

# **Chlamydia trachomatis**

IgG – ELISA

Enzyme immunoassay for the qualitative determination of IgG-class  
antibodies against Chlamydia trachomatis  
in human serum  
Only for in-vitro diagnostic use

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Product Number: CHLG0070 (96 determinations)

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## 1. INTRODUCTION

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Chlamydiae are nonmotile, Gram negative and obligatory intracellular growing bacteria which form characteristic inclusions within the cytoplasm of parasitized cells. They are easily visible in the light microscope. Three different Chlamydia species pathogenic for humans are known: Chlamydia trachomatis, Chlamydia pneumoniae and Chlamydia psittaci, and one species only pathogenic for animals (C. pecorum). Chlamydia trachomatis is the most prevalent agent of sexually transmitted diseases worldwide (400-500 million cases) and the number of infections is constantly growing, during childbirth, causing conjunctivitis or pneumonia in newborns. Untreated cases of chlamydial infection can lead to chronic salpingitis, possibly resulting in ectopic pregnancy or infertility. In males, C. trachomatis is a major cause of non-gonococcal urethritis.

A severe problem in Chlamydia infections is the frequent asymptomatic insidious course which may result in the initiation of chronic diseases. In many instances primary infections are not recognized and only the sequelae caused by ascended, persisting agents are diagnosed.

Species	Mechanism of infection	Disease	Diagnostics
C. trachomatis	Direct or sexual transmission: The primary site of infection usually is the mucous membrane of the eye or the urogenital tract	Lymphogranuloma venereum (LGV) Trachoma Inclusion conjunctivitis of neonates and adults; Cervicitis, salpingitis, urethritis, epididymitis, proctitis and pneumonia of newborns	Serology  PCR  Microscopy
C. pneumoniae	Infiltration of the mucous membrane of the respiratory tract	Respiratory diseases discussed: endocarditis, coronary heart diseases	
C. psittaci	Inhalation of feces from infected birds; contact with infected avian viscera	Ornithosis (Psittacosis)	

Infection may be identified by

- Microscopy: Giemsa stain
- PCR
- Serology: Detection of antigens by ELISA  
Detection of antibodies by IF, EIA, ELISA

## 2. INTENDED USE

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The NovaTec Chlamydia trachomatis IgG-ELISA is intended for the qualitative determination of IgG class antibodies against Chlamydia trachomatis in human serum.

## 3. PRINCIPLE OF THE ASSAY

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The qualitative immunoenzymatic determination of IgG-class antibodies against Chlamydia trachomatis is based on the ELISA (Enzyme-linked Immunosorbent Assay) technique.

Microtiter strip wells are precoated with Chlamydia trachomatis antigens to bind corresponding antibodies of the specimen. After washing the wells to remove all unbound sample material horseradish peroxidase (HRP) labelled anti-human IgG conjugate is added. This conjugate binds to the captured Chlamydia-specific antibodies. The immune complex formed by the bound conjugate is visualized by adding Tetramethylbenzidine (TMB) substrate which gives a blue reaction product.

The intensity of this product is proportional to the amount of Chlamydia-specific IgG antibodies in the specimen. Sulfuric acid is added to stop the reaction. This produces a yellow endpoint color. Absorbance at 450 nm is read using an ELISA microwell plate reader.

