



Immunoglobulin E (IgE) Test System
Product Code: 2525-300

1.0 INTRODUCTION

Intended Use: The Quantitative Determination of Immunoglobulin E (IgE) Concentration in Human Serum by a Microplate Enzyme Immunoassay, Colorimetric

2.0 SUMMARY AND EXPLANATION OF THE TEST

Allergic reactions, which are becoming more widespread, are usually diagnosed on the basis of medical history and clinical symptoms. In vitro and in vivo testing, however, play a key role in confirming clinical suspicions and tailoring treatment. The measurement of immunoglobulin E (IgE) in serum is widely used in the diagnosis of allergic reactions and parasitic infections. Many allergies are caused by the immunoglobulins of subclass IgE acting as point of contact between the allergen and specialized cells. The IgE molecules (MW 200,000) bind to the surface of the mast cells and basophilic granulocytes. Subsequently the binding of allergen to cell-bound IgE causes these cells to release histamines and other vasoactive substances. The release of histamines in the body results initiates what is commonly known as an allergic reaction.

Before making any therapeutic determination it is important, however, to know whether the allergic reaction is IgE mediated or non-IgE mediated. Measurement of total IgE in serum sample, along with other supporting diagnostic information, can help to make that determination. Measurement of total circulating IgE may also be of value in the early detection of allergy in infants and as a means of predicting future atopic manifestations. Before deciding on any therapy it is important to take into consideration all the relevant clinical information as well as information supplied by specific allergy testing.

IgE levels show a slow increase during childhood, reaching adult levels in the second decade of life. In general, the total IgE levels increase with the allergies a person has and the number of times of exposure to the relevant allergens. Significant elevations may be seen in the sensitized individuals, but also in cases of myeloma, pulmonary aspergillosis, and during the active stages of parasitic infections.

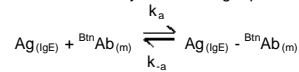
In this method, IgE calibrator, patient specimen or control is first added to a streptavidin coated well. Biotinylated monoclonal antibody (specific for IgE) is added and the reactants mixed. Reaction between the IgE antibodies and native IgE forms complex that binds with the streptavidin coated to the well. The excess serum proteins are washed away via a wash step. Another enzyme labeled monoclonal antibody specific to IgE is added to the wells. The enzyme labeled antibody binds to the IgE already immobilized on the well through its binding with the biotinylated monoclonal antibody. Excess enzyme is washed off via a wash step. A color is generated by the addition of a substrate. The intensity of the color generation is directly proportional to the concentration of the IgE in the sample.

3.0 PRINCIPLE

Immunoenzymometric sequential assay (TYPE 4):

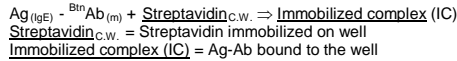
The essential reagents required for an immunoenzymometric assay include high affinity and specificity antibodies (enzyme and immobilized), with different and distinct epitope recognition, in excess, and native antigen. In this procedure, the immobilization takes place during the assay at the surface of a microplate well through the interaction of streptavidin coated on the well and exogenously added biotinylated monoclonal anti-IgE antibody.

Upon mixing monoclonal biotinylated antibody, and a serum containing the native antigen, reaction results between the native antigen and the antibody, forming an antibody-antigen complex. The interaction is illustrated by the following equation:

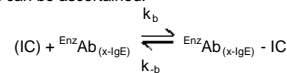


$B^{in}Ab_{(m)}$ = Biotinylated Monoclonal Antibody (Excess Quantity)
 $Ag_{(IgE)}$ = Native Antigen (Variable Quantity)
 $Ag_{(IgE)} - B^{in}Ab_{(m)}$ = Antigen-Antibody complex (Variable Quantity)
 k_a = Rate Constant of Association
 k_{-a} = Rate Constant of Dissociation

Simultaneously, the complex is deposited to the well through the high affinity reaction of streptavidin and biotinylated antibody. This interaction is illustrated below:



