

## Albumin Gen.2

### Order information

COBAS INTEGRA Albumin Gen.2	300 Tests	Cat. No. 03183688 122
Calibrator f.a.s.	12 × 3 mL	System-ID 07 6592 9
Calibrator f.a.s. (for USA)	12 × 3 mL	Cat. No. 10759350 190
		Cat. No. 10759350 360
		System-ID 07 3718 6
Precinorm U	20 × 5 mL	Cat. No. 10171743 122
		System-ID 07 7997 0
Precipath U	20 × 5 mL	Cat. No. 10171778 122
		System-ID 07 7998 9
Precinorm U plus	10 × 3 mL	Cat. No. 12149435 122
Precinorm U plus (for USA)	10 × 3 mL	Cat. No. 12149435 160
		System-ID 07 7999 7
Precipath U plus	10 × 3 mL	Cat. No. 12149443 122
Precipath U plus (for USA)	10 × 3 mL	Cat. No. 12149443 160
		System-ID 07 8000 6
PreciControl ClinChem Multi 1	20 × 5 mL	Cat. No. 05117003 190
PreciControl ClinChem Multi 1 (for USA)	4 × 5 mL	Cat. No. 05947626 160
		System-ID 07 7469 3
PreciControl ClinChem Multi 2	20 × 5 mL	Cat. No. 05117216 190
PreciControl ClinChem Multi 2 (for USA)	4 × 5 mL	Cat. No. 05947774 160
		System-ID 07 7470 7

● Indicates analyzer(s) on which cobas c pack can be used

COBAS INTEGRA 400/400 plus	COBAS INTEGRA 800
●	●

### System information

COBAS INTEGRA Albumin Gen.2 (ALB2)  
Test ALB2, test ID 0-592

### Intended use

In vitro test for the quantitative determination of the albumin concentration in human serum and plasma on COBAS INTEGRA systems

### Summary<sup>1,2</sup>

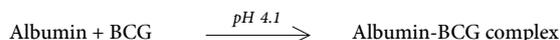
Albumin is a carbohydrate-free protein, which constitutes 55-65 % of total plasma protein. It maintains plasma oncotic pressure, and is also involved in the transport and storage of a wide variety of ligands and is a source of endogenous amino acids. Albumin binds and solubilizes various compounds, e.g. bilirubin, calcium and long-chain fatty acids. Furthermore albumin is capable of binding toxic heavy metal ions as well as numerous pharmaceuticals, which is the reason why lower albumin concentrations in blood have a significant effect on pharmacokinetics.

Hyperalbuminemia is of little diagnostic significance except in the case of dehydration. Hypoalbuminemia occurs during many illnesses and is caused by several factors: compromised synthesis due either to liver disease or as a consequence of reduced protein uptake; elevated catabolism due to tissue damage (severe burns) or inflammation; malabsorption of amino acids (Crohn's disease); proteinuria as a consequence of nephrotic syndrome; protein loss via the stool (neoplastic disease). In severe cases of hypoalbuminemia, the maximum albumin concentration of plasma is 2.5 g/dL. Due to the low osmotic pressure of the plasma, water permeates through blood

capillaries into tissue (edema). The determination of albumin allows monitoring of a controlled patient dietary supplementation and serves also as an excellent test of liver function.

### Test principle<sup>3</sup>

Colorimetric assay with endpoint method  
At a pH of 4.1, albumin displays a sufficiently cationic character to be able to bind with bromocresol green (BCG), an anionic dye, to form a blue-green complex.



The color intensity of the blue-green color is directly proportional to the albumin concentration in the sample. It is determined by monitoring the increase in absorbance at 583 nm.

### Reagents - working solutions

Components	Concentrations			Test
	R1	R2 = SR		
Citrate	95	95	75	mmol/L
Bromocresol green		0.66	0.087	mmol/L
pH	4.1	4.1		

The reagent contains a nonreactive stabilizer and a surfactant.

### Precautions and warnings

Pay attention to all precautions and warnings listed in section 1 / Introduction of this Method Manual.

### Reagent handling

Ready for use.

**Storage and stability**

Shelf life at 15 to 25 °C See expiration date on cobas c pack label

COBAS INTEGRA 400/400 plus systems  
On-board in use at 10 to 15 °C 12 weeks

COBAS INTEGRA 800 systems  
On-board in use at 8 °C 12 weeks

**Specimen collection and preparation**

For specimen collection and preparation, only use suitable tubes or collection containers.  
Only the specimens listed below were tested and found acceptable.  
Serum  
Plasma: Heparin (Li-, Na-, NH<sub>4</sub><sup>+</sup>-) or EDTA (K<sub>2</sub>-, K<sub>3</sub>-) plasma.

