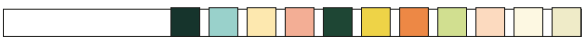
URINE REAGENT STRIPS FOR URINALYSIS

For the semi-quantitative and qualitative detection of Leukocytes, Nitrite, Urobilinogen, Protein, pH, Blood, Specific Gravity, Ketone, Bilirubin, Glucose and Ascorbic Acid in urine

– FOR PROFESSIONAL USE ONLY –

SUMMARY

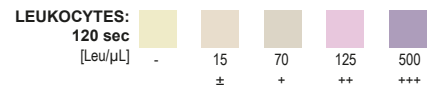
The test is for the qualitative and semi-quantitative detection of one or more of the following analytes in urine: Ascorbic acid, Glucose, Bilirubin, Ketone (Acetoacetic acid), Specific Gravity, Blood, pH, Protein, Urobilinogen, Nitrite and Leukocytes. Refer to kit box label for the specific analyte(s) listed, and compare to the appropriate analyte(s) and color blocks on the color chart for results. The Urinalysis Reagent Strips (Urine) are firm plastic strips onto which several seperate reagent areas are affixed. Urine undergoes many changes during states of disease or body dysfunction before blood composition is altered to a significant extent. Urinalysis is a useful procedure as an indicator of health or disease, and as such, is a part of routine health screening. The Urinalysis Reagent Strips (Urine) can be used in general evaluation of health, and aids in the diagnosis and monitoring of metabolic or systemic diseases that affect kidney function, endocrine disorders and diseases or disorders of the urinary tract.[1,2]



TUP are packed along with a drying agent in a plastic bottle with twist-off cap. Each strip is stable and ready to use opon removal from the bottle. The entire reagent strip is disposable. Results are obtained by direct comparison of the test strip with the color chart, printed on the vial label. No calculation or laboratory instrument are required. **The below color blocks are for information only and do not necessarily match perfectly. Refer to color chart on vial for a perfect match.**

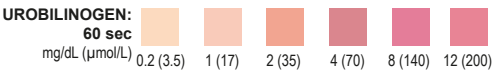
TEST PRINCIPLE

Leukoytes: This test reveals the presence of granulocyte esterases. The esterases cleave a derivatized pyrazole amino acid ester to liberate derivatized hydroxy pyrazole. This pyrazole then reacts with a diazonium salt to produce a beige-pink to purple color. Normal urine specimens generally yield negative results. Trace results may be of questionable clinical significane. When trace results occur, it is recommended to retest using a fresh specimen from the same patient. Repeated trace and positive results are of clinical significance.

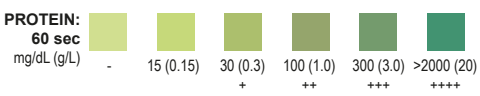


Nitrite: This test depends upon the conversion of nitrate to nitrite by the action of Gram negative bacteria in the urine. In an acidic medium, nitrite in the urine reacts with p-arsanilic acid to from a diazonium compound. The diazonium compound in turn couples with 1 N-(1-naphthyl)-ethylenediamine to produce a pink color. Nitrite is not detectable in normal urine.[9] The nitrite area will be positive in some cases of infection, depending on how long the urine specimens were retained in the bladder prior to collection. Retrieval of positive cases with the nitrite test ranges from as low as 40% in cases where little bladder incubation occurred, to as high as approximately 80% in cases where bladder incubation took place for at least 4 hours.

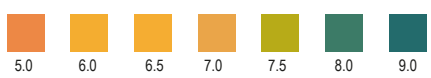
Urobilinogen: This test is based on a modified *Ehrlich reaction* between p-diethylaminobenzaldehyde and urobilinogen in strongly acidic medium to produce a pink color. Urobilinogen is one of the major compounds produced in heme synthesis and is a normal substance in urine. The expected range for normal urine with this test is 0.2-1.0 mg/dL (3.5-17 µmol/L).[8] A result of 2.0 mg/dL (35 µmol/L) may be of clinical significance, and the patient specimen should be further evaluated.



