

**Lipase.**  
Quantitative determination of Lipase  
Only for *in vitro* use in clinical laboratory  
Store at 2-8°C

Ref.: LIP-500A  
R1: 1x24mL + R2: 1x6mL  
CAL: 2 x 4 mL

#### PRINCIPLE OF THE METHOD

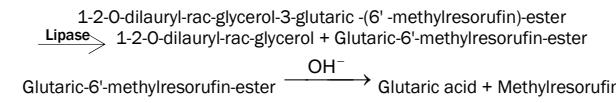
Lipase is applied for the determination of Lipase concentration in human serum and plasma.

#### CLINICAL SIGNIFICANCE

Lipase measurements are used in the diagnosis and treatment of pancreatic diseases such as acute pancreatitis and obstruction of the pancreatic tract.

After acute pancreatitis, lipase activity rises within 4 to 8 hours, peaks after 24 hours, and decreases after 8 to 14 days. However, there is no correlation between the lipase activity determined in serum and the degree of damage to the pancreas.

The colorimetric substrate 1,2-O-Dilauryl-rac-glycero-3- glutaric acid-(6'-methyl-resorufin)-ester is cleaved by pancreatic lipase and the carboxylic acid ester hydrolyses in the alkaline test medium to yield the chromophore methyl resorufin product. The kinetic of colour formation at 580 nm is monitored and it is proportional to lipase activity in sample.



#### REAGENTS

R1	Tris buffer pH 8.30 Colipase Deoxycholate Taurodeoxycholate	40 mmol/L ≥ 1mg/L ≥ 1.8 mmol/L ≥ 7.0 mmol/L
R2	Tartrate buffer pH4.00 Lipase substrate Calcium ions	15 mmol/L ≥ 0.7 mmol/L ≥ 1 mmol/L

#### PRECAUTIONS

Do not use expired reagents.

Reagents with two different lot numbers should not be interchanged.

For professional use.

Follow Good Laboratory Practice (GLP) guidelines.

**CAUTION:** Human source samples are processed with this product. All human source samples must be treated as potentially infectious materials and must be handled in accordance with OSHA standards.

#### PREPARATION

The reagent is ready to use.

#### STORAGE AND STABILITY

Reagents are stable at +2/+8°C till the expiration date stated on the label which is only for closed vials.

Once opened vials are stable for 30 days at +2/+8°C in optimum conditions. On board stability is strongly related to auto-analyzers' cooling specification and carry-over values.

Ref.: LIP-500A

# LIPASE

Reagent stability and storage have been verified by using Clinical and Laboratory Standards Institute (CLSI) EP25-A protocol.

#### ADDITIONAL EQUIPMENT

- Spectrophotometer or colorimeter measuring at 572 nm.
- Matched cuvettes 1.0 cm light path.
- General laboratory equipment (Note 2).

#### SAMPLES

Serum and plasma are collected according to the standard procedure. Lipase in serum is stable for: 7 days at +20/+25°C, 7 days at +2+8°C, 1 year at -20°C

#### PROCEDURE

1. Assay conditions:  
Wavelength: ..... 572 nm  
Cuvette: ..... 1 cm light path  
Temperature ..... 37°C / 15-25°C
2. Adjust the instrument to zero with distilled water.
3. Pipette into a cuvette (Note 4):

	Standard	Sample
R1(µL)	500	500
R2(µL)	125	125
Standard <sup>(Note 3)</sup> (µL)	10	--
Sample (µL)	--	10

4. After adding sample or standard mix well and aspirate immediately to photometer within 5 seconds.
5. Read absorbance after 80 sec. incubation (A1) and absorbance exactly after 150 seconds incubation (A2)

#### CALCULATIONS

$$\frac{(A) \text{Sample}}{(A) \text{Standard}} \times (\text{Standard conc.}) = \text{U/L}$$

Conversion factors:  
U/L x 0,0167 = µkat/L

#### QUALITY CONTROL

Control sera are recommended to monitor the performance of assay procedure.

The assay requires the use of a Lipase Calibrator Lyophilized. We recommend: Lipase Calibrator SET Lyophilized, REF: LIC-500C

Calibration Stability: It strongly depends on the application characteristics of in-use auto-analyzer and capacity of cooling. Calibration stability is 15 days.

Each laboratory should establish its own internal Quality Control scheme and procedures for corrective and preventive action if controls do not recover within the acceptable tolerances.

Quality control is recommended every morning. Calibration is not recommended if Quality control values are acceptable. Reagent should be calibrated after lot changes.

#### REFERENCE VALUES<sup>1</sup>

Adults : ≤ 60 U/L

It is recommended that each laboratory establish its own normal range.

#### PERFORMANCE CHARACTERISTICS

Limit of Detection (LoD): The limit of detection is 2 U/L.

Limit of Quantitation [LoQ values are based on Coefficient of Variation Percentage (CV) %≤ 20%: 5 U/L

LoD and LoQ values have been verified by using CLSI EP17-A protocol.

High Linearity: The method is linear up to 600 U/L.

For values above high linearity, dilute sample with 0.9% saline, repeat the test and multiply the result by the dilution factor.

Linearity may considerably vary depending on the instrument used.

#### Precision:

	Repeatability (n=80)		Reproducibility (n=80)	
Mean (U/L)	31	224	Mean (U/L)	31
SD	0.48	4.63	SD	1.15
CV (%)	1.56	2.06	CV (%)	11.5

±10% CV% differences can be observed between devices.

**Accuracy:** Results obtained using Sorachim reagents (y) did not show systematic differences when compared with other commercial reagents (x).

