

[Product Name]

Comprehensive Diagnostic Profile (23+7)

Packing Specification

Type B: 1 Test / Disc, 10 Discs / Box.

Type B with diluent container.

Testing Instrument

Celercare V or Pointcare V chemistry analyzer

Intended Use

The Comprehensive Diagnostic Profile (23+7) used with the Celercare V or the Pointcare V chemistry analyzer, is intended to be used for the in vitro quantitative determination of total Protein (TP), albumin (ALB), total bilirubin (TBIL), alanine aminotransferase (ALT), creatine kinase (CK), creatinine (CRE), amylase (AMY), glucose (GLU), total cholesterol (CHOL), potassium (K+),sodium (Na+),chloride (Cl-), magnesium (Mg), calcium (Ca), phosphorus (P), aspartate aminotransferase (AST), total bile acid(TBA), gamma glutamyltransferase (GGT), total carbon dioxide (tCO₂),urea nitrogen(BUN), alkaline phosphatase (ALP), lactate (LAC) and lipase (LPS) in heparinized plasma, or serum in a clinical laboratory setting or point-of-care location.

The Comprehensive Diagnostic Profile (23+7) measurements are used in the diagnosis of liver and gallbladder diseases, glucose metabolism and lipid metabolism disorders, water and salt metabolism disorder, pancreatic diseases, cardiovascular diseases, urinary system diseases.

[Principles of Testing]

The Comprehensive Diagnostic Profile (23+7) is used to quantitatively test the concentration of the 20 biochemical indicators in the sample, which is based on the spectrophotometry. The principles are as follows:

1. Total Protein (TP)

The total protein method is a Biuret reaction, the protein solution is treated with cupric [Cu(II)] ions in a strong alkaline medium. The Cu(II) ions react with peptide bonds between the carbonyl oxygen and amide nitrogen atoms to form a colored Cu-protein complex.

The amount of total protein present in the sample is directly proportional to the absorbance of the Cuprotein complex. The total protein test is an endpoint reaction and the absorbance is measured as the difference in absorbance between 546 nm and 800 nm.

Total Protein +
$$Cu(II) \xrightarrow{OH^-}$$
 Cu-Protein Complex

2. Albumin (ALB)

Bromcresol green (BCG), when bound with albumin, changes color from a yellow to green color. The absorbance maximum changes with the color shift.

Bound albumin is proportional to the concentration of albumin in the sample. This is an endpoint reaction that is measured as the difference in absorbance between 600 nm and 700 nm.



3. Total Bilirubin (TBIL)

In the enzyme procedure, bilirubin is oxidized by bilirubin oxidase (BOD) into biliverdin. Bilirubin is quantitated as the difference in absorbance between 450nm and 546 nm. The initial absorbance of this endpoint reaction is determined from the bilirubin blank cuvette and the final absorbance is obtained from the bilirubin test cuvette. The amount of bilirubin in the sample is proportional to the difference between the initial and final absorbance measurements.

Bilirubin +
$$O_2 \xrightarrow{BOD}$$
 Biliverdin + H_2O

4. Alanine Aminotransferase (ALT)

ALT catalyzes the transfer of an amino group from L-alanine to α-ketoglutarate to form L-glutamate and pyruvate. Lactate dehydrogenase catalyzes the conversion of pyruvate to lactate. Concomitantly, NADH is oxidized to NAD+, as illustrated in the following reaction scheme.

$$L\text{-Alanine} + \alpha\text{-Ketoglutarate} \longrightarrow L\text{-Glutamate} + Pyruvate$$

$$Pyruvate + NADH + H^{+} \longrightarrow Lactate + NAD^{+}$$

The rate of change of the absorbance difference between 340 nm and 405 nm is due to the conversion of NADH to NAD+ and is directly proportional to the amount of ALT present in the sample.

5. Urea Nitrogen (BUN)

In the coupled-enzyme reaction, urease hydrolyzes urea into ammonia and carbon dioxide. Upon combining ammonia withα-oxoglutarate and reduced nicotinamide adenine dinucleotide (NADH), the enzyme glutamate dehydrogenase (GLDH) oxidizes NADH to NAD⁺.

$$Urea + 2H_2O \xrightarrow{\qquad Urease \qquad} 2NH_4{}^+ + CO_3{}^{2-}$$

$$NH_4{}^+ + \alpha - Oxoglutarate + NADH \xrightarrow{\qquad GLDH \qquad} L\text{-}Glutamate + H_2O + NAD{}^+$$

The rate of change of the absorbance difference between 340 nm and 405 nm is caused by the conversion of NADH to NAD+ and is directly proportional to the amount of urea present in the sample.