After a suitable incubation period, the antibody-antigen bound fraction is separated from unbound antigen by decantation or aspiration. Another antibody (directed at a different epitope) labeled with an enzyme is added. Another interaction occurs to form an enzyme labeled antibody-antigen-biotinylated-antibody complex on the surface of the wells. Excess enzyme is washed off via a wash step. A suitable substrate is added to produce color measurable with the use of a microplate spectrophotometer. The enzyme activity on the well is directly proportional to the native antigen concentration. By utilizing several different serum references of known antigen concentration, a dose response curve can be generated from which the antigen concentration of an unknown can be ascertained.



$E^{nz}Ab_{(x-IgE)}$ = Enzyme labeled Antibody (Excess Quantity)
 $E^{nz}Ab_{(x-IgE)} - IC$ = Antigen-Antibodies Complex
 k_b = Rate Constant of Association
 k_{-b} = Rate Constant of Dissociation

4.0 REAGENTS

Materials Provided:

- A. IgE Calibrators – 1.0 ml/vial - Icons A-F**
Six (6) vials of human serum based reference calibrators at concentrations of 0 (A), 5 (B), 25 (C), 50 (D), 150 (E) and 400 (F) IU/ml. Store at 2-8°C. A preservative has been added.
Note: The Calibrators are standardized against WHO's 2ndIRP 75/502 for IgE
- B. IgE Biotin Reagent – 13 ml/vial - Icon ▽**
One (1) vial containing biotinylated anti-human IgE mIgG reagent presented in a protein-stabilized matrix. A preservative has been added. Store at 2-8°C.
- C. IgE Enzyme Reagent – 13 ml/vial - Icon ☒**
One (1) vial containing anti-human IgE-HRP incorporated complex in a protein-stabilized matrix. A preservative has been added. Store at 2-8°C.
- D. Streptavidin Plate – 96 wells - Icon ▽**
One 96-well microplate coated with streptavidin and packaged in an aluminum bag with a drying agent. Store at 2-8°C.
- E. Wash Solution Concentrate – 20ml/vial - Icon ♣**
One (1) vial containing a surfactant in buffered saline. A preservative has been added. Store at 2-8°C.
- F. Substrate A – 7.0ml/vial - Icon S[▲]**
One (1) vial containing tetramethylbenzidine (TMB) in acetate buffer. Store at 2-8°C.

G. Substrate B – 7.0ml/vial - Icon S[●]

One (1) vial containing hydrogen peroxide (H₂O₂) in acetate buffer. Store at 2-8°C.

H. Stop Solution – 8.0ml/vial - Icon ☉

One (1) vial containing a strong acid (1N HCl). Store at 2-8°C.

I. Product Instructions.

- Note 1:** Do not use reagents beyond the kit expiration date.
- Note 2:** Avoid extended exposure to heat and light. **Opened reagents are stable for sixty (60) days when stored at 2-8°C. Kit and component stability are identified on label.**
- Note 3:** Above reagents are for a single 96-well microplate.

4.1 Required But Not Provided:

1. Pipette capable of delivering 0.025 and 0.050ml (25 & 50µl) volumes with a precision of better than 1.5%.
2. Dispenser(s) for repetitive deliveries of 0.100 and 0.350ml (100 & 350µl) volumes with a precision of better than 1.5%.
3. Microplate washers or a squeeze bottle (optional).
4. Microplate Reader with 450nm and 620nm wavelength absorbance capability.
5. Absorbent Paper for blotting the microplate wells.
6. Plastic wrap or microplate cover for incubation steps.
7. Vacuum aspirator (optional) for wash steps.
8. Timer.
9. Quality control materials.

