

RANDOX

SUPERIOR PERFORMANCE & UNIQUE TESTS



DESIGNED TO MEET THE NEEDS OF YOUR LABORATORY



HIGH PERFORMANCE & UNIQUE TESTS

Cardiology and Lipids | Diabetes | Renal Function | Antioxidants | Clinical Chemistry

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Key:



UNIQUE FEATURE

When you see this symbol you will know that this feature is unique to the Randox product



NICHE PRODUCT

When you see this symbol you will know that Randox have one of the only automated biochemistry assays available on the market

Benefits of Randox Reagents

Randox offers an extensive range of third party diagnostic reagents which are internationally recognised as being of the highest quality; producing accurate and precise results. We have an extensive test menu of over 100 assays, covering over 100 disease markers including: antioxidants, diabetes, cardiology & lipid testing, specific proteins, therapeutic drug monitoring and veterinary testing. A wide range of formats and methods are available providing greater flexibility and choice for any laboratory size. In addition to flexible pack sizes and a comprehensive list of analyser applications, we can also provide dedicated reagent packs (Randox Easy Read and Easy Fit reagents) for a wide range of chemistry analysers providing you with freedom of choice from an independent manufacturer.



Expand your test menu without expanding your lab

There is no need to buy any extra equipment in order to expand your test menu. Our reagents can be programmed onto the majority of the most common biochemistry analysers.



Bring testing in-house

With smaller kit sizes and excellent reagent stability you don't have to worry about reagent wastage, allowing testing to be brought in - house.



Expand routine testing

With speciality assays for 195 of the most common clinical chemistry analysers; assays which usually require dedicated equipment can now be run on automated biochemistry analysers; allowing your laboratory to expand its routine test menu.



Reduce labour

Reduce your time spent on running tests through liquid ready-to-use reagents, automated methods and our easy - fit options.



Reduce costs

We can help create cost-savings for your laboratory through excellent reagent stability; by eliminating the need for costly re-runs through the excellent quality of products; and by offering a range of kit sizes (including smaller kit sizes for niche tests to reduce waste).



Reduce the risk of errors and have confidence in patient results

Our traceability of material and extremely tight manufacturing tolerances ensure uniformity across reagent batches reducing lot-to-lot variability. Giving you the confidence that you are sending out the correct patient results.

CARDIOLOGY & LIPIDS

Lipoprotein (a) | Small Dense LDL Cholesterol (sdLDL - C) | Homocysteine

Apolipoprotein C - II | Apolipoprotein C - III | Apolipoprotein E

Lipoprotein(a) (Lp(a))

Elevated levels of Lipoprotein(a) (Lp(a)), are considered to be both a causal risk factor and independent genetic marker of **atherosclerotic disorders**. The major challenge associated with Lp(a) measurement is the size variation of the apo(a) molecule within Lp(a). Dependent upon the size of the apo(a) in the assay calibrator, many assays under or overestimate apo(a) size in the patient sample. Numerous commercially available products suffer from apo(a) size related bias, resulting in an over estimation of Lp(a) in samples with large apo(a) molecules and an under estimation in samples with small apo(a) molecules. The antibody used in the Randox method detects the complete Lp(a) molecule providing accurate and consistent results. This was proven by the IFCC who developed a gold standard ELISA reference assay and compared 22 commercially available tests. The Randox Lp(a) method displayed the least (minimal) amount of apo(a) size related bias, proving it to be a superior offering.

Ordering Information

Cat. No:	LP2757 ♦	R1 1 x 30ml
		R2 1 x 15ml
	LP3403 ♦	R1 1 x 10ml
		R2 1 x 6ml

♦ Indicates liquid option

Randox Lp(a)

- UF** The Randox Lp(a) assay is one of the only methodologies on the market that detects the non - variable part of the Lp(a) molecule and therefore suffers minimal size related bias providing more accurate and consistent results.
- UF** The Randox Lp(a) kit is standardised to the WHO/IFCC reference material SRM 2B and is closest in terms of agreement to the ELISA reference method
- UF** Five point calibrator with accuracy-based assigned target values is provided which accurately reflects the heterogeneity of isoforms present in the general population
 - Measuring units available in nmol/L upon request.
* FDA 510(k) cleared for mg/dL units only, measuring Lp(a) in nmol/L is not FDA approved for the USA market.
 - Highly sensitive and specific method** for Lp(a) detection in serum and plasma
 - Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers
 - Liquid ready-to-use reagents** for convenience and ease-of-use
 - Lp(a) controls and calibrator** available offering a complete testing package

Small - dense LDL (Low Density Lipoprotein) Cholesterol (sdLDL - C)

Small - dense LDL Cholesterol (sdLDL - C) is a subtype of LDL cholesterol. All LDL transports triglycerides and cholesterol to bodily tissues but their atherogenicity varies according to size. Smaller particles such as sdLDL - C can permeate the inner arterial wall more readily and are more susceptible to oxidation, making sdLDL - C particularly atherogenic. Research has found that individuals with a predominance of sdLDL - C have a **three - fold increased risk of myocardial infarction**, making sdLDL - C measurement extremely valuable. sdLDL - C is a valuable screening tool of Cardiovascular Disease risk.

