

### Chloride Estimation Kit

# **High-Q Chloride-ML**





Quantitative Determination of Chloride Ions in Human Serum and Plasma.

### **Summary and Clinical Significance:**

It is important clinically the determination of chloride due regulation of osmotic pressure of extra cellular fluid and to its significant role in acid-base balance. Increases in chloride ion concentration may be found in severe dehydratation, excessive intake of chloride, severe renal tubular damage and in patients with cystic fibrosis. Decrease in chloride ion concentration may be found in metabolic acidosis, loss from prolonged vomiting and chronic pyelonephritis. Clinical diagnosis should not be made on a single test result; it should integrate clinical and other laboratory data.

### Principle

The Chloride ions react with mercuric thiocyanate to release thiocyanate ions which in turn react with ferric thiocyanate. The absorbance of the red colored complex at 505 nm is proportional to the Chloride concentration.

Hg(SCN)₂+2CI 3SCN +Fe<sup>³+</sup> HgCl<sub>2</sub>+2SCN
Fe(SCN)<sub>3</sub> (red color complex)

Storage and Stability:

All reagents are stable at R.T. (25  $^{\circ}$  C) till the expiry date mentioned on the labels

#### Specimen:

Serum /Heparinised Plasma /urine /CSF.

Do not use EDTA Plasma

Urine specimen should be diluted 1+1 with distilled water (multiply result with 2)

### Procedure

Pipette into test tubes labeled Blank (B), Standard (S) and Test (T) as follows:

Reagent	В	S	Т
1. Chloride Reagent	1.0 ml	1.0 ml	1.0 ml
2. Chloride Standard	-	10 µl	0-2
(Conc. : 100 mMol/L)			
Specimen	-	-	10 µL

Mix well and incubate for 5 Minutes at Room Temperature . Read absorbance of Standard (S) and Test (T) against Reagent Blank (B) at 505 nm or with green filter (490-550 nm ).

### **Calculations:**

Chloride in mMol/L =

Abs. of T ..... x 100 Abs. of S

### System Parameters:

Reaction type	:	End Poin
Wavelength	:	505 nm
Flow cell Temperature	:	37°C
Sample volume	:	10 µl
Reagent volume	:	1000 µl
Standard concentration	1	100
Units	:	mMol/L
Blank		Reagent
Linearity		150
Low normal	: -	90
High normal	:	112

### Normal Range:

Serum Chloride	:	90-112 mMol/L	
Jrine Chloride	:	170-250 mMol/24 hours (varies with uptake)	
CSF Chloride	:	118-132 mMol/L	

It is recommended that each laboratory should establish their own normal range.







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(MTC Method)

7.

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### **Quality Control:**

To ensure adequate quality control ,the use of commercial reference control serum is recommended with each assay batch . Use of Quality Control material checks both, the instrument and the reagent functions.

### Notes:

- 1. All glassware and cuvettes should be washed with Nitric acid and rinsed with good quality distilled water before use.
- 2. This procedure measures total halides i.e. Bromide, lodide, Chloride and Fluoride. Hence contamination with halides other than Chloride should be avoided.
- 3. If a larger volume of reagent is required for absorbance reading, requisite volumes can be taken in multiples keeping the same ratio of reagent to specimen/standard.
- 4. Programmes for specific autoanalyzers are available on request.

### Interferences:

Hemolysis. Anticoagulants other than Heparin.

#### **Performance Characterestics:**

### Measuring range:

From detection limit of 1.13 mmol/L to linearity limit of 150 mMol/L. If the results obtained were greater than linearity limit, dilute the sample 1:2 with distilled water and multiply the result by 2.

### Precision:

Intra-assay (n=20)			Inter-assay (n=20)			
Mean (mmol/L)	90.7	106		91.6	108	
SD	0.64	0.73		0.69	0.81	
CV (%)	0.70	0.69		0.76	0.74	

Accuracy: Results obtained using High-Q Chloride-ML reagents did not show systematic differences when compared with other commercial reagents. The results obtained using 20 samples were the following: Correlation coefficient (r): 0.99 Regression equation:  $y=0.9823 \times +2.3006$  The results of the performance characteristics depend on the analyzer used.

### **Bibliography:**

JEU Indicator

- 1. Miller W.G. Chloride. Kaplan A et al. Clin Chem The C.V. Mosby Co. St Louis. Toronto. Princeton 1984; 1059-1062 and 417.
- 2. Ibbott F A. et al. New York Academic Press 1965: 101-111.
- 3. Schoenfeld R G et al. Clin Chem 1964 (10): 533-539.
- 4. Levinson S S. et al. In Faulkner WR et al editors. (9) AACC 1982: 143-148.
- Young DS. Effects of drugs on Clinical Lab. Tests, 4th ed AACC Press, 1995.
- 6. Young DS. Effects of disease on Clinical Lab. Tests, 4th ed AACC 2001.



Burtis A et al. Tietz Textbook of Clinical Chemistry, 3rd ed AACC 1999.



### **Product Features**

- Liquid Stable, Ready to use Mono Reagent.
- One Step 5 Minutes End Point Assay.
- Results correlate with ISE, Direct and Indirect Potentiometry.
- Aqueous Chloride standard provided (Standard Conc: 100 mMol/L)
- Linearity: 150 mMol/L
- Measuring Wavelength 505 nm (490 550 nm)
- Serum / Heparinized Plasma/ Urine/ CSF as Specimens
- Available as multipurpose reagents and dedicated system packs
- Symbols used with IVD devices





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Manufactured in India by :



AN ISO 13485 Certified Company

Rev # 2