

## ATLAS RHEUMATOID FACTOR (RF) LATEX KIT

latex slide test for the qualitative and semi-quantitative measurement of RF in human serum.

**IVD** For In-Vitro diagnostic and professional use only

2°C  8°C  
Store at 2-8°C

### INTENDED USE

A latex slide test for the qualitative and semi-quantitative measurement of RF in human serum.

### INTRODUCTION

Rheumatoid factors (RF) are antibodies directed against antigenic sites in the Fc fragment of human and animal IgG. Their frequent occurrence in rheumatoid arthritis makes them useful for diagnosis and monitoring of the disease.

One method used for rheumatoid factor detection is based on the ability of rheumatoid arthritis sera to agglutinate sensitized sheep red cells, as observed by Waaler and Rose. A more sensitive reagent consisting of biologically inert latex beads coated with human gamma globulin was later described by Singer and Plotz. The RF kit is based on the principle of the latex agglutination assay of Singer and Plotz. The major advantage of this method is rapid performance (2 minute reaction time) and lack of heterophile antibody interference.

### PRINCIPLE

The RF reagent is based on an immunological reaction between human IgG bound to biologically inert latex particles and rheumatoid factors in the test specimen. When serum containing rheumatoid factors is mixed with the latex reagent, visible agglutination occurs.

### MATERIALS

#### MATERIALS PROVIDED

- RF Latex Reagent: Latex particles coated with human gamma-globulin, pH, 8.2. Preservative. Contains N, N-dimethylformamide.
- RF Positive Control Serum: Human serum with a RF concentration > 30 IU/mL. Preservative.

- RF Negative Control Serum: Animal serum. Preservative.
- Reaction Slide
- Stirring sticks

#### MATERIALS REQUIRED BUT NOT PROVIDED

- Timer
- Test Tubes (for dilution)
- Serological pipettes (for sample addition and for dilution)
- Rotator (optional)
- Glycine Buffer (20x): add one part to nineteen parts of distilled water before use.

#### PRECAUTIONS

- All reagents contain 0.1 % (w/v) sodium azide as a preservative.
- Reagents containing sodium azide may be combined with copper and lead plumbing to form highly explosive metal azides. Dispose of reagents by flushing with large amounts of water to prevent azide buildup.
- For In Vitro diagnostic use.
- Positive and negative controls prepared using human serum found negative for hepatitis B surface antigen (HBsAg) by FDA required test; however, handle controls as if potentially infectious.
- Accuracy of the test depends on the drop size of the latex reagent (40µl). Use only the dropper supplied with latex and hold it perpendicularly when dispensing.
- Use a clean pipette tip and stirring stick for each specimen, and glass slides should be thoroughly rinsed with water and wiped with lint-free tissue after each use.
- Check reactivity of the reagent using the controls provided.

#### STORAGE AND STABILITY

- Reagents are stable until specified expiry date on bottle label when stored refrigerated (2-8°C).
- Do not freeze.
- The RF latex reagent, once shaken must be uniform without visible clumping. When stored refrigerated, a slight sedimentation may occur and should be considered normal.
- Do not use the latex reagent or controls if they become contaminated.

#### SPECIMEN COLLECTION AND STORAGE

- Use fresh serum collected by centrifuging clotted blood.
- If the test cannot be carried out on the same day, store the specimen for 7 days at 2-8°C and for 3 months at -20°C.
- As in all serological tests, hemolytic or contaminated serum must not be used.
- Do not use PLASMA.

#### PROCEDURE

##### Qualitative method

- Allow the reagents and samples to reach room temperature. The sensitivity of the test may be reduced at low temperatures.
- Place 50 µL of the sample and one drop of each Positive and Negative controls into separate circles on the slide test.
- Mix the RF-latex reagent rigorously or on a vortex mixer before using and add one drop (50 µL) next to the sample to be tested.
- Mix the drops with a stirrer, spreading them over the entire surface of the circle. Use different stirrers for each sample.
- Place the slide on a mechanical rotator at 80-100 r.p.m. for 2 minutes. False positive results could appear if the test is read later than two minutes.

##### Semi-quantitative method

- Make serial two fold dilutions of the sample in 9 g/L saline solution.
- Proceed for each dilution as in the qualitative method.

#### READING AND INTERPRETATION

Examine macroscopically the presence or absence of visible agglutination immediately after removing the slide from the rotator. The presence of agglutination indicates a RF concentration equal or greater than 8 IU/mL (Note 1). The titer, in the semi-quantitative method, is defined as the highest dilution showing a positive result.

#### CALCULATIONS

The approximate RF concentration in the patient sample is calculated as follows:

$$8 \times \text{RF Titer} = \text{IU/mL}$$

## INTERFERENCES

### NON INTERFERING SUBSTANCES:

- Hemoglobin (10g/dl)
- Bilirubin(20mg/dl)
- Lipemia(10g/dl)

Other substances may interfere.

## QUALITY CONTROL

1. RF Positive and Negative Control should be included in each test batch.
2. Acceptable performance is indicated when a uniform milky suspension with no agglutination is observed with the RF Negative Control and agglutination with large aggregates is observed with the RF Positive Control.

## PERFORMANCE CHARACTERISTICS

### **Analytical sensitivity**

8(6-16) IU/ml, under the described assay conditions.

### **PROZONE EFFECT**

No prozone effect was detected up to 1500 IU/ml.

### **DIAGNOSTIC SENSITIVITY**

100%.

### **DIAGNOSTIC SPECIFICITY**

100%.

The diagnostic sensitivity and specificity have been obtained using 118 samples compared with the same method of a computer.

## LIMITATIONS

- Reaction time is critical. If reaction time exceeds 2 minutes, drying of the reaction mixture may cause false positive result.
- Freezing the RF Latex Reagent will result in spontaneous agglutination.
- Intensity of agglutination is not necessarily indicative of relative RF concentration; therefore, screening reactions should not be graded.
- Increased levels of RF may be found in some diseases other than rheumatoid arthritis such as infectious mononucleosis, sarcoidosis, lupus erythematosus, Sjogren's syndrome.
- Certain patients with rheumatoid arthritis will not have the RF present in their serum.

- The incidence of false positive results is about 3-5 %.Individuals suffering from infectious mononucleosis, hepatitis, syphilis as well as elderly people may give positive results.
- Diagnosis should not be solely based on the results of latex method but also should be complemented with a Waaler Rose test along with the clinical examination.

## REFERENCE VALUES

Up to 8 IU/mL. Each laboratory should establish its own reference range.

## NOTES

1. Results obtained with a latex method do not compare with those obtained with Waaler Rose test. Differences in the results between methods do not reflect differences in the ability to detect rheumatoid factors.

## REFERENCES

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6. Young DS. Effects of drugs on clinical laboratory test, 4th ed. AACC Press, 1995.














## ATLAS MEDICAL

William James Hous Cowley Road,  
Cambridge, CB4 0WX, UK.

Tel: +44 (0) 1223 858 910

Fax: +44 (0) 1223 858 524

PPI008A01, Rev H (17.06.2017)

	Catalogue Number		Store at
	For In-Vitro Diagnostic use		Caution
	Number of tests in the pack		Read product insert before use
	Lot (batch) number		Manufacturer
	Fragile, handle with care		Expiry date
	Manufacturer fax number		Do not use if package is <b>damaged</b>
	Manufacturer telephone number		