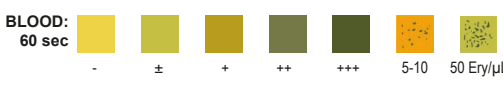
Protein: This reaction is based on the phenomenon known as the "protein error" of pH indicators where an indicator that is highly buffered will change color in the presence of proteins (anions) as the indicator releases hydrogen ions to the protein. At a constant pH, the development of any green color is due to the presence of protein. Colors range from yellow to yellow-green for negative results and green to green-blue for positive results. 1-14 mg/dL of protein may be excreted by a normal kidney.[9] A color matching any block greater than trace indicates significant proteinuria. Clinical judgment is required to evaluate the significance of trace results.



pH: This test is based on a double indicator system which gives a broad range of colors covering the entire urinary pH range. Colors range from orange to yellow and green to blue. The expected range for normal urine specimens from newborns is pH 5-7.[9] The expected range for other normal urine specimens is pH 4.5-8, with an average result of pH 6.[9]

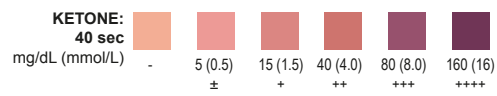


Blood: This test is based on the peroxidase-like activity of hemoglobin which catalyzes the reaction of diisopropylbenzene dihydroperoxide and 3,3',5,5'-tetramethylbenzidine. The resulting color ranges from orange to green to dark blue. Any green spots or green color development on the reagent area within 60 seconds is significant and the urine specimen should be examined further. Blood is often, but not invariably, found in the urine of menstruating females. The significance of a trace reading varies among patients and clinical judgment is required in these specimens.

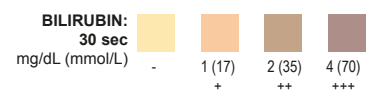


Specific Gravity: This test is based on the apparent pKa change of certain pretreated polyelectrolytes in relation to ionic cencentration. In the presence of an indicator, colors range from deep blue-green in urine of low ionic concentration to green and yellow-green in urine of increasing ionic concentration. Randomly collected urine may vary in specific gravity from 1.003-1.035.[8] Twenty-four hour urine from healthy adults with normal diets and fluid intake will have a specific gravity of 1.016-1.022.[8] In cases of severe renal damage, the specific gravity is fixed at 1.010, the value of the glomerular filtrate.

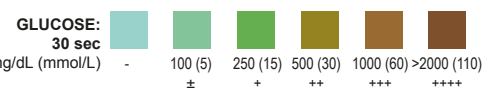
Ketone: This test is based on ketones reacting with nitroprusside and acetoacetic acid to produce a color change ranging from light pink for negative results to a darker pink or purple color for positive results. Ketones are normally not present in urine. Detectable ketone levels may occur in urine during physiological stress conditions such as fasting, pregnancy and frequent strenuous exercise.[4-6] In starvation diets, or in other abnormal carbohydrate metabolism situations, ketones appear in the urine in excessively high concentration before serum ketones are elevated.[7]



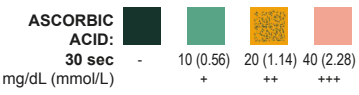
Bilirubin: This test based on azo-coupling reaction of bilirubin with diazotized dichloroaniline in a strongly acidic medium. Varying bilirubin levels will produce a pinkish-tan color proportional to its concentration in urine. In normal urine, no bilirubin is detectable by even the most sensitive methods. Even trace amounts of bilirubin require further investigation. Atypical results (colors different from the negative or positive color blocks shown on the color chart) may indicate that bilirubin-dervied bile pigments are present in the urine specimen, and are possibly masking the bilirubin reaction.



Glucose: This test is based on the enzymatic reaction that occurs between glucose oxidase, peroxidase and chromogen. Glucose is first oxidized to produce gluconic acid and hydrogen peroxide in the presence of glucose oxidase. The hydrogen peroxide reacts with potassium iodide chromogen in the presence of peroxidase. The extent to which the chromogen is oxidized determines the color which is produced, ranging from green to brown. Glucose should not be detected in normal urine. Small amounts of glucose may be excreted by the kidney.[3] Glucose concentrations as low as 100 mg/dL may be considered abnormal if results are consistent.



Ascorbic Acid: This test involves decolorization of *Tillmann reagent.* The presence of ascorbic acid causes the color of the test field to change from blue-green to orange. Patients with adequate diet may excrete 2-10 mg/dL daily. After ingesting large amounts of ascorbic acid, levels can be around 200 mg/dL.



REAGENTS AND PERFORMANCE CHARACTERISTIC

Based on the dry weight at the time of impregnation, the concentrations given may vary within manufacturing tolerances. The following list below indicates performance characteristics for each parameter.

