2025/07/01
A93A01315HEN

ABX Pentra Urea CP

REF A11A01641
REAGENT 1 60 mL
REAGENT 2 15 mL

IVD CE 2797

HORIBA ABX SAS
Parc Euromédecine
Rue du Caducée
BP 7290
34184 Montpellier Cedex 4
FRANCE

- **Pentra C400**
- **ABX Pentra 400**

Diagnostic reagent for quantitative *in vitro* determination of Urea / Blood Urea Nitrogen in serum, plasma and urine by colorimetry.

Application Release

Serum, plasma:
Pentra C400:

- **Urea** 1.xx
- **BUN** 1.xx

ABX Pentra 400:
World wide except the USA:

- **Urea** 4.xx
- **BUN** 4.xx

For the USA only:

- **Urea** 2.xx
- **BUN** 2.xx

Urine:
Pentra C400:

- **Urea-U** 1.xx
- **BUN-U** 1.xx

ABX Pentra 400:
World wide except the USA:

- **Urea-U** 5.xx
- **BUN-U** 2.xx

For the USA only:

- **Urea-U** 2.xx
- **BUN-U** 2.xx

Intended Use [a] [b]

ABX Pentra Urea CP reagent is intended for the quantitative *in vitro* diagnostic determination of urea/urea nitrogen (an end-product of nitrogen metabolism) in human serum, plasma and urine based on an enzymatic UV test using urease and glutamate dehydrogenase.
Clinical laboratories use.
Urea/Urea nitrogen (BUN) measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.
Assessing the physiologic and pathologic variations of Urea/Urea nitrogen (BUN) concentration in human serum, plasma and urine is useful for screening or follow-up of these diseases.

Clinical Interest (1, 2)

Urea is the nitrogen-containing end product of protein catabolism. States associated with elevated levels of urea in blood are referred to as hyperuremia or azotemia. Parallel determination of urea and creatinine is performed to differentiate between pre-renal and post-renal azotemia. Pre-renal azotemia, caused by e.g. dehydration, increased protein catabolism, cortisol treatment or decreased renal perfusion, leads to increased urea levels, while creatinine values remain within the reference range. In post-renal azotemias, caused by the obstruction of the urinary tract, both urea and creatinine levels rise, but creatinine in a smaller extent. In renal diseases urea concentrations are elevated when the glomerular filtration rate is markedly reduced and when the protein intake is higher than 200 g/ day.

[a]Modification: modification of Intended Use chapter.
[b]Modification: modification of CE mark.

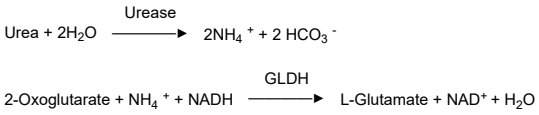
S.A.S. au capital de 23.859.980 € - RCS Montpellier 328 031 042 - SIRET 328 031 042 000 42 - APE 332 B

Explore the future
HORIBA

ABX Pentra Urea CP

Method (3)

''Urease - GLDH'': enzymatic UV test.



(GLDH = Glutamate dehydrogenase)

Reagents

ABX Pentra Urea CP is ready-to-use.

Reagent 1 (R1):	
TRIS pH 7.8	150 mmol/L
2-Oxoglutarate	9 mmol/L
ADP	0.75 mmol/L
Urease	≥ 7 kU/L
GLDH (Glutamate dehydrogenase)	≥ 1 kU/L
Reagent 2 (R2):	
NADH	1.3 mmol/L

ABX Pentra Urea CP should be used according to this notice. The manufacturer cannot guarantee its performance if used otherwise.

Handling

1. Remove both caps of the cassette.
2. If present, remove foam by using a plastic pipette.

Calibrator

For calibration, use:
ABX Pentra Multical (A11A01652) (not included)
10 x 3 mL (lyophilisate)

Control

For internal quality control, use:

- **ABX Pentra N MultiControl** (1300054414) (not included)
  10 x 5 mL (lyophilisate)
- **ABX Pentra P MultiControl** (1300054415) (not included)
  10 x 5 mL (lyophilisate)
- **Yumizen C Urine Level 1 Control** (1300023946) (not included)
  6 x 5 mL
- **Yumizen C Urine Level 2 Control** (1300023947) (not included)
  6 x 5 mL

Each control should be assayed daily and/or after a calibration.
The frequency of controls and the confidence intervals should correspond to laboratory guidelines and country-specific directives. You should follow federal, state and local guidelines for testing quality control materials. The results must be within the range of the defined confidence limits. Each laboratory should establish a procedure to follow if the results exceed these confidence limits.