Ordering Information

Cat. No:	562616 ♦	R1 1 x 19.8ml R2 1 x 8.6ml
	562760 (U) ♦	R1 1 x 18ml R2 1 x 7ml
	562791*(U) ♦	R1 5 x 200ml
	562807*(U) ♦	R2 2 x 200ml

♦ Indicates liquid option

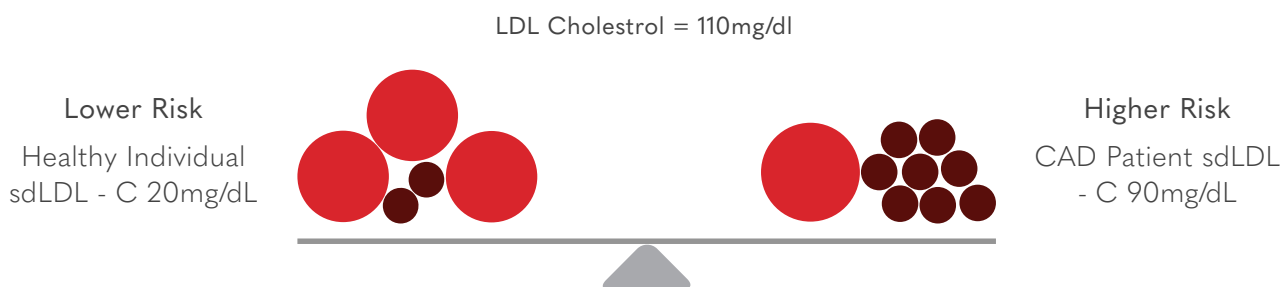
(U) indicates for use in the USA only!

(*) indicates that both kits must be purchased together!

Randox sdLDL - C

- **Rapid analysis** as results can be produced in as little as ten minutes, facilitating faster patient diagnosis and treatment plan implementation
- **Liquid ready-to-use reagents** for convenience and ease-of-use
- **Applications available** detailing instrument - specific settings for a wide range of analysers
- **Clearance method**
- **Dedicated sdLDL - C control and calibrator available** offering a complete testing package

Fig 1. Size matters: the true weight of risk in lipid profiling¹



Apolipoprotein C - II

NP

Apolipoprotein C - II (Apo C - II) is an amino acid protein synthesised mainly in the liver and to a lesser extent in the intestine. Apo C-II acts as a co - factor for lipoprotein lipase; an enzyme that hydrolyses triglycerides in chylomicrons and VLDL - C. Patients have been identified with **hypertriglyceridemia** due to a deficiency in Apo C - II which leads to an increased risk of the patient developing **coronary artery disease**.

Additional disease states associated with Apo C - II deficiency include **chylomicronemia**, **xanthomas** and **recurrent pancreatitis**.

Ordering Information

Cat. No: **LP3866** ♦ R1 2 x 11ml
R2 2 x 5ml

♦ Indicates liquid option

Randox Apolipoprotein C - II

- **Liquid ready-to-use reagents** for convenience and ease-of-use
- **Excellent sensitivity of 1.48mg/dl**, ensuring depleted levels of Apo C - II are detected
- **Limited interference** from Bilirubin, Haemoglobin, Intralipid® and Triglycerides for truly accurate results
- **Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers
- **Immunoturbidimetric method**
- **Dedicated Apolipoprotein controls and calibrator available** offering a complete testing package

Apolipoprotein C - III

NP

Apolipoprotein C - III (Apo C - III) is an amino acid protein which circulates in plasma in association with triglyceride rich lipoproteins (chylomicrons, VLDL - C and LDL-C) and HDL-C. Apo C - III modulates the uptake of triglyceride - rich lipoproteins by the LDL receptor related protein through the inhibition of lipoprotein lipase. Elevated levels of Apo C - III are associated with **both primary and secondary hypertriglyceridemia**.

Genetically determined, **Apo C - III deficiency in humans can increase the rate of triglyceride clearance from plasma by up to seven fold**. However, elevated Apo C - III levels can be detected in many pathological conditions including: **type 2 diabetes**, **hyperbilirubinemia**, **kidney malfunction** and **decreased thyroid function**. Factors that can influence Apo C - III levels include: gender, age, menopause and genetic polymorphisms in the Apo C - III gene.

Ordering Information

Cat. No: **LP3865** ♦ R1 2 x 11ml
R2 2 x 5ml

♦ Indicates liquid option

Randox Apolipoprotein C - III

- **Liquid ready-to-use reagents** for convenience and ease-of-use
- **Excellent linearity of 21.7mg/dl** for the comfortable detection of clinically important results
- **Limited interference** from Bilirubin, Haemoglobin, Intralipid® and Triglycerides for truly accurate results
- **Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers
- **Immunoturbidimetric method**
- **Apolipoprotein controls and calibrator available** offering a complete testing package

For specific catalogue numbers, please refer to IFU for full performance details

Apolipoprotein E

NP

Apolipoprotein E (Apo E) is an amino acid protein synthesised mainly in the liver but also in the brain, spleen, lungs, adrenals, ovaries, kidneys, muscle cells and in macrophages. The polymorphism of Apo E has been implicated in several diseases including **cardiovascular disease and neurodegenerative diseases** such as Alzheimer's.

