

DESCRIPTION

Proteinuria is an important indicator of early renal disease. Dipsticks screening for protein is performed on whole urine, however semi-quantitative tests for urine protein should be performed on the supernatant of centrifuged urine since the cells suspended in normal urine can produce false high estimations of protein. Dipsticks detect protein by production of color which is more sensitive to albumin but also detects globulins and Bence-Jones protein poorly. The sulfosalicylic acid (SSA) test is a more sensitive test which can detect albumin, globulins and Bence-Jones protein at low concentrations. Protein is denatured in the presence of SSA and precipitates out of the urine. In this test, the urine and SSA are mixed in equal volumes and the resultant precipitate is read as negative through 4+. It is suggested that both dip stick and precipitation methods are used.

SPECIMEN PREPARATION

The first morning void is collected. Centrifuge urine if cloudy or hazy.

PROCEDURE FOR PROTEIN PRECIPITATION METHOD

1. Fill 10 x 75 mm tube 1/3 full with urine supernatant.
2. Transfer an equal volume of SSA 3% to each tube.
3. Cover with Parafilm and mix well by gentle inversion.

RESULTS

Read and report results as follows:

- A. Negative no precipitate or turbidity present (no clinically significant protein present)
- B. Trace faint white precipitate. (1 - 10 mg/dl)
- C. 1+ turbid but can see background lines and read print of SSA Precipitation Card. (15 - 30 mg/dl)
- D. 2+ cannot read print through specimen however lines still visible. (40 - 100 mg/dl)
- E. 3+ cannot see through specimen and fine granules present. (150 - 350 mg/dl)
- F. 4+ flocculent precipitate or gelled tube. (>500 mg/dl)

PRECAUTIONS

Interferences can include:

- Cloudy, uncentrifuged urine
- High levels of drugs penicillin
- Sulfonamides or cephalosporin
- Highly buffered alkaline urine

Cat. #	Description	Size
3342-4	Sulfosalicylic Acid 3%	4oz
3342-16	Sulfosalicylic Acid 3%	16oz
3342-32	Sulfosalicylic Acid 3%	32oz

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