

Iron FS*

Ferene

Diagnostic reagent for quantitative in vitro determination of iron in serum and plasma on photometric systems

Order Information

Cat. No.	Kit size				
1 1911 99 10 021	R1	4 x	20 mL	+ R2	1 x 20 mL
			3 mL	Standard	
1 1911 99 10 026	R1	5 x	80 mL	+ R2	1 x 100 mL
1 1911 99 10 023	R1	1 x	800 mL	+ R2	1 x 200 mL
1 1911 99 10 704	R1	8 x	50 mL	+ R2	8 x 12.5 mL
1 1911 99 10 917	R1	8 x	60 mL	+ R2	8 x 15 mL
1 1911 99 10 930	R1	4 x	20 mL	+ R2	2 x 10 mL
1 1911 99 90 314	R1	10 x	20 mL	+ R2	2 x 30 mL
1 1900 99 10 030		6 x	3 mL	Standard	

Summary [1,2]

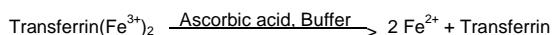
Iron exists in the body as a component of hemoglobin and myoglobin as well as bound to transferrin for the transport in plasma and stored in ferritin. Increased iron concentrations occur in hemochromatosis and liver damage. Malabsorption due to gastrointestinal diseases can cause decreased iron levels, and may thus lead to anemia. Blood loss after gastrointestinal lesions or heavy menstrual bleeding can generate anemia, too.

Method

Photometric test using Ferene

Principle

Iron bound to transferrin is released in an acidic medium as ferric iron and is then reduced to ferrous iron in the presence of ascorbic acid. Ferrous iron forms a blue complex with Ferene. The absorbance at 595 nm is directly proportional to the iron concentration.



Reagents

Components and Concentrations

R1:	Acetate buffer	pH 4.5	1 mol/L
	Thiourea		120 mmol/L
R2:	Ascorbic acid		240 mmol/L
	Ferene		3 mmol/L
	Thiourea		120 mmol/L

Standard: 100 µg/dL (17.9 µmol/L)

Storage Instructions and Reagent Stability

Reagents and standard are stable up to the end of the indicated month of expiry, if stored at 2–8°C, protected from light and contamination is avoided. Do not freeze the reagents!

Warnings and Precautions

1. Reagent 1: Danger. H315 Causes skin irritation. H318 Causes serious eye damage. P264 Wash hands and face thoroughly after handling. P280 Wear protective gloves/protective clothing/eye protection/face protection. P305+P351+P338 If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. P310 Immediately call a poison center or doctor/physician.
2. Standard: Warning. H290 May be corrosive to metals. P234 Keep only in original container. P280 Wear protective gloves/protective clothing/eye protection/face protection. P390 Absorb spillage to prevent material damage.
3. Use only disposable material to avoid iron contamination. Rinse glass material with diluted HCl and copious dist. water.
4. In very rare cases, samples of patients with gammopathy might give falsified results [8].

5. Please refer to the safety data sheets and take the necessary precautions for the use of laboratory reagents. For diagnostic purposes, the results should always be assessed with the patients' medical history, clinical examinations and other findings.

6. For professional use only!

Waste Management

Please refer to local legal requirements.

Reagent Preparation

The reagents and the standard are ready to use.

Materials required but not provided

NaCl solution 9 g/L

General laboratory equipment

Specimen

Serum, heparin plasma

Separate serum/plasma at the latest 2 h after blood collection to minimize hemolysis.

Stability [3]:	7 days	at	20 – 25°C
	3 weeks	at	4 – 8°C
	1 year	at	–20°C

Discard contaminated specimens! Only freeze once!

Assay Procedure

Application sheets for automated systems are available on request.

Wavelength	595 nm, 600 nm, Hg 623 nm
Optical path	1 cm
Temperature	20 – 25°C, 37°C
Measurement	Against reagent blank

	Blank	Sample or standard
Sample or standard	-	100 µL
Dist. Water	100 µL	-
Reagent 1	1000 µL	1000 µL
Mix, read absorbance A1 after 1 – 5 min., then add:		
Reagent 2	250 µL	250 µL
Mix, read absorbance A2 after 10 min.		

$$\Delta A = (A_2 - 0.82 A_1) \text{ Sample/std}$$

The factor 0.82 compensates the decrease of the absorbance by addition of reagent 2. The factor is calculated as follows: (Sample + R1)/Total volume. This compensation is necessary as a high sample volume is used.

