WELDONBIOTECH

Inspiration for life science

Wel- Chem *Angiotensin Converting Enzyme (ACE) Assay Kit*

Configuration

The Wel-Chem ACE is provided in the following kit configurations:

REF	Kit size (100 ml)	**Instrument**
ACE-148WB	2×50 ml	For Hitachi917/717 &OlympusAU640/400/600 & SYNCHRON CX4-5-7-9/LX20/DXC600-800
Calibrator	1×1 ml	
Quality Control (LEVEL 1)	1×1 ml	
Quality Control (LEVEL 2)	1×1 ml	

Calibrator and control sold separately

INTENDED USE

For the quantitative *in vitro* determination of angiotensin converting enzyme activity in serum.

CLINICAL SIGNIFICANCE

Angiotensin converting enzyme (ACE), also known as kininase II, is a dipeptidyl carboxypeptidase (EC 3.4.15.1) with a molecular weight of at least 129,000. The structure of this glycoprotein shows a single polypeptide chain, a polysaccharide residue and a zinc atom. ACE is present in many different cell types such as neuronal cells and renal proximal tubular cells, but is mostly found in endothelial cells. It is attached to the endothelial surface membrane by an anchor peptide and can be cleaved to be released into the blood circulation as soluble enzyme. Serum ACE activity is significantly elevated in patients with untreated active disease. Spontaneous or corticosteroid-induced remission of sarcoidosis is indicated by decreasing serum ACE values. Only few patients with lung diseases such as tuberculosis, fibrosis and tumors, show elevated serum ACE values. Measurement of serum ACE activity is therefore extremely useful as an aid in the diagnosis and in the management of sarcoidosis. The determination of ACE activity in Gaucher's disease is not used as a screening procedure, but its value is significantly increased in most cases if sarcoidosis can be excluded6.ACE is inhibited by drugs from the family of Captopril. Agents acting through this mechanism are now well established in the treatment of heart failure and hypertension. Serum ACE activity can be a useful parameter for monitoring the effect of these hypotensive drugs inhibiting ACE.

ASSAY PRINCIPLE

$$\text{FAPGG} \xrightarrow{\text{ACE}} \text{FAP} + \text{GG}$$

The decrease in absorbance at 340 nm is directly related to the activity of ACE.

SAMPLE COLLECTION AND PREPARATION

Serum samples. EDTA will inhibit the activity of ACE.
Serum samples are stable for a month at 2-8℃, or for half a year at -20℃.

REAGENT COMPOSITON

Contents	**Concentration of Solutions**
Buffer	100 mmol/L
FAPGG	1mmol/L
Calibrator	lot specific
Control	lot specific

STABILITY AND PREPARATION OF REAGENTS

All reagents are ready to use.
Stable up to the expiry date when stored at 2-8°C. The assay kit reagents are stable for 30 days on board .

ASSAY PROCEDURE

Wave Length (main): 340 nm

Sample: 25 µl R1: 225 µl

Measure measure

37℃

0 3 10 （min）

1. Incubate 25 µl sample with 225 µl R1 at 37℃ for 3 minutes.
2. Read A1 at 340 nm, incubate for 7min;read A2 at 340nm.
3. Calculate the change absorbance ΔA=A1-A2

CALCULATION

$$\text{Concentration} = \frac{\Delta A \text{ sample /min}}{\Delta A \text{ calibrator /min}} \times \text{Calibrator value}$$

CALIBRATION

Recommend that this assay should be calibrated using the matching Calibrator.

QUALITY CONTROL

For quality control, use Randox complex Control as daily quality control sera and can be purchased separately. Values should fall within a specific range. If these values fall outside the range and repetition excludes error, the following steps should be taken:

1. Check instrument settings and light source.
2. Check reaction temperature.
3. Check expiration date of kit and contents.
4. Check the quality of the water used for reagents reconstitution.

REFERENCE VALUE

Serum: 12-68 U/L.

ACE will be higher when the age is below 18. It is recommended that each laboratory establish its own reference range to reflect the age, sex, diet and geographical location of the population.

SPECIFIC PERFORMANCE CHARACTERISTICS

INTERFERENCE

A Reagent blank may be performed by replacing sample or standard with double deionized water. The following analyze were tested up to the levels indicated and found not to interfere:

Hemoglobin: 12.5 mg/dl
Intralipid: Total 150 mg/dl
bilirubin: H-Val- 50 µmol/L
Trp: EDTA: 5 µmol/L
300 µmol/L

PRECISION

The CV of the test should be less than 5%

Intra assay precision

N=20	Level1	Level 2
Mean (U/L)	46.03	79.09
SD	0.53	0.78
Cv	1.16%	0.99%
Inter assay precision		
N=5	Level1	Level 2
Mean (U/L)	49.69	78.98
SD	0.90	1.16
Cv	1.98%	1.47%

LINEARITY

The method is linear up to 150 U/L. If the samples above this concentration should be diluted 1:1 with 0.9% NaCl and repeat assay. Multiply the result by 2.

SENSITIVITY

The minimum detectable concentration of ACE with an acceptable level of precision was determined as 5 U/L.

CORRELATION

This method (Y) was compared with another commercially available method (X) and the following linear regression equation obtained:

Y=0.9995X-1.5846, R^2=0.9761; 91 patient samples were analyzed.

SAFETY PRECAUTIONS AND WARNINGS

1. For in vitro diagnostic use only. Do not pipette by mouth. Exercise the normal precautions required for handing laboratory reagents.
2. Solution contains Sodium Azide. Avoid ingestion or contact with skin or mucous membranes. In case of skin contact, flush affected area with copious amounts of water. In case of contact with eyes or if ingested, seek immediate medical attention.
3. All specimens used in this test should be considered potentially infectious. Universal Precautions, as they apply at your facility, should be used for handling and disposing of materials during and after testing.

REFERENCES

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3. Holmquist B, Bunning P, Riordan JF: A continuous spectrophotometric assay for angiotensin converting enzyme. Anal Biochem , 540 (1979).
4. Liebermann, J., Beutler, E.: Elevation of serum angiotensin converting enzyme in Gaucher's disease. N.Engl. J. Med. 294, 1442-1444 (1976).
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Weldon Biotech (India) Private Limited

Plot No.: 31, Sector- 2, I.I.E., SIDCUL, Haridwar

Pin- 249403, Uttarakhand, Tel.: 01334-239441-42

Email: info@weldonbiotech.com
mfg@weldonbiotech.com
Ph. No. 08006553470

Website: www.weldonbiotech.com

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