## 4. MATERIALS

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### 4.1. Reagents supplied

- **Chlamydia trachomatis Coated Wells (IgG):** 12 breakpart 8-well snap-off strips coated with Chlamydia trachomatis antigen; vacuum sealed, in resealable aluminium foil.
- **IgG Sample Diluent \*\*\*:** 1 bottle containing 100ml of buffer for sample dilution; pH 7.2 ± 0.2; colored yellow; ready to use; white cap.
- **Stop Solution:** 1 bottle containing 15ml sulfuric acid, 0.2 mol/l; ready to use; red cap.
- **Washing Solution (20x conc.):\*** 1 bottle containing 50ml of a 20-fold concentrated buffer (pH 7.2 ± 0.2) for washing the wells; white cap.
- **Chlamydia trachomatis anti-IgG Conjugate\*\*:** 1 bottle containing 20ml of peroxidase labelled rabbit antibody to human IgG; colored red, ready to use; black cap.
- **TMB Substrate Solution:** 1 bottle containing 15ml 3,3',5,5'-tetramethylbenzidine (TMB); ready to use; yellow cap.
- **Chlamydia trachomatis IgG Positive Control\*\*\*:** 1 bottle containing 2 ml; colored yellow; ready to use; red cap.
- **Chlamydia trachomatis IgG Negative Control\*\*\*:** 1 bottle containing 2 ml; colored yellow; ready to use; blue cap.

\* contains 0.01 % Thimerosal after dilution

\*\* contains 0.2 % Bronidox L

\*\*\* contains 0.1 % Kathon

### 4.2. Materials supplied

- 1 Strip holder
- 2 Cover foils
- 1 Test protocol
- 1 distribution and identification plan

### 4.3. Materials and Equipment needed

- ELISA microwell plate reader, equipped for the measurement of absorbance at 450/620nm
- Incubator 37°C
- Manual or automatic equipment for rinsing wells
- Pipettes to deliver volumes between 10 and 1000 µl
- Vortex tube mixer
- Deionised or (freshly) distilled water
- Disposable tubes
- Timer

## 5. STABILITY AND STORAGE

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The reagents are stable up to the expiry date stated on the label when stored at 2...8 °C.

## 6. REAGENT PREPARATION

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*It is very important to bring all reagents, samples and controls to room temperature (20...25°C) before starting the test run!*

### 6.1. Coated snap-off strips

The ready to use breakpart snap-off strips are coated with Chlamydia trachomatis antigen. Store at 2...8°C. The strips are vacuum sealed. *Immediately after removal of strips, the remaining strips should be resealed in the aluminium foil along with the dessiccant supplied and stored at 2...8 °C; stability until expiry date.*

### 6.2. Chlamydia trachomatis anti-IgG Conjugate

The bottle contains 20ml of a solution with anti-human-IgG horseradish peroxidase, buffer, stabilizers, preservatives and an inert red dye. The solution is ready to use. Store at 2...8°C. *After first opening stability until expiry date when stored at 2...8°C.*

### 6.3. Controls

The bottles labelled with Positive and Negative Control contain a ready to use control solution. It contains 0.1% Kathon and has to be stored at 2...8°C. *After first opening stability until expiry date when stored at 2...8°C.*

### 6.4. IgG Sample Diluent

The bottle contains 100ml phosphate buffer, stabilizers, preservatives and an inert yellow dye. It is used for the dilution of the patient specimen. This ready to use solution has to be stored at 2...8°C. *After first opening stability until expiry date when stored at 2...8°C.*

### 6.5. Washing solution (20xconc.)

The bottle contains 50ml of a concentrated buffer, detergents, stabilizers and preservatives. Dilute Washing Solution 1+19; e.g. 10 ml Washing Solution + 190 ml fresh and germ free redistilled water. The diluted buffer will keep for at least four weeks if stored at 2...8°C. *Crystals in the solution disappear by warming up to 37 °C in a water bath.*

### 6.6. TMB Substrate Solution

The bottle contains 15ml of a tetramethylbenzidine/hydrogen peroxide system. The reagent is ready to use and has to be stored at 2...8°C, away from the light. *The solution should be colourless or have a slight blue tinge. If the substrate turns into blue, it may have become contaminated and should be discharged. After first opening stability until expiry date when stored at 2...8°C.*

### 6.7. Stop Solution

The bottle contains 15ml 0.2 M sulphuric acid solution (R 36/38, S 26). This ready to use solution has to be stored at 2...8°C. *After first opening stability until expiry date..*