Calculation

With standard or calibrator

$$\text{Iron } [\mu\text{g} / \text{dL}] = \frac{\Delta A \text{ Sample}}{\Delta A \text{ Std.} / \text{Cal.}} \times \text{Conc. Std.} / \text{Cal.} [\mu\text{g} / \text{dL}]$$

Conversion factor

$$\text{Iron } [\mu\text{g}/\text{dL}] \times 0.1791 = [\mu\text{mol}/\text{L}]$$

Calibrators and Controls

For the calibration of automated photometric systems, DiaSys TruCal U calibrator is recommended. The assigned values of the calibrator have been made traceable to the NIST-SRM[®]682 reference material. DiaSys TruLab N and P controls should be assayed for internal quality. Each laboratory should establish corrective action in case of deviations in control recovery.

	Cat. No.	Kit size
TruCal U	5 9100 99 10 063	20 x 3 mL
	5 9100 99 10 064	6 x 3 mL
TruLab N	5 9000 99 10 062	20 x 5 mL
	5 9000 99 10 061	6 x 5 mL
TruLab P	5 9050 99 10 062	20 x 5 mL
	5 9050 99 10 061	6 x 5 mL

Performance Characteristics

Measuring range

The test has been developed to determine iron concentrations within a measuring range from 5 – 1000 µg/dL (0.9 – 179 µmol/L). When values exceed this value samples should be diluted 1 + 2 with NaCl solution (9 g/L) and the result multiplied by 3.

Specificity/Interferences

No interference was observed by conjugated and free bilirubin up to 60 mg/dL, hemoglobin up to 100 mg/dL, lipemia up to 2000 mg/dL triglycerides, copper up to 200 µg/dL and zinc up to 400 µg/dL. For further information on interfering substances refer to Young DS [7].

Sensitivity/Limit of Detection

The lower limit of detection is 5 µg/dL (0.9 µmol/L).

Precision

Intra-assay precision n = 20	Mean [µg/dL]	SD [µg/dL]	CV [%]
Sample 1	98.0	1.00	1.02
Sample 2	164	2.01	1.22
Sample 3	216	2.11	0.98

Inter-assay precision n = 20	Mean [µg/dL]	SD [µg/dL]	CV [%]
Sample 1	85.8	2.13	2.48
Sample 2	144	3.16	2.19
Sample 3	195	3.86	1.98

Method Comparison

A comparison of DiaSys Iron FS Ferene (y) with a commercially available test (x) using 70 samples gave following results:
 $y = 0.99 x - 0.33 \mu\text{g/dL}$; $r = 0.999$

Reference Range [4]

	µg/dL	µmol/L
Children		
2 weeks	63 – 201	11 – 36
6 months	28 – 135	5 – 24
12 months	35 – 155	6 – 28
2 – 12 years	22 – 135	4 – 24
Women		
25 years	37 – 165	6.6 – 29.5
40 years	23 – 134	4.1 – 24.0
60 years	39 – 149	7.0 – 26.7
Pregnant women		
12th gestational week	42 – 177	7.6 – 31.6
At term	25 – 137	4.5 – 24.5
6 weeks postpartum	16 – 150	2.9 – 26.9
Men		
25 years	40 – 155	7.2 – 27.7
40 years	35 – 168	6.3 – 30.1
60 years	40 – 120	7.2 – 21.5

Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary.

Literature

1. Wick M. Iron metabolism and its disorders. In: Thomas L, editor. Clinical laboratory diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 268-73.
2. Fairbanks VF, Klee GG. Biochemical aspects of hematology. In: Burtis CA, Ashwood ER, editors. Tietz Textbook of Clinical Chemistry. 3rd ed. Philadelphia: W.B Saunders Company; 1999. p. 1642–1710.
3. Guder WG, Zawta B et al. The Quality of Diagnostic Samples. 1st ed. Darmstadt: GIT Verlag; 2001; p. 34-5.
4. Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 273-5.
5. Higgins T. Novel chromogen for serum iron determinations. Clin Chem 1981; 27: 1619.
6. Artiss JD, Vinogradov S, Zak B. Spectrophotometric study of several sensitive reagents for serum iron. Clin Biochem 1981; 14: 311-15.
7. Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th ed. Volume 1 and 2. Washington, DC: The American Association for Clinical Chemistry Press 2000.
8. Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. ClinChemLabMed 2007;45(9):1240–1243.

Manufacturer



DiaSys Diagnostic Systems GmbH
 Alte Strasse 9 65558 Holzheim Germany