5.0 PRECAUTIONS

For In Vitro Diagnostic Use
Not for Internal or External Use in Humans or Animals

All products that contain human serum have been found to be non-reactive for Hepatitis B Surface Antigen, HIV 1&2 and HCV Antibodies by FDA licensed reagents. Since no known test can offer complete assurance that infectious agents are absent, all human serum products should be handled as potentially hazardous and capable of transmitting disease. Good laboratory procedures for handling blood products can be found in the Center for Disease Control / National Institute of Health, "Biosafety in Microbiological and Biomedical Laboratories," 2nd Edition, 1988, HHS Publication No. (CDC) 88-8395.

Safe disposal of kit components must be according to local regulatory and statutory requirement.

6.0 SPECIMEN COLLECTION AND PREPARATION

The specimens shall be blood serum in type and the usual precautions in the collection of venipuncture samples should be observed. For accurate comparison to established normal values, a fasting morning serum sample should be obtained. The blood should be collected in a plain redtop venipuncture tube without additives or anti-coagulants. Allow the blood to clot for samples. Centrifuge the specimen to separate the serum from the cells.

In patients receiving therapy with high biotin doses (i.e. >5mg/day), no sample should be taken until at least 8 hours after the last biotin administration, preferably overnight to ensure fasting sample.

Samples may be refrigerated at 2-8°C for a maximum period of five (5) days. If the specimen(s) cannot be assayed within this time, the sample(s) may be stored at temperatures of -20°C for up to 30 days. Avoid use of contaminated devices. Avoid repetitive freezing and thawing. When assayed in duplicate, 0.050ml (50µl) of the specimen is required.

7.0 QUALITY CONTROL

Each laboratory should assay controls at levels in the low, normal and elevated range for monitoring assay performance. These controls should be treated as unknowns and values determined in every test procedure performed. Quality control charts should be maintained to follow the performance of the supplied reagents. Pertinent statistical methods should be employed to ascertain trends. Significant deviation from established performance can indicate unnoticed change in experimental conditions or degradation of kit reagents. Fresh reagents should be used to determine the reason for the variations

8.0 REAGENT PREPARATION

1. **Wash Buffer**
Dilute contents of wash concentrate to 1000ml with distilled or deionized water in a suitable storage container. Storediluted buffer at 2-30°C for up to 60 days.
2. **Working Substrate Solution – Stable for one year**
Pour the contents of vial labeled Solution 'A' into the vial labeled Solution 'B'. Place the yellow cap on the mixed reagent for easy identification. Mix and label accordingly. Store at 2-8 °C.

Note 1: Do not use the working substrate if it looks blue.
Note 2: Do not use reagents that are contaminated or have bacteria growth.

9.0 TEST PROCEDURE

*Before proceeding with the assay, bring all reagents, serum reference calibrators and controls to room temperature (20-27°C). ****Test procedure should be performed by a skilled individual or trained professional*****

1. Format the microplates' wells for each serum reference calibrator, control and patient specimen to be assayed in duplicate. **Replace any unused microwell strips back into the aluminum bag, seal and store at 2-8°C.**
2. Pipette 0.025 ml (25µl) of the appropriate serum reference calibrator, control or specimen into the assigned well.
3. Add 0.100 ml (100µl) of the IgE Biotin Reagent to each well. **It is very important to dispense all reagents close to the bottom of the coated well.**
4. Swirl the microplate gently for 20-30 seconds to mix and cover.
5. Incubate 30 minutes at room temperature.
6. Discard the contents of the microplate by decantation or aspiration. If decanting, tap and blot the plate dry with absorbent paper.
7. Add 0.350ml (350µl) of wash buffer (see Reagent Preparation Section), decant (tap and blot) or aspirate. Repeat two (2) additional times for a total of three (3) washes. **An automatic or manual plate washer can be used. Follow the manufacturer's instruction for proper usage. If a squeeze bottle is employed, fill each well by depressing the container (avoiding air bubbles) to dispense the wash. Decant the wash and repeat two (2) additional times.**
8. Add 0.100 ml (100µl) of the IgE Enzyme Reagent labeled antibody to each well.
DO NOT SHAKE THE PLATE AFTER ENZYME ADDITION
9. Cover and incubate 30 minutes at room temperature.
10. Discard the contents of the microplate by decantation or aspiration. If decanting, blot the plate dry with absorbent paper.
11. Add 0.350ml (350µl) of wash buffer (see Reagent Preparation Section), decant (tap and blot) or aspirate. Repeat two (2) additional times for a total of three (3) washes. **An automatic or manual plate washer can be used. Follow the manufacturer's instruction for proper usage. If a squeeze bottle is employed, fill each well by depressing the container (avoiding air bubbles) to dispense the wash. Decant the wash and repeat two (2) additional times.**
12. Add 0.100 ml (100µl) of working substrate solution to all wells (see Reagent Preparation Section). **Always add reagents in the same order to minimize reaction time.**
DO NOT SHAKE THE PLATE AFTER SUBSTRATE ADDITION
13. Incubate at room temperature for fifteen (15) minutes.
14. Add 0.050ml (50µl) of stop solution to each well and gently mix for 15-20 seconds.
15. Read the absorbance in each well at 450nm (using a reference wavelength of 620-630nm to minimize well imperfections) in a microplate reader. **The results should be read within thirty (30) minutes of adding the stop solution.**