6. Creatinine (CRE)

In the coupled enzyme reactions, creatinineamidohydrolase (CAH) hydrolyzes creatinine to creatine. A second enzyme, creatineamidinohydrolase (CRH), catalyzes the formation of sarcosine from creatine. Sarcosine oxidase (SAO) causes the oxidation of sarcosine to glycine, formaldehyde and hydrogen peroxide (H₂O₂). In a Trinder finish, peroxidase (POD) catalyzes the reaction among the hydrogen peroxide, 2, 4, 6-tribromo-3-hydroxybenzoic acid (TBHBA) and 4-aminoantipyrine (4-AAP) into a red quinoneimine dye. Potassium ferrocyanide and ascorbate oxidase are added to the reaction mixture to minimize the potential interference of bilirubin and ascorbic acid respectively.

Creatinine +
$$H_2O \xrightarrow{CRH}$$
 Creatine

Creatine + $H_2O \xrightarrow{CRH}$ Sarcosine + Urea

Sarcosine + $H_2O + O_2 \xrightarrow{SAO}$ Glycine + Formaldehyde + H_2O_2
 $H_2O_2 + TBHBA + 4-AAP \xrightarrow{POD}$ Red Quinoneimine Dye + H_2O_2

Two cuvettes are used to determine the concentration of creatinine in the sample. Endogenous creatine is measured in the blank cuvette, which is subtracted from the combined endogenous creatine and the creatine formed from the enzyme reactions in the test cuvette. Once the endogenous creatine is eliminated



from the calculations, the concentration of creatinine is proportional to the intensity of the red color produced. The endpoint reaction is measured as the difference in absorbance at 546 nm and 700 nm.

7. Glucose (GLU)

The reaction of glucose with adenosine triphosphate (ATP) catalyzed by hexokinase (HK), produces glucose-6-phosphate (G-6-P) and adenosine diphosphate (ADP). Glucose-6-phosphate dehydrogenase (G-6-PDH) catalyzes the reaction of G-6-P into 6-phosphogluconate and the reduction of nicotinamide adenine dinucleotide phosphate (NADP⁺) to NADPH.

$$Glucose + ATP \xrightarrow{HK} Glucose-6-Phosphate + ADP$$

$$G-6-P + NADP^{+} \xrightarrow{G-6-PDH} 6-Phosphogluconate + NADPH+H^{+}$$

The absorbance is measured bichromatically at 340 nm and 405 nm. The production of NADPH is directly proportional to the amount of glucose present in the sample.

8. Total Cholesterol (CHOL)

The reaction of CHOL is an enzymatic end-point method that uses cholesterol esterase (CE) and cholesterol dehydrogenase (CHDH). CE hydrolyzes cholesterol esters to form cholesterol and fatty acids. The CHDH reaction converts cholesterol to cholest-4-en-3-one. The NADH is measured bichromatically at 340 nm and 405 nm. NADH production is directly proportional to the amount of cholesterol present. An assay-specific blank is also monitored to ensure no extraneous reactions interfere with the calculations of CHOL levels.

Cholesterol Esters +
$$H_2O$$
 \xrightarrow{CE} Cholesterol + Fatty Acids

Cholesterol + NAD^+ \xrightarrow{CHDH} Cholest-4-en-3-one + $NADH + H^+$

9. Alkaline Phosphatase (ALP)

Under the catalysis of ALP, the Phosphoric acid on nitrobenzene (4-NNP) was turned into Para nitro phenol (4-NP).4-NP shows a yellow color in alkaline solution. At the wavelength of 405/505nm, the ALP activity can be calculated by monitoring the absorbance change rate.

10. Aspartate Aminotransferase (AST)

AST catalyzes the reaction of L-aspartate and α -ketoglutarate into oxaloacetate and L-glutamate. Oxaloacetate is converted to malate and NADH is oxidized to NAD+ by the catalyst MDH.

The rate of absorbance change at 340 /405 nm caused by the conversion of NADH to NAD+ is directly proportional to the amount of AST present in the sample.