The results obtained were the following:

Correlation coefficient (r): 0,989

Regression equation:  $y=1.096x - 4.45$

The results of the performance characteristics depend on the analyzer used.

#### INTERFERENCES

No significant interference was observed for haemoglobin, conjugated bilirubin, lipemia up to the interference concentration given in the table.

Interfering Substance and Concentration	Lipase Target (U/L)	N	Observed Recovery %
Hemoglobin 1260 mg/dL	31	3	97
Bilirubin 9,47 mg/dL	33	3	94
Lipemia 570 mg/dL	26	3	100

**Lipase.**  
*Quantitative determination of Lipase*  
*Only for in vitro use in clinical laboratory*  
Store at 2-8°C

Ref.: LIP-500A

R1: 1x24mL + R2: 1x6mL  
CAL: 2 x 4 mL

The acceptable interference limit is set 10% below the highest interference concentration within  $\pm$  10% recovery of the target. Interferences may affect the results due to medication or endogenous substances. These performance characteristics have been obtained by using an analyzer. Results may vary if a different instrument or manual procedure is used.

#### BIBLIOGRAPHY

1. Greiling H, Gressner AM, eds. Lehrbuch der Klinischen Chemie und Pathobiochemie, 3rd ed. Stuttgart/New York: Schattauer Verlag 1995
2. Keller H, ed. Klinisch-chemische Labordiagnostik für die Praxis, 2nd ed. Stuttgart/New York: Georg Thieme Verlag 1991:354-361.
3. Kazmierczak S, Catrou P, Van Lente F. Diagnostic accuracy of pancreatic enzymes evaluated by use of multivariate data analysis. *Clin Chem* 1993;39:1960-1965.
4. Steinberg WM, Goldstein SS, Davies ND, et al. Diagnostic assays in acute pancreatitis [Review]. *Ann Intern Med* 1985;102:576-580.
5. Panteghini M, Pagani F, Bonora R, et al. Diagnostic value of four assays for lipase determination in serum: A comparative reevaluation. *Clin Biochem* 1991;24:497- 503.
6. Tietz NW, Shuey DF. Lipase in serum - the elusive enzyme: An overview. *Clin Chem* 1993;39(5):746-756
7. Kaplan, L.A., Pesce, A.J.: "Clinical Chemistry", Mosby Ed. (1996)
8. Clinical and Laboratory Standards Institute (CLSI). Evaluation of Stability of In Vitro Diagnostic Reagents; Approved Guideline. CLSI Document EP25-A. Wayne, PA: CLSI; 2009.
9. Clinical and Laboratory Standards Institute (CLSI). Defining, Establishing and Verifying Reference Intervals in the Clinical Laboratory; Approved Guideline - Third Edition. CLSI Document EP28-A3c. Wayne, PA: CLSI; 2010.
10. Clinical and Laboratory Standards Institute (CLSI). Protocols for Determination of Limits of Detection and Limits of Quantitation; Approved Guideline. CLSI Document EP17-A. Wayne, PA: CLSI; Vol. 24 No. 34.
11. Clinical and Laboratory Standards Institute (CLSI). Evaluation of Precision of Quantitative Measurement Procedures; Approved Guideline - Third Edition. CLSI Document EP05-A3. Wayne, PA: CLSI; 2014
12. Passing-Bablok W et al. A General Regression Procedure for Method Transformation. *J Clin Chem Clin Biochem* 1988;26:783-79.
13. Clinical and Laboratory Standards Institute (CLSI). Method Comparison and Bias Estimation Using Patient Samples; Approved Guideline—Second Edition; Approved Guideline. CLSI Document EP09-A2. Wayne, PA: CLSI; Vol. 22 No. 19.
14. Clinical and Laboratory Standards Institute (CLSI). Interference Testing in Clinical Chemistry; Approved Guideline. CLSI Document EP07. Wayne, PA: CLSI; 3rd Edition. CHERIAN G., SOLDIN ST. *Clin. Chem.* 27/5:748-752 (1981)
15. Tietz NW. Clinical Guide to Laboratory Tests. 3rd ed. Philadelphia, PA: WB Saunders Company; 1995:88 - 91.
16. Tietz NW, ed. Clinical Guide to Laboratory Tests. 3rd ed. Philadelphia: WB Saunders 1995:919.
17. Jakobs, D.S., Kasten, Jr., B.L., Demmott, W.R., Wolfson, W.L.: "Laboratory Test Handbook", Lexi- Comp and Williams & Wilkins Ed. (2nd Edition - 1990).
18. Neumann, U. et al.: "New substrates for the optical determination of lipase". EP 207252 (1987).
19. Tietz NW. Lipase in serum-the elusive enzyme: An overview. *Clin Chem* 39:746-756. (1993).
20. Steinberg WM, Goldstein SS, Davies ND, et al. Diagnostic assays in acute pancreatitis. (Review). *Ann Intern Med* 102:576-580 (1985).
21. Leybold A, Junge W. Importance of colipase for the measurement of serum lipase activity. *Adv clin Enzymol* 4:60-67 (1986).
22. Young DS. Effects of Drugs on Clinical Laboratory Tests. 3rd ed. Washington: AACC Press (1990).
23. Clinical and Laboratory Standards Institute [formerly NCCLS (National Committee for Clinical Laboratory Standards)]. Evaluation of Precision Performance of Quantitative Measurement Methods; Approved Guideline - Second Edition.
24. Wayne, PA: Clinical and Laboratory Standards Institute; 2004. NCCLS Document EP05-A2.

## LIPASE