Materials Required but not Provided

- Automated clinical chemistry analyzer: ABX Pentra 400 / Pentra C400
- Calibrator: **ABX Pentra Multical** (A11A01652)
- Controls:
  ABX Pentra N MultiControl (1300054414)
  ABX Pentra P MultiControl (1300054415)
  Yumizen C Urine Level 1 Control (1300023946)
  Yumizen C Urine Level 2 Control (1300023947)
- Standard laboratory equipment.

Specimen

This device intended testing population is general population.

Specimen types

- Serum.
- Plasma in lithium heparin.
- Fresh urine.

Anticoagulants other than those listed have not been tested by HORIBA and are therefore not recommended for use with this assay.

Stability

Serum, plasma (1)

- At room temperature: 2 days
- At 4-8°C: 1 week

S.A.S. au capital de 23.859.980 € - RCS Montpellier 328 031 042 - SIRET 328 031 042 000 42 - APE 332 B

ABX Pentra Urea CP

Urine (4)

- At - 20°C: 4 weeks if pH < 7.0
- At 4-8°C: 7 days if pH < 7.0
- At 20-25°C: 2 days if pH < 7.0

Reference Range

Each laboratory should establish its own reference ranges. The values given here are used as guidelines only.

Serum, plasma (1)

	Urea		BUN
Adults:	**[mg/dL]**	**[mmol/L]**	**[mg/dL]**
Global	17 - 43	2.8 - 7.2	7.9 - 20.2
Women < 50 years	15 - 40	2.6 - 6.7	7.3 - 18.8
Women > 50 years	21 - 43	3.5 - 7.2	9.8 - 20.2
Men < 50 years	19 - 44	3.2 - 7.3	9.0 - 20.5
Men > 50 years	18 - 55	3.0 - 9.2	8.4 - 25.8

	Urea		BUN
Children:	**[mg/dL]**	**[mmol/L]**	**[mg/dL]**
1 - 3 years	11 - 36	1.8 - 6.0	5.1 - 16.8
4 - 13 years	15 - 36	2.5 - 6.0	7.0 - 16.8
14 - 19 years	18 - 45	2.9 - 7.5	8.1 - 21.1

Urine (5)

Urea [mmol/24h]	BUN [mg/24h]
430 - 710	1207 - 1993

Clinical sensitivity and specificity, positive predictive value and negative predictive value are not commonly reported for this analyte. This is largely attributed to the fact that this analyte is not sole indicator for the intended purpose and patient treatment decision making. To arrive at a diagnosis and a course of treatment, results from others routine clinical chemistry tests should be used in conjunction with other diagnostic information and the attending health-care professional's evaluation of the patient's condition.

Storage and Stability

Stability before opening:

Stable up to the expiry date on the label if stored at 2-8°C.

Stability after opening:

Refer to the paragraph "Performance on ABX Pentra 400 / Pentra C400".

Do not freeze.

Waste Management [c]

- Please refer to local legal requirements.
- This reagent contains less than 0.1% of sodium azide as a preservative.

General Precautions

- This reagent is for professional *in vitro* diagnostic use only.
  For laboratory use.
- For prescription use only.
- This reagent is classified as non-hazardous in compliance with regulation (EC) N°.1272/2008.
- **Reagent 1 (R1):**
  Warning: This reagent is obtained from substances of animal origin. Consequently, it should be treated as potentially infectious and handled with the appropriate cautions in accordance with good laboratory practices (6).
- Do not pipette by mouth.
- Do not replenish the reagents.
- Do not swallow. Avoid contact with skin and mucous membranes.
- Observe the standard laboratory precautions for use.
- The reagent cassettes are disposable and should be disposed of in accordance with the local legal requirements.
- Please refer to the SDS associated with the reagent.
- Do not use the product if there is visible evidence of biological, chemical or physical deterioration.
- Do not use the product if the recommended storage conditions, including temperature, are not followed.
- User must be trained by a HORIBA representative before attempting to operate the device.
- It is the user's responsibility to verify that this document is applicable to the reagent used.
- For technical assistance, you can call +33 (0)4 67 14 15 16.
- Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the country in which the user and/or the patient is established.