11. Potassium (K+)

In the coupledenzyme reaction, pyruvate kinase (PK) dephosphorylates phosphoenolpyruvate (PEP) to form pyruvate. Lactate dehydrogenase (LDH) catalyzes conversion of pyruvate to lactate. Concomitantly, NADH is oxidized to NAD⁺. The rate of change in absorbance due to the conversion of NADH to NAD⁺ is directly proportional to the amount of potassium in the sample.

Interferences from other ions are minimized with the addition of some special ingredients.



ADP + PEP
$$\xrightarrow{K^+, PK}$$
 Pyruvate + ATP
Pyruvate + NADH + H⁺ \xrightarrow{LDH} Lactate + NAD⁺

12. Sodium (Na+)

In the enzymatic reaction, β -D-galactosidase is activated by the sodium in the sample. The activated enzymecatalyzes the reaction of o-nitrophenyl- β -D-galactopyranoside (ONPG) to o-nitrophenolandgalactose.

ONPG
$$\xrightarrow{Na^+, \beta\text{-D-galactosidase}}$$
 o-Nitrophenol + Galactose

13. Chloride (Cl⁻)

The method is based on the determination of chloride-dependent activation of α -amylase activity. Deactivated α -amylase is reactivated by addition of the chloride ion. The reactivation of α -amylase activity is proportional to the concentration of chloride ion in the sample. The reactivated α -amylase converts the substrate,2-chloro-4-nitrophenyl- β -1,4-galactopyranosylmaltoside (CNP-G2) to 2-chloro-4-nitrophenol (CNP) producing color and 1,4-galactopyranosylmaltoside. The reaction is measured bichromatically and the increase in absorbance is directly proportional to the reactivated α -amylase activity and the concentration of chloride ion in the sample.

$$\frac{CI^{-}, \alpha-amylase}{CNP-G2} \longrightarrow CNP + G2$$

14. Calcium (Ca)

Calcium in the patient sample binds with arsenazo III to form a calcium-dye complex.

It is an endpoint reaction. The amount of total calcium in the sample is proportional to the absorbance.

15. Phosphorus (P)

The enzymatic method for the MNCHIP system uses maltose phosphorylase (MP) coupled through β -phosphoglucomutase (β -PGM) and glucose-6-phosphate dehydrogenase (G6PDH). The amount of NADH formed can be measured as an endpoint at 340/405 nm.

Maltose + Pi
$$\xrightarrow{MP}$$
 Glucose-1-Phosphate (G-1-P) + Glucose

Glucose-1-Phosphate (G-1-P) $\xrightarrow{\beta-PGM}$ Glucose-6-Phosphate (G-6-P)

Glucose-6-Phosphate (G-6-P) + NAD⁺ $\xrightarrow{G6PDH}$ NADH+ 6-Phosphogluconate+H⁺

16. Amylase (AMY)

In the coupled-enzyme reaction, amylase in the sample hydrolyzes 2-chloro-p-nitrophenyl- α -D-maltotrioside (CNP-G3) to 2-chloro-4-nitrophenol (CNP) producing color and D-maltotrioside. The change in absorbance of the CNP is directly proportional to the amylase activity in the sample at 405nm and 505 nm.

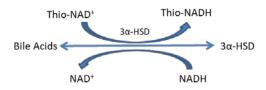
$$CNP-G3 \xrightarrow{AMY} CNP + G3$$

17. Total Bile Acid (TBA)

In the presence of the thio-derivative of nicotinamide adenine dinucleotide (Thio-NAD+) the enzyme 3-



 α -Hydroxysteroid Dehydrogenase (3- α -HSD) reversibly oxidizes bile acids to oxidized bile acids (3- α -keto forms) with the concomitant conversion of Thio-NAD⁺ to its reduced form Thio-NADH. In a cycling reaction, the oxidized bile acids are returned to their reduced state when excess NADH is present. The NADH is converted to NAD+. The rate of increase in absorbance at 405nm (Thio-NADH) is measured and is proportional to the concentration of bile acids in the sample. The rate is measured bichromatically at 405 and 500nm.