10.0 CALCULATION OF RESULTS

A dose response curve is used to ascertain the concentration of IgE in unknown specimens.

1. Record the absorbance obtained from the printout of the microplate reader as outlined in Example 1.
2. Plot the absorbance for each duplicate serum reference versus the corresponding IgE concentration in IU/ml on linear graph

paper (do not average the duplicates of the serum references before plotting).

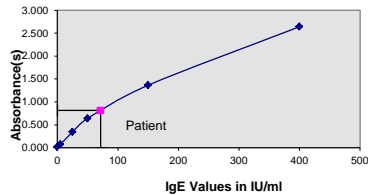
3. Draw the best-fit curve through the plotted points.
4. To determine the concentration of IgE for an unknown, locate the average absorbance of the duplicates for each unknown on the vertical axis of the graph, find the intersecting point on the curve, and read the concentration (in IU/ml) from the horizontal axis of the graph (the duplicates of the unknown may be averaged as indicated). In the following example, the average absorbance (1.323) intersects the dose response curve at 142 IU/ml IgE concentration (See Figure 1).

Note: Computer data reduction software designed for ELISA assays may also be used for the data reduction. If such software is utilized, the validation of the software should be ascertained.

EXAMPLE 1

| Sample I.D. | Well | Abs | Mean Abs (B) | Conc |
|-------------|-------|-------|--------------|-------|
| Cal A | A1 | 0.014 | 0.015 | 0 |
| | B1 | 0.016 | | |
| | C1 | 0.072 | | |
| Cal B | D1 | 0.074 | 0.073 | 5 |
| | E1 | 0.364 | 0.345 | 25 |
| F1 | 0.326 | | | |
| Cal D | G1 | 0.663 | 0.639 | 50 |
| | H1 | 0.614 | | |
| Cal E | A2 | 1.340 | 1.364 | 150 |
| | B2 | 1.388 | | |
| Cal F | C2 | 2.601 | 2.641 | 400 |
| | D2 | 2.682 | | |
| Ctrl 1 | E2 | 2.575 | 2.562 | 375.3 |
| | F2 | 2.549 | | |
| Ctrl 2 | G2 | 0.818 | 0.813 | 71.2 |
| | H2 | 0.807 | | |
| Patient 1 | A3 | 1.322 | 1.323 | 142.0 |
| | B3 | 1.324 | | |

Figure 1



*The data presented in Example 1 and Figure 1 is for illustration only and **should not** be used in lieu of a standard curve prepared with each assay.

11.0 Q.C. PARAMETERS

In order for the assay results to be considered valid the following criteria should be met:

1. The absorbance (OD) of calibrator 'A' should be ≤ 0.05
2. The absorbance (OD) of calibrator 'F' should be ≥ 1.3
3. Four out of six quality control pools should be within the established ranges.