Apo E deficiency causes high serum cholesterol and triglyceride levels and leads to **premature atherosclerosis**. A number of factors can affect Apo E concentrations including: genetic polymorphisms, oral contraceptive intake, puberty, BMI and age.

Ordering Information

Cat. No: **LP3864** ♦ R1 2 x 11ml
R2 2 x 5ml

♦ Indicates liquid option

Randox Apolipoprotein E

- Liquid ready-to-use reagents for convenience and ease-of-use
- Excellent measuring range of 1.04 - 12.3mg/dl, for the comfortable detection of clinically important results
- Limited interference from Bilirubin, Haemoglobin, Intralipid® and Triglycerides for truly accurate results
- Applications available detailing instrument - specific settings for a wide range of clinical chemistry analysers
- Immunoturbidimetric method
- Apolipoprotein control and calibrator available offering a complete testing package

Homocysteine

Homocysteine is a thiol - containing amino acid produced by the intracellular demethylation of Methionine. Homocysteine is an independent risk factor for cardiovascular disease. High levels of Homocysteine (hyperhomocysteinemia) leads to artery endothelial cell damage and reduced vessel flexibility. Research suggests the negative effect of Hyperhomocysteinemia on the artery cell wall may increase an individual's risk of developing atherosclerosis. Elevated levels of Homocysteine can be associated with various disease states including: **Cardiovascular Disease, Diabetes, Dementia, Osteoporosis, and physical performance and complications during pregnancy**; making homocysteine an essential addition to a laboratory's testing panel.

Ordering Information

Cat. No: **HY4036 (C)** ♦ R1 2 x 21.7ml
R2 2 x 4.6ml
CAL 2 x 1 x 3ml

♦ Indicates liquid option
(C) indicates calibrator included in kit

Randox Homocysteine

- UF Limited interference from Bilirubin, Haemoglobin, Triglycerides and Intralipid®, producing more accurate and precise results
- UF Two - reagent format for convenience and ease-of-use
- Calibrator provided with kit simplifying the ordering process
- Liquid ready-to-use reagents for convenience and ease-of-use
- Wide measuring range of 1.7 - 479µmol/l enabling the comfortable detection of clinically important results
- Enzymatic method
- Tri-level cardiac control available offering a complete testing package

For specific catalogue numbers, please refer to IFU for full performance details

DIABETES

Fructosamine | Non - Esterified Fatty Acids (NEFA) | D - 3 - Hydroxybutyrate (Ranbut)

Fructosamine (Glycated Serum Protein)

Fructosamine is a mid - term indicator of diabetic control as it can provide information on a person's average blood glucose levels over the preceding 14 - 21 days. After commencing therapy, fructosamine level decrease earlier (within a week) than HbA1c (after 4 - 8 weeks) and so, it is often used to evaluate the effectiveness of **medication changes** and to monitor the **treatment of gestational diabetes**. Fructosamine is also particularly useful in situations where HbA1c cannot be reliably measured when individuals have, for example: **haemolytic anaemia, thalassemia or genetic haemoglobin variants**.

Ordering Information

Cat. No: **FR4030** ♦ R1 4 x 19.8ml
R2 4 x 6.9ml

♦ Indicates liquid option

Randox Fructosamine (Glycated Serum Protein)

UF Superior performance enzymatic method which offers improved specificity and reliability compared to conventional NBT - based methods. The Randox enzymatic method does not suffer from non - specific interferences unlike other commercially available fructosamine assays

- **Liquid ready-to-use reagents** convenience and ease-of-use
- **Limited interference** from Bilirubin, Glucose, Haemoglobin, Intralipid® and Triglycerides ensuring truly accurate results are produced
- **Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers
- **Dedicated Fructosamine controls and calibrator** available offering a complete testing package

Non - Esterified Fatty Acids (NEFA)

NP

Non - Esterified Fatty Acids (NEFA) are molecules released from triglycerides by the action of the enzyme lipase and are transported in the blood bound to albumin. NEFA are major contributors to the body's energy supply despite representing a small proportion of the body's fat percentage. Measurement of NEFA is particularly important in **diabetes where insulin deficiency results in the metabolism of fat**. Levels are also frequently increased in obese patients. NEFA exerts an inflammatory effect on localised tissues. Consequently NEFA can contribute to the development of atherosclerosis.

Ordering Information

Cat. No: **FA115 (C)** R1a 1 x 70ml
R1b 3 x 10ml
R2a 3 x 20ml
R2b 3 x 20ml
R2c 3 x 20ml
CAL 1 x 5.5ml

(C) indicates calibrator included in kit

Randox NEFA

- **Excellent precision** of <5% CV
- **Standard supplied with kit** simplifying the ordering process
- **Excellent measuring range** of 0.072 - 2.24mmol/l for the comfortable detection of clinically important results
- **Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers
- **Colorimetric method**
- **Control available** offering a complete testing package

For specific catalogue numbers, please refer to IFU for full performance details

Radox D-3-Hydroxybutyrate (Ranbut)

D - 3 - Hydroxybutyrate is the most sensitive ketone for the **diagnosis of ketosis**, in particular **diabetic ketoacidosis**. Ketosis, a metabolic process, occurs when the body switches from glucose to predominantly fat metabolism for energy production when carbohydrate availability reaches low levels. Metabolism of fatty acids in the liver results in the production of 3 ketones: acetone, acetoacetate and D - 3 - Hydroxybutyrate. Levels of ketone bodies in the blood are elevated (ketosis) when synthesis exceeds breakdown.