18. Total Carbon Dioxide (tCO2)

In the enzymatic method, the specimen is first made alkaline to convert all forms of carbon dioxide (CO₂) to bicarbonate (HCO₃-). Phosphoenolpyruvate (PEP) and HCO₃- then react to form oxaloacetate and phosphate in the presence of phosphoenolpyruvate carboxylase (PEPC). Malate dehydrogenase (MDH) catalyzes the reaction of oxaloacetate and reduced nicotinamide adenine dinucleotide (NADH) to NAD+ and malate. The rate of change in absorbance due to the conversion of NADH to NAD+ is directly proportional to the amount of CO₂ in the sample.

PEP +
$$HCO_3$$
 \xrightarrow{PEPC} Oxaloacetate + Phosphate

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

19. Gamma Glutamyltransferase (GGT)

The addition of sample containing gammaglutamyltransferase to the substrates L- γ -glutamyl-3-carboxy-4-nitroanilide and glycylglycinecauses the formation of L- γ -glutamyl-glycylglycine(glu-gly-gly) and 5-Amino-2-nitrobenzoate.

$$L$$
- γ -glutamyl-3-carboxy-4-nitroanilide+ glycylglycine \xrightarrow{GGT} Glu-gly-gly + 5-Amino-2 - nitrobenzoate

The absorbance of this rate reaction is measured at 405/505 nm. The production is directly proportional to the GGT activity in the sample.

20. Lipase (LPS)

The chromogenic lipase substrate 1, 2-o-dilauryl-rac-glycerol-3-glutaric acid-(6'-methylresorufin) ester is cleaved by the catalytic action of lipase to form 1, 2-o-dilauryl-rac-glycerol and an unstable intermediate, glutaric acid -(6-methyl resorufin) ester. This decomposes spontaneously in alkaline solution to form glutaric acid and methylesorufin.

The lipase activity in the specimen is proportional to the production of methylresorufin in the reaction at 546nm and 700 nm.

21. Creatine Kinase (CK)



Creatine kinase catalyzes the formation of creatine and adenosine triphosphate (ATP) from creatine phosphate and adenosine diphosphate (ADP). With hexokinase (HK) as a catalyst, ATP reacts with D-glucose to form ADP and D-glucose-6-phosphate (G-6-P), which is reacted with nicotinamide adenine dinucleotide phosphate (NADP⁺) in the presence of glucose-6-phosphate dehydrogenase (G-6-PDH) to produce 6-Phosphogluconate (6-PG) and NADPH.

The formation of NADPH is measured as a change in absorbance at 340 nm relative to 405 nm. This absorbance change is directly proportional to creatine kinase activity in the sample.

Creatine phosphate + ADP
$$\xrightarrow{CK}$$
 Creatine + ATP

ATP + D-glucose \xrightarrow{HK} ADP + G-6-P

G-6-P + NADP⁺ $\xrightarrow{G-6-PDH}$ 6-Phosphogluconate + NADPH + H⁺

22. Lactate (LAC)

LAC is oxidized by lactate oxidase (LOD) to pyruvate and hydrogen peroxide (H₂O₂). Peroxidase (POD) catalyzes the reaction H2O2, 4-aminoantipyrine (4-AAP) and 3, 5-dichloro-2-hydroxybenzenesulfonic acid (DHBSA) to form a red quinone imine dye.

Lactate+O₂
$$\longrightarrow$$
 Pyruvate +H₂O₂

$$2H_2O_2+4-AAP+DHBSA \xrightarrow{POD}$$
 Red Quinone imine Dye+H₂O

The rate of formation of the red dye is proportional to the LAC concentration in the sample. The reaction is measured bichromatically at 505nm and 600nm.

23. Magnesium (Mg)

The hexokinase (HK) activation method is described as:

$$\begin{aligned} & Glucose + ATP & \xrightarrow{\quad HK, \quad Mg^{2+} \quad} & G\text{-}6\text{-}P + ADP \\ \\ & G\text{-}6\text{-}P + NADP}^+ & \xrightarrow{\quad G\text{-}6\text{-}PDH} & \text{6-Phosphogluconate} + NADPH + H^+ \end{aligned}$$

The rate limiting reaction is the HK reaction. Magnesium from the sample activates HK, which in turn catalyzes the breaking down of glucose to form glucose-6-phosphate (G-6-P) and ADP. G-6-P reacts with nicotinamide adenine dinucleotide phosphate (NADP+) to form reduced nicotinamide adenine dinucleotide phosphate (NADPH) and 6-phosphogluconate in the presence of glucose-6-phosphate-dehydrogenase (G-6-PDH). This is a first-order rate reaction. The rate of production of NADPH is directly proportional to the amount of magnesium present in the sample. Absorbance is measured bichromatically at 340 nm and 405 nm.

