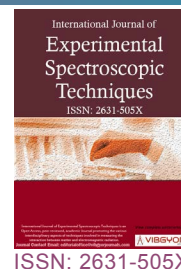


Selenium in Human Blood Serum - Its Reliable Quantification at Trace Levels by Electrothermal Atomic Absorption Spectrometry: A Mini Review



Ingrid Hagarová* and Lucia Nemček

Faculty of Natural Sciences, Comenius University in Bratislava, Mlynská Dolina, Slovak Republic

Abstract

In this short review, a reliability of electrothermal atomic absorption spectrometry (ETAAS) for the quantification of trace selenium in blood serum is described and discussed. The main attention is given to the measurement conditions, especially those of pyrolysis temperature, in order to avoid possible pre-atomization loss of selenium; and spectral interferences that can be expected to be encountered when analyzing blood serum. Optimization of both the measurement conditions and the operating instrumental conditions facilitates the achievement of reliable results.

Keywords

Selenium, Electrothermal atomic absorption spectrometry, Blood serum

Introduction

Reliable quantification of (ultra)trace elements in biological fluids is a difficult task. In large part this is due to the (I) complexity of the matrix and (II) very small concentrations of (ultra)trace elements.

Spectrometric methods, such as flame atomic absorption spectrometry (FAAS), electrothermal atomic absorption spectrometry (ETAAS), inductively coupled plasma optical emission spectrometry (ICP-OES), inductively coupled plasma mass spectrometry (ICP-MS), and atomic fluorescence spectrometry (AFS) are usually involved when the focus is on the element concentration [1-3]. Elements that form volatile hydrides (such as arsenic, antimony, bismuth, germanium, lead, selenium, tellurium and tin) can be analyzed by hydride generation atomic absorption spectrometry (HG-AAS)

[4] or hydride generation atomic fluorescence spectrometry (HG-AFS) [5]. All of the detection methods mentioned above have *their* specific benefits and *drawbacks*. Theoretical principles of the methods are *described* in many monographs [6-10] and reviews [1,2,11].

The selection of the most appropriate spectrometric method for the quantification of a target element will depend mainly upon the analytical parameters such as quantification limit, precision and linear dynamic range. Analytical interferences, cost, staff experience and skills, laboratory equipment and specialization should also be taken into consideration.

Blood serum

Biological fluids, such as blood, serum or plasma, represent the most frequently analyzed

*Corresponding author: RNDr. Ingrid Hagarová, PhD, Faculty of Natural Sciences, Comenius University in Bratislava, Mlynská dolina, Ilkovičova 6, 842 15, Bratislava, Slovak Republic

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samples under circumstances where determining an element concentration is of principal interest [12]. Blood consists of plasma and blood corpuscles (erythrocytes, thrombocytes, and leukocytes). Blood plasma contains more than 90% of water, and the dissolved organic and inorganic compounds. The main organic components are proteins, such as albumins, globulins, and fibrinogen. The main inorganic salts are sodium chloride, sodium carbonate, and some other inorganic salts (about 1%). There are also other inorganic ions, nutrients, hormones, vitamins, enzymes, intermediates and end-products of the metabolism, which can form strong complex compounds with many elements that occur in blood plasma [2]. Serum is a part of blood with composition similar to that of plasma, however, it does not contain clotting factors (fibrinogen and other blood clotting factors) [13]. Nevertheless, blood serum is a complex biological matrix which can complicate an ultratrace analysis.

Elimination of matrix interferences can be achieved by sample dilution or sample digestion. Performing dilution, a compromise between dilution of the matrix and sensitivity of the used quantification method needs to be found, especially when analyzing ultratrace elements. During digestion, organic matter is removed or converted into simpler inorganic forms. This is mostly performed using acids, mainly nitric acid in combination with perchloric acid and an external heat source [14-18]; or using a mixture of nitric acid and hydrogen peroxide in closed vessels at elevated pressure and heated by microwave energy [19-24]. Digestion can lead to higher contamination rates or analyte loss during pre-treatment step. In order to eliminate possible contamination or loss, a simple sample dilution is often recommended.

Selenium

An interest in selenium quantification stems from the dual role that element plays in living organisms. At low concentrations, selenium is an essential element, however, it becomes toxic at higher levels. The margins between deficient, normal and toxic levels are relatively narrow, therefore, its reliable quantification is of high importance [25].