## 7. SPECIMEN COLLECTION AND PREPARATION

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Use human serum samples with this assay. If the assay is performed within 24 hours after sample collection, the specimen should be kept at 2...8°C; otherwise they should be aliquoted and stored deep-frozen (-20°C). If samples are stored frozen, mix thawed samples well before testing. *Avoid repeated freezing and thawing.*

### 7.1. Sample Dilution

Before assaying, all samples should be diluted 1+100 with IgG Sample Diluent. Dispense 10µl sample and 1ml IgG Sample Diluent into tubes to obtain a 1+100 dilution and thoroughly mix with a Vortex. *Positive and negative controls are ready to use and must not be diluted.*

## 8. ASSAY PROCEDURE

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### 8.1. Test Preparation

Please read the test protocol carefully **before** performing the assay. Result reliability depends on strict adherence to the test protocol as described. Prior to commencing the assay, the distribution and identification plan for all specimens and controls should be carefully established on the result sheet supplied in the kit. Select the required number of microtiter strips or wells and insert them into the holder.

Please allocate at least:

- |         |              |                              |
|---------|--------------|------------------------------|
| 1 well  | (e.g. A1)    | for the substrate blank,     |
| 2 wells | (e.g. B1+C1) | for the negative control and |
| 1 well  | (e.g. D1)    | for the positive control.    |

*It is recommended to determine controls and patient samples in duplicate.*

Perform all assay steps in the order given and without any appreciable delays between the steps.

A clean, disposable tip should be used for dispensing each control and sample.

Adjust the incubator to 37° ± 1°C.

1. Dispense 100µl controls and diluted samples into their respective wells. Leave well A1 for substrate blank.
2. Cover wells with the foil supplied in the kit.
3. **Incubate for 1 hour ± 5 min at 37±1°C.**
4. When incubation has been completed, remove the foil, aspirate the content of the wells and wash each well three times with 300µl of Washing Solution. Avoid overflows from the reaction wells. The soak time between each wash cycle should be >5sec. At the end carefully remove remaining fluid by tapping strips on tissue paper prior to the next step!  
*Note: Washing is critical! Insufficient washing results in poor precision and falsely elevated absorbance values.*
5. Dispense 100µl Chlamydia trachomatis anti-IgG conjugate into all wells except for the blank well (e.g. A1). Cover with foil.
6. **Incubate for 30 min at room temperature. Do not expose to direct sunlight.**
7. Repeat step 4.

8. Dispense 100µl TMB Substrate Solution into all wells
9. **Incubate for exactly 15 min at room temperature in the dark.**
10. Dispense 100µl Stop Solution into all wells in the same order and at the same rate as for the TMB Substrate Solution.  
*Any blue color developed during the incubation turns into yellow.*

*Note: Highly positive patient samples can cause dark precipitates of the chromogen! These precipitates have an influence when reading the optical density. Predilution of the sample with physiological sodium chloride solution, for example 1+1, is recommended. Then dilute the sample 1+100 with dilution buffer and multiply the results in NTU by 2.*

11. Measure the absorbance of the specimen at 450/620nm within 30 min after addition of the Stop Solution.

## 8.2. Measurement

Adjust the ELISA Microwell Plate Reader **to zero** using the **substrate blank in well A1**.

*If - due to technical reasons - the ELISA reader cannot be adjusted to zero using the substrate blank in well A1, subtract the absorbance value of well A1 from all other absorbance values measured in order to obtain reliable results!*

**Measure the absorbance** of all wells at **450 nm** and record the absorbance values for each control and patient sample in the distribution and identification plan.

*Dual wavelength reading using 620 nm as reference wavelength is recommended.*

Where applicable calculate the **mean absorbance values** of all duplicates.

## 9. RESULTS

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### 9.1. Run Validation Criteria

In order for an assay to be considered valid, the following criteria must be met:

- **Substrate blank** in A1: Absorbance value **lower than 0.100**.
- **Negative control** in B1 and C1: Absorbance value **lower than 0.300**.
- **Positive control** in D1: Absorbance value equal to or greater than the cut-off value.