【Principle of Operation】

Refer to the Celercare V or the Pointcare V chemistry analyzer Operator's Manual, for the Principles and Limitations of the Procedure.

[Description of Reagents]

Each Comprehensive Diagnostic Profile (23+7) contains lyophilized test-specific reagent beads. A lyophilized blank reagent bead includes in each disc for a judgment of error 0233.

Type B is the reagent disc with diluent container.

Calibration information is included in barcode code. Please check it on the label.



The component of each Comprehensive Diagnostic Profile (23+7) is as follows (after redissolution):

Component	Quantity
Total protein assay reagent	6.6 μL
Albumin assay reagent	6.6 μL
Total Bilirubin assay reagent	6.6 μL
Alanine Aminotransferase assay reagent	13.5 μL
Urea assay reagent	6.6 μL
Creatinine assay reagent	13.5 μL
Glucose assay reagent	6.6 μL
Total Cholesterol assay reagent	6.6 μL
Alkaline Phosphatase assay reagent	6.6 μL
Gamma Glutamyltransferase assay reagent	13.5 μL
Potassium assay reagent	13.5 μL
Sodiumassay reagent	13.5 μL
Chloride assay reagent	13.5 μL
Calcium assay reagent	6.6 μL
Phosphorus assay reagent	6.6 μL
Aspartate Aminotransferase assay reagent	13.5 μL
Total bile acid assay reagent	13.5 μL
Total Carbon dioxide assay reagent	6.6 µL
Amylase assay reagent	13.5 μL
Lipase assay reagent	13.5 μL
Creatine Kinase assay reagent	6.6 μL
Magnesium assay reagent	13.5 μL
Lactate assay reagent	13.5 μL
Stabilizer	Appropriate amount

[Storage]

Store reagent discs in their sealed pouches at a temperature of 2-8°C (36-46°F). Do not expose opened or unopened discs to direct sunlight or temperatures exceeding 32°C (90°F). Reagent discs may be used until the expiration date indicated on the package, which is also encoded in the unique code printed on



the sealing pouch.

A torn or damaged pouch may allow moisture to reach the unused disc, adversely affecting its performance. Therefore, do not use any disc from a damaged pouch.

[Sample Requirements]

Sample collection techniques are described in the "Sample requirement" section of the Celercare V or the Pointcare V chemistry analyzer Operator's Manual.

The required sample usage is 100 µL of lithium heparin plasma, serum or quality controls.

At the same time, it is necessary to carry out the test within 60 minutes. Before taking the test, shake the lithium heparin blood collection tube gently upside down several times.

The glucose concentration is affected by the patient's feeding time and the storage environment after the sample is collected. In order to accurately measure glucose, a sample of the patient should be taken after at least 12 hours of fasting. For uncentrifuged samples stored at room temperature, the glucose concentration is reduced by about 5-12 mg/dL in 1 hour.

Light may cause total bilirubin to decompose, causing deviations in the test results.

Use only lithium heparin evacuated specimen collection tubes for plasma samples.

The test was started within 10 minutes after transferring the sample to the reagent disc.

[Interfering Substances]

Studies on known drugs or chemicals have found that when the interfering substances contained in the sample exceed the contents in the table below, the final test results are affected.

			Interferin	g substances co	ncentration (≤)			
Analyte	Bilirubin	Intralipid	Hemoglobin	Vitamin C	Pyruvate	NH ₄ Cl	Ca^{2+}	Mg^{2+}	Creatine
Analyte	mg/dL	mg/dL	mg/dL	mg/dL	mmol/L	mmol/L	mmol/L	mmol/L	μmol/L
TP	25	1050	200						
ALB	40	600	1000						
AST	40	600	50	25	1				
GGT	40	1050	200						
BUN	25	600	1000			1			
ALP	40	1050	400						
K^{+}	16	150	50	75					
Na^+	10	150	50	75					
Cl-	18	210	50	75					
Ca	180	210	200	75				3	
P	45	525	100	27					
ALT	40	600	50	50	1				
TBIL		1050	1000	75					
CRE	40	1050	500	25					600
GLU	40	600	1000	50					
CHOL	40	1000	800	40					
AMY	40	1000	400	100					
TBA	50	600	500	50					
tCO_2	45	525	250	75					
LPS	50	1000	50	30					



Mg	120	140	50			 2	
LAC	22.5	120	500	10	1	 	
CK	40	1000	400	100		 	

[Procedure]

■ Materials Provided

Comprehensive Diagnostic Profile (23+7)

Celercare V or Pointcare V chemistry analyzer

Please tear off the aluminum strip before using Type B.