12.0 RISK ANALYSIS

The MSDS and Risk Analysis Form for this product are available on request from Monobind Inc.

12.1 Assay Performance

1. It is important that the time of reaction in each well is held constant to achieve reproducible results.
2. Pipetting of samples should not extend beyond ten (10) minutes to avoid assay drift.
3. Highly lipemic, hemolyzed or grossly contaminated specimen(s) should not be used.
4. If more than one (1) plate is used, it is recommended to repeat the dose response curve.
5. The addition of substrate solution initiates a kinetic reaction, terminated by the addition of the stop solution. Therefore, the

substrate and stop solution should be added in the same sequence to eliminate any time-deviation during reaction.

6. Plate readers measure vertically. Do not touch the bottom of the wells.
7. Failure to remove adhering solution adequately in the aspiration or decantation wash step(s) may result in poor replication and spurious results.
8. Use components from the same lot. No intermixing of reagents from different batches.
9. Accurate and precise pipetting, as well as following the exact time and temperature requirements prescribed are essential. Any deviation from Monobind IFU may yield inaccurate results.
10. All applicable national standards, regulations and laws, including, but not limited to, good laboratory procedures, must be strictly followed to ensure compliance and proper device usage.
11. It is important to calibrate all the equipment e.g. Pipettes, Readers, Washers and/or the automated instruments used with this device, and to perform routine preventative maintenance.
12. Risk Analysis- as required by CE Mark IVD Directive 98/79/EC - for this and other devices, made by Monobind, can be requested via email from Monobind@monobind.com.

12.2 Interpretation

1. **Measurements and interpretation of results must be performed by a skilled individual or trained professional.**
2. Laboratory results alone are only one aspect for determining patient care and should not be the sole basis for therapy, particularly if the results conflict with other determinants.
3. The reagents for the test system have been formulated to eliminate maximal interference; however, potential interaction between rare serum specimens and test reagents can cause erroneous results. Heterophilic antibodies often cause these interactions and have been known to be problems for all kinds of immunoassays (Boscato LM, Stuart MC. "Heterophilic antibodies: a problem for all immunoassays" Clin. Chem. 1988;34:27-33). For diagnostic purposes, the results from this assay should be in combination with clinical examination, patient history and all other clinical findings.
4. For valid test results, adequate controls and other parameters must be within the listed ranges and assay requirements.
5. If test kits are altered, such as by mixing parts of different kits, which could produce false test results, or if results are incorrectly interpreted, **Monobind shall have no liability.**
6. If computer controlled data reduction is used to interpret the results of the test, it is imperative that the predicted values for the calibrators fall within 10% of the assigned concentrations.
7. Serum IgE concentration is dependent upon a multiplicity of factors: including if the patient is sensitized, how many times the patient has been exposed to a specific allergen etc. Total IgE concentration alone is not sufficient to assess the clinical status. All the clinical findings especially specific allergy testing should be taken into consideration while determining the clinical status of the patient.
8. Since all atopic reactions are not IgE mediated, all relevant clinical information should be taken into consideration before making any determination for patients who may be in the normal range.

13.0 EXPECTED RANGES OF VALUES

A study of population from different age groups was conducted to evaluate the IgE AccuBind® ELISA test system. The results are presented in Table 1:

| TABLE 1 Expected Values for the IgE (in IU/ml) | | | |
|---|------------|--------|----------------|
| Age (Yrs) | Number (n) | Median | Absolute Range |
| 0-3 | 31 | 6.4 | ND - 46 |
| 3-16 | 43 | 25.0 | ND - 280 |
| Adult | 145 | 43 | 0 - 200 |

It is important to keep in mind that establishment of a range of values which can be expected to be found by a given method for a population of "normal"-persons is dependent upon a multiplicity of factors: the specificity of the method, the population tested and the precision of the method in the hands of the analyst. For these reasons each laboratory should depend upon the range of expected values established by the Manufacturer only until an in-house range can be determined by the analysts using the method with a population indigenous to the area in which the

laboratory is located.