Ordering Information

Cat. No:	RB1007 (S)	R1a 1 x 105ml
		R1 10 x 10ml
		CAL 1 x 5.5ml

◆ Indicates liquid option

(S) Indicates standard included in kit, and is for manual and semi-automated use only

Radox D-3-Hydroxybutyrate (Ranbut)

- **Superior methodology** when compared to other commercially available ketone detection tests. The nitroprusside method used in semi - quantitative dipstick tests only detects acetone and acetoacetate, not D-3 Hydroxybutyrate. Measuring only D-3-Hydroxybutyrate for ketone analysis provides more accurate, comparable and sensitive results
- **Wide measuring range** for the comfortable detection of clinically important results
- **Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers
- **Suitable for use in serum** reducing the risk of false negatives
- **Enzymatic method**
- **Controls and calibrator available** offering a complete testing package

RENAL FUNCTION

Liquid Enzymatic Creatinine | Microalbumin

Liquid Enzymatic Creatinine

Creatinine clearance in the kidneys provides a measure of the Glomerular Filtration Rate (GFR) and is the standard marker for renal function. The enzymatic method of Creatinine measurement displays several advantages over the JAFFE method: highly specific, no interferences from endogenous creatinine as it is not involved in the pathway and eliminates the requirement for urea determination. Systemic errors from JAFFE creatinine provides unreliable renal function estimates, resulting in the risk of incorrect drug dosage adjustments, misclassification in Chronic Kidney Disease staging and incomparability of patient data.

Ordering Information

Cat. No:	CR4037 ♦	R1 4 x 50ml R2 4 x 19.5ml
	CR8317 ♦	R1 4 x 20ml R2 4 x 9.5ml R2 4 x 20ml CAL 1 x 5.5ml

♦ Indicates liquid option

(C) Indicates standard included in kit, and is for manual and semi-automated use only

Randox Liquid Enzymatic Creatinine

- UF** Enzymatic method offering superior specificity when compared to traditional Jaffe creatinine assays
- **Liquid ready-to-use reagents** for convenience and ease-of-use
 - **Limited interference** from Bilirubin, Haemoglobin, Intralipid® and Triglycerides, for truly accurate results and ensuring it is suitable for use with paediatric samples
 - **Extensive measuring range** for the comfortable detection of clinically important results
 - **No sample blank required**
 - **Controls and calibrator available** offering a complete testing package

Microalbumin

The Microalbumin assay detects very low levels of albumin in urine. The detection of albumin in urine can be an **indicator of kidney injury** which can result in irreversible damage if left untreated. Low albumin concentrations in urine (20 - 200mg/day) is the **earliest marker of renal damage** and therefore enables preventative measures to be taken. Microalbumin testing can identify individuals with **diabetic nephropathy** approximately 5 - 10 years earlier than proteinuria tests helping reduce the incidence of end stage renal disease.

Ordering Information

Cat. No:	MA2426 (S) ♦	R1 1 x 60ml R2 1 x 7ml CAL 6 x 1 x 2ml
	MA3828 ♦	R1 6 x 20ml R2 3 x 8ml
	MA8325 ♦	R1 1 x 20ml R2 1 x 4.6ml

♦ Indicates liquid option

(S) Indicates standard included in kit

Randox Microalbumin

UF Standard supplied with kit simplifying the ordering process

- **Immunoturbidimetric method** enabling sensitive and accurate albumin assessment
- **Liquid ready-to-use reagents** for convenience and ease-of-use
- **Excellent sensitivity** ensuring even low albumin concentrations are detected
- **Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers
- **Dedicated Microalbumin controls and calibrators available** offering a complete testing package

ANTIOXIDANTS

Total Antioxidant Status (TAS) | Glutathione Peroxidase (Randox Ransel) | Soluble
Transferrin Receptor (sTfR)

Total Antioxidant Status (TAS)

NP

The antioxidant defence system has many components. A deficiency in any of these components can cause a reduction in the overall antioxidant status of an individual. Reduction in Total Antioxidant Status (TAS) has been implicated in a number of disease states including: **heart disease, rheumatoid arthritis, diabetes and cancer**. TAS analysis is also useful in relation to retinopathy and age - related conditions. These can be monitored to promote supplementation and disease prevention.

Ordering Information

Cat. No:	NX2332 (S)	R1 1 x 100ml
		R2 5 x 10ml
		R3 2 x 5ml
		CAL 5 x 1ml

(S) Indicates standard included in kit, and is for manual and semi-automated use only

Randox TAS

- Suitable for automation whereas other commercially available products are based on ELISA technology which does not offer the same level of convenience and efficiency as the Randox TAS assay
- Standard supplied with kit simplifying the ordering process
- Excellent measuring range of 0.21 - 2.50mmol/l enabling the comfortable detection of clinically important results
- Applications available detailing instrument - specific settings for a wide range of clinical chemistry analysers
- Colorimetric method
- Dedicated TAS control available offering a complete testing package

Glutathione Peroxidase (Ransel)

NP

Ransel measures Glutathione Peroxidase which has a **direct correlation with selenium levels**. Selenium is an essential trace element involved in the aetiology of a number of diseases. At normal concentrations selenium has a protective effect against several disease states however, this protection is lost at lower concentrations. Conversely selenium can be toxic at high concentrations, therefore, it is important to monitor selenium levels to ensure they are kept within the normal range. The risk factors associated with abnormal selenium concentrations include: age, diet, smoking, stress, autoimmune diseases and chemotherapy.