[c]Modification: modification of waste management.

S.A.S. au capital de 23.859.980 € - RCS Montpellier 328 031 042 - SIRET 328 031 042 000 42 - APE 332 B

ABX Pentra Urea CP

Performance on ABX Pentra 400 / Pentra C400

Lot to Lot Variability

The recovery of samples (serum and plasma) done during QC release of three consecutive lots of reagent shows that the lot to lot variability is within specification: < 10%.

The performance data listed below are representative of performance on HORIBA Systems.

Serum, plasma

Number of tests: 220 tests
If the number of tests requested is low and the ABX Pentra 400 / Pentra C400 user intends to utilise the cassette to the maximum on board stability, it is the recommendation of HORIBA, to utilise the consumable part XEC232 (Kit membrane) to achieve the number of tests stated in this notice.

On Board Reagent Stability

Once opened, the reagent cassette placed in the refrigerated ABX Pentra 400 / Pentra C400 compartment is stable for 70 days.

Sample Volume: 3.0 µL/test

Detection Limit

The detection limit is determined according to CLSI (NCCLS), EP17-A2 protocol (7) and equals:
Urea: 0.5892 mmol/L (3.54 mg/dL)
BUN: 1.65 mg/dL

Limit of Quantitation

The limit of quantitation is determined according to CLSI (NCCLS), EP17-A2 protocol (7) and equals:
Urea: 0.99 mmol/L (5.95 mg/dL)
BUN: 2.78 mg/dL

Accuracy and Precision

Repeatability (within-run precision)

Repeatability according to the recommendations found in the Valtec protocol (8) with samples tested 20 times:

- 2 controls
- 3 specimens (low / medium / high levels)

	Mean value Urea		CV %
	mmol/L	mg/dL	
Control specimen 1	6.68	40.1	2.27
Control specimen 2	25.93	155.6	1.66
Specimen 1	2.15	12.9	2.76
Specimen 2	7.43	44.6	1.58
Specimen 3	30.45	182.7	1.80

	Mean value (mg/dL) BUN	CV %
Control specimen 1	18.7	2.27
Control specimen 2	72.8	1.66
Specimen 1	6.0	2.76
Specimen 2	20.9	1.58
Specimen 3	85.5	1.80

Reproducibility (total precision)

Reproducibility according to the recommendations found in the CLSI (NCCLS), EP5-A2 protocol (9) with samples tested in duplicate for 20 days (2 series per day):

- 2 controls
- 2 specimens (medium / high levels)

	Mean value Urea		CV %
	mmol/L	mg/dL	
Control specimen 1	6.57	39.5	2.1
Control specimen 2	25.54	153.4	1.9
Specimen 1	6.86	41.2	2.1
Specimen 2	24.98	150.1	2.0

	Mean value (mg/dL) BUN	CV %
Control specimen 1	18.5	2.1
Control specimen 2	71.7	1.9
Specimen 1	19.2	2.1
Specimen 2	70.1	2.0

S.A.S. au capital de 23.859.980 € - RCS Montpellier 328 031 042 - SIRET 328 031 042 000 42 - APE 332 B

ABX Pentra Urea CP

Measuring Range

Urea:
The assay confirmed a measuring range from 0.99 to 50 mmol/L (5.95 to 300 mg/dL), with an automatic post-dilution up to 250 mmol/L (1500 mg/dL).
The reagent linearity has been assessed up to 50 mmol/L (300 mg/dL) according to the recommendations found in the CLSI (NCCLS), EP06-Ed2 protocol (10).
BUN:
The assay confirmed a measuring range from 2.78 to 140.3 mg/dL, with an automatic post-dilution up to 701.5 mg/dL.
The reagent linearity has been assessed up to 140.3 mg/dL according to the recommendations found in the CLSI (NCCLS), EP06-Ed2 protocol (10).