The essentiality of selenium derives from its presence at the active sites of some enzymes including glutathione peroxidases (GSH-Px), a family of enzymes that protect against oxidative

damage by catalyzing the breakdown of hydrogen peroxide and lipid peroxides [26-29]. Selenium is also present in selenoprotein P [29-31]. It is an abundant extracellular glycoprotein that is rich in selenocysteine [29,32,33]. The catalytic effects of selenium compounds on reactions of intermediate metabolism are also well-known [34]. Selenium compounds are believed to be detoxifying agents, playing an antagonistic role towards many toxic elements [35]. In addition to these activities, selenium is a part of detoxification system in humans and animals (detoxification of organic compounds released during infections, traumas, and stresses), and it is involved in maintaining homeostasis [36].

Conversely, acute selenium toxicity has been observed in experimental animals [37], and several reports of acute selenium poisoning in humans have also been described [31,38-43].

Electrothermal atomic absorption spectrometry

In the light of the facts stated above, it can be concluded that the reliable quantification of selenium in biological samples requires sensitive and accurate analytical methods. Owing to its high selectivity, low quantification limit and acceptable costs, ETAAS appears to be the best choice for mono-elemental analysis [12,44]. Most of the matrix is destroyed during the ashing step and thus sample pre-treatment can be simplified (simple sample dilution), thereby minimizing contamination risk or analyte loss [45,46]. Yet another advantage of the ETAAS method is the low injection volume (usually 20 μ L), especially when it comes to low-volume samples such as blood serum.

Although ETAAS has become a frequently used method for the quantification of (ultra)trace selenium in different biological samples [44,47], there are several issues that are still associated with spectral interferences [48] and possible loss of selenium before atomization [49].

Spectral interferences in the determination of Se by ETAAS can be caused by the presence of high levels of chromium, cobalt, iron, nickel and phosphorus [50-52]. Spectral lines arising from these constituents exist close to the 196.0 or 204.0 nm Se resonance lines.

In blood serum, the concentrations of chromium, cobalt and nickel are too low (less than 10

µg/L) to be a major source of interference [52]. The effect of iron and phosphorus is much more significant. In normal serum, iron concentration is usually less than 2 mg/L and interference in the determination of Se is not likely to be significant unless the sample is hemolyzed [52]. The spectral interference due to phosphate can rather be expected. The background spectra are attributed to P_2 and PO, formed when calcium phosphate decomposes at high temperatures [50,52,53]. In normal serum, the concentration of calcium and phosphate can be found in the range of 84-104 mg/L and 76-152 mg/L, respectively [52]. At these concentrations, it is likely that the phosphorus species formed could mean a source of error.

In any case, the use of a background correction system can significantly help to solve problems involving errors associated with these spectral interferences. Many authors have previously reported that only Zeeman background correction is useful in such types of applications [48,49,54-56]. However, deuterium background correction can also help to overcome these problems along with suitable chemical modification and an adequate sample dilution [52,57,58]. Since selenium in blood serum is usually incorporated into proteins, the loss of volatile selenium compounds is expected. In order to prevent pre-atomization loss of selenium compounds, a chemical modification procedure is widely used. This procedure involves the application of compounds (so-called chemical modifiers), which are introduced into an electrothermal atomizer along with a sample [7,59].

A number of chemical modifiers have been investigated for this purpose. On one hand, they help to prevent pre-atomization loss of selenium compounds and on the other, they allow for the use of pyrolysis temperatures high enough to remove interferences. These include copper [60,61], nickel [48,57,61,62,63], palladium [48,54,58,61,64,65], platinum [66,67], rhodium [68], silver [69], mixtures of two or more of these [70-72] and many others. In order to make the application of modifiers generally acceptable in ETAAS, a number of requirements are expected to be met, particularly for routine work [73]. Among them, palladium fulfills all expectations; it is certainly not an element that is determined frequently, however, it can be obtained in high purity, it does not reduce tube lifetime and does not produce any excessive background attenuation. It also stabilizes many el-

ements (including selenium) to high pyrolysis temperatures. If a biological matrix is being analyzed, the addition of magnesium nitrate is of a high importance in order to obtain the same sensitivity (characteristic mass) in sample and reference solutions [73,74]. These findings have led to development of a mixed modifier containing palladium and magnesium nitrates. This mixture has been shown to be a powerful modifier for thermal stabilization of many elements (including selenium) present in biological matrices. High pyrolysis temperatures allow for effective charring of a biological matrix and removal of most coexisting inorganic compounds prior to selenium atomization.

