## **ORGENTEC Diagnostika GmbH**

Carl-Zeiss-Straße 49-51 55129 Mainz - Germany Phone: +49 (0) 61 31 / 92 58-0 Fax: +49 (0) 61 31 / 92 58-58 Internet: www.orgentec.com





# ORG 601 Anti-CCP hs<sup>®</sup> (high sensitive)

#### INTENDED PURPOSE

Anti-CCP hs® (high sensitive) is an ELISA test system for the quantitative measurement of IgG class autoantibodies against cyclic citrullinated peptides (CCP) in human serum or plasma. This product is intended for professional in vitro diagnostic use only.

Measurement of anti-CCP antibodies may aid in the diagnosis of rheumatoid arthritis (RA), where anti-CCP antibody levels represent one parameter of a multi-criterion diagnostic process, encompassing both clinical and laboratory-based assessments.

#### SYMBOLS USED ON LABELS

IVD	In vitro diagnostic medical device	MICROPLATE	Microplate
	Manufacturer	CALIBRATOR A	Calibrator
		CALIBRATOR B	Calibrator
REF	Catalogue number	CALIBRATOR C	Calibrator
∑ 96	Sufficient for 96 determinations	CALIBRATOR D	Calibrator
LOT	Batch code	CALIBRATOR E	Calibrator
	Baton oodo	CALIBRATOR F	Calibrator
$\leq$	Use by	CONTROL +	Control positive
2°C	Temperature limitation	CONTROL -	Control negative
溇	Keep away from sunlight		
-	Do not reuse	DILUENT	Sample Buffer P
$\otimes$	Do not reuse	CONJUGATE	Enzyme Conjugate
M	Date of manufacture		
ČE	CE marked according to 98/79/EC	ТМВ	TMB Substrate
~~~		STOP	Stop solution
l	Consult instructions for use	WASH	Wash Buffer
601_3	Electronic Instruction For Use: version	RTU	Ready to use

## PRINCIPLE OF THE TEST

Highly purified cyclic citrullinated vimentin peptides (CCP) is bound to microwells.

The determination is based on an indirect enzyme linked immune reaction with the following steps:

Specific antibodies in the patient sample bind to the antigen coated on the surface of the reaction wells. After incubation, a washing step removes unbound and unspecifically bound serum or plasma components. Subesquently added enzyme conjugate binds to the immobilized antibody-antigen-complexes. After incubation, a second washing step removes unbound enzyme conjugate. After addition of substrate solution the bound enzyme conjugate hydrolyses the substrate forming a blue coloured product. Addition of an acid stopps the reaction generating a yellow end-product. The intensity of the yellow color

correlates with the concentration of the antibody-antigen-complex and can be measured photometrically at 450 nm.

## WARNINGS AND PRECAUTIONS

- · All reagents of this kit are intended for professional in vitro diagnostic use only.
- Components containing human serum were tested and found negative for HBsAg, HCV, HIV1 and HIV2 by FDA approved methods. No test can guarantee the absence of HBsAg, HCV, HIV1 or HIV2, and so all human serum based reagents in this kit must be handled as though capable of transmitting infection.
- Bovine serum albumin (BSA) used in components has been tested for BSE and found negative.
- Avoid contact with the substrate TMB (3,3',5,5'-Tetramethyl-benzidine).
- · Stop solution contains acid, classifiaction is non-hazardous. Avoid contact with skin.
- Control, sample buffer and wash buffer contain sodium azide 0.09% as preservative. This concentration is classified as non-hazardous.
- Enzyme conjugate contains ProClin 300 0.05% as preservative. This concentration is classified as non-hazardous.

During handling of all reagents, controls and serum samples observe the existing regulations for laboratory safety regulations and good laboratory practice:

First aid measures: In case of skin contact, immediately wash thoroughly with water and soap. Remove
contaminated clothing and shoes and wash before reuse. If system fluid comes into contact with skin,
wash thoroughly with water. After contact with the eyes carefully rinse the opened eye with running
water for at least 10 minutes. Get medical attention if necessary.