Ordering Information

Cat. No:	RS505	R1a 8 x 10ml
		R1b 1 x 100ml
		R2 1 x 1ml
		R3 2 x 200ml

Randox Glutathione Peroxidase (Ransel)

- Enzymatic method enabling sensitive and accurate Glutathione Peroxidase assessment
- Excellent sensitivity for the comfortable detection of clinically important results
- Applications available detailing instrument - specific settings for a wide range of clinical chemistry analysers
- Dedicated Ransel controls and calibrator available offering a complete testing package

Soluble Transferrin Receptor (sTfR)

NP

Transferrin transports iron around the body, donating it to bodily cells by interacting with a specific membrane receptor, the transferrin receptor (TfR). A soluble form of TfR (sTfR) has been identified in animal and human serum, circulating freely in the blood. sTfR is a **marker of iron status**. In iron deficiency anaemia, sTfR levels are significantly increased, however, remain normal in the anaemia of inflammation. As such, sTfR measurement is useful in the differential diagnosis of **microcytic anaemia**.

Ordering Information

Cat. No: **TF10159** ♦ R1 1 x 9ml
R2 1 x 5.8ml

♦ Indicates liquid option

Randox sTfR

- Excellent correlation coefficient of $r=0.977$ when compared against other commercially available methods
- Excellent measuring range of 0.5 - 11.77mg/L, for the comfortable detection of clinically important results
- Liquid ready-to-use reagent for convenience and ease-of-use
- Latex enhanced immunoturbidimetric method
- Stable to expiry when stored at +2°C to +8°C
- Dedicated sTfR control and calibrator available offering a complete testing package

CLINICAL CHEMISTRY

Aldolase | Cystatin C | Vanadate Oxidation Bilirubin | 5th Generation Bile Acids
Glucose - 6 - Phosphate Dehydrogenase (G6PDH) | Glutamate Dehydrogenase (GLDH)
Immunoglobulin E (IgE) | Copper | Zinc

Aldolase



Aldolase is an enzyme responsible for converting glucose into energy. In humans, the approximate normal range for Aldolase is 1 - 7.6U/L. Elevated levels are detectable in the blood of individuals with **skeletal muscle damage and liver disease**. In skeletal muscle diseases, including muscular dystrophy; damaged cells lyse, releasing aldolase into the blood. Levels also rise in conditions such as injury and gangrene, however remain normal in situations where weakness is caused by a neurological disease e.g. multiple sclerosis.

Ordering Information

Cat. No:	AD189	R1 5 x 20ml
		R2 2 x 1ml
		R3 1 vial

Randox Aldolase

- Lyophilised reagents for enhanced stability
- Excellent measuring range of 1.73 - 106U/l for the comfortable detection of clinically important results
- UV method
- Applications available detailing instrument - specific settings for a wide range of clinical chemistry analysers
- Dedicated aldolase controls and calibrator available for a complete testing package

Cystatin C

NP

Cystatin C is a small (13 kDa) cysteine proteinase inhibitor produced at a constant rate by all nucleated cells. The small molecular weight of Cystatin C allows it to be completely removed and broken down by the kidneys. Levels therefore remain steady if the kidneys are working efficiently and the Glomerular Filtration Rate (GFR) is normal. Cystatin C is a particularly useful marker of renal function in patients where creatinine measurements are not reliable e.g. individuals who are: obese, malnourished, have liver cirrhosis or reduced muscle mass. Furthermore, unlike Creatinine, Cystatin C does not have a 'blind area' - **up to 50% of renal function can be lost before significant creatinine elevation occurs**. Cystatin C is extremely sensitive to very small changes in GFR and is therefore capable of detecting **early stage kidney dysfunction**.

Ordering Information

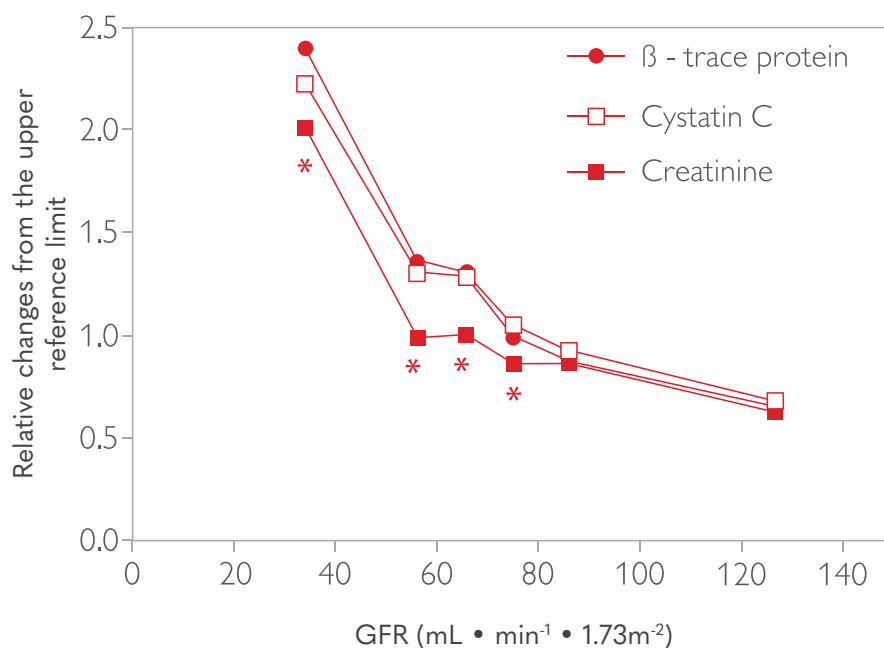
Cat. No: **CYS4004** ♦ R1 2 x 17.6ml
R2 2 x 6.1ml