Conclusion

It is well-known that selenium is an essential micronutrient when at trace concentration and a toxic element at higher concentrations. The margins between deficient, normal and toxic levels are relatively narrow, therefore, its reliable quantification is of high importance. The concentration value of selenium determined in biological fluids must be reliable to be used as an indicator of selenium status in human body and/or in the diagnosis of certain diseases.

Nonetheless, the direct reliable quantification of trace element (such as selenium) in a complex biological matrix (such as blood serum) is not an easy task. Most spectrometric methods intended for elemental analysis require blood serum digestion prior to selenium quantification. This pre-treatment is usually the most time-consuming step of the entire analytical procedure. In addition, this step increases the risk of contamination and/or loss of the analyte.

Among spectrometric methods, ETAAS is a widely used method for selenium quantification at trace levels due to its selectivity, sensitivity, and suitability for direct determination of the element in a complex biological matrix such as blood serum. Direct measurement after simple sample dilution and requirement of very low sample volumes for injection (tens of µL) are the main advantages for the quantification of selenium at trace levels in low-volume samples of blood serum.

However, just like other detection methods, even ETAAS is not free from drawbacks. There are some well-known issues that are associat-

ed with spectral interferences and possible loss of selenium before atomization in blood serum analysis.

Problems with spectral interferences can be solved using a background correction system. Although Zeeman background correction is used more often in this type of applications, reliable results can also be achieved with deuterium background correction along with suitable chemical modification and an adequate sample dilution. Chemical modification can also help to overcome problems with pre-atomization loss of selenium compounds that are present in blood serum. A number of chemical modifiers have been designed for this purpose. Among them, a combination of palladium and magnesium nitrates appears to be the most popular. Using this modifier, high pyrolysis temperatures can be applied for effective charring of biological matrix and the removal of most coexisting inorganic compounds prior to selenium atomization.

It can be concluded that ETAAS, which does not require sample digestion, is an effective method for reliable quantification of trace selenium in blood serum. However, the measurement conditions should be set up carefully, especially those of pyrolysis temperature, to avoid pre-atomization loss of selenium. Moreover, the operating instrumental conditions should also be optimized.

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References

1. Bolann BJ, Rahil-Khazen R, Henriksen H, Isrenn R, Ulvik RJ (2007) Evaluation of methods for trace-element determination with emphasis on their usability in the clinical routine laboratory. *Scand J Clin Lab Invest* 67: 353-366.
2. Ivanenko NB, Ganeev AA, Solovyev ND, Moskvina LN (2011) Determination of trace elements in biological fluids. *J Anal Chem* 66: 784-799.
3. Chen Y, Belzile N (2010) High performance liquid chromatography coupled to atomic fluorescence spectrometry for the speciation of the hydride and chemical vapour-forming elements As, Se, Sb and Hg: A critical review. *Anal Chim Acta* 671: 9-26.
4. Dědina J (2007) Atomization of volatile compounds for atomic absorption and atomic fluorescence spectrometry: On the way towards the ideal atomizer. *Spectrochimica Acta Part B: Atomic Spectroscopy* 62: 846-872.
5. Wietecha-Postuszny R, Dobrowolska J, Kościelniak P (2006) Method for determination of selenium and arsenic in human urine by atomic fluorescence spectrometry. *Anal Lett* 39: 2787-2796.
6. Seiler HG, Sigel A, Sigel H (1994) *Handbook on metals in clinical and analytical chemistry*. Marcel Dekker Inc, New York.
7. Welz B, Sperling M (1999) *Atomic absorption spectrometry*. Wiley-VCH, Weinheim.
8. de Hoffmann E, Stroobant V (2007) *Mass spectrometry. Principles and applications*. John Wiley and Sons Ltd, Chichester.
9. Vékey K, Telekes A, Vertes A (2008) *Medical applications of mass spectrometry*. Elsevier, Amsterdam.
10. Garg U, Hammett-Stabler CA (2010) *Clinical applications of mass spectrometry. Methods and protocols*. Springer, New York.
11. Brown RJC, Milton MJT (2005) Analytical techniques for trace element analysis: An overview. *Trends Anal Chem* 24: 266-274.
12. Hagarová I (2017) Cloud point extraction utilizable for separation and preconcentration of (ultra) trace elements in biological fluids before their determination by spectrometric methods: A brief review. *Chem Pap* 71: 869-879.
13. Anthea M, Hopkins J, McLaughlin CW, Johnson S, Warner MQ, et al. (1993) *Human biology and health*. Englewood Cliffs, Prentice Hall, New Jersey.
14. Shemirani F, Baghdadi M, Ramezani M, Jamali MR (2005) Determination of ultratrace amounts of bismuth in biological and water samples by electrothermal atomic absorption spectrometry (ET-AAS) after cloud point extraction. *Anal Chim Acta* 534: 163-169.
15. Shokrollahi A, Joybar S, Haghghi HE, Niknam K, Niknam E (2013) Application of cloud point preconcentration and flame atomic absorption spectrometry for the determination of cadmium and zinc ions in urine, blood serum and water samples. *Quim Nova* 36: 368-374.
16. Shokrollahi A, Tavallali H, Montaseri Z, Niknam K (2012) Using an indol derivative as complexing agent for cloud point preconcentration and determination of magnesium and silver ions in various samples by FAAS. *J Chil Chem Soc* 57: 1134-1139.

