

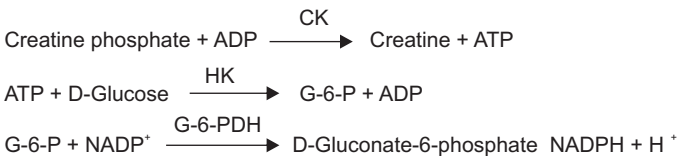


**CLINICAL SIGNIFICANCE :**

Serum creatine kinase (CK) levels have proven valuable in the assessment of cardiac and skeletal muscle diseases, including myocardial infarction. There may also be an increase in CK values associated with diseases of the central nervous system. Diseases of the thyroid show an inverse relationship to CK values. A combined analysis of creatine kinase and lactate dehydrogenase isoenzymes provides a definitive diagnosis of acute myocardial infarction.

**TEST PRINCIPLE :**

Kinetic determination of the creatine kinase based upon IFCC recommendations:



CK = Creatine kinase  
HK = Hexokinase  
G-6-P = D-Glucose-6-phosphate  
G-6-PDH = Glucose-6-phosphate dehydrogenase

The increasing absorbance of NADPH is measured photometrically following time and temperature controlled kinetic reaction. The NAC activated reaction is highly specific on the human CK

**REAGENTS COMPOSITION :**

Concentrations in the working reagent ( pH 6.7)  
Imidazole 100 mmol/L, N-Acetyl-L-Cysteine 20 mmol/L,  
Magnesium acetate 10 mmol/L, D-Glucose 20 mmol/L,  
EDTA 2 mmol/L, NADP 2 mmol/L, Hexokinase > 2500 U/L,  
Creatine phosphate 30 mmol/L, ADP 2 mmol/L, G-6-PDH > 1500 U/L,  
Diadenosine pentaphosphate 10 µmol/L, AMP 5 mmol/L

**KIT CONTENTS :**

	CODE No. CK01
Pack size :	(10 Test)
Reagent 1	10 Vials (Prefilled)
Reagent 2	1 x 1.1 ml

All the components of the kit are stable until the expiration date on the label when stored tightly closed at 2 - 8 °C, and contaminations prevented during their use. Do not use reagents over the expiration date.

**SAMPLES :**

Serum or Heparinised plasma

**MATERIALS REQUIRED BUT NOT PROVIDED :**

CK NAC Control (Use of assayed QC sera is recommended to validate test result).

**ASSAY CONDITIONS:**

Wavelength : .....	340 nm
Cuvette: .....	1 cm light path
Constant temperature .....	37°C
Reaction (Mode).....	Kinetic
Kinetic Factor.....	3333
Delay .....	180 sec
Read time.....	180 sec
Linearity.....	833 U/L
Unit.....	U/L
Blanking.....	D. Water
Slope of reaction.....	Increasing
Instrument sipping Volume.....	450 - 500 µl

**PROCEDURE :**

1. Add 100 µl of R2 directly into the prefilled R1 vial to prepare Working Reagent. Mix carefully (do not shake).
2. Programme the Analyser and set Sipping volume 450 - 500 µl.
3. Add 30 µl of sample in the Working Reagent.
4. Mix and start reading the change of absorbance (ΔA) with delay time 180 sec and Read time 180 sec at 37°C.

**Assay Procedure summary (Serum/Plasma):**



**CALCULATIONS :**

CK Activity in U/L = Δ Abs/mint of Test x 3333

**REFERENCE RANGE :** Adult

Serum/plasma : Women : 24 - 170  
Men : 24 - 195

Higher values found in New Born and Children upto 6 months

*The above reference range is guideline and all the laboratories must establish their own Age specific normal reference range. Final diagnosis should be made with correlation of clinical factors.*

**PRECAUTIONS :**

1. Do not pipette by mouth therefore avoid contact of the reagent with skin.
2. Use fresh microtips while pipetting sample and R2
3. Avoid contamination of the reagent during the assay process.
4. **Before the assay begins, bring all the reagents to room temperature.**
5. Do not freeze or expose the reagents to high temperature and protect from direct sunlight as it will affect the performance of the kit.
6. Programmes for specific analysers are available on request.
7. For accuracy of results, the assay procedure, reagent preparation and storage has to be meticulously followed.
8. As with all the diagnostic procedures, the physician should evaluate data obtained by the use of this kit in light of other clinical information.

**INTERFERENCES**

The following analytes were tested up to the levels indicated and found not to interfere with Ascorbic acid upto 30 mg/dl, Bilirubin upto 40 mg/dl, Hemoglobin upto 200 mg/dl and Triglycerides upto 2000 mg/dl

**LINEARITY AND DETECTION LIMIT :**

The linearity limit of the standard serum procedure is up to the CK activity of 833 U/l. At higher activities the sample has to be diluted 1:10 with Normal saline and the final result to be multiplied by 10. The lowest detection limit for serum samples is equal to 5 U/L.

**BIBLIOGRAPHY**

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