♦ Indicates liquid option

Randox Cystatin C

- Liquid ready-to-use reagents convenience and ease-of-use
- Extensive measuring range of 0.4 - 10mg/l, for the comfortable detection of clinically important results
- Stable until expiry when stored at +2°C to +8°C
- Latex enhanced immunoturbidimetric method
- Dedicated Cystatin C control and calibrator available offering a complete testing package

Fig 3. Relative changes of Cystatin C and Creatinine from their upper reference limits in different degrees of renal failure³



For specific catalogue numbers, please refer to IFU for full performance details

Vanadate Oxidation Bilirubin

Bilirubin levels are extremely valuable for the diagnosis and monitoring of liver diseases including: hepatitis, cirrhosis and gallstones. Other conditions characterised by elevated Bilirubin concentrations include haemolytic anaemia and sickle cell disease. It is vital that Bilirubin levels are tested in new - borns where jaundice has not resolved itself within 8 - 14 days, as elevated levels can indicate a problem with the formation of the bile ducts or irregular metabolism in the liver.

In a study by Kaumeyer et. al., (2022) the vanadate oxidation method displayed excellent correlation ($r = 0.97$) and no clinically significant haemolytic interference up to an H Index of 1300, resulting in a significant reduction in rejected paediatric samples due to this common form of interference when compared with the diazo method.

Ordering Information

Cat. No:	BR9765	R1 4 x 14ml R2 4 x 6ml (Direct)
	BR4060	R1 4 x 20ml R2 4 x 8ml (Direct)
	BR4061	R1 4 x 20ml R2 4 x 8ml (Total)
	BR8377	R1 4 x 20ml R2 4 x 8ml (Total)
	BR8308	R1 4 x 20ml R2 4 x 8ml (Direct)

Randox Vanadate Oxidation Bilirubin

- UF** The Vanadate Oxidation methodology is a superior method for haemolytic and lipaemic samples
- Limited interference from Haemoglobin and Lipids
 - Liquid ready-to-use reagents for convenience and ease-of-use
 - No pre-step required whereas other commercially available bilirubin assays may involve a pre - step, requiring two assay components to be mixed together. The Randox vanadate oxidation method eliminates this step, increasing testing efficiency
 - Stable until expiry when stored at +2°C to +8°C
 - Applications available detailing instrument - specific settings for a wide range of clinical chemistry analysers
 - Controls and calibrator available offering a complete testing package

◆ Indicates liquid option

Randox 5th Generation Total Bile Acids

Bile Acids is a highly sensitive **marker of liver function**, enabling the early confirmation of liver disease. Bile Acids is also the most accurate method for diagnosing **obstetric cholestasis** in pregnant women, a common liver condition affecting women during the second and third trimester of pregnancy. The condition restricts the flow of bile through the gallbladder resulting in a build-up of bile acids in the liver. Consequently bile acids leak into the bloodstream where they are detected at increased levels.

The 5th generation Bile Acids assay displays impressive precision at both ends of the clinical range (1.1% and 0.9% respectively), excellent linearity and reproducibility, providing improved prognostic and therapeutic value for intrahepatic cholestasis of pregnancy as shown by Masri, et. al., 2020.

Ordering Information

Cat. No:	BI7982 ♦	R1 6 x 50ml
		R2 6 x 18ml
	BI3863 ♦	R1 2 x 18ml
		R2 2 x 8ml

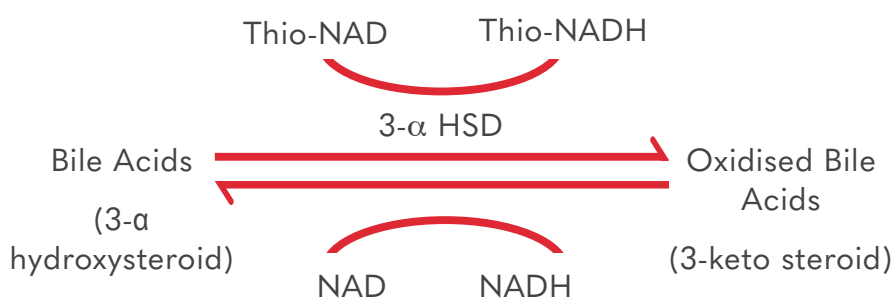
♦ Indicates liquid option

Randox 5th Generation Total Bile Acids

UF Superior methodology utilising an advanced enzyme cycling method which displays outstanding sensitivity and precision when compared to traditional enzymatic based tests

