MCKESSON

2GP Urine Reagent Strips

MFR # 121-2GP

Urine Reagent Strips
Package Insert

Type of Strip	
2GP	English

For rapid detection of multiple analytes in human urine.
For in vitro diagnostic use only.

INTENDED USE

The McKesson Urine Reagent Strips are for the qualitative and semi-quantitative detection of one or more of the following analytes in urine: Protein and Glucose. The McKesson Urine Reagent Strips are for single use in professional near-patient (point-of-care) and centralized laboratory locations., and are intended for professional use only. The strips are intended for use in screening at-risk patients to assist diagnosis in the following areas: kidney function, urinary tract infections, carbohydrate metabolism (e.g. diabetes mellitus), liver function, acid-base balance and urine concentration. The results can be used along with other diagnostic information to rule out certain disease states and to determine if microscopic analysis is needed.

SUMMARY

Urine undergoes many changes during states of disease or body dysfunction before blood composition is altered to a significant extent. Urinalysis is a useful procedure as an indicator of health or disease, and as such, is a part of routine health screening. The McKesson Urine Reagent Strips can be used in general evaluation of health, and aids in the diagnosis and monitoring of metabolic or systemic diseases that affect kidney function, endocrine disorders and diseases or disorders of the urinary tract.[1,2]

PRINCIPLE AND EXPECTED VALUES

Protein: This reaction is based on the phenomenon known as the "protein error" of pH indicators where an indicator that is highly buffered will change color in the presence of proteins (anions) as the indicator releases hydrogen ions to the protein. At a constant pH, the development of any green color is due to the presence of protein. Colors range from yellow to yellow-green for negative results and green to green-blue for positive results. 1-14 mg/dL of protein may be excreted by a normal kidney.[10] A color matching any block greater than trace indicates significant proteinuria. Clinical judgment is required to evaluate the significance of trace results.

Glucose: This test is based on the enzymatic reaction that occurs between glucose oxidase, peroxidase and chromogen. Glucose is first oxidized to produce gluconic acid and hydrogen peroxide in the presence of glucose oxidase. The hydrogen peroxide reacts with potassium iodide chromogen in the presence of peroxidase. The extent to which the chromogen is oxidized determines the color which is produced, ranging from green to brown. Glucose should not be detected in normal urine. Small amounts of glucose may be excreted by the kidney.[3] Glucose concentrations as low as 100 mg/dL may be considered abnormal if results are consistent.

REAGENTS AND PERFORMANCE CHARACTERISTICS

Based on the dry weight at the time of impregnation, the concentrations given may vary within manufacturing tolerances. The following table below indicates read times and performance characteristics for each parameter. The sensitivities are based on visual read studies.

Reagent	Read Time	Composition	Description
Protein (PRO)	60 seconds	tetrabromophenol blue; buffer and non-reactive ingredients	Detects albumin as low as 7.5-15 mg/dL (0.075-0.15 g/L).
Glucose (GLU)	30 seconds	glucose oxidase; peroxidase; potassium iodide; buffer; non-reactive ingredients	Detects glucose as low as 50-100 mg/dL (2.5-5 mmol/L).

The performance characteristics of the McKesson Urine Reagent Strips have been determined in both laboratory and clinical tests. Parameters of importance to the user are sensitivity, specificity, accuracy and precision. Generally, this test has been developed to be specific for the parameters to be measured with the exceptions of the interferences listed. Please refer to the Limitations section in this package insert.

Interpretation of visual results is dependent on several factors: the variability of color perception, the presence or absence of inhibitory factors, and the lighting conditions when the strip is read. Each color block on the chart corresponds to a range of analyte concentrations. For visual readings, if the color of a pad is in-between negative and trace, the result should be read as a negative.

PRECAUTIONS

- For *in vitro* diagnostic use only. Do not use after the expiration date.
- The strip should remain in the closed canister until use.
- Do not touch the reagent areas of the strip.
- Discard any discolored strips that may have deteriorated.
- All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent.
- The used strip should be discarded according to local regulations after testing.

STORAGE AND STABILITY

Store as packaged in the closed canister at room temperature or refrigerated (2-30°C or 36-86°F). Keep out of direct sunlight. The strip is stable through the expiration date printed on the canister label. Do not remove the desiccant. Remove only enough strips for immediate use. Replace cap immediately and tightly. **DO NOT FREEZE.** Do not use beyond the expiration date.

Note: Once the canister has been opened, the remaining strips are stable for up to 3 months. Stability may be reduced in high humidity conditions.

SPECIMEN COLLECTION AND PREPARATION

A urine specimen must be collected in a clean and dry container and tested as soon as possible. Do not centrifuge. The use of urine preservatives is not recommended. If testing cannot be done within an hour after voiding, refrigerate the specimen immediately and let it return to room temperature before testing.

Prolonged storage of unpreserved urine at room temperature may result in microbial proliferation with resultant changes in pH. A shift to alkaline pH may cause false positive results with the protein test area. Urine containing glucose may decrease in pH as organisms metabolize the glucose.

Contamination of the urine specimen with skin cleansers containing chlorhexidine may affect protein test results.

MATERIALS

Materials Provided

- Strips
- Package insert

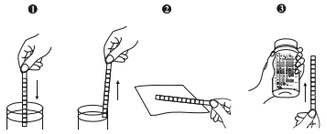
Materials Required But Not Provided

- Specimen collection container
- Timer

DIRECTIONS FOR USE

Allow the strip, urine specimen, and/or controls to reach room temperature (15-30ºC) prior to testing.