17. Sun M, Wu Q (2011) Determination of trace bismuth in human serum by cloud point extraction coupled flow injection inductively coupled plasma optical emission spectrometry. *J Hazard Mater* 192: 935-939.
18. Altunay N, Gürkan R (2015) A new cloud point extraction procedure for determination of inorganic antimony species in beverages and biological samples by flame atomic absorption spectrometry. *Food Chem* 175: 507-515.
19. Wu P, Zhang Y, Lv Y, Hou X (2006) Cloud point extraction-thermospray spectrometry for determination of flame quartz furnace atomic absorption ultra-trace cadmium in water and urine. *Spectrochimica Acta Part B: Atomic Spectroscopy* 61: 1310-1314.
20. Aranda PR, Gil RA, Moyano S, De Vito I, Martinez LD (2008) Cloud point extraction for ultra-trace Cd determination in microwave-digested biological samples by ETAAS. *Talanta* 77: 663-666.
21. Aranda PR, Gil RA, Moyano S, De Vito IE, Martinez LD (2008) Cloud point extraction of mercury with PONPE 7.5 prior to its determination in biological samples by ETAAS. *Talanta* 75: 307-311.
22. Donati GL, Pharr KE, Calloway CP, Nóbrega JA, Jones BT (2008) Determination of Cd in urine by cloud point extraction-tungsten coil atomic absorption spectrometry. *Talanta* 76: 1252-1255.
23. Giné MF, Patreze AE, Silva EL, Sarkis JES, Kakazu MH (2008) Sequential cloud point extraction of trace elements from biological samples and determination by inductively coupled plasma mass spectrometry. *J Braz Chem Soc* 19: 471-477.
24. Shah F, Kazi TG, Afridi HI, Naeemullah, Arain MB, et al. (2011) Cloud point extraction for determination of lead in blood samples of children, using different ligands prior to analysis by flame atomic absorption spectrometry: A multivariate study. *J Hazard Mater* 192: 1132-1139.
25. Navarro-Alarcón M, López-Martínez MC (2000) Essentiality of selenium in the human body: Relationship with different diseases. *Sci Total Environ* 249: 347-371.
26. Arthur JR, Beckett GJ (1994) New metabolic roles for selenium. *Proc Nutr Soc* 5: 615-624.
27. Robberecht H, Van Cauwenbergh R, Hermans N (2012) Blood selenium levels and factors influencing concentration values. *Trace Elem Electrolytes* 29: 172-188.
28. Höller U, Bakker SJL, Düsterloh A, Frei B, Köhrle J, et al. (2018) Micronutrient status assessment in humans: Current methods of analysis and future trends. *Trends Anal Chem* 102: 110-122.
29. Qazi IH, Angel C, Yang H, Zoidis E, Pan B, et al. (2019) Role of selenium and selenoproteins in male reproductive function: A review of past and present evidences. *Antioxidants* 8.
30. Hill KE, Xia Y, Akesson B, Boeglin ME, Burk RF (1995) Selenoprotein P concentration in plasma is an index of selenium status in selenium-deficient and selenium supplemented Chinese subjects. *J Nutr* 126: 138-145.
31. Clark RF, Strukle E, Williams SR, Manoguerra AS (1996) Selenium poisoning from a nutritional supplement. *J Am Med Assoc* 275: 1087-1088.
32. Burk RF, Hill KE (2005) Selenoprotein P: An extracellular protein with unique physical characteristics and a role in selenium homeostasis. *Annu Rev Nutr* 25: 215-235.
33. Burk RF, Hill KE (2009) Selenoprotein P - expression, functions, and roles in mammals. *Biochim Biophys Acta* 1790: 1441-1447.
34. Nordberg GF, Fowl BA, Nordberg M, Friberg LT (2007) Handbook of the toxicology of metals. Elsevier, Amsterdam.
35. D'Ulivo A (1997) Determination of selenium and tellurium in environmental samples. *Analyst* 122: 117R-144R.
36. Barceloux DG (1999) Selenium. *J Toxicol Clin Toxicol* 37: 145-172.
37. Gasmi A, Garnier R, Galliot-Guilley M, Gaudillat C, Quarterenoud B, et al. (1997) Acute selenium poisoning. *Vet Hum Toxicol* 39: 304-308.
38. Matoba R, Kimura H, Uchima E, Abe T, Yamada T, et al. (1986) An autopsy case of acute selenium (selenious acid) poisoning and selenium levels in human tissues. *Forensic Sci Int* 31: 87-92.
39. Kçppel C, Baudisch H, Byer KH, Klöppel I, Schneider V (1986) Fatal poisoning with selenium dioxide. *J Toxicol Clin Toxicol* 24: 21-35.
40. Lindberg I, Lundberg E, Arkhammar P, Berggren PO (1988) Direct determination of selenium in solid biological materials by graphite furnace atomic absorption spectrometry. *J Anal At Spectrom* 3: 497-501.
41. Lech T (2002) Suicide by sodium tetraoxoselenate(VI) poisoning. *Forensic Sci Int* 130: 44-48.
42. Nuttall KL (2006) Evaluating selenium poisoning. *Ann Clin Lab Sci* 36: 409-420.
43. Wietecha-Postuszny R, Lech T, Kościelniak P (2011) Application of three spectrometric methods to total selenium determination in postmortem material in a case of acute selenium compound poisoning. *J Forensic Sci* 56: 518-521.