14.0 PERFORMANCE CHARACTERISTICS

14.1 Precision

The within and between assay precision of the IgE AccuBind® ELISA Test System were determined by analyses on three different levels of pool control sera. The number, mean value, standard deviation and coefficient of variation for each of these control sera are presented in Table 2 and Table 3.

| TABLE 2 Intra-Assay Precision (in IU/ml) | | | | |
|---|----|-------|----------|-------|
| SAMPLE | N | X | σ | C.V.% |
| Low | 20 | 48.9 | 2.87 | 5.87 |
| Medium | 20 | 160.5 | 6.47 | 4.03 |
| High | 20 | 297.6 | 5.81 | 1.95 |

| TABLE 3 Inter Assay Precision (in IU/ml) | | | | |
|---|----|-------|----------|-------|
| SAMPLE | N | X | σ | C.V.% |
| Low | 10 | 46.3 | 3.9 | 8.42 |
| Medium | 10 | 157.0 | 7.3 | 4.64 |
| High | 10 | 301.0 | 10.6 | 3.52 |

14.2 Sensitivity

The IgE AccuBind® ELISA test system has a sensitivity of 0.125 IU/ml. The sensitivity was ascertained by determining the variability of the 0 IU/ml serum calibrator and using the 2σ (95% certainty) statistics to calculate the minimum dose.

14.3 Accuracy

The IgE AccuBind® ELISA test system was compared with a reference method. Biological specimens with IgE levels in the low, medium and high ranges were used. The values ranged from 0.8 to 3100 IU/ml. The total number of such specimens was 219. The least square regression equation and the correlation coefficient were computed for this IgE AccuBind® ELISA method in comparison with the predicate method (Table 4):

| TABLE 4 | | | |
|---------------|------|----------------------------------|-------------------------|
| Method | Mean | Least Square Regression Analysis | Correlation Coefficient |
| Monobind (X) | 179 | $x = -12.9 + 1.21(Y)$ | 0.967 |
| Predicate (Y) | 157 | | |

Only slight amounts of bias between this method and the reference method are indicated by the closeness of the mean values. The least square regression equation and correlation coefficient indicates excellent method agreement.

14.4 Specificity

The specificity of the IgE AccuBind® ELISA test system, to closely related immunoglobulins was evaluated by adding those at twice the physiological concentrations to a serum matrix. No cross-reaction between the antibodies used and the related molecules was detected.

14.5 High Dose Effect

Since the assay is sequential in design, high concentrations of IgE do not show the hook effect. Myeloma IgE patient samples with concentrations over 8 million IU/ml demonstrated extremely high levels of absorbance.

14.6 Linearity

Two patient pools were assayed diluted (in 'A' Calibrator) and undiluted with the IgE AccuBind® ELISA test system. The observed and expected values are listed below in Table 5:

| TABLE 5 | | | |
|-----------|----------------------|----------------------|------------------|
| Sample | Observed (O) (IU/ml) | Expected (E) (IU/ml) | % Recovery (O/E) |
| Pool 1 | 106.8 | - | - |
| Pool 1/2 | 50.8 | 53.4 | 95.1 |
| Pool 1/4 | 25.3 | 26.7 | 94.8 |
| Pool 1/8 | 13.4 | 13.3 | 100.6 |
| Pool 1/16 | 6.6 | 6.7 | 98.5 |
| Pool 2 | 395.9 | - | - |
| Pool 2/2 | 189.5 | 197.9 | 95.8 |
| Pool 2/4 | 106.1 | 98.9 | 107.2 |
| Pool 2/8 | 48.0 | 49.5 | 96.9 |
| Pool 2/16 | 25.8 | 24.7 | 104.2 |

14.7 Recovery

Two patient pools were spiked with known amounts of IgE and assayed with the IgE AccuBind® ELISA test system. The observed and expected values are listed below in Table 6.