Transfer pipettes (fixed volume 100 µL for sample) and tips.

■ Test Procedure

The complete sample collection and step-by-step operating procedures are detailed in the Operator's Manual for the Celercare V or Pointcare V chemistry analyzer.

■ Calibration

Each batch of reagent is calibrated using Randox standard serum to obtain the disc-specific calibration parameters before shipment.

The calibration parameters stored in the two-dimentional code printed on the sealed pouch are provided to analyzer at the time of scanning the code.

Refer to the Operator's Manual for specific information.

■ Quality Control

Refer to Operator's Manual of the Celercare V or the Pointcare V chemistry analyzer. Performance of the Celercare V or the Pointcare V chemistry analyzer can be verified by running controls. For a list of approved quality control materials with acceptance ranges, please consult the manual.

If control results are out of range, repeat one time. If still out of range, call MNCHIP customer service or local distributers for technical support. Do not report the results if controls are outside their labeled limits.

■ Results

The Celercare V or the Pointcare V chemistry analyzer automatically calculates and prints the analyte concentrations in the sample. Details regarding endpoint and rate reaction calculations can be found in the Celercare V or the Pointcare V chemistry analyzer Operator's Manual.

[Normal Reference Ranges]

These ranges are provided as a guideline only. It is recommended that your office or institution establish normal ranges for your particular patient population.

Analyte	SI Units	Common Units
ТР	Dog: 52 ~ 82g/L;	Dog: 5.2 ~ 8.2g/dL;
Ir	Cat: 54 ~ 89g/L	Cat: $5.4 \sim 8.9 \text{g/dL}$
AID	Dog: 22 ~ 44g/L;	Dog: $2.2 \sim 4.4 \text{g/dL}$;
ALB	Cat: 22 ~ 45g/L	Cat: $2.2 \sim 4.5 \text{g/dL}$
ALT	Dog: 10 ~ 140U/L;	Dog: 10 ~ 140U/L;