The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Stability:<sup>4</sup> 2.5 months at 15-25 °C  
5 months at 2-8 °C  
4 months at -20 °C

Centrifuge samples containing precipitates before performing the assay.

**Materials provided**

See "Reagents - working solutions" section for reagents.

**Assay**

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

**Application for serum and plasma**

**COBAS INTEGRA 400/400 plus test definition**

Measuring mode Absorbance  
Abs. calculation mode Endpoint  
Reaction mode R1-S-SR  
Reaction direction Increase  
Wavelength A/B 583/512 nm  
Calc. first/last 33/35  
Unit g/L

**Pipetting parameters**

		Diluent (H <sub>2</sub> O)
R1	100 µL	
Sample	2 µL	20 µL
SR	20 µL	10 µL
Total volume	152 µL	

**COBAS INTEGRA 800 test definition**

Measuring mode Absorbance  
Abs. calculation mode Endpoint  
Reaction mode R1-S-SR  
Reaction direction Increase  
Wavelength A/B 583/512 nm  
Calc. first/last 44/46  
Unit g/L

**Pipetting parameters**

		Diluent (H <sub>2</sub> O)
R1	100 µL	
Sample	2 µL	20 µL
SR	20 µL	10 µL
Total volume	152 µL	

**Calibration**

Calibrator Calibrator f.a.s.  
Use deionized water as zero calibrator.

Calibration mode Linear regression  
Calibration replicate Duplicate recommended  
Calibration interval Each cassette, every 4 weeks, and as required following quality control procedures

Traceability: This method has been standardized against the CRM 470 reference preparation.

**Quality control**

Reference range Precinorm U or Precinorm U plus  
Pathological range Precipath U or Precipath U plus  
Control interval 24 hours recommended  
Control sequence User defined  
Control after calibration Recommended

For quality control, use control materials as listed in the Order information section. Other suitable control material can be used in addition.  
The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits.  
Each laboratory should establish corrective measures to be taken if values fall outside the limits.  
Follow the applicable government regulations and local guidelines for quality control.

**Calculation**

COBAS INTEGRA analyzers automatically calculate the analyte concentration of each sample. For more details, please refer to Data Analysis in the Online Help (COBAS INTEGRA 400/400 plus/800 analyzers).

Conversion factors: g/L × 0.1 = g/dL  
g/dL × 10 = g/L  
g/L × 15.2 = µmol/L<sup>5</sup>

**Limitations - interference**

Criterion: Recovery within ± 10 % of initial value.

*Serum, plasma*

Icterus<sup>6</sup> No significant interference for both conjugated and unconjugated bilirubin.

Hemolysis<sup>6</sup> No significant interference up to an H index of 420 (approximate hemoglobin concentration: 420 mg/dL or 261 µmol/L).

Lipemia<sup>6</sup> No significant interference.

γ-Globulin No significant interference.

Drugs No interference was found at therapeutic concentrations using common drug panels.<sup>7,8</sup>

Other In very rare cases gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.

Colorimetric methods used for the determination of albumin may lead to falsely elevated test results in patients suffering from renal failure or insufficiency due to interference with other proteins. Immunoturbidimetric assays are less affected.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

#### ACTION REQUIRED

**Special wash programming:** The use of special wash steps is mandatory when certain test combinations are run together on COBAS INTEGRA analyzers. Refer to the Method Manual, Introduction, Extra Wash Cycles for further instructions. Where required, special wash/carry-over evasion programming must be implemented prior to reporting results with this test.

#### Limits and ranges

##### Measuring range

2-60 g/L (30.4-912 µmol/L or 0.2-6 g/dL)

Determine samples having higher concentrations via the rerun function. Dilution of samples via the rerun function is a 1:10 dilution. Results from samples diluted by the rerun function are automatically multiplied by a factor of 10.

##### Lower limits of measurement

Lower detection limit of the test:

2 g/L (30.4 µmol/L or 0.2 g/dL)

The detection limit represents the lowest measurable analyte level that can be distinguished from zero. It is calculated as the value lying three standard deviations above that of a zero sample (zero sample + 3 SD, repeatability, n = 21).

##### Expected values

Reference range study<sup>9</sup>

Adults 39.7-49.5 g/L (603-752 µmol/L or 3.97-4.95 g/dL)

Consensus values<sup>10</sup>

Adults 35-52 g/L (532-790 µmol/L or 3.5-5.2 g/dL)

Reference intervals according to Tietz<sup>11</sup>

Newborns 0-4 d 28-44 g/L (426-669 µmol/L or 2.8-4.4 g/dL)

Children 4 d-14 y 38-54 g/L (578-821 µmol/L or 3.8-5.4 g/dL)

Children 14-18 y 32-45 g/L (486-684 µmol/L or 3.2-4.5 g/dL)

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference ranges.