| TABLE 6 | | | |
|-------------|----------------------|----------------------|------------------|
| Sample | Observed (O) (IU/ml) | Expected (E) (IU/ml) | % Recovery (O/E) |
| Pool 1 | 25.7 | - | - |
| Pool 1+ 25 | 50.7 | 50.7 | 100.0 |
| Pool 1+ 50 | 74.8 | 75.7 | 101.2 |
| Pool 1+ 100 | 122.7 | 125.7 | 97.6 |
| Pool 1+ 200 | 232.0 | 225.7 | 102.7 |
| Pool 2 | 12.3 | - | - |
| Pool 2+ 25 | 41.7 | 37.3 | 111.2 |
| Pool 2+ 50 | 62.6 | 62.3 | 100.6 |
| Pool 2+ 100 | 109.4 | 112.3 | 97.4 |
| Pool 2+ 200 | 197.2 | 212.3 | 92.8 |

15.0 REFERENCES

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MP2525 Product Code: 2525-300

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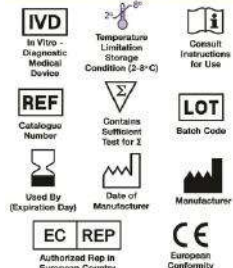
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Glossary of Symbols (EN 960/ISO 15223)



ВЕКТОР



Набор реагентов
для иммуноферментного
выявления иммуноглобулинов
класса G к *Mycoplasma hominis*

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ

Утверждена 10.12.2014

Mycoplasma hominis – IgG –
ИФА – БЕСТ

НАБОР РЕАГЕНТОВ
D-4352

1. НАЗНАЧЕНИЕ

1.1. Набор реагентов предназначен для выявления иммуноглобулинов класса G (IgG) к антигену p120 *Mycoplasma hominis* в сыворотке (плазме) крови человека и может быть использован в клинических и эпидемиологических исследованиях.

1.2. Набор реагентов рассчитан на проведение 96 анализов, включая контроли. Возможны 12 независимых постановок ИФА, при каждой из которых 3 лунки используют для постановки контролей.

2. ХАРАКТЕРИСТИКА НАБОРА

2.1. Принцип действия.

Метод определения основан на твёрдофазном иммуноферментном анализе с применением рекомбинантного антигена. Во время первой инкубации, при наличии в исследуемых образцах иммуноглобулинов класса G к *Mycoplasma hominis*, происходит их связывание с иммобилизованным на поверхности лунок планшета рекомбинантным антигеном p120 *Mycoplasma hominis*. Не связавшийся материал удаляют отмывкой.

На второй стадии антитела к IgG человека, меченные пероксидазой хрена (*конъюгат*), свя-

зываются с комплексом «антиген-антитело». Не связавшийся конъюгат удаляют отмывкой.

Во время третьей инкубации с раствором тетраметилбензидина происходит окрашивание раствора в лунках, содержащих комплексы «антиген-антитело».

Реакцию останавливают добавлением стоп-реагента. Результаты ИФА регистрируют с помощью спектрофотометра, измеряя **оптическую плотность (ОП)** в двухволновом режиме: основной фильтр – 450 нм, референс-фильтр – в диапазоне 620–650 нм. Допустима регистрация результатов только с фильтром 450 нм. Интенсивность жёлтого окрашивания пропорциональна количеству содержащихся в исследуемом образце иммуноглобулинов класса G к *Mycoplasma hominis*.

После измерения оптической плотности раствора в лунках на основании рассчитанного значения ОП_{крит} анализируемые образцы оцениваются как положительные, сомнительные или отрицательные.