44. Zacharia AN, Arabadji MV, Chebotarev AN (2017) Direct electrothermal atomic absorption determination of trace elements in body fluids (review). *J Appl Spectrosc* 84: 1-7.
45. da Costa Júnior AC, Vieira MA, Luna AS, de Campos RC (2010) Determination of platinum originated from antitumoral drugs in human urine by atomic absorption spectrometric methods. *Talanta* 82: 1647-1653.
46. Sabé R, Rubio R, García-Beltrán L (2000) Determination of selenium in human blood specimens by electrothermal atomic absorption. *Anal Chim Acta* 419: 121-135.
47. Zacharia AN, Gücer S, Arabadji MV, Chebotarev AN (2018) Direct atomic absorption spectrometric determination of selenium in biological fluids by a graphite filter furnace atomizer with carbon thread. *Anal Lett* 51: 1-11.
48. Radziuk B, Thomassen Y (1992) Chemical modification and spectral interferences in selenium determination using Zeeman-effect electrothermal atomic absorption spectrometry. *J Anal At Spectrom* 7: 397-403.
49. Deaker M, Maher W (1995) Determination of selenium in seleno compounds and marine biological tissues using electrothermal atomization atomic absorption spectrometry. *J Anal At Spectrom* 10: 423-431.
50. Manning DC (1978) Spectral interferences in graphite furnace atomic absorption spectroscopy. 1. The determination of selenium in an iron matrix. *At Absorpt Newsl* 17: 107-111.
51. Martinsen I, Radziuk B, Thomassen Y (1988) Characterisation of spectral interferences in background correction for arsenic, selenium and antimony in electrothermal atomic absorption spectrometry. *J Anal At Spectrom* 3: 1013-1022.
52. Gardiner PHE, Littlejohn D, Halls DJ, Fell GS (1995) Direct determination of selenium in human blood serum and plasma by electrothermal atomic absorption spectrometry. *J Trace Elem Med Biol* 9: 74-81.
53. Saeed K, Thomassen Y (1981) Spectral interferences from phosphate matrices in the determination of arsenic, antimony, selenium and tellurium by electrothermal atomic absorption spectrometry. *Anal Chim Acta* 130: 281-287.
54. Knowles MK, Brodie KG (1988) Determination of selenium in blood by Zeeman graphite furnace atomic absorption spectrometry using a palladium-ascorbic chemical modifier. *J Anal At Spectrom* 3: 511-516.
55. Tsalev DL, Lampugnani L, D'Ulivo A, Petrov II, Georgieva R, et al. (2001) Electrothermal atomic absorption spectrometric determination of selenium in biological fluids with rhodium modifier compared with hydride generation atomic spectrometric techniques. *Microchem J* 70: 103-113.
56. Montel A, de Pradena JM, Gervas JM, Bustamante GA, Lopez-Colon JL (2003) A rapid method for the determination of selenium in blood and serum by ETAAS with Zeeman background correction. *At Spectrosc* 24: 173-178.
57. Alfthan G, Kumpulainen J (1982) Determination of selenium in small volumes of blood plasma and serum by electrothermal atomic absorption spectrometry. *Anal Chim Acta* 140: 221-227.
58. Jacobson BE, Lockitch G (1988) Direct determination of selenium in serum by graphite furnace atomic absorption spectrometry with deuterium background correction and a reduced palladium modifier; age-specific reference ranges. *Clin Chem* 34: 709-714.
59. Butcher DJ, Sneddon J (1998) A practical guide to graphite furnace atomic absorption spectrometry. John Wiley and Sons, New York.
60. Kirkbright GF, Hsiao-Chuan S, Snook RD (1980) An evaluation of some matrix modification procedures for use in the determinations of mercury and selenium by atomic absorption spectrometry with a graphite tube electrothermal atomizer. *At Spectrosc* 1: 85-89.
61. Bulska E, Pyrzyńska K (1997) Comparison of chemical modifiers for the determination of selenium by electrothermal atomic absorption spectrometry. *Spectrochimica Acta Part B: Atomic Spectroscopy* 52: 1283-1291.
62. Ediger RD (1975) Atomic absorption analysis with the graphite furnace using matrix modification. *At Absorpt Newsl* 14: 127-132.
63. Saeed K, Thomassen Y, Langmyhr FJ (1979) Direct electrothermal atomic absorption spectrometric determination of selenium in serum. *Anal Chim Acta* 110: 285-289.
64. Shan XQ, Hu KJ (1985) Matrix modification for determination of selenium in geological samples by graphite furnace atomic absorption spectrometry after pre-separation with thiol cotton fibre. *Talanta* 32: 23-26.
65. Voth-Beach LM, Shrader DE (1987) Investigations of a reduced palladium chemical modifier for graphite furnace atomic absorption spectrometry. *J Anal At Spectrom* 2: 45-50.
66. Bauslaugh J, Radziuk B, Saeed K, Thomassen Y (1984)

