

Magnesium Xylidyl

Xylidyl Blue. Colorimetric

Quantitative determination of magnesium IVD

Store at 2-8°C

PRINCIPLE OF THE METHOD

Magnesium forms a coloured complex when reacts with Magon sulfonate in alkaline solution.

The intensity of the color formed is proportional to the magnesium concentration in the sample¹.

CLINICAL SIGNIFICANCE

Magnesium is the second more abundant intracellular cation of the human body after potassium, being essential in great number of enzymatic and metabolic processes.

Is a cofactor of all the enzymatic reactions that involve the ATP and comprises of the membrane that maintains the electrical excitability of the muscular and nervous cells.

A low magnesium level is found in malabsorption syndrome, diuretic or aminoglycoside therapy; hyperparathyroidism or diabetic acidosis.

Elevated concentration of magnesium is found in uremia, chronic renal failure, glomerulonephritis, Addisons's disease or intensive anti acid therapy^{1,4,5}.

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

REAGENTS

R	Xylidyl Blue	0,1 mmol/L
	Thioglycolic acid	0,7 mmol/L
	DMSO	3000 mmol/L
MAGNESIUM CAL	Magnesium aqueous primary standard 2 mg/dL	

PRECAUTIONS

R: H314-Causes severe skin burns and eye damage.

Follow the precautionary statements given in MSDS and label of the product.

PREPARATION

The reagent and standard are ready to use.

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 reagents over the expiration date.

Signs of reagent deterioration:

- Presence of particles, color change and turbidity.
- Blank absorbance (A) at 546 nm $\geq 1,8$.

ADDITIONAL EQUIPMENT

- Spectrophotometer or colorimeter measuring at 546 nm.
- Matched cuvettes 1,0 cm light path.
- General laboratory equipment ^(Note 2).

SAMPLES

- Serum, heparinised plasma¹:
Free of hemolysis and separated from cells as rapidly as possible.
Do not use oxalates or EDTA as anticoagulant.
Stability: 7 days at 2-8°C.
- Urine¹:
Should be acidified to pH 1 with HCl.
If urine is cloudy; warm the specimen to 60°C for 10 min. to dissolve precipitates.
Dilute the sample 1/10 with distilled water and multiply the result by 10. Stability: 3 days at 2-8°C

PROCEDURE

- Assay conditions:
Wavelength: 546 nm
Cuvette: 1 cm light path
Temperature: 37°C / 15-25°C
- Adjust the instrument to zero with distilled water.
- Pipette into a cuvette ^(Note 4):

	Blank	Standard	Sample
R (mL)	1,0	1,0	1,0
Standard ^(Note 1,3) (μL)	--	10	--
Sample (μL)	--	--	10

- Mix and incubate for 5 min at room temperature or 3 min at 37°C.
- Read the absorbance (A) of the samples and calibrator, against the Blank. The colour is stable for at least 30 minutes.

CALCULATIONS

$$\frac{(A) \text{ Sample} - (A) \text{ Blank}}{(A) \text{ Standard} - (A) \text{ Blank}} \times 2 (\text{Standard conc.}) = \text{mg/dL magnesium de in the sample}$$

Conversion factors:

$$\text{mg/dL} \times 0,412 = \text{mmol/L}$$

$$0,5 \text{ mmol/L} = 1,0 \text{ mEq/L} = 1,22 \text{ mg/dL} = 12,2 \text{ mg/L}^1$$

QUALITY CONTROL

Control sera are recommended to monitor the performance of assay procedures: SPINTRAL H Normal and Pathologic (Ref. 1002120 and 1002210).

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

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

REFERENCE VALUES¹

Serum or plasma:

$$1,6 - 2,5 \text{ mg/dL} \cong 0,66 - 1,03 \text{ mmol/L}$$

Urine:

$$24 - 244 \text{ mg/24 h} \cong 2 - 21 \text{ mEq/L/24 h}$$

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

PERFORMANCE CHARACTERISTICS

Measuring range: From detection limit of 0,0052 mg/dL to linearity limit of 6 mg/dL.

If the results obtained were greater than linearity limit, dilute the sample 1/2 with NaCl 9 g/L and multiply the result by 2.

Precision:

	Intra-assay (n= 20)		Inter-assay (n= 20)	
Mean (mg/dL)	1,99	3,55	1,98	3,41
SD	0,03	0,04	0,09	0,15
CV (%)	1,68	1,14	4,55	4,42

Sensitivity: 1 mg/dL = 0,5536 (A).

Accuracy: Results obtained using SPINREACT reagents (y) did not show systematic differences when compared with other commercial reagents (x). The results obtained were the following:

Correlation coefficient (r)²: 0,92276

Regression equation: y=1,027x + 0,102

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

INTERFERENCES

Hemolysis and anticoagulants other than heparin¹.

A list of drugs and other interfering substances with magnesium determination has been reported^{2,3}.

NOTES

- MAGNESIUM CAL: Proceed carefully with this product because due its nature it can get contaminated easily.
- It is recommended use disposable material to avoid magnesium contamination. If glassware is used the material should be scrupulously clean with H₂SO₄ - K₂Cr₂O₇ and then thoroughly rinsed with distilled water and dried before use.
- Calibration with the aqueous standard may cause a systematic error in automatic procedures. It is recommended to use a serum Calibrator.
- Use clean disposable pipette tips for its dispensation.
- SPINREACT has instruction sheets for several automatic analyzers.

BIBLIOGRAPHY

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- Young DS. Effects of drugs on Clinical Lab. Tests, 4th ed AACC Press, 1995.
- 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.
- Tietz NW et al. Clinical Guide to Laboratory Tests, 3rd ed AACC 1995.

PACKAGING

Ref: 1001285 R: 2 x 150 mL, CAL: 1 x 5 mL

Ref: 1001286 R: 2 x 50 mL, CAL: 1 x 2 mL