• Personal precautions, protective equipment and emergency procedures:

Observe laboratory safety regulations. Avoid contact with skin and eyes. Do not swallow. Do not pipette by mouth. Do not eat, drink, smoke or apply makeup in areas where specimens or kit reagents are handled. When spilled, absorb with an inert material and put the spilled material in an appropriate waste disposal.

- Exposure controls / personal protection: Wear protective gloves of nitril rubber or natural latex. Wear protective glasses. Used according to intended use no dangerous reactions known.
- · Conditions to avoid: Since substrate solution is light-sensitive. Store in the dark.
- · For disposal of laboratory waste the national or regional legislation has to be observed.

Observe the guidelines for performing quality control in medical laboratories by assaying control sera.

CONTENTS OF THE KIT									
∑ 96	Sufficient for 96 determinations								
1	One divisible microplate consisting of 12 modules of 8 wells each. Ready to use. Product code on module: <b>CCP</b>								
1x 1.5 ml	Calibrator A 0 U/ml, containing serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.								
1x 1.5 ml	Calibrator B 20 U/ml, containing CCP antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.								
1x 1.5 ml	Calibrator C 40 U/ml, containing CCP antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.								
1x 1.5 ml	Calibrator D 100 U/ml, containing CCP antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.								
1x 1.5 ml	Calibrator E 300 U/ml, containing CCP antibodies in a serum/buffer matrix (PBS, BSA, NaN3 0.09%), yellow. Ready to use.								
1x 1.5 ml	Calibrator F 1000 U/ml, containing CCP antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.								
1x 1.5 ml	Control positive, containing CCP antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use. The concentration is specified on the certificate of analysis.								
1x 1.5 ml	Control negative, containing CCP antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use. The concentration is specified on the certificate of analysis.								
20 ml	Sample Buffer P, containing PBS, BSA, detergent, preservative sodium azide $0.09\%$ , yellow, concentrate (5 x).								
15 ml	Enzyme Conjugate containing anti-human IgG antibodies, HRP labelled; PBS, BSA, detergent, preservative PROCLIN 0.05%, light red. Ready to use.								
	y 96 1 1x 1.5 ml 1x 1.5 ml 20 ml								

- 15 ml TMB Substrate; containing 3,3', 5,5'- Tetramethylbenzidin, colorless. Ready to use.
- 15 ml Stop solution; contains acid. Ready to use.
  - 20 ml Wash Buffer, containing Tris, detergent, preservative sodium azide 0.09%; 50 x conc.
- 1 Certificate of Analysis

#### MATERIALS REQUIRED

- Microplate reader capable of endpoint measurements at 450 nm; optional: reference filter at 620 nm
- · Data reduction software
- Multi-channel dispenser or repeatable pipette for 100 µl
- Vortex mixer

TMB

STOP

WASH

Ti]

- Pipettes for 10 µl, 100 µl and 1000 µl
- Laboratory timing device
- Distilled or deionised water
- Measuring cylinder for 1000 ml and 100 ml
- Plastic container for storage of the wash solution

This ELISA assay is suitable for use on open automated ELISA processors. Each assay has to be validated on the respective automated system. Detailed information is provided upon request.

## SPECIMEN COLLECTION, STORAGE AND HANDLING

- · Collect whole blood specimens using acceptable medical techniques to avoid hemolysis.
- · Allow blood to clot and separate the serum or plasma by centrifugation.
- Test serum should be clear and non-hemolyzed. Contamination by hemolysis or lipemia should be avoided, but does not interfere with this assay.
- Specimens may be refrigerated at 2-8°C for up to five days or stored at -20°C up to six months.
- Avoid repetitive freezing and thawing of serum or plasma samples. This may result in variable loss of antibody activity.
- Testing of heat-inactivated sera is not recommended.

## STORAGE AND STABILITY

- Store test kit at 2-8°C in the dark.
- · Do not expose reagents to heat, sun, or strong light during storage and usage.
- · Store microplate sealed and dessicated in the clip bag provided.