LEUKOCYTES: derivatized pyrrole amino acid ester; diazonium salt; buffer; non-reactive ingredients. Detects leukocytes as low as 9-15 white blood cells Leu/µL in clinical urine.

NITRITE: p-arsanilic acid; N-(1-naphtyl) ethylenediamine; non-reactive ingredients. Detects sodium nitrite as low as 0.05-0.1 mg/dL in urine with a low specific gravity and less than 30 mg/dL ascorbic acid.

UROBILINOGEN: p-diethylaminobenzaldehyde; buffer and non-reactive ingredients. Detects urobilinogen as low as 0.2-1.0 mg/dL (3.5-17 µmol/L).

PROTEIN: tetrabromophenol blue; buffer and non-reactive ingredients. Detects albumin as low as 7.5-15 mg/dL (0.075-0.15 g/L).

pH: methyl red sodium salt; bromthymol blue: non-reactive ingredients. Permits the quantitative differentation of pH values within the range of 5-9.

BLOOD: 3,3',5,5'-tetramethylbenzidine (TMB); diispopropylbenzene dihydroperoxide; buffer and non-reactive ingredients. Detects free hemoglobin as low as 0.018-0.060 mg/dL or 5-10 Ery/µL in urine specimens with ascorbic acid content of < 50 mg/dL.

SPECIFIC GRAVITY: bromthymol blue indicator; buffer and non-reactive ingredients; poly (methyl vinyl ether/maleic anhydride); sodium hydroxide. Determines urine specific gravity between 1.000 and 1.030. Results correlate with values obtained by refractive index method within ±0.005.

KETONE: sodium nitroprusside; buffer. Detects acetoacetic acid as low as 2.5-5 mg/dL (0.25-0.5 mmol/L).

BILIRUBIN: 2,4-dichloraniline diazonium salt; buffer and non-reactive ingredients. Detects bilirubin as low as 0.4-1.0 mg/dL (6.8-17 µmol/L).

GLUCOSE: glucose oxidase; peroxidase; potassium iodide; buffer, non-reactive ingredients. Detects glucose as low as 50-100 mg/dL (2.5-5 mmol/L).

ASCORBIC ACID: 2,6-dichlorophenolindophenol; buffer and non-reactive ingredients. Detects ascorbic acid as low as 5-10 mg/dL (0.28-0.56 mmol/L).

The performance characteristics of the Urinalysis Reagent Strips (Urine) have been determined in both laboratory and clinical tests. Parameters of importance to the user are sensitivity, specificity, accuracy an precision. Generally, this test has been developed to be specific for the parameters to be measured with the exceptions of the interferences listed. Please refer to the Limitations section in this package insert.

Interpretation of visiual results is dependent on several factors; the variability of color perception, the presence or absence of inhibitory factors, and the lighting conditions when the strip is read. Each color block on the chart corresponds to a range of analyte concentrations.

PRECAUTIONS

- For in vitro diagnostic use only. Do not use after the expiration date.
- The strip should remain in the closed canister or the sealed pouch until use.
- Do not touch the reagent areas of the strip.
- Discard any discolored strips that may have deteriorated.
- All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent.
- The used strip should be discarded according to local regulations after testing.

STORAGE AND STABILITY

Store as packaged in the closed canister or the sealed pouch either at room temperature or refrigrated (2-30°C). Keep out of direct sunlight. The strip is stable through the expiration date printed on the canister label or the sealed pouch. Do not remove the desicant. Remove only enough strips for immediate use. Replace cap immediately and tightly. DO NOT FREEZE. Do not use beyond the expiration date.

Note: Once the canister has been opened, the remaining strips are stable for up to 3 months. Strips packaged in the sealed pouch should be used immediately after opening. Stability may be reduced in high humidity conditions.

SPECIMEN COLLECTION AND PREPARATION

A urine specimen must be collected in a clean and dry container and tested as soon as possible. Do not centrifuge. The use of urine preservatives is not recommended. If testing cannot be done within an hour after voiding, refrigrate the specimen immediately and let it return to room temperature before testing. Prolonged storage of unpreserved urine at room temperature may result in microbial proliferation with resultant changes in pH. A shift to alkaline pH may cause false positive results with the protein test area. Urine containing glucose may decrease in pH as organisms metabolize the glucose.

Contamination of the urine specimen with skin cleansers containing chlorhexidine may affect protein (and to a lesser extent, specific gravity and bilirubin) test results.