- **Liquid ready-to-use reagents** for convenience and ease-of-use
- **Excellent linearity up to 188µmol/l**. The normal upper range of Bile Acids in a fasting serum sample is 10µmol/l
- **Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers
- **Controls and calibrator** available offering a complete testing package

Fig 5. Assay principle



For specific catalogue numbers, please refer to IFU for full performance details

Glucose - 6 - Phosphate Dehydrogenase (G6PDH)

NP

G6PDH is a cytosolic enzyme located on the X - chromosome of bodily cells. G6PDH is involved in the normal processing of carbohydrates. It also plays a critical role in red blood cells (RBC), protecting them from damage and premature destruction. A deficiency in the G6PDH enzyme is not enough to promote the onset of haemolysis, but rather it is triggered by additional factors such as medications to treat malaria and favism which initiates oxidative stress and RBC destruction. If the bone marrow cannot compensate for the reduction of red blood cells, **haemolytic anaemia** can occur.

Ordering Information

Cat. No:	PD410	R1 1 x 100ml
		R2 1 x 2ml
		R3 1 x 2ml
		R4 1 x 20ml
	PD2616	R1a 3 x 25ml
		R1b 1 x 80ml

Randox G6PDH

UF

Superior stability of 4 weeks once reconstituted and stored at +2°C to +8°C. Many other commercially available assays offer just 5 days stability, leading to greater product wastage

UF

Minimal interference as the sample pre - wash step included in the Randox G6PDH kit serves to purify the sample, leading to no significant interferences being observed

- **Lyophilised reagents** for enhanced stability
- **Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers (PD410)
- **Dedicated G6PDH control** available offering a complete testing package

Glutamate Dehydrogenase (GLDH)

GLDH measurements can be taken to evaluate the liver function. Elevated blood serum levels indicate liver damage. GLDH also plays an important role in the differential diagnosis of liver disease, especially in combination with aminotransferases. Liver diseases, such as toxic liver damage or hypoxic liver disease, are characterised by high serum levels. In clinical trials, GLDH can also be used as a measurement for the safety of a drug.

Ordering Information

Cat. No:	GL441	R1a 1 x 70ml
		R1b 8 x 6ml
		R2 2 x 20ml

Randox GLDH

- Optimised standard method according to the recommendations of the Deutsche Gesellschaft für Klinische Chemie. This procedure measures the non-specific creep reaction
- Lyophilised reagents for enhanced stability
- Excellent correlation of $r=0.99$ when compared against other commercially available methods
- Open vial stability of 1 week at +2°C to +8°C

Immunoglobulin E (IgE)

NP

Immunoglobulin E (IgE) is normally found in the blood in trace amounts. IgE is an antibody released by the immune system as a defence mechanism when it believes the body is at risk. IgE is used as a guide in the diagnosis of allergic reactions, including: **asthma, hay fever, dermatitis and food allergies**. It may also be tested in **parasitic infections**. Although testing for IgE will not diagnose a specific allergy, increased concentrations will indicate that an allergic response has occurred, facilitating further investigation.

Ordering Information

Cat. No: **IE7308** ♦ R1 1 x 8ml
R2 1 x 5ml

♦ Indicates liquid option

Randox IgE

- Liquid ready-to-use reagents for convenience and ease-of-use
- Extensive measuring range of 19.6 - 1007IU/ml, for the comfortable detection of clinically important results
- Limited interference from Bilirubin, Haemoglobin, Intralipid® and Triglycerides producing highly accurate results
- Applications available detailing instrument - specific settings for a wide range of clinical chemistry analysers
- Immunoturbidimetric method
- Dedicated IgE calibrator for automation
- Controls available offering a complete testing package

Copper

NP

Copper is an essential trace element found in human nutrition and is a cofactor for proteins. Copper is important for a number of functions including the creation of connective tissues, production of energy in cells as well as nervous system and brain functions.

Copper testing is predominantly carried out to diagnose **Wilson Disease**, an inherited disorder which is associated with excess copper storage in the brain, liver and other organs. Wilson Disease prohibits the liver from safely storing and excreting copper, resulting in it seeping out of the liver; building up in the eyes, kidneys and brain causing nerve damage, and if left untreated, it can be fatal.

Copper deficiency can also occur, however, this is less common. **Menkes Disease** is a genetic condition which commonly occurs in premature babies, resulting in bone abnormalities and fractures. Menkes Disease is characterised by sparse, kinky hair, developmental problems and seizures as young children with this disorder are unable to absorb enough copper.