- · Shelf life of the unopended test kit is 18 months from day of production.
- Unopened reagents are stable until expiration of the kit. See labels for individual batch.
- Diluted Wash Buffer and Sample Buffer are stable for at least 30 days when stored at 2-8°C. We recommend consumption on the same day.

## PROCEDURAL NOTES

- · Do not use kit components beyond their expiration dates.
- · Do not interchange kit components from different lots and products.
- · All materials must be at room temperature (20-28°C) prior to use.
- Prepare all reagents and samples. Once started, performe the test without interruption.
- · Double determinations may be done. By this means pipetting errors may become obvious.
- · Perform the assay steps only in the order indicated.
- · Always use fresh sample dilutions.
- Pipette all reagents and samples into the bottom of the wells.
- · To avoid carryover or contamination, change the pipette tip between samples and different kit controls.
- · Wash microwells thoroughly and remove the last droplets of wash buffer.
- All incubation steps must be accurately timed.
- · Do not re-use microplate wells.

## **PREPARATION OF REAGENTS**

## WASH

Dilute the contents of one vial of the buffered wash solution concentrate (50x) with distilled or deionised water to a final volume of 1000 ml prior to use.

DILUENT

Sample Buffer P: Prior to use dilute the contents (20 ml) of one vial of sample buffer 5x concentrate with distilled or deionised water to a final volume of 100 ml.

#### Preparation of samples

Dilute patient samples 1:100 before the assay: Put 990  $\mu$ l of prediluted sample buffer in a polystyrene tube and add 10  $\mu$ l of sample. Mix well. Note: Calibrators / Controls are ready to use and need not be diluted.

#### TEST PROCEDURE

Prepare enough microplate modules for all calibrators / controls and patient samples.

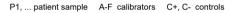
- 1. Pipette 100 µl of calibrators, controls and prediluted patient samples into the wells. Incubate for **30 minutes** at room temperature (20-28 °C). Discard the contents of the microwells and wash 3 times with 300 µl of wash solution.
- 2. Dispense 100 µl of enzyme conjugate into each well. Incubate for 15 minutes at room temperature. Discard the contents of the microwells and wash 3 times with 300 µl of wash solution.
- 3. Dispense **100 µ**I of TMB substrate solution into each well Incubate for 15 minutes at room temperature
- 4. Add 100 µl of stop solution to each well of the modules

Incubate for 5 minutes at room temperature.

Read the optical density at 450 nm (reference 600-690nm) and calculate the results. The developed colour is stable for at least 30 minutes. Read during this time.

#### Example for a pipetting scheme:

1	2	3	4	5	6	7	8	9	10	11	12
Α	P1										
В	P2										
С	P3										
D											
Е											
F											
C+											
C-											
	B C D E F C+	A         P1           B         P2           C         P3           D            E            F            C+	A P1 B P2 C P3 D E F C+	A         P1           B         P2           C         P3           D	A         P1         Image: Constraint of the second	A     P1	A     P1     Image: Constraint of the second	A     P1	A     P1	A     P1	A     P1



#### VALIDATION

Test results are valid if the optical densities at 450 nm for calibrators / controls and the results for controls comply with the reference ranges indicated on the Certificate of Analysis enclosed in each test kit. If these quality control criteria are not met the assay run is invalid and should be repeated.

#### CALCULATION OF RESULTS

For quantitative results plot the optical density of each calibrator versus the calibrator concentration to create a calibration curve. The concentration of patient samples may then be estimated from the calibration curve by interpolation.

Using data reduction software a 4-Parameter-Fit with lin-log coordinates for optical density and concentration is the data reduction method of choice.

#### PERFORMANCE CHARACTERISTICS

## Calibration

This assay system is calibrated in relative arbitrary units. It is calibrated against an external anti-CCP Assay, since no international reference sera for RA diagnostic are available so far.