MATERIALS PROVIDED

- Strips
- Color chart on label
- Package insert

MATERIALS REQUIRED BUT NOT PROVIDED

- Specimen collection container
- Timer

DIRECTION FOR USE

Allow the strip, urine specimen, and/or controls to reach room temperature (15-30°C) prior to testing.

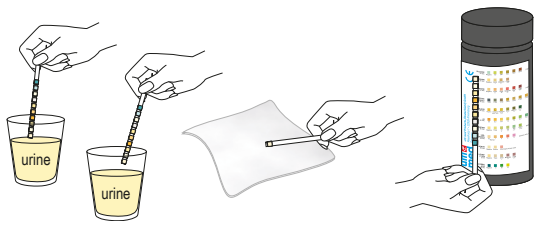
Remove the strip from the closed container or the sealed pouch and use it as soon as possible. Immediately close the canister tightly after removing the required number of strip(s). Completely immerse the reagent areas of the strip in fresh, well-mixed urine and immediately remove the strip to avoid dissolving the reagents. See illustration 1 below.

While removing the strip from the urine, run the edge of the strip against the rim of the urine container to remove excess urine. Hold the strip in a horizontal position and bring the edge of the strip into contact with an absorbent material (e.g. a paper towel) to avoid mixing chemicals from adjacent reagent areas and/or soiling hands with the urine. See illustration 2 below.

Compare the reagent areas to the corresponding color blocks on the color chart at the specified times. Hold the strip close to the color blocks and match carefully. See illustration 3.

Note: Results may be read up to 2 minutes after the specified times. All reagent areas except Leucocytes may be read between 1-2 minutes for screening positive urine from negative urine. Changes in color after 2 minutes are of no diagnostic value.

TUP URINALYSIS



1 2 3

INTERPRETATION OF RESULTS

Results are obtained by direct comparison of the color blocks printed on the color chart. The color blocks represent nominal values; actual values will vary close to the nominal values. In the event of unexpected or questionable results, the following steps are recommended; confirm that the strips have been tested within the expiration date printed on the canister label or the sealed pouch, compare results with known positive and negative controls and repeat the test using a new strip. If the problem persits, discontinue using the strip immediately and contact your local distributor.

QUALITY CONTROL

During quality control, the procedures are performed exactly in compliance with the mentioned details in “Specimen Collection and Preparation”, “Direction for Use” as well as in the “Interpretation of Results” section. For best results, performance of reagent strips should be confirmed by testing known positive and negative specimens/controls whenever a new test is performed or whenever a new canister or a sealed pouch from a new lot is first opened. Each laboratory should establish its own goals for adequate standards of performance and should question handling and testing procedures if these standards are not met.

LIMITATIONS

The Urinalysis Reagent Strips (Urine) may be affected by substances that cause abnormal urine color such as drugs containing azo dyes (e.g. Pyridium®, Azo Gantrisin®, Azo Gantanol®), nitrofurantoin (Microdantin®, Furadantin®), and riboflavin.[8] The color development on the test pad may be masked or a color reaction may be produced that could be interpreted as false results.

Leukocytes: The result should be read between 60-120 seconds to allow for complete color development. The intensity of the color that develops is proportional to the number of leukocytes present in the urine specimen. High specific gravity or elevated glucose concentrations (≥ 2000 mg/dL) may cause test results to be artificially low. The presence of cephalexin, cephalothin, or high concentrations of oxalic acid may also cause test results to be artificially low. Tetracycline may cause decreased reactivity, and high levels of the drug may cause a false negative reaction. High urinary protein may diminish the intensity of the reaction color. This test will not react with erythrocytes or bacteria common in urine.[8]

Nitrite: The test is specific for nitrite and will not react with any other substance normally excreted in urine. Any degree of uniform pink to red color should be interpreted as a positive result, suggesting the presence of nitrite. Color intensity is not proportional to the number of bacteria present in the urine specimen. Pink spots or pink edges should not be interpreted as a positive result. Comparing the reacted reagent area on a white background may aid in the detection of low nitrite levels, which might otherwise be missed. Ascorbic acid above 30 mg/dL may cause false negatives in urine containing less than 0.05 mg/dL nitrite ions. The sensitivity of this test is reduced for urine specimens with highly buffered alkaline urine or with high specific gravity. A negative result does not at any time preclude the possibility of bacteruria. Negative results may occur in urinary tract infections from organisms that do not contain reductase to convert nitrate to nitrite; when urine has been retained in the bladder for a sufficient length of time (at least 4 hours) for reduction of nitrate to nitrite to occur; when receiving antibiotic therapy or when dietary nitrate is absent.