	Cat: 8.2 ~ 123U/L	Cat: 8.2 ~ 123U/L
ALP	Dog: 20 ~ 150U/L;	Dog: 20 ~ 150U/L;
TILI	Cat:10 ~ 90U/L	Cat:10 ~ 90U/L
TBIL	Dog: $2 \sim 15 \mu \text{mol/L}$;	Dog: $0.1 \sim 0.9 \text{mg/dL}$;
IDIL	Cat: 2 ~ 15µmol/L	Cat: 0.1 ~ 0.9mg/dL
CRE	Dog: $27 \sim 149 \mu \text{mol/L}$;	Dog: $0.3 \sim 1.7 \text{mg/dL}$;
CKL	Cat:27 ~ 223µmol/L	$Cat: 0.3 \sim 2.5 mg/dL$
BUN	Dog: 2.5 ~ 11.5mmol/L	Dog: $7 \sim 32 \text{mg/dL}$
BUN	Cat: 3.6 ~ 15.5mmol/L	Cat: 10 ~ 43mg/dL
GLU	Dog:3.89 ~ 7.95mmol/L	$Dog:70 \sim 143 mg/dL$
GLU	Cat:4.11 ~ 8.84mmol/L	$Cat:74 \sim 159 mg/dL$
CHOL	Dog: 2.84 ~ 8.26mmol/L	Dog: 110 ~ 320mg/dL
CHOL	Cat: 1.68 ~ 5.81mmol/L	Cat: 65 ~ 225mg/dL
AMY	Dog: 200 ~ 1800U/L;	Dog: 200 ~ 1800U/L;
AIVII	Cat: 200 ~ 1800U/L	Cat: 200 ~ 1800U/L
K^+	Dog: $3.7 \sim 5.8$ mmol/L;	Dog:3.7 ~ 5.8mmol/L;
K	Cat: 3.7 ~ 5.8mmol/L	Cat: 3.7 ~ 5.8mmol/L
Na^+	Dog:138 ~ 160mmol/L;	Dog:138 ~ 160mmol/L;
IN a	Cat: 142 ~ 164mmol/L	Cat: 142 ~ 164mmol/L
Cl ⁻	Dog:106 ~ 130mmol/L;	Dog:106 ~ 130mmol/L;
CI	Cat: 100 ~ 126mmol/L	Cat: 100 ~ 126mmol/L
Ca	Dog: 1.98 ~ 2.95mmol/L;	Dog: $7.9 \sim 11.8 \text{mg/dL}$;
Ca	Cat: 1.95 ~ 2.95mmol/L	Cat: 7.8 ~ 11.8mg/dL
P	Dog: 0.81 ~ 2.2mmol/L;	Dog: $2.5 \sim 6.8 \text{mg/dL}$;
P	Cat: 1 ~ 2.74mmol/L	Cat: 3.1 ~ 8.5mg/dL
GGT	Dog: 0 ~ 7U/L;	Dog: $0 \sim 7U/L$;
001	Cat: 0 ~ 2U/L	Cat: 0 ~ 2U/L
TBA	Dog: $0 \sim 20 \mu \text{mol/L}$;	Dog: $0 \sim 20 \mu \text{mol/L}$;
IDA	Cat: $0 \sim 15 \mu \text{mol/L}$	Cat: $0 \sim 15 \mu \text{mol/L}$
AST	Dog: 8.9 ~ 55U/L;	Dog: 8.9 ~ 55U/L;
ASI	Cat: 9.2 ~ 60U/L	Cat: 9.2 ~ 60U/L
tCO_2	Dog: 12 ~ 27mmol/L;	Dog: 12 ~ 27mmol/L;
$1CO_2$	Cat: 15 ~ 24mmol/L	Cat: 15 ~ 24mmol/L
LPS	Dog: $0 \sim 258U/L$;	$Dog:0 \sim 258U/L;$
LFS	Cat: 0 ~ 143U/L	Cat: 0 ~143U/L
CK	Dog: 20 ~ 200U/L;	Dog: 20 ~ 200U/L;
CK	Cat: 50 ~ 450U/L	Cat: 50 ~ 450U/L
Ma	Dog: 0.6 ~ 1.09mmol/L;	Dog: $1.5 \sim 2.6 \text{ mg/dL}$;
Mg	Cat: 0.7 ~ 1.21mmol/L	Cat: 1.7 ~ 2.9 mg/dL
LAC	Dog: 0.5 ~ 3mmol/L;	Dog: 4.53 ~ 27mg/dL;
LAC	Cat: 0.5 ~ 3mmol /L	Cat: 4.53 ~ 27mg/dL

【Interpretation of Results】

Physiological interferents, such as hemolysis, icterus, and lipemia, can cause changes in the reported



concentrations of certain analytes. Sample indices are printed at the bottom of each printout to inform the operator about any abnormalities in the sample. The operator should take care to avoid hemolysis caused by improper blood collection techniques.

The Celercare V or the Pointcare V chemistry analyzer suppresses any results that are affected by >10% interference from hemolysis, lipemia or icterus. "HEM", "LIP", or "ICT" respectively, is printed on the printout in place of the result.

For the same sample, the potassium result of using anticoagulant plasma is 0.2 - 0.5 mmol/L lower than those using serum. The potassium assay is a coupled pyruvate kinase (PK) / lactate dehydrogenase (LDH) assay. Therefore, in cases of extreme muscle trauma or highly elevated levels of creatine kinase (CK), The Celercare V or the Pointcare V chemistry analyzer may report a falsely elevated potassium (K $^+$) value. In such cases, unexpected high potassium recoveries need to be confirmed utilizing a different methodology.

Any result for a particular test that exceeds the assay range should be analyzed by another approved test method or sent to a referral laboratory. Do not dilute the sample and run it again on the Celercare V or the Pointcare V chemistry analyzer.

【Limitations of Procedure】

The Comprehensive Diagnostic Profile (23+7) should be used with the Celercare V or the Pointcare V chemistry analyzer, and is just used for in vitro diagnosis (IVD).

As with any diagnostic test procedure, all other test procedures including the clinical status of the patient, should be considered prior to final diagnosis.

