

PACKAGING

Ref.: 101-0159	Cont.: 20 x 2.5 mL
Ref.: 101-0208	Cont.: 10 x 10 mL
Ref.: 101-0452	Cont.: 20 x 10 mL
Ref.: 101-0209	Cont.: 4 x 50 mL

Store at 2 - 8°C.

CLINICAL SIGNIFICANCE

Creatine kinase is a cellular enzyme with wide tissue distribution in the body. Its physiological role is associated with adenosine triphosphate (ATP) generation for contractile or transport systems. Elevated CK values are observed in diseases of skeletal muscle and after myocardial infarction^{1,5,6}.

Clinical diagnosis should not be made on a single test result; it should integrate clinical and other laboratory data.

PRINCIPLE OF THE METHOD

Creatine kinase (CK) catalyses the reversible transfer of a phosphate group from phosphocreatine to ADP. This reaction is coupled to those catalysed by hexokinase (HK) and glucose-6-phosphate dehydrogenase (G6P-DH):

Phosphocreatine + ADP \longrightarrow Creatine + ATP

ATP + Glucose \longrightarrow ADP + Glucose-6-phosphate

 $G6P + NADP^+ \xrightarrow{G6P-DH} 6-Phosphogluconate + NADPH + H^+$

The rate of NADPH formation, measured photometrically, is proportional to the catalytic concentration of CK present in the sample^{1.2}.

REAGENTS

	Imidazol pH 7.0	100 mmol/L
R 1	Glucose	20 mmol/L
Buffer	Magnesium acetate	10 mmol/L
	EDTA	2 mmol/L
	ADP	2 mmol/L
	AMP	5 mmol/L
	di-Adenosine-5- pentaphosphate	10 mmol/L
		2 mmol/L
R 2	NADP ⁺	2500 U/L
Substrate	Hexoquinase (HK)	1500 U/L
	Glucose-6-phosphate dehydrogenase	20 mmol/L
	(G6P-DH)	30 mmol/L
	N-acetyl cysteine	
	Creatine phosphate	

Optional (not included in the kit)

CK-NAC / CK-MB CONTROL			
Level 1	Ref.: 101-0697	1 x 2 mL	Lyophilized human control serum
Level 2	Ref.: 101-0762	4 x 5 mL	Lyophilized human control serum

PREPARATION

Working reagent (WR):

101-0159 & 101-0452: Dissolve 1 tablet of R 2 Substrate with one vial of R 1.

101-0208: Dissolve the content R 2 Substrate with 10 mL of R 1. 101-0209: Dissolve the content R 2 Substrate in one vial of R 1.

Cap vial and mix gently to dissolve contents.

Stability: 5 days at 2-8° C or 24 hours at room temperature (15-25°C).

STORAGE AND STABILITY

All the components of the kit are stable until the expiration date on the label when stored tightly closed at 2-8° C, protected from light and contaminations prevented during their use. Do not use the tablets if appears broken.

Do not use reagents over the expiration date.

Signs of reagent deterioration

- Presence of particles and turbidity.

- Blank absorbance (A) at 340 nm \ge 1.60.

ADDITIONAL EQUIPMENT

- Spectrophotometer or colorimeter measuring at 340 nm.
- Thermostatic bath at 25° C, 30° C or 37° C ($\pm 0.1^{\circ}$ C).
- Matched cuvettes 1.0 cm light path.
- General laboratory equipment.

SAMPLES

Serum or plasma¹: Stability 7 days at 2-8°C, protected from light. The creatin kinase activity decreases 10% after 1 day at 2-5°C or after 1 hour at 15-25°C.

PROCEDURE

Notes: CHRONOLAB SYSTEMS has instruction sheets for several automatic analyzers. Instructions for many of them are available on request.

1. Assay conditions:

Wavelength:	 	. 340 nm
Cuvette:	 1 cm li	ght path
Constant temperature	 .25° C / 30°	C / 37° C

- 2. Adjust the instrument to zero with distilled water or air.
- 3. <u>Pipette into a cuvette:</u>

	25 - 30° C	37° C
WR (mL)	1.0	1.0
Sample (µL)	40	20

4. Mix, incubate for 2 minutes.

- 5. Read initial absorbance (A) of the sample, start the stopwatch and read absorbances at 1 minute intervals thereafter for 3 minutes.
- 6. Calculate the difference between absorbances and the average absorbance differences per minute (ΔA /min).

CALCULATIONS

25°- 30° C $\Delta A / \min x \, 4127 = U/L \, CK$

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 37° C $\Delta A / \min x \ 8095 = U/L \ CK$

Units: One international unit (IU) is the amount of enzyme that transforms 1 μ mol of substrate per minute, in standard conditions. The concentration is expressed in units per litre of sample (U/L).

Temperature conversion factors

To correct results to other temperatures multiply by:

Assay	Conversion factor to		
temperature	25° C	30° C	37° C
25° C	1.00	1.56	2.44
30° C	0.64	1.00	1.56
37° C	0.41	0.63	1.00

QUALITY CONTROL

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

If control values are found outside the defined range, check the instrument, reagents and technique for problems.

Each laboratory should establish its own Quality Control scheme and corrective actions if controls do not meet the acceptable tolerances.

REFERENCE VALUES¹

	25°C	30°C	37°C
Men, up to	80 U/L	130 U/L	195 U/L
Women, up to	70 U/L	110 U/L	170 U/L

These values are for orientation purpose; each laboratory should establish its own reference range.

PERFORMANCE CHARACTERISTICS

Measuring range: From detection limit of 1.35 U/L to linearity limit of 1000 U/L.

If the results obtained were greater than linearity limit, dilute the sample 1/10 with NaCl 9 g/L and multiply the result by 10.

Precision:

	Intra-assay (n=20)		Inter-assa	ay (n=20)
Mean (U/L)	166	450	165	446
SD	2.36	3.72	2.26	5.17
CV (%)	1.42	0.82	1.37	1.16

Sensitivity: 1 U/L = $0.0001 \Delta A/min$.

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

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

Interferences

No interferences were observed with bilirubin up to < 20 mg/dL and hemoglobin up to 10 g/L^{1,2}. A list of drugs and other interfering substances with CK determination has been reported by Young et. al^{3,4}.

- 1. Abbot B et al. Creatinine kinase. Kaplan A et al. Clin Chem The C.V. Mosby Co. St Louis. Toronto. Princeton 1984: 1112-116.
- Gerhardt W et al. Creatine kinase B-Subunit activity in serum after immunohinhibition of M-Subunit activity. Clin Chem 1979;(25/7): 1274-1280.
- Young DS. Effects of drugs on Clinical Lab. Tests, 4th ed AACC Press, 1995.
- 4. Young DS. Effects of disease on Clinical Lab. Tests, 4th ed AACC 2001.
- 5. Burtis A et al. Tietz Textbook of Clinical Chemistry, 3rd ed AACC 1999.
- 6. Tietz N W et al. Clinical Guide to Laboratory Tests, 3rd ed AACC 1995.

BIBLIOGRAPHY

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