



TO: Physicians and Clients
From: Wesley Kim, MD, Medical Director
Date: January 8, 2016
Subject: Clinitest

Dear Client,

This letter is to inform you that due to manufacturer discontinuation of Clinitest tablet reagent production nationwide, DLS will no longer perform the Clinitest on urine samples as of February 1, 2016.

Detection of non-specific reducing substances in urine began more than 50 years ago as a screening test for inborn errors of carbohydrate metabolism in pediatric patients. Qualitative detection of urine reducing substances by Clinitest tablets was used as a quick screening test and was usually run as a reflex test on urine samples with a negative urine dipstick glucose result. A negative glucose and a positive Clinitest suggested that some substance other than glucose was present (i.e. galactose, lactose, and/or fructose). However, the Clinitest was not specific for any sugar and many drugs could produce a false positive result.

Urinalysis at DLS is currently performed on the CLINITEK ATLAS automated urine chemistry analyzer. In children under the age of 4 years, all samples with negative dipstick glucose results by urinalysis would reflex to the Clinitest to detect reducing substances. With the discontinuation of the Clinitest nationwide, DLS will no longer be able to reflexively run this test for these urine samples.

Presently, all states require mandatory newborn screening for more than 30 inborn errors of metabolism using tandem mass spectrometry. In Hawaii, Guam and Saipan, all newborns are checked for more than thirty-two different disorders, which includes galactosemia, the most common inborn error of carbohydrate metabolism. Other diseases of carbohydrate metabolism (except diabetes) have a much lower prevalence and relatively benign clinical course. As such, many institutions have already moved away from automatic reflex testing for reducing substances in urine.

If you have any questions, please contact client services at 589-5101 or Dr. Wesley Kim at 589-5131.