[Performance Characteristics]

Accuracy

	The relative deviation or absolute deviation should meet the following
Analyte	requirements
TP	B% ≤ 5.0%
ALB	$B\% \le 6.0\%$
ALT	$B\% \le 15.0\%$
ALP	$B\% \le 10.0\%$
TBIL	$B\% \le 10.0\%$
CRE	$B\% \le 10.0\%$
BUN	$B\% \le 15.0\%$
GLU	$\mathrm{B}\% \leq 20.0\%$
CHOL	$B\% \le 10.0\%$
AST	$B\% \le 15.0\%$
AMY	$B\% \le 10.0\%$
K^+	$B\% \le 15.0\%$
Na^+	$B\% \le 15.0\%$
Cl-	$B\% \le 15.0\%$
Ca	$B\% \le 5.0\%$
P	$B\% \leq 10.0\%$
TBA	$B\% \le 15.0\%$



GGT	B% ≤ 15.0%
tCO_2	$B\% \le 10.0\%$
LPS	$B\% \le 15.0\%$
CK	$B\% \le 10.0\%$
Mg	$B\% \leq 15.0\%$ or Absolute deviation $\leq 0.2 mmol/L$
LAC	B% ≤ 15.0%

Batch precision

Analyte	Coefficient of variation ($\leq *$)
TP	2.0%
ALB	2.0%
ALT	5.0%
ALP	5.0%
TBIL	5.0%
CRE	5.0%
BUN	5.0%
GLU	5.0%
CHOL	4.0%
AST	5.0%
AMY	5.0%
\mathbf{K}^{+}	5.0%
Na ⁺	5.0%
Cl ⁻	5.0%
Ca	3.0%
P	5.0%
TBA	5.0%
GGT	5.0%
tCO_2	5.0%
LPS	5.0%
CK	5.0%
Mg	5.0%
LAC	5.0%

Inter batch precision

Analyte	Relative Range (≤ *)
TP	5.0%
ALB	5.0%
ALT	10.0%
ALP	10.0%
TBIL	10.0%
CRE	10.0%



BUN	10.0%
GLU	10.0%
CHOL	6.0%
AST	10.0%
AMY	10.0%
\mathbf{K}^{+}	10.0%
Na^+	10.0%
Cl ⁻	10.0%
Ca	5.0%
P	10.0%
TBA	10.0%
GGT	10.0%
tCO_2	10.0%
LPS	10.0%
CK	10.0%
Mg	10.0%
LAC	10.0%

Dynamic Ranges

Analyte	Dynamic Ranges
TP	20 ~ 100g/L
ALB	$10 \sim 60$ g/L
ALT	5 ~ 1500U/L
ALP	5 ~ 2000U/L
TBIL	$2 \sim 800 \mu mol/L$
CRE	20 ~ 2000μmol/L
BUN	$0.9 \sim 35.7$ mmol/L
GLU	1 ~ 35mmol/L
CHOL	$0.5 \sim 14$ mmol/L
AST	5 ~ 1600U/L
GGT	5 ~ 1500U/L
AMY	5 ~ 3500U/L
\mathbf{K}^{+}	1 ~ 8mmol/L
Na ⁺	90 ~ 170mmol/L
Cl ⁻	60 ~ 140mmol/L
Ca	0.5 ~ 4mmol/L
P	0.2 ~ 7mmol/L
TBA	$0 \sim 150 \mu mol/L$
tCO ₂	10 ~ 35mmol/L



LPS	0 ~ 350U/L
CK	5 ~ 3000 U/L
Mg	$0.2 \sim 1.6$ mmol/L
LAC	0 ~ 9mmol/L

[Notes]

Used reagent discs contain animal body fluids. It is essential to follow good laboratory safety practices when handling and disposing of these used discs. For instructions on cleaning biohazardous spills, refer to the Celercare V or Pointcare V chemistry analyzer Operator's Manual.

The reagent discs are made of plastic and may crack or chip if dropped. Never use a disc that has been dropped, as it may spray biohazardous material throughout the interior of the analyzer.

Reagent beads may contain acids or caustic substances. Operators do not come into contact with the reagent beads when following the recommended procedures. It is important to avoid ingestion, skin contact, or inhalation of the reagent beads.

(Symbols Used in Labelling)

Symbol	Explanation
Veterinary	Veterinary use only
	Manufacturer
UDI	Unique device identifier
\square	Use-by date
LOT	Batch code
سا	Date of manufacture
[]i	Consult instructions for use
20 80	Limit of temperature
	Do not re-use

[Manufacturer]



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Ver 1.0