



Quantitative determination of aspartate aminotransferase GOT (AST)

# PACKAGING

Ref: 101-0325	Cont.: 20 x 2.5 mL
Ref: 101-0256	Cont.: 10 x 10 mL
Ref: 101-0525	Cont.: 4 x 50 mL
Ref: 101-0512	Cont.: 12 x 50 mL
Ref: 101-0227	Cont.: 8 x 100 mL

Store at 2-8° C

# **CLINICAL SIGNIFICANCE**

The AST is a cellular enzyme, is found in highest concentration in heart muscle, the cells of the liver, the cells of the skeletal muscle and in smaller amounts in other weaves. Although an elevated level of AST in the serum is not specific of the hepatic disease, is used mainly to diagnostic and to verify the course of this disease with other enzymes like ALT and ALP. Also it is used to control the patients after myocardial infarction, in skeletal muscle disease and other<sup>1,4,5</sup>.

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

## **PRINCIPLE OF THE METHOD**

Aspartate aminotransferase (AST) formerly called glutamate oxaloacetate (GOT) catalyses the reversible transfer of an amino group from aspartate to a-ketoglutarate forming glutamate and oxalacetate. The oxalacetate produced is reduced to malate by malate dehydrogenase (MDH) and NADH:

Aspartate +  $\alpha$  -Ketoglutarate  $\longrightarrow$  Glutamate + Oxalacetate

 $Oxalacetate + NADH + H^{+} \xrightarrow{MDH} Malate + NAD^{+}$ 

The rate of decrease in concentration of NADH, measured photometrically, is proportional to the catalytic concentration of AST present in the sample<sup>1</sup>.

## REAGENTS

R 1	TRIS pH 7.8	80 mmol/L
Buffer	L-Aspartate	200 mmol/L
	NADH	0.18 mmol/L
R 2	Lactate dehydrogenase (LDH)	800 U/L
Substrate	Malate dehydrogenase (MDH)	600 U/L
	α -Ketoglutarate	12 mmol/L

# **Optional (not included in the kit)**

Contro-N	Ref.: 101-0252	4 x 5 mL	Lyophilized human	
Conno-IN	Ref.: 101-0083 20 x 5 ml		control serum	
Contro-P	Ref.: 101-0253	4 x 5 mL	Lyophilized human	
	Ref.: 101-0084	20 x 5 mL	control serum	

#### PREPARATION

Working reagent (WR):

Ref: 101-0325: Dissolve one tablet of R 2 Substrate with one vial of R1 Buffer

Ref: 101-0256, 101-0525, 101-0512, 101-0227: Dissolve the content of R 2 Substrate in the corresponding volume of R 1.

Cap and mix gently to dissolve contents.

Stability: 21 days at 2-8° C or 72 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 < 1.00.

### ADDITIONAL EQUIPMENT

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

# **SAMPLES**

Serum or plasma<sup>1</sup>: Stability 7 days at 2-8° 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:	
Cuvette:	1 cm light path
Constant temperature	

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

WR (mL)	1.0
Sample (µL)	100

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

# **CALCULATIONS**

 $\Delta A/min \ge 1750 = U/L \text{ of AST}$ 

Units: One international unit (IU) is the amount of enzyme that transforms 1 µmol 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	1.37	2.08	
30° C	0.73	1.00	1.54	
37° C	0.48	0.65	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 VALUES<sup>1</sup>**

	25°	С	30° C		37° C	
Men	up to	19 U/L	26 U/L		38 U/L	
Women	up to	16 U/L	22 U/L		31 U/L	
These values	are for	orientation	purpose;	each	laboratory	should
establish its own reference range.						

# PERFORMANCE CHARACTERISTICS

**Measuring range:** From detection limit of 0.000 U/L to linearity limit of 360 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-assa	ay (n=20)	Inter-ass	ay (n=20)
Mean (U/L)	55.5 165		55.0	162
SD	1.30	3.44	0.92	2.52
CV (%)	2.35	2.07	1.68	1.55

**Sensitivity:** 1 U/L =  $0.00051 \Delta A/min$ .

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

The results obtained using 50 samples were the following:

Correlation coefficient (r): 0.98277.

Regression equation: y=0.9259x - 5.1685.

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

## **INTERFERENCES**

Anticoagulants currently in use like heparin, EDTA, oxalate and fluoride do not affect the results. Haemolysis interferes with the  $assay^1$ 

A list of drugs and other interfering substances with AST determination has been reported<sup>2.3</sup>.

## **BIBLIOGRAPHY**

- 1. Murray R. Aspartate aminotransferase. Kaplan A et al. Clin Chem The C.V. Mosby Co. St Louis. Toronto. Princeton 1984; 1112-116.
- 2. Young DS. Effects of drugs on Clinical Lab. Tests, 4th ed AACC Press, 1995.
- 3. Young DS. Effects of disease on Clinical Lab. Tests, 4th ed AACC 2001.
- 4. Burtis A et al. Tietz Textbook of Clinical Chemistry, 3rd ed AACC 1999.
- 5. Tietz N W et al. Clinical Guide to Laboratory Tests, 3rd ed AACC 1995.