### 9.2. Calculation of Results

The cut-off is calculated by addition of 0.25 absorbance units to the measured absorption of the mean value of the two negative control determinations.

*Example: 0.12 OD neg. control + 0.14 OD neg. control = 0.26 ÷ 2 = 0.13*

*Cut-off = absorbance mean value of the negative control + 0.25*

*cut-off = 0.13 + 0.25 = 0.38*

### 9.3. Interpretation of Results

Samples are considered **POSITIVE** if the absorbance value is higher than 10% over the cut-off.

Samples with an absorbance value of 10% above or below the cut-off should not be considered as clearly positive or negative  
→ **grey zone**

It is recommended to repeat the test again 2 - 4 weeks later with a fresh sample. If results in the second test are again in the grey zone the sample has to be considered **NEGATIVE**.

Samples are considered **NEGATIVE** if the absorbance value is lower than 10% below the cut-off.

#### 9.3.1. Results in NovaTec Units

Patient (mean) absorbance value x 10 = [NovaTec-Units = NTU]  
Cut-off

*Example:  $\frac{1.204 \times 10}{0.38} = 32$  NTU (NovaTec Units)*

Cut-off :	10	NTU
Grey zone:	9-11	NTU
Negative:	<9	NTU
Positive:	>11	NTU

## 10. SPECIFIC PERFORMANCE CHARACTERISTICS

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### 10.1. Precision

<u>Interassay</u>	<u>n</u>	<u>Mean</u>	<u>Cv (%)</u>
Pos. Serum	17	1.27	9.9

<u>Intraassay</u>	<u>n</u>	<u>Mean</u>	<u>Cv (%)</u>
Pos. Serum	16	1.39	5.6

### 10.2. Diagnostic Specificity

The diagnostic specificity is defined as the probability of the assay of scoring negative in the absence of the specific analyte. It is 97.1 %.

### 10.3. Diagnostic Sensitivity

The diagnostic sensitivity is defined as the probability of the assay of scoring positive in the presence of the specific analyte.

## 11. LIMITATIONS OF THE PROCEDURE

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Bacterial contamination or repeated freeze-thaw cycles of the specimen may affect the absorbance values. Diagnosis of an infectious disease should not be established on the basis of a single test result. A precise diagnosis should take into consideration clinical history, symptomatology as well as serological data.

In immunocompromised patients and newborns serological data only have restricted value.

Cross reactivity with *C. psittaci* cannot be excluded.

## 12. PRECAUTIONS AND WARNINGS

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- Only for in-vitro diagnostic use.
- All components of human origin used for the production of these reagents have been tested for anti-HIV antibodies, anti-HCV antibodies and HBsAg and have been found to be non-reactive. Nevertheless, all materials should still be regarded and handled as potentially infectious.
- Do not interchange reagents or strips of different production lots.
- No reagents of other manufacturers should be used along with reagents of this test kit.
- Do not use reagents after expiry date stated on the label.
- Use only clean pipette tips, dispensers, and lab ware.
- Do not interchange screw caps of reagent vials to avoid cross-contamination.
- Close reagent vials tightly immediately after use to avoid evaporation and microbial contamination.
- After first opening and subsequent storage check conjugate and control vials for microbial contamination prior to further use.
- To avoid cross-contamination and falsely elevated results pipette patient samples and dispense conjugate without splashing accurately to the bottom of wells.

WARNING: Thimerosal is toxic! Do not swallow. Avoid contact with skin and mucous membranes!

WARNING: In the used concentration Bronidox L has hardly any toxicological risk upon contact with skin and mucous membranes!

WARNING: Sulfuric acid irritates eyes and skin. Keep out of the reach of children. Upon contact with the eyes, rinse thoroughly with water and consult a doctor!