- Reduction of effects of structured non-specific absorption in the determination of arsenic and selenium by electrothermal atomic absorption spectrometry. *Anal Chim Acta* 165: 149-157.
67. Peile R, Gray R, Starek R (1989) Interference free determination of selenium in the presence of iron using a graphite furnace with carbon monoxide-platinum modification. *J Anal At Spectrom* 4: 407-410.
68. Mei L, Zhe-Ming N, Zhu R (1998) Determination of selenium in biological tissue samples rich in phosphorus using electrothermal atomization with Zeeman-effect background correction and $(\text{NH}_4)_3\text{RhCl}_6$ + citric acid as a mixed chemical modifier. *Spectrochimica Acta Part B: Atomic Spectroscopy* 53: 1381-1389.
69. Alexander J, Saeed K, Thomassen Y (1980) Thermal stabilization of inorganic and organoselenium compounds for direct electrothermal atomic absorption spectrometry. *Anal Chim Acta* 120: 337-382.
70. Welz B, Melcher M, Schlemmer G (1983) Determination of selenium in human blood serum. Comparison of two atomic absorption spectrometric procedures. *Fresenius Z Anal Chem* 316: 271-276.
71. Saeed K (1987) Direct electrothermal atomisation of atomic absorption spectrometric determination of selenium in whole blood and serum with continuum-source background correction. *J Anal At Spectrom* 2: 151-155.
72. Morisi G, Patriarca M, Menotti A (1988) Improved determination of selenium in serum by Zeeman atomic absorption spectrometry. *Clin Chem* 34: 127-130.
73. Schlemmer G, Welz B (1986) Palladium and magnesium nitrates, a more universal modifier for graphite furnace atomic absorption spectrometry. *Spectrochimica Acta Part B: Atomic Spectroscopy* 41: 1157-1165.
74. Welz B, Schlemmer G, Mudakavi JR (1988) Palladium nitrate-magnesium nitrate modifier for graphite furnace atomic absorption spectrometry. Part 1. Determination of arsenic, antimony, selenium and thallium in airborne particulate matter. *J Anal At Spectrom* 3: 93-97.