Correlation

Patient samples: Serum
Number of patient samples: 130
Specimens are correlated with a commercial reagent taken as reference according to the recommendations found in the CLSI (NCCLS), EP09c protocol (11).
Urea: values ranged from 1.11 to 49.46 mmol/L (6.67 to 297.06 mg/dL).
BUN: values ranged from 3.12 to 138.81 mg/dL.
The equation for the allometric line obtained using Passing-Bablok regression procedure (12) is:
Urea:
Y = 0.9856 x - 0.0282 (mmol/L)
Y = 0.9856 x - 0.169 (mg/dL)
with a correlation coefficient $r^2 = 0.995$
BUN:
Y = 0.9856 x - 0.079 (mg/dL)
with a correlation coefficient $r^2 = 0.995$

Interferences

Haemoglobin:	No significant influence is observed up to 267 µmol/L (460 mg/dL).
Triglycerides:	No significant influence is observed up to a triglyceride concentration of 5.72 mmol/L (500 mg/dL).
Total Bilirubin:	No significant influence is observed up to 380 µmol/L (22.23 mg/dL).
Direct Bilirubin:	No significant influence is observed up to 400 µmol/L (23.4 mg/dL).

Other limitations are given by Young as a list of drugs and preanalytical variables known to affect this methodology (13, 14).

Calibration Stability

The reagent is calibrated on Day 0. The calibration stability is checked by testing 2 control specimens.
The calibration stability is 8 days.

Note: A recalibration is recommended when reagent lots change, and when quality control results fall outside the range established.

Urine

Number of tests: 220 tests
If the number of tests requested is low and the ABX Pentra 400 / Pentra C400 user intends to utilise the cassette to the maximum on board stability, it is the recommendation of HORIBA, to utilise the consumable part XEC232 (Kit membrane) to achieve the number of tests stated in this notice.

On Board Reagent Stability

Once opened, the reagent cassette placed in the refrigerated ABX Pentra 400 / Pentra C400 compartment is stable for 70 days.

Sample volume: 3.0 µL/test

Detection Limit

The detection limit is determined according to CLSI (NCCLS), EP17-A2 protocol (7) and equals:
Urea: 9.8828 mmol/L (59.35 mg/dL)
BUN: 27.75 mg/dL

Limit of Quantitation

The limit of quantitation is determined according to CLSI (NCCLS), EP17-A2 protocol (7) and equals:
Urea: 14.82 mmol/L (89.01 mg/dL)
BUN: 42 mg/dL

Accuracy and Precision

Repeatability (within-run precision)

Repeatability according to the recommendations found in the Valtec protocol (8) with samples tested 20 times:

- 2 controls
- 3 specimens (low / medium / high levels)

	Mean value Urea:		CV %
	mmol/L	mg/dL	
Control specimen 1	129.13	775	1.24
Control specimen 2	223.73	1342	0.74
Specimen 1	91.55	549	1.76
Specimen 2	173.65	1042	1.44
Specimen 3	521.62	3130	0.72

S.A.S. au capital de 23.859.980 € - RCS Montpellier 328 031 042 - SIRET 328 031 042 000 42 - APE 332 B

ABX Pentra Urea CP

	Mean value (mg/dL) BUN	CV %
Control specimen 1	362	1.24
Control specimen 2	627	0.74
Specimen 1	257	1.76
Specimen 2	487	1.44
Specimen 3	1462	0.72

Reproducibility (total precision)
Reproducibility according to the recommendations found in the CLSI (NCCLS), EP5-A2 protocol (9) with samples tested in duplicate for 20 days (2 series per day):

- 2 controls
- 2 specimens (medium / high levels)

	Mean value Urea:		CV %
	mmol/L	mg/dL	
Control specimen 1	128.58	772	3.8
Control specimen 2	216.27	1299	4.1
Specimen 1	198.13	1190	3.4
Specimen 2	547.82	3290	3.1

	Mean value (mg/dL) BUN	CV %
Control specimen 1	361	3.8
Control specimen 2	607	4.1
Specimen 1	556	3.4
Specimen 2	1537	3.1

Measuring Range
Urea:
The assay confirmed a measuring range from 14.82 to 750 mmol/L (89 to 4500 mg/dL), with an automatic post-dilution up to 3750 mmol/L (22500 mg/dL).
The reagent linearity has been assessed up to 750 mmol/L (4500 mg/dL) according to the recommendations found in the CLSI (NCCLS), EP06-Ed2 protocol (10).
BUN:
The assay confirmed a measuring range from 42 to 2106 mg/dL, with an automatic post-dilution up to 10530 mg/dL.
The reagent linearity has been assessed up to 2106 mg/dL according to the recommendations found in the CLSI (NCCLS), EP06-Ed2 protocol (10).

