



COD 31019 50 tests	COD 31319 100 tests	COD 31086 150 tests	COD 31448 50 tests
STORE AT 2-8°C			
Reagents for determination of ASO Only for <i>in vitro</i> use in the clinical laboratory			

## PRINCIPLE OF THE METHOD

Serum anti-streptolysin O (ASO) at 200 IU/mL or higher causes a visible agglutination on slide of a suspension of latex particles coated with streptolysin O<sup>1</sup>.

## CONTENTS

	COD 31019	COD 31319	COD 31086	COD 31448
A. Reagent	1 x 3 mL	2 x 3 mL	1 x 8 mL	1 x 3 mL
C-. Negative Control	1 x 1 mL	1 x 1 mL	1 x 1 mL	-
C+. Positive Control	1 x 1 mL	1 x 1 mL	1 x 1 mL	-
Test Cards	3	6	6	-
Disposable Stirrer Sticks	1 x 50	1 x 150	1 x 150	-

## COMPOSITION

A. Reagent: Suspension of white latex particles coated with streptolysin O, sodium azide 0.95 g/L, ammonium chloride buffer 200 mmol/L, pH 8.2.

C-. Negative Control: Serum containing ASO < 200 IU/mL.

C+. Positive Control: Human serum containing ASO > 200 IU/mL.

*Human sera used in the preparation of the positive and negative controls have been tested and found to be negative for the presence of antibodies anti-HIV and anti-HCV, as well as for HBs antigen. However, the controls should be handled cautiously as potentially infectious.*

Test Cards. (Note 1).

Disposable Stirrer Sticks.

## STORAGE

Store at 2-8°C. Cards and stirrer sticks may be kept at room temperature.

Reagent and Controls are stable until the expiry date shown on the label when stored tightly closed and if contaminations are prevented during their use.

Indications of deterioration:

- Reagent: Visible agglutination in the flask.
- Controls: Presence of particulate material.

## REAGENT PREPARATION

Reagent and controls are provided ready to use.

## ADDITIONAL EQUIPMENT

- Mechanical rotator adjustable to 100 r.p.m.
- For code 31448 test cards and stirrer sticks will be required.

## SAMPLES

Serum collected by standard procedures.

Anti-streptolysin O in serum is stable for 7 days at 2-8°C.

## PROCEDURE

1. Bring test reagents and samples to room temperature (Note 2).
2. Place 50 µL of the sample and 1 drop of each Control into separate circles on the test card.
3. Shake the latex vial (A) gently repeatedly until complete resuspension of the latex particles. Hold the Reagent vial (A) in vertical position and add 1 drop of Reagent (A) to each circle next to the sample to be tested (Note 3).
4. Mix with a disposable stirrer stick and spread over the entire area enclosed by the ring. Use a new stirrer stick for each sample.
5. Rotate cards at 100 r.p.m. for 2 minutes.

## READING

Examine the presence of visible agglutination within a minute after removing the card from the rotator (Note 4).

Positive results: The presence of a visible agglutination indicates an ASO concentration in the sample  $\geq$  200 IU/mL. Positive sera may be titered. To titer make serial two-fold dilutions in 9 g/L NaCl. The serum titer is defined as the highest dilution showing a positive result. The approximate ASO concentration in the sample may be obtained by multiplying the titer by 200 IU/mL.

Negative results: The absence of a visible agglutination indicates a content of ASO < 200 IU/mL.

## QUALITY CONTROL

Positive (C+) and Negative (C-) Controls provided with kits should be tested together with the patients samples, in order to verify the assay performance.

Positive Control (C+) should cause a clear visible agglutination of the latex particles.

Negative Control (C-) should not cause any agglutination of the latex particles.

Each laboratory should establish its own internal Quality Control scheme and procedures for corrective action if controls do not recover within the acceptable tolerances.

## ASSAY CHARACTERISTICS

- Detectability: 200 IU/mL ASO, using an internal standard traceable to the Biological Reference Material 97/662 (National Institute for Biological Standards and Control, United Kingdom). The cut off value may vary up to 25% depending on uncontrolled variations in the procedure and on the operator experience in reading.

- High dose (zone) effect: False negative results due to high dose effect are absent at least up to 800 IU/mL ASO.

- False results: Results obtained with this reagent did not show significant differences when compared with reference reagents. Details of the comparison experiments are available on request.

- Interferences: Hemoglobin (5 g/L), bilirubin (15 mg/dL), rheumatoid factors (300 IU/mL) and lipemia (5 g/L) do not interfere. Other drugs and substances may interfere<sup>3</sup>.

## DIAGNOSTIC CHARACTERISTICS

Anti-streptolysin O are the specific antibodies to streptolysin O, an extracellular enzyme produced by Lancefield group A,  $\beta$ -hemolytic streptococci (*Streptococcus pyogenes*). Antibodies against streptolysin O can be detected from one week to one month after the onset of a streptococcal infection. *Streptococcus pyogenes* causes a wide variety of upper respiratory infections such as acute pharyngitis. Other manifestations of *Streptococcus pyogenes* infection include glomerulonephritis, rheumatic fever, bacterial endocarditis and scarlet fever<sup>4,7</sup>.

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

## NOTES

1. The test cards are reusable, and must be washed out and thoroughly rinsed with distilled water free of all detergents.
2. The sensitivity of the test may be reduced at low temperatures.
3. The presence of agglutinated particles at this point may be due to a lack of homogenization of the reagent.
4. Delay in reading may cause false positive results.

## BIBLIOGRAPHY

1. Klein GC, Baker CN, Moody MD. Comparison of antistreptolysin O latex screening test with the antistreptolysin O hemolytic test. *Appl Microbiol* 1970; 19:60-1.
2. Friedman and Young. Effects of disease on clinical laboratory tests, 4th ed. AACC Press, 2001.
3. Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.
4. Klein GC, Baker CN, Jones WL. Upper limits of normal antistreptolysin O and antideoxyribonuclease B titers. *Appl Microbiol* 1971; 21: 758-60.
5. Bisno AL. Group A streptococcal infections and acute rheumatic fever. *N Engl J Med* 1991; 325: 783-93.
6. Stevens DL. Invasive group A streptococcal disease. *Clin Infect Dis* 1992; 14: 2-11.
7. Immunology and Serology in Laboratory Medicine, 2<sup>nd</sup> edition. Turgeon ML. Mosby, 1996.