Urobilinogen: All results lower than 1 mg/dL urobilinogen should be interpreted as normal. A negative result does not at any time preclude the absence of urobilinogen. The reagent area may react with interfering substances known to react with *Ehrlich reagent*, such as p-aminosalicylic acid and sulfonamides.[9] False negative results may be obtained if formalin is present. The test cannot be used to detect porphobilinogen.

Protein: Any green color indicates the presence of protein in the urine. This test is highly sensitive for albumin, and less sensitive to hemoglobin, globulin and mucoprotein.[8] A negative result does not rule out the presence of these other proteins. False positive results may be obtained with highly buffered or alkaline urine. Contamination of urine specimens with quaternary ammonium compounds or skin cleansers containing chlorhexidine may produce false positive results. The urine specimens with high specific gravity may give false negative results.

pH: If the procedure is not followed and excess urine remains on the strip, a phenomenon known as “runover” may occur, in which the acid buffer from the protein reagent will run onto the pH area, causing the pH result to appear artificially low. pH readings are not affected by variations in urinary buffer concentration.

Blood: A uniform blue color indicates the presence of myoglobin, hemoglobin or hemolyzed erythrocytes.[8] Scattered or compacted blue spots indicate intact erythrocytes. To enhance accuracy, seperate color scales are provided for hemoglobin and for erythrocytes. Positive results with this test are often seen with urine from menstruating females. It has been reported that urine of high pH reduces sensitivity, while moderate to high concentration of ascorbic acid may inhibit color formation. Microbial peroxidase, associated with urinary tract infection, may cause a false positive reaction. The test is slightly more sensitive to free hemoglobin and myoglobin than to intact erythrocytes.

Specific Gravity: Ketoacidosis or protein higher more than 300 mg/dL may cause elevated results. Results are not affected by non-ionic urine components such as glucose. If the urine has a pH of 7 or greater, add 0.005 to the specific gravity reading indicated on the color chart.

Ketone: The test does not react with acetone or -hydroxybutrate.[8] Urine specimens of high pigment, and other substances containing sulfhydryl groups occasionally give reactions up to and including trace (±).[9]

Bilirubin: Bilirubin is absent in normal urine, so any positive result, including a trace positive, indicates an underlying pathological condition and requires further investigation. Reactions may occur with urine containing large doses of chlorpromazine or rifampen that might be mistakes for positive bilirubin.[9] The presence of bilirubin-derived bile pigments may mask the bilirubin reaction. This phenomenon is characterized by color development on the test patch that does not correlate with the colors on the color chart. Large concentrations of ascorbic acid may decrease sensitivity.

Glucose: The reagent area does not react with lactose, galactose, fructose or other metabolic substances, nor with reducing metabolites of drugs (e.g. salicylates and nalidixic acid). Sensitivity may be decreased in specimens with high specific gravity (>1.025) and with ascorbic acid concentrations of ≥ 25 mg/dL. High ketone levels ≥ 100 mg/dL may cause false negative results for specimens containing a small amount of glucose (50-100 mg/dL).

Ascorbic acid: No interference is known.

EXPECTED VALUES

Leukocytes: Normal urine specimens generally yield negative results with this test. A trace result may be of questionable clinical significance and it is recommended that the test be repeated using a fresh sample from the same patient. Repeated trace and positive results are of clinical significance.

Nitrite: Normally no detectable amount of nitrite is present in urine.[9] The nitrite area will be positive in a proportion of cases of significant infection, depending on how long the urine specimens were retained in the bladder prior to collection. Retrieval of positive cases with the nitrite test range from as low as 40%, in instances where little bladder incubation occurred, to as high as 80% in instances where a minimum of 4 hours incubation occurred.

Urobilinogen: In a healthy population, the normal urine urobilinogen range obtained with this test is 0.2-1.0 mg/dL. A result of 2.0 mg/dL may be of clinical significance and the same patient sample should be evaluated further.

Protein: In 24 hour urine, 1-14 mg/dL of protein may be excreted by the normal kidney.[9] A color matching any color block greater than trace indicates significant proteinuria. For urine with high specific gravity, the test area may most closely match the trace color block even though only normal concentrations of protein are present. Clinical judgment is needed to evaluate the significance of trace results.

pH: newborn: 5-7 thereafter: 4.5-8 average: 6.3

Blood: Any green spots or green color developing on the reagent area within 60 seconds is significant and the urine should be examined further. Blood is frequently, but not invariably found in the urine of menstruating females.