1. Remove the strip from the closed canister and use it as soon as possible. Immediately close the canister tightly after removing the required number of strip(s). Completely immerse the reagent areas of the strip in fresh, well-mixed urine and immediately remove the strip to avoid dissolving the reagents. See illustration 1 below.
2. While removing the strip from the urine, run the edge of the strip against the rim of the urine container to remove excess urine. Hold the strip in a horizontal position and bring the edge of the strip into contact with an absorbent material (e.g. a paper towel) to avoid mixing chemicals from adjacent reagent areas and/or soiling hands with urine. See illustration 2 below.
3. Compare the reagent areas to the corresponding color blocks on the color chart at the specified times. Hold the strip close to the color blocks and match carefully. See illustration 3 below.
   Note: Results may be read up to 2 minutes after the specified times.



INTERPRETATION OF RESULTS

Results are obtained by direct comparison of the color blocks printed on the color chart. The color blocks represent nominal values; actual values will vary close to the nominal values. In the event of unexpected or questionable results, the following steps are recommended: confirm that the strips have been tested within the expiration date printed on the canister label, compare results with known positive and negative controls and repeat the test using a new strip. If the problem persists, discontinue using the strip immediately. **Call 1-800-838-9502 for technical assistance.**

QUALITY CONTROL

For best results, performance of reagent strips should be confirmed by testing known positive and negative specimens/controls in the following conditions.

- Test QC per your laboratory policies and follow local, state and federal regulations.
- Test commercially available positive and negative quality controls with each new lot, each new shipment of strips, and when you open a new bottle of reagent strips. Please note:
  Water is NOT an appropriate negative control.
- Test the strips monthly that are stored for more than 30 days.
- Run QC tests to ensure reagent storage integrity; train new users; confirm test performance; and when patients' clinical conditions or symptoms do not match the results obtained on the test strips.

Call 1-800-838-9502 for technical assistance.

LIMITATIONS

Note: As with all laboratory tests, diagnostic and therapeutic decisions should not be based on any single result or method and must be considered with other clinical information available to the physician.

The McKesson Urine Reagent Strips may be affected by substances that cause abnormal urine color such as drugs containing azo dyes (e.g. Pyridium®, Azo Gantrisin®, Azo Gantanol®), nitrofurantoin (Microdantin®, Furadantin®), and riboflavin.[8] The color development on the test pad may be masked or a color reaction may be produced that could be interpreted as false results.

Protein: This test is highly sensitive for albumin, and less sensitive to hemoglobin, globulin and mucoprotein.[8] A negative result does not rule out the presence of these other proteins. False positive results may be obtained with highly buffered or alkaline urine. Contamination of urine specimens with quaternary ammonium compounds or skin cleansers containing chlorhexidine may produce false positive results.[8] The urine specimens with high specific gravity may give false negative results.

Glucose: The reagent area does not react with lactose, galactose, fructose or other metabolic substances, nor with reducing metabolites of drugs (e.g. salicylates and nalidixic acid). Sensitivity may be decreased in specimens with high specific gravity (>1.025) and with ascorbic acid concentrations of ≥ 25 mg/dL. High ketone levels ≥ 100 mg/dL may cause false negative results for specimens containing a small amount of glucose (50-100 mg/dL).

BIBLIOGRAPHY

1. Free AH, Free HM. *Urinalysis, Critical Discipline of Clinical Science*. CRC Crit. Rev. Clin. Lab. Sci. 3(4): 481-531, 1972.
2. Yoder J, Adams EC, Free, AH. *Simultaneous Screening for Urinary Occult Blood, Protein, Glucose, and pH*. Amer. J. Med Tech. 31:285, 1965.
3. Shchersten B, Fritz H. *Subnormal Levels of Glucose in Urine*. JAMA 201:129-132, 1967.
4. McGarry JD, Lilly. Lecture, 1978: *New Perspectives in the Regulation of Ketogenesis*. Diabetes 28: 517-523 May, 1978.
5. Williamson DH. *Physiological Ketoses, or Why Ketone Bodies?* Postgrad. Med. J. (June Suppl.): 372-375, 1971.
6. Paterson P, et al. *Maternal and Fetal Ketone Concentrations in Plasma and Urine*. Lancet: 862-865; April 22, 1967.
7. Fraser J, et al. *Studies with a Simplified Nitroprusside Test for Ketone Bodies in Urine, Serum, Plasma and Milk*. Clin. Chem. Acta II: 372-378, 1965.
8. Henry JB, et al. *Clinical Diagnosis and Management by Laboratory Methods, 20th Ed. Philadelphia.* Saunders. 371-372, 375, 379, 382, 385, 2001.
9. Tietz NW. *Clinical Guide to Laboratory Tests.* W.B. Saunders Company. 1976.
10. Burtis CA, Ashwood ER. *Tietz Textbook of Clinical Chemistry 2nd Ed.* 2205, 1994.

CLIA waived

Index of Symbols

	Use by		Tests per kit	LOT	Lot Number
2°C 36°F 30°C 86°F	Store between 2-30°C (36-86°F)		Do not reuse		

MCKESSON

Distributed By
McKesson Medical-Surgical Inc.
Richmond, VA 23228

Call 1-800-838-9502 for technical assistance.

LSI-6628-1013
DN: 1150667903
Printed in China
Eff.Date: 2013-xx-xx