### **13. LITERATURE**

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Hoyme U.B., Spitzbart H. (1996). Past and current prevalence of Chlamydia trachomatis in women in Germany. In: Chlamydia Research. Angelika Stary (ed.). Proceedings of the third meeting of the European Society for Chlamydia Research, Vienna, Austria, 11.-14. Sept. p. 391.

Paavonen J. (1996). Chlamydia trachomatis: A major cause of mucopurulent cervicitis and pelvic inflammatory disease in women. In: Sexually Transmitted Diseases. Advances in Diagnosis and Treatment. Curr. Probl. Dermatol. Elsner P., Eichmann A. (eds.), Basel, Karger, Vol. 24, pp. 110-122.

Petersen E.E., Clad A. (1995). Genitale Chlamydieninfektionen. Deutsches Ärzteblatt 92, Heft 5, A-277-282.

Weström L. (1996). Consequences of genital Chlamydia infections in women. In: Chlamydia Research. Angelika Stary (ed.). Proceedings of the third meeting of the European Society for Chlamydia Research, Vienna, Austria, 11.-14. Sept. pp. 137-140.

Weström L.V. (1996). Chlamydia and its effect on reproduction. J.Brit.Fertil.Soc. 1: 23-30.

### **14. ORDERING INFORMATION**

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Prod. No.:                    CHLG0070                    Chlamydia trachomatis IgG-ELISA (96 Determinations)





# SCHEME OF THE ASSAY

Chlamydia trachomatis IgG-ELISA

## Test preparation

Prepare reagents and samples as described.  
Establish the distribution and identification plan for all specimens and controls on the result sheet supplied in the kit.  
Select the required number of microtiter strips or wells and insert them into the holder.

## Assay procedure

	Substrate blank (e.g. A1)	Negative control	Positive control	Sample (diluted 1+100)
Negative control	-	100µl	-	-
Positive control	-	-	100µl	-
Sample (diluted 1+100)	-	-	-	100µl
Cover wells with foil supplied in the kit <b>Incubate for 1 h at 37°C</b> Wash each well three times with 300µl of washing solution				
Conjugate	-	100µl	100µl	100µl
Cover wells with foil supplied in the kit <b>Incubate for 30 min at room temperature</b> Wash each well three times with 300µl of washing solution				
TMB Substrate	100µl	100µl	100µl	100µl
<b>Incubate for 15 min at room temperature in the dark</b>				
Stop Solution	100µl	100µl	100µl	100µl
Photometric measurement at 450 nm (reference wavelength: 620 nm)				

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E-0070G-9/2002-BMT

## Declaration of Conformity

We NovaTec Immundiagnostica GmbH  
 Waldstraße 23 A6  
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 Germany

herewith declare under our own responsibility, that the product

### **NovaLisa<sup>®</sup> Chlamydia trachomatis IgG (CHLG0070)**

and the following components:

<b>MTP</b>	Microtiterplate
<b>DIL G</b>	IgG Sample Dilution Buffer
<b>SOLN STOP</b>	Stop Solution
<b>WASH BUF 20x</b>	Washing Buffer (20x conc.)
<b>CONJ</b>	Conjugate
<b>SUB TMB</b>	TMB Substrate Solution
<b>CONTROL -</b>	Negative Control
<b>CUT OFF</b>	Cut-off Control
<b>CONTROL +</b>	Positive Control

of annex II list B are in accordance with the requirements of the IVD Directive 98/79/EC of the European Parliament and Council of Oct.27, 1998 in regard to in vitro diagnostic medical devices (IVDs).

The accordance was shown by conformity assessment procedures in

#### Annex IV.3

by participation of the notified body:

mdc medical device certification GmbH (0483)  
 Kriegerstrasse 6  
 70191 Stuttgart.

valid until: 2023-12-03

Dietzenbach 2020.07.22

  
 \_\_\_\_\_  
 Jennifer Völger  
 Quality Management Representative

The conformity of the above mentioned product is checked at least every 3 years. This is documented by rechecking and signing the general requirements.