Correlation

Patient samples: urine
Number of patient samples: 107
Specimens are correlated with a commercial reagent taken as reference according to the recommendations found in the CLSI (NCCLS), EP09c protocol (11).
Urea: values ranged from 15.63 to 720.28 mmol/L (94 to 4326 mg/L).
BUN: values ranged from 44 to 2022 mg/dL.
The equation for the allometric line obtained using Passing-Bablok regression procedure (12) is:
Urea:
Y = 1.146 x – 4.772 (mmol/L)
Y = 1.146 x – 28.662 (mg/dL)
with a correlation coefficient r^2 = 0.994
BUN:
Y = 1.146 x – 13.401 (mg/dL)
with a correlation coefficient r^2 = 0.994

Interferences

Haemoglobin: No significant influence is observed up to 290 µmol/L (500 mg/dL).
Direct Bilirubin: No significant influence is observed up to 650 µmol/L (38 mg/dL).
Other limitations are given by Young as a list of drugs and preanalytical variables known to affect this methodology (13, 14).

Calibration Stability

The reagent is calibrated on Day 0. The calibration stability is checked by testing 2 control specimens.
The calibration stability is 8 days.
Note: A recalibration is recommended when reagent lots change, and when quality control results fall outside the range established.

Conversion Factor (1)

Urea (mmol/L) = Urea (mg/dL) x 0.1665
BUN (mg/dL) = Urea (mg/dL) / 2.14
BUN (mg/dL) = Urea (mmol/L) / 0.3561

Reference

1. Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: THBooks Verlagsgesellschaft (1998): 374-377.
2. Burtis CA, Ashwood ER, editors. Tietz Textbook of Clinical Chemistry. 3rd ed. Philadelphia: W.B Saunders Company (1999): 1838.

S.A.S. au capital de 23.859.980 € - RCS Montpellier 328 031 042 - SIRET 328 031 042 000 42 - APE 332 B

ABX Pentra Urea CP

3. Talke H, Schubert GE. Enzymatische Harnstoffbestimmung in Blut und Serum im optischen Test nach Warburg (Enzymatic determination of urea in blood and serum with the optical test according to Warburg). Klin. Wochenschr (1965) **43**: 174-175.
4. Guder WG, Zawta B. The Quality of Diagnostics Samples. Samples: From the Patient to the Laboratory. 1st Ed. Guder WG, Narayanan S, Zawta B. (WHILEY-VCH, Darmstadt, Germany) (2001): 52-53.
5. Roberts WL, McMillin GA, Burtis CA, Bruns DE. Reference Information for the Clinical Laboratory, TIETZ Textbook of Clinical Chemistry and Molecular Diagnostics. 4th Ed., Burtis CA, Ashwood ER, Bruns DE, (Elsevier Saunders eds., St Louis, USA) (2006): 2301.
6. Council Directive (2000/54/EC). Official Journal of the European Communities. No. L262 from October 17, 2000: 21-45.
7. Evaluation of detection capability for clinical laboratory measurement procedures. Approved Guideline, 2nd ed., CLSI (NCCLS) document EP17-A2 (2012) **32** (8).
8. Vassault A, Grafmeyer D, Naudin C et al. Protocole de validation de techniques (document B). Ann. Biol. Clin. (1986) **44**: 686-745.
9. Evaluation of Precision Performance of Quantitative Measurement Method. Approved Guideline, CLSI (NCCLS) document EP5-A2 (2004) **24** (25).
10. Evaluation of Linearity of Quantitative Measurement Procedures. 2nd Edition, CLSI (NCCLS) guideline EP06-Ed2 (2020) **40** (16).
11. Measurement Procedure Comparison and Bias Estimation Using Patient Samples. Approved Guideline, 3rd ed., CLSI (NCCLS) document EP09c (2018) **38** (12).
12. Passing H, Bablok W. A new biometrical procedure for testing the equality of measurements from two different analytical methods. J. Clin. Chem. Clin. Biochem. (1983) **21**: 709-720.
13. Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th Edition, Washington, DC, AACC Press (2000).
14. Young DS. Effects of Preanalytical Variables on Clinical Laboratory Tests. 2nd Edition, Washington, DC, AACC Press (1997) **3**: 120-132.

S.A.S. au capital de 23.859.980 € - RCS Montpellier 328 031 042 - SIRET 328 031 042 000 42 - APE 332 B