2.2. Состав набора:

- планшет разборный с иммобилизованным рекомбинантным антигеном p120 *Mycoplasma hominis* – 1 шт.;

- положительный контрольный образец (K^+), инактивированный – на основе инактивированной сыворотки крови человека, содержащий иммуноглобулины класса G к *Mycoplasma hominis* – прозрачная жидкость красного цвета – 1 фл., 0,5 мл;
- отрицательный контрольный образец (K^-), инактивированный – на основе инактивированной сыворотки крови человека, не содержащий иммуноглобулины класса G к *Mycoplasma hominis* – прозрачная жидкость светло-жёлтого цвета – 1 фл., 1 мл;
- конъюгат, концентрат – антитела к IgG человека, меченные пероксидазой хрена – прозрачная жидкость синего цвета – 1 фл., 1,5 мл;
- раствор для разведения конъюгата (РК) – бесцветная слегка опалесцирующая жидкость — 1 фл., 13 мл;
- разводящий буфер для сывороток (РБС) – прозрачная жидкость красного цвета – 1 фл., 13 мл;
- 25-кратный концентрат фосфатно-солевого буферного раствора с твином (ФСБ-Т×25) – прозрачная или слегка опалесцирующая бесцветная жидкость, возможно выпадение осадка солей, растворяющегося при нагревании – 1 фл., 28 мл;
- раствор ТМБ – прозрачная бесцветная или с желтоватым оттенком жидкость – 1 фл., 13 мл;
- стоп-реагент – прозрачная бесцветная жидкость – 1 фл., 12 мл.

Набор дополнительно комплектуется:

- плёнкой для заклеивания планшета – 3 шт.;
- ванночками для реагентов – 2 шт.;
- наконечниками для пипетки на 4–200 мкл – 16 шт.

3. АНАЛИТИЧЕСКИЕ И ДИАГНОСТИЧЕСКИЕ ХАРАКТЕРИСТИКИ

3.1. Результат качественного определения набором иммуноглобулинов класса G к *Mycoplasma hominis* должен соответствовать требованиям СПП (рег. № 05-2-176), включающей образцы сывороток, содержащие специфические IgG к *Mycoplasma hominis*: **чувствительность** по иммуноглобулинам класса G к *Mycoplasma hominis* – 100%.

3.2. Результат качественного определения набором иммуноглобулинов класса G к *Mycoplasma hominis* должен соответствовать требованиям СПП (рег. № 05-2-176), включающей образцы сывороток, не содержащие IgG к *Mycoplasma hominis*: **специфичность** по иммуноглобулинам класса G к *Mycoplasma hominis* – 100%.

4. МЕРЫ ПРЕДОСТОРОЖНОСТИ

Потенциальный риск применения набора – класс 2а (*Приказ МЗ РФ от 06.06.2012 № 4н*).

При работе с исследуемыми сыворотками и контрольными образцами следует соблюдать меры предосторожности, принятые при работе с потенциально инфекционным материалом:

- * работать в резиновых перчатках;
- * не пипетировать растворы ртом;
- * все использованные материалы дезинфицировать в соответствии с требованиями с СП 1.3.2322-08 от 01.05.08 и МУ-287-113 от 30.12.98;

- * утилизацию или уничтожение, дезинфекцию наборов реагентов следует проводить в соответствии с СанПиН 2.1.7.2790-10 «Санитарно-эпидемиологические требования к обращению с медицинскими отходами» и МУ-287-113 «Методические указания по дезинфекции, предстерилизационной очистке и стерилизации изделий медицинского назначения».

5. ОБОРУДОВАНИЕ И МАТЕРИАЛЫ

- Спектрофотометр, позволяющий проводить измерения оптической плотности растворов в лунках планшета при длине волны 450 нм и/или в двухволновом режиме при основной длине волны 450 нм и длине волны сравнения в диапазоне 620–650 нм;
- термостат, поддерживающий температуру (37 ± 1) °С;
- холодильник бытовой;
- пипетки полуавтоматические одноканальные с переменным или фиксированным объёмом со сменными наконечниками, позволяющие отбирать объёмы жидкости от 5 до 1000 мкл;
- пипетка полуавтоматическая многоканальная со сменными наконечниками, позволяющая отбирать объёмы жидкостей от 5 до 300 мкл;
- промывочное устройство для