Ordering Information

Cat. No: **CU2340** ♦ R1a 1 x 105ml
R1b 5 x 20ml
R2 1 x 30ml
CAL 1 x 5.5ml

♦ Indicates liquid option

Randox Copper

- Stable for 2 weeks when stored at +2°C to +8°C, minimising reagent waste
- Standard supplied with kit simplifying the ordering process
- Extensive measuring range of 6.6 - 86µmol/l, for the comfortable detection of clinically important results
- Colorimetric method
- Controls available offering a complete testing package
- Applications available detailing instrument-specific settings for a wide range of clinical chemistry analysers

For specific catalogue numbers, please refer to IFU for full performance details

Zinc

NP

Zinc is an essential trace metal which is required for a number of functions including cell and enzyme production, the metabolism of carbohydrates, fat and protein from dietary intake and wound healing. Zinc deficiency is often the result of a low dietary intake and can lead to a number of problems including: **impaired immune and cognitive functions, foetal growth and development problems during pregnancy, liver and kidney disease, diabetes and malabsorption syndrome.**

Ordering Information

Cat. No:	ZN2341 (S) ♦	R1 1 x 50ml R2a 2 x 100ml R2b 1 x 50ml CAL 1 x 20ml (with Deproteinisation)
	ZN2607	6 x 50ml (Deproteinising Solution)

♦ Indicates liquid option

(S) Indicates standard included in kit, and is for manual and semi-automated use only

Randox Zinc

- **Limited interference** from Haemoglobin, Bilirubin, Triglycerides and Intralipid®
- **Range of suitable sample types** including: serum, plasma and urine
- **Colorimetric method**
- **Applications available** detailing instrument - specific settings for a wide range of clinical chemistry analysers
- **Controls available** offering a complete testing package

References

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Portfolio of Reagents

HIGH PERFORMANCE & UNIQUE TESTS (DETAILS IN BROCHURE)

Reagent	Page No	Reagent	Page No
Aldolase	17	GLDH	21
Apolipoprotein C - II	5	Glutathione Peroxidase (Ransel)	14
Apolipoprotein C - III	5	Homocysteine	6
Apolipoprotein E	6	D - 3 - Hydroxybutyrate (Ranbut)	9
Bile Acids, 5th Gen	20	IgE	22
Bilirubin, Direct	19	Lipoprotein (a)	3
Bilirubin, Total	19	Microalbumin	12
Cholesterol sdLDL	4	Non - Esterified Fatty Acids (NEFA)	8
Copper	22	Soluble Transferrin Receptor (sTfR)	15
Creatinine	11	Total Antioxidant Status (TAS)	14
Cystatin C	18	Zinc	23
Fructosamine (Glycated Serum Protein)	8		
G6PDH	21		

OTHER ASSAYS AVAILABLE FROM RANDOX

Alanine Aminotransferase (ALT)	Cholinesterase (Butyryl)	IgG
Albumin	CK - MB	Iron
Alkaline Phosphatase	CK - NAC	L - Lactate
Ammonia	CO2 Total	Lactate Dehydrogenase L - P
Amylase	CRP	Lipase
Amylase Pancreatic	CRP, Canine	Magnesium
Anti - Streptolysin O (ASO)	CRP, Full Range	Phosphorus
Apolipoprotein A - I	CRP, High Sensitivity	Rheumatoid Factor (RF)
Apolipoprotein B	Ethanol	Total Iron Binding Capacity (TIBC)
Aspartate Aminotransferase (AST)	Ferritin	Total Protein
Bile Acids, 4th Gen	Gamma GT	Transferrin
Calcium	Glucose	Triglycerides
Cholesterol, Total	Glutathione Peroxidase (Ransel)	Urea
Cholesterol, HDL	Haptoglobin	Uric Acid
Cholesterol, LDL	HbA1c, Direct	Urinary Protein
	IgA	Valproic Acid

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Renowned for quality and reliability, the RX series combines robust hardware and intuitive software with the world leading RX series test menu comprising an extensive range of high quality reagents including routine chemistries, specific proteins, lipids, therapeutic drugs, drugs of abuse, antioxidants and diabetes testing. The RX series offers excellence in patient care delivering unrivalled precision and accuracy for results you can trust, guaranteeing real cost savings through consolidation of routine and specialised tests onto one single platform.

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Acusera third party quality controls are made using the highest quality material of human origin, ensuring they react like a real patient sample. With more than 390 analytes available across the Acusera range we can uniquely reduce the number of controls required while reducing costs and time. Our product range includes clinical chemistry, immunoassay, urine, immunology and more. Qnostics molecular controls for infectious disease testing are designed to meet the demand of today's molecular diagnostics laboratory while effectively monitoring the entire testing process. Our whole pathogen molecular controls comprise hundreds of characterised viral, bacterial and fungal targets.

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RIQAS is the world's largest international EQA scheme with more than 55,000 participants worldwide. 37 comprehensive, yet flexible programmes cover a wide range of clinical diagnostic testing including chemistry, immunoassay, cardiac, urine, serology and more. Our programmes benefit from a wide range of concentrations, frequent reporting, rapid feedback and user-friendly reports. The QCMD range of molecular infectious disease EQA programmes feature a whole pathogen matrix ensuring a true test of patient sample analysis. With access to over 90 programmes including blood borne viruses, respiratory diseases, multi-pathogen infections and more, there is something for every laboratory.

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In 2002, Randox invented the world's first, Biochip Array Technology, offering highly specific tests, coupled to the highly sensitive chemiluminescent detection, providing quantitative results instantly changing the landscape of diagnostic testing forever. The Randox Evidence Series of multi-analyte immunoanalyser's provide an unrivalled increase in patient information per sample offering diagnostic, prognostic and predictive solutions across a variety of disease areas with a highly advanced clinical and toxicology immunoassay test menu including cardiac, diabetes, drugs of abuse, metabolic and renal markers.

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REAGENTS



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