Specific Gravity: Random urine may vary in specific gravity from 1.003-1.035. Twenty-four hour urine from normal adults with normal diets and normal fluid intake will have a specific gravity of 1.016-1.022. In severe renal damages the specific gravity is fixed at 1.010, the value of the glomerular filitrate.

Ketone: Normally, no ketones are present in urine. Detectable levels of ketone may occur in urine during physiological stress conditions such as fasting, pregnancy, and frequent strenuous exercise.[4-6] In starvation diets, or in other abnormal carbohydrate metabolism situation, ketones appear in the urine in excessively large amounts before serum ketones are elevated.[7]

Bilirubin: Normally, no bilirubin is detectable in urine by even the most sensitive method. Even trace amounts of bilirubin are sufficiently abnormal to require further investigation. Atypical colors (colors produced which are different than the negative or positive color blocks shown on the color chart) may indicate that bilirubin derived bile pigments are present in the urine sample and are possibly masking the bilirubin reaction.

Glucose: Small amounts of glucose are normally excreted by the kidney.[3] Concentrations as little as 0.1 g/dL glucose, read either at 10 or 30 seconds, may be significantly abnormal if found consistently. At 10 seconds, results should interpreted qualitatively, for semiquantitative results, read at 30 seconds only.

Ascorbic Acid: The daily urinary output of ascorbic acid varies with the intake; it approximately half of the intake. The average urinary output ranges from 20-30 mg/day. If detect ascorbic acid in urine, stop taking ascorbic acid for 24 hours and retest.

FALSE NEGATIVE AND WEAK REACTION OF GLUCOSE, BLOOD AND BILIRUBIN MAY BE OBSERVED IF:

Glucose: more than 50 mg/dL ascorbic acid in the sample.
Bilirubin: more than 50 mg/dL ascorbic acid in the sample.
Blood: more than 10 mg/dL ascorbic acid in the sample.

BIBLIOGRAPHY

1. Free AH, Free HM. Urinalysis, Critical Discipline of Clinical Science. CRC Crit. Rev. Clin. Lab. Sci. 3(4): 481-531, 1972.
2. Yoder J, Adams EC, Free, AH. Simultaneous Screening for Urinary Occult Blood, Protein, Glucose, and pH. Amer. J. Med Tech. 31:285, 1965.
3. Scherstén B, Fritz H. Subnormal Levels of Glucose in Urine. JAMA 201:129-132, 1967.
4. McGarry JD, Lilly. Lecture, 1978: New Perspectives in the Regulation of Ketogenesis. Diabetes 28: 517-523 May, 1978.
5. Williamson DH. Physiological Ketoses, or Why Ketone Bodies? Postgrad. Med. J. (June Suppl.): 372-375, 1971.
6. Paterson P, et al. Maternal and Fetal Ketone Concentrations in Plasma and Urine. Lancet: 862-865; April 22, 1967.
7. Fraser J, et al. Studies with a Simplified Nitroprusside Test for Ketone Bodies in Urine, Serum, Plasma and Milk. Clin. Chem. Acta II: 372-378, 1965.
8. Henry JB, et al. Clinical Diagnosis and Management by Laboratory Methods, 20th Ed. Philadelphia. Saunders.371-372, 375, 379, 382, 385, 2001.
9. Tietz NW. Clinical Guide to Laboratory Tests. W.B. Saunders Company. 1976.
10. Burtis CA, Ashwood ER. Tietz Textbook of Clinical Chemistry 2nd Ed. 2205, 1994.

	Manufacturer		Contents sufficient for <n> tests
IVD	For in vitro diagnostic use only	LOT	Lot. no.
	For single use only		Expiration date
	Read instructions for use		Store at
	Keep away from direct sunlight	REF	Ordering number
	Keep dry		

Reproductions may vary from original! This operating manual conforms to the latest technology/revision. Subject to change without prior notice!

ulti med Products (Deutschland) GmbH
Reeshoop 1 • 22926 Ahrensburg • Germany

Tel: +49 +4102 - 80090
Fax: +49 +4102 - 50082
e-mail: info@ultimed.org
www.ultimed.org

Rev. G-AC/2017-09