##### Specific performance data

Representative performance data on COBAS INTEGRA analyzers are given below. Results obtained in individual laboratories may differ.

##### Precision

Precision was determined using human samples and controls in an internal protocol with repeatability<sup>a</sup> (n = 21) and intermediate precision<sup>b</sup> (1 aliquot per run, 1 run per day, 21 days).

The following results were obtained:

	Level 1	Level 2
Mean	30.3 g/L (461 µmol/L or 3.03 g/dL)	31.4 g/L (477 µmol/L or 3.14 g/dL)
CV repeatability <sup>a</sup>	1.9 %	1.9 %
Mean	30.3 g/L (461 µmol/L or 3.03 g/dL)	30.8 g/L (468 µmol/L or 3.08 g/dL)
CV intermediate precision <sup>b</sup>	2.3 %	2.6 %

a) repeatability = within-run precision

b) intermediate precision = total precision / between-run precision / between-day precision

##### Method comparison

Albumin values for human serum and plasma samples obtained on a COBAS INTEGRA 700 analyzer with the COBAS INTEGRA Albumin Gen.2 reagent (y) were compared to those determined with the the same reagent on a Roche/Hitachi 917 analyzer (x) and to the previous reagent (ALB) on a COBAS INTEGRA 700 analyzer (x).

Roche/Hitachi 917 analyzer Sample size (n) = 98

Passing/Bablok<sup>12</sup> Linear regression

$y = 1.00x - 1.21$  g/L  $y = 0.997x - 1.10$  g/L

$\tau = 0.968$   $r = 0.999$

SD (md 95) = 0.598  $Sy.x = 0.335$

The sample concentrations were between 16.9 and 64.5 g/L (257-980 µmol/L and 1.69 to 6.45 g/dL).

COBAS INTEGRA 700 analyzer Sample size (n) = 96

Passing/Bablok<sup>12</sup> Linear regression

$y = 0.921x + 1.17$  g/L  $y = 0.916x + 1.31$  g/L

$\tau = 0.971$   $r = 0.998$

SD (md 95) = 0.775  $Sy.x = 0.415$

The sample concentrations were between 16.9 and 64.0 g/L (257-973 µmol/L and 1.69 to 6.40 g/dL).

##### References

- Grant GH, Silverman LM, Christenson RH. Amino acids and proteins. In: Tietz NW, ed. Fundamentals of Clinical Chemistry, 3rd edition Philadelphia, PA: WB Saunders 1987:328-330.
- Marshall WJ, ed. Illustrated Textbook of Clinical Chemistry, 3rd ed. London: Gower Medical Publishing 1989:207-218.
- Doumas BT, Watson WA, Biggs HG. Albumin standards and the measurement of serum albumin with bromocresol green. Clin Chim Acta 1971;31:87-96.
- Use of Anticoagulants in Diagnostic Laboratory Investigations. WHO Publication WHO/DIL/LAB/99.1 Rev. 2. Jan. 2002.
- Young DS. Effects of Preanalytical Variables on Clinical Laboratory Tests, 2nd ed. Washington, DC: AACC Press; 1997.
- Glick MR, Ryder KW, Jackson SA. Graphical Comparisons of Interferences in Clinical Chemistry Instrumentation. Clin Chem 1986;32:470-475.
- Breuer J. Report on the Symposium "Drug Effects in Clinical Chemistry Methods". Eur J Clin Chem Clin Biochem 1996;34:385-386.
- Sonntag O, Scholer A. Drug interferences in clinical chemistry: recommendation of drugs and their concentrations to be used in drug interference studies. Ann Clin Biochem 2001;38:376-385.
- Junge W, Bossert-Reuther S, Klein G et al. Reference Range Study for Serum Albumin using different methods. Clin Chem Lab Med 2007;45, Special Supplement, pp 194, June 2007, Poster EUROMEDLAB 2007.
- Dati F, Schumann G, Thomas L, et al. Consensus of a group of professional societies and diagnostic companies on guidelines for interim reference ranges for 14 proteins in serum based on the standardization against the IFCC/BCR/CAP reference material (CRM 470). Eur J Clin Chem Clin Biochem 1996;34:517-520.
- Burtis CA, Ashwood ER, Bruns DE, eds. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 4<sup>th</sup> ed. Philadelphia, PA: WB Saunders, 2006:549.
- Passing H, Bablok W, et al. A General Regression Procedure for Method Transformation. J Clin Chem Clin Biochem 1988;26:783-790.

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