitate should not be 4 used.
- Serum calcium is stable for 24 hours at 20 25°C, 5. 1 week at 2 - 8 °C and 5 months at - 20°C, when protected from evaporation.
- Urine: collect 24-hour urine specimen in a container containing 6. 10 ml of 6N HCl.
- Adjust urine pH to 3 4 with 0.1 N HCl. Centrifuge and dilute (1+2) with distilled water before testing. Multiply the result by 3.

Calibrator / Standard

MediCal U Cat. No. 15011 Calcium STD. Cat. No. 16041

Quality control

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

In vitro diagnostics

Calcium without deproteinization
Colorimetric, Methylthymol blue method

Liquid Reagents

Procedure

Wavelength	Hg 623 nm (600 - 625 nm)
Spectrophotometer	612 nm
Cuvette	1 cm light path
Temperature	37°C / 20 - 25 °C
Measurement	against reagent blank
Reaction	end point

Assay

	Blank	Calibrator/ Standard	Sample
Double dist. water	10 µl		
Calibrator / Stan- dard		10 µl	
Sample			10 µl
Reagent R1	500 μl	500 μl	500 μl
Reagent R2	500 μl	500 μl	500 μl
Mix, incubate for 5 min. at 37°C or 10 min. at 20 - 25 °C. Read			

the absorbance (A). The final color is stable for at least 30 min.

Procedure notes

- 1. Lipemic or hemolyzed samples require serum blank. To prepare serum blank add 10 μ l of sample to 1 ml distilled water. Mix and read against water. Subtract the absorbance reading from the test reading, then perform the calculations.
- Use disposable plastic containers or glass equipment cleaned with 2. 1N HCl and rinsed with distilled water to avoid contamination.

Calculation

m

$$Conc. _{Calcium} (mg/dl) = \frac{A_{Sample}}{A_{Cal./STD.}} \times Conc. _{Cal./STD.} (mg/dl)$$

mmol/L
$$\xrightarrow{X 4.01}$$
 mg/dl
25 X 10⁻² mg/dl
mEa/L $\xrightarrow{X 0.5}$ mmol/L

Linearity

Up to 15 mg/dl (3.75 mmol/L) If the result exceeds 15 mg/dl, repeat the test using diluted sample (1+1) with sodium chloride solution (0.9 %) and multiply the result by 2.



- Interferences 1. Mg²⁺: No significant interference up to 100 mg/L.
- Specimen of patients receiving bromosulfophthalein (BSP) or EDTA should not be used. 2.
- 3. Substances affecting the accuracy of calcium values with this procedure is listed by Young.
- Bilirubin in high concentration introduces a significant error in 4. calcium results.
- Acetaminophen and the reagent hydralazine cause positive 5. interference

Precautions

- The reagents should not be pipette by mouth. 1.
- The reagents may be irritating to the skin. Avoid contact. 2.

Reference range

Serum

1d 4 wk.	7.2 - 11.2	mg/dl
2 - 12 mth.	8.4 - 10.8	mg/dl
≥ 1 yr.	8.4 - 10.4	mg/dl
Adults	8.6 - 10.2	mg/dl

Urine

	Urine /24 hr.	100 - 320	mg/24 hr.
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References

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- Yendt et al. Can. Med. Ass. J. 1968, 98, 331. 2.
- Elveback, L.R. J. Am. Med. Ass. 1970, 211, 69. Gindler, E. *et al.* Am. J. Clin. Path. 1972, 58, 376. 3.
- 4.
- Young, DS., Effects of Drugs on Clinical Laboratory Tests, fifth edition 2000, AACC Press, Washington, D.C. 5.

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