



## Glycated Serum Protein LiquiColor® Assay

A 2-3 week glycemic marker for  
diabetic patients with conditions  
that affect RBC half-life



- Accurate reliable results
- Specific to all glycated proteins
- Useful for conditions and treatments that affect RBC half-life

- Accurate reliable results

No interference from endogenous reducing substances that affect traditional Fructosamine (NBT)

- Specific to all glycated proteins

Includes glycated albumin, glycated hemoglobin, and other glycated proteins

- Useful for conditions and treatments that affect RBC half-life such as:

Hemoglobinopathy, Iron Deficiency, End Stage Renal Disease, Age and Race, Anemia, Uremia, Blood loss, Drug treatments and Pregnancy

## Glycated Serum Protein completes the gap between HbA1c and daily blood glucose



Daily blood glucose and HbA1c are regularly used for monitoring glycemic control which provide short term and long term measurements. GSP is used to fill the gap between those tests by providing an accurate, reliable 2-3 week marker for glycemic control.

### A glycemic marker like the GSP test benefits patients with these conditions:

- End Stage Renal Disease and hemodialysis<sup>2,3</sup>
- Hemoglobinopathy<sup>5</sup>
- Erythropoietin treatment
- Hemolytic anemia<sup>8</sup>
- Age, race/ethnicity
- Acute blood loss
- Pregnancy
- Any condition/treatment that shortens RBC half-life

1. T. Shafi et al, Serum Fructosamine and Glycated Albumin and Risk of Mortality and Clinical Outcomes in Hemodialysis Patients Diabetes Care 36:1522–1533, 2013.

2. Kazutoni Y. et al, Glycated Albumin is a Better Indicator for Glucose Excursion than Glycated Hemoglobin in Type 1 and Type 2 Diabetes. Endocrine Journal Vol. 55 (2008) No. 3 P 503-507

3. Barry I Freeman et al. Glycated Albumin and Risk of Death and Hospitalizations in Diabetic Dialysis Patients. Clinical Journal of American Society of Nephrology, 6; 1-9, 2011 4. TP Peacock et al. Comparison of glycated albumin and hemoglobin A1c levels in diabetic subjects on hemodialysis. Kidney International, 73: 1062-1068, 2008 5. Bry L, Chen PC, Sacks DB. Effects of hemoglobin variants and chemically modified derivatives on assays for glycohemoglobin. Clinical Chemistry, 2001;47(2):153-163. 7. Goldstein DE, Little RR, Lorenz RA, Malone JJ, Nathan D, Peterson CM: American Diabetes Association Technical Review on Tests of Glycemia. Diabetes Care 1995;18:896-909. 6. Davidson MB1, Schriger DL. Effect of age and race/ethnicity on HbA1c levels in people without known diabetes mellitus: implications for the diagnosis of diabetes. Diabetes Res Clin Pract. 2010 Mar;87(3):415-21. doi: 10.1016/j.diabres.2009.12.013. Epub 2010 Jan 12. 7. R. Schleicher and O.H Wieland Protein Glycation: Measurement and Clinical Relevance. J. Clin. Chem. Clin. Biochem. 27: 577-587, 1989 8. Santiago Rodriguez-Segade et al. Progression of Nephropathy in Type 2 Diabetes: The Glycation Gap Is a Significant Predictor after Adjustment for Glycohemoglobin (HbA1c). Clinical Chemistry, 57-2, 264-271, 2011 9. Robert M. Cohen et al. Discordance Between HbA1c and Fructosamine, Evidence for a glycosylation gap and its relation to diabetic nephropathy. Diabetes Care, 26; 163-167, 2003 10. Arbuster DA, Fructosamine: Structure, Analysis and Clinical Usefulness. Clin. Chem. 1987; 33 (12): 2153-2163.

**Note:** If a patient has serum protein binding abnormality this test may not be appropriate. Patient should have a normal albumin level as well.

#### Manufacturer

##### Stanbio

1261 North Main Street  
Boerne, Texas  
78006 USA  
☎ 001 (830) 249 0772  
(USA Toll Free) 1 (800) 531-5535  
sales2@ekfdiagnostics.com  
www.ekfusa.com

**EKF** | Diagnostics  
for life  
**STANBIO** Chemistry

Contact Aspect Scientific today  
for more information.

**ASPECT**  
**SCIENTIFIC**  
Technical Service Solutions