

INTENDED USE:

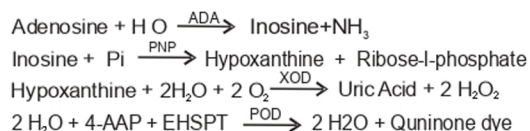
This reagent kit is intended for *"in vitro"* quantitative determination of Adenosine Deaminase (ADA) activity in serum and plasma samples and other body fluids.

CLINICAL SIGNIFICANCE:

Tuberculosis occurs worldwide. The most specific test is the positive bacterial culture of a patient's sample. This is cumbersome and time consuming. X-rays, smears for AFB and Tuberculin tests though comparatively rapid are not conclusive. Adenosine Deaminase (ADA) is an enzyme widely distributed in mammalian tissues, particularly in T Lymphocytes. Increased levels of ADA are found in various forms of tuberculosis making it a marker for the same. Though ADA is also increased in various infectious diseases like Infectious Mononucleosis, Typhoid, Viral Hepatitis, initial stages of HIV, and in case of malignant tumors, the same can be ruled out clinically.

PRINCIPAL:

The ADA assay is based on the enzymatic deamination of adenosine to inosine which is converted to hypoxanthine by purine nucleoside phosphorylase (PNP). Hypoxanthine is then converted to uric acid and hydrogen peroxide (H₂O₂) by xanthine oxidase (XOD). H₂O₂ is further reacted with N-Ethyl-N-(2-hydroxy-3-sulfo-propyl)-3-methylaniline (EHSPT) and 4-aminoantipyrine (4-AAP) in the presence of peroxidase (POD) to generate quinone dye which is monitored in a kinetic manner.



REAGENT COMPOSITIONS:

Reagent 1: Enzyme Reagent
Reagent 2: Substrate Reagent

MATERIALS REQUIRED BUT NOT PROVIDED: -

- Clean & Dry Glassware.
- Micropipettes & Tips.
- Colorimeter or Bio-Chemistry Analyser.

SAMPLES:

Serum or heparinised plasma may be assayed. Venous blood should be collected and handled anaerobically. Do not use citrate or oxalate as anticoagulant.

WORKING REAGENT PREPARATION & STABILITY:

Reagents are stable until their expiration date when stored at 2-8°C

GENERAL SYSTEM PARAMETERS

Reaction type	Kinetic Reaction (increasing)
Wave length	546 nm
Light Path	1 Cm
Reaction Temperature	37°C
Blank / Zero Setting	With Distilled Water
Reagent volume	R1 - 360µl R2 - 180µl
Sample Volume	10 µl
Lag / Delay Time	300 Sec.
Read Time	180 Sec.
Interval Time	60 Sec.
Factor	1743
Linearity	200 U/l

Assay Procedure:

For Serum/plasma/pleural / CSF / pericardial or, ascitic fluids

Reagent R1	360 µl
Serum/plasma/pleural/ CSF, pericardial or ascitic fluid	10 µl

Mix and incubate for 5 min at 37°C.

Reagent R2	180 µl
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Mix and after 300 second incubation, measure the increase in absorbance every minute during 3 minutes at 37°C.

Determine the ΔA/min.

CALCUTION:

At 546 nm with 1cm Light path

ADA Activity in Serum/plasma/pleural/pericardial/CSF or ascitic fluid (U/l) = ΔA/min. x 1743

LINEARITY:

Reagent is Linear up to 200 U/l.

Dilute the sample appropriately and re-assay if ADA Activity exceeds 200 U/l. Multiply result with dilution factor.

REFERENCE NORMAL VALUE:

For Serum, plasma, pleural, pericardial & ascitic fluids

Normal	up to 43 U/l
Suspect for TBM	43 U/l to 62 U/l
Strong Suspect for TBM	Greater than 62 U/l

For CSF

Normal	Less than 11 U/l
Suspect for TBM	11 U/l to 12.53 U/l
Strong Suspect for TBM (Tuberculous Meningitis)	Greater than 12.53 U/l

The reference values are only indicative in nature. Every laboratory should establish its own normal ranges.

QUALITY CONTROL:

For accuracy it is necessary to run known controls with every assay.

BIBLIOGRAPHY:

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3. Burgess L.J., Matitz F.J., Le Roux I., et al. Use of adenosine deaminase as a diagnostic tool for tuberculosis pleurisy. Thorax 50: 672-674 (1995)
4. Lakkana B., Sasisopin K: Use of adenosine deaminase for the diagnosis of tuberculosis: Ar 1. Infect. Dis Antimicrob Agents 2010, 27: 111-8
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PACK SIZE:

HAD015 1x15ml (R1-10ml, R2-5ml)



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