## Measuring range

The calculation range of this ELISA assay is 0 - 1000 U/ml

#### Expected values

In a normal range study with samples from healthy blood donors the following ranges have been established with this ELISA assay: Cut-off 20 U/ml

Negative:	< 20 U/ml
Positive:	≥ 20 U/ml

# Linearity

Patient samples containing high levels of specific antibody were serially diluted in sample buffer to demonstrate the dynamic range of the assay and the upper / lower end of linearity. Activity for each dilution was calculated from the calibration curve using a 4-Parameter-Fit with lin-log coordinates.

0	Dilution	Observat	E	0/5
Sample	Dilution	Observed	Expected	O/E
		U/ml	U/ml	[%]
1	1:100	950.2	950.2	100
	1:200	467.3	475.1	98
	1:400	245.4	237.6	103
	1:800	115.6	118.8	97
2	1:100	120.0	120.0	100
	1:200	60.5	60.0	101
	1:400	31.4	30.0	105
	1:800	14.2	15.0	95
	1:1600	7.3	7.5	97
3	1:100	321.3	321.3	100
	1:200	157.9	160.7	98
	1:400	96.4	80.3	120
	1:800	48.2	40.2	120

### Limit of detection

Functional sensitivity was determined to be: 1 U/ml

#### Reproducibility

Intra-assay precision: Coefficient of variation (CV) was calculated for each of three samples from the results of 24 determinations in a single run. Results for precision-within-assay are shown in the table below.

Inter-assay precision: Coefficient of variation (CV) was calculated for each of three samples from the results of 6 determinations in 5 different runs. Results for run-to-run precision are shown in the table below.

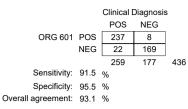
Intra-Assay				Inter-Assay				
Sample	Mean			Sample Mean				
	U/ml	CV %			U/ml	CV %		
1	13.0	7.8	1	1	12.3	6.1		
2	144.5	9.9		2	134.9	7.1		
3	250.6	13.6	1	3	262.2	9.3		

#### Interfering substances

No interference has been observed with haemolytic (up to 1000 mg/dl) or lipemic (up to 3 g/dl triglycerides) sera or plasma, or bilirubin (up to 40 mg/dl) containing sera or plasma. Nor have any interfering effects been observed with the use of anticoagulants (Citrate, EDTA, Heparine). However for practical reasons it is recommended that grossly hemolyzed or lipemic samples should be avoided.

## Study results

Study population	<u>n</u>	<u>n Pos</u>	<u>%</u>
Rheumatoid arthritis	259	237	91.5
Other arthritis	22	6	27.3
Other rheumatic disease	37	1	2.7
Healthy controls	118	1	0.8



## LIMITATIONS OF THE PROCEDURE

This assay is a diagnostic aid. A definite clinical diagnosis should not be based on the results of a single test, but should be made by the physician after all clinical and laboratory findings have been evaluated concerning the entire clinical picture of the patient. Also every decision for therapy should be taken individually.

The above pathological and normal reference ranges for antibodies in patient samples should be regarded as recommendations only. Each laboratory should establishe its own ranges according to ISO 15189 or other applicable laboratory guidelines.

## REFERENCES

- Bang H, Egerer K, Gauliard A, et al. Mutation and citrullination modifies vimentin to a novel autoantigen for rheumatoid arthritis. Arthritis Rheum. 56(8):2503, 2007.
- 2. Aletaha D, et al. Rheumatoid arthritis classification criteria: An American College of Rheumatology/European League Against Rheumatism collaborative initiative. Arthritis & Rheumatism 62 (9):2569-2581, 2010.
- 3. Pruijn GJ, Wiik A, van Venrooij WJ. The use of citrullinated peptides and proteins for the diagnosis of rheumatoid arthritis. Arthritis Res Ther 12 (1):203, 2010.
- Snir O, Widhe M, Hermansson M, von Spee C, Lindberg J, Hensen S, Lundberg K, Engstrom A, Venables PJ, Toes RE, Holmdahl R, Klareskog L, Malmstrom V. Antibodies to several citrullinated antigens are enriched in the joints of rheumatoid arthritis patients. Arthritis Rheum 62 (1):44-52, 2009.
- Van Steendam K, Tilleman K, Deforce D. The relevance of citrullinated vimentin in the production of antibodies against citrullinated proteins and the pathogenesis of rheumatoid arthritis. Rheumatology (Oxford), 2011.
- Van Steendam K, Tilleman K, De Ceuleneer M, De Keyser F, Elewaut D, Deforce D. Citrulli-nated vimentin as an important antigen in immune complexes from synovial fluid of rheumatoid arthritis patients with antibodies against citrullinated proteins. Arthritis Res Ther 12 (4):R132, 2010.
- Syversen SW, Goll GL, van der Heijde D, Landewe R, Lie BA, Odegard S, Uhlig T, Gaarder PI, Kvien TK. Prediction of radiographic progression in rheumatoid arthritis and the role of antibodies against mutated citrullinated vimentin: results from a ten-year prospective study. Ann.Rheum.Dis. 69 (2):345-351, 2009.
- Innala L, Kokkonen H,Eriksson C, Jidell E, Berglin E, Dahlqvst SR. Antibodies against mu-tated citrullinated vimentin are a better predictor of disease activity at 24 months in early rheumatoid arthritis than antibodies against cyclic citrullinated peptides. J Rheumatol. 35(6):1002, 2008.
- Mathsson L, Mullazehi M, Wick MC, et al. Antibodies against citrullinated vimentin in rheumatoid arthritis: higher sensitivity and extended prognostic value concerning future radiographic progression as compared with antibodies against cyclic citrullinated peptides. Arthritis Rheum. 58(1):36, 2008.
- 10. Soós L, Szekanecz Z, Szabó Z, et al. Clinical evaluation of anti-mutated citrullinated vi-mentin by ELISA in rheumatoid arthritis. J Rheumatol. 34(8):1658, 2007.
- Bizzaro N, Tonutti E, Tozzoli R, Villalta D. Analytical and diagnostic characteristics of 11 2nd- and 3rdgeneration immunoenzymatic methods for the detection of antibodies to citrullinated proteins. Clin Chem. 53 (8):1527, 2007.
- Coenen D, Verschueren P, Westhovens R, Bossuyt X. Technical and diagnostic perfor-mance of 6 assays for the measurement of citrullinated protein/peptide antibodies in the diagnosis of rheumatoid arthritis. Clin Chem. 53(3):498, 2007.
- Dejaco C, Klotz W, Larcher H, Duftner C, Schirmer M, Herold M. Diagnostic value of antibodies against a modified citrullinated vimentin in rheumatoid arthritis. Arthritis Res Ther. 8(4):R119, 2006.
- Keskin G, Inal A, Keskin D, et al. Diagnostic utility of anti-cyclic citrullinated peptide and anti-modified citrullinated vimentin antibodies in rheumatoid arthritis. Protein Pept Lett. 15(3):314 2008.
- 15. Poulsom H, Charles PJ. Antibodies to citrullinated vimentin are a specific and sensitive marker for the diagnosis of rheumatoid arthritis. Clin Rev Allergy Immunol. 34(1):4 2008.
- Song JS, Park GB, Park AJ. Comparison of anti-mutated citrullinated vimentin with anti-cyclic citrullinated peptide and rheumatoid factors for the diagnostic value of rheuma-toid arthritis [in Korean]. J Korean Rheum Assoc. 14(3):235 2007.

- 17. Ursum J, Nielen MM, van Schaardenburg D, et al. Antibodies to mutated citrullinated vimentin and disease activity score in early arthritis: a cohort study. Arthritis Res Ther. 10(1):R12, 2008.
- Besada E, Nikolaisen C, Nossent H. Diagnostic value of antibodies against mutated citrullinated vimentin for rheumatoid arthritis. Clin Exp Rheumatol. 29(1):85 2011.

Notice to the user (European Union):

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the EU Member State in which the user and/or the patient is established.

#### Change Control

Former version: ORG 601\_IFU\_EN\_QM113201\_2016-04-18\_2 Reason for revision: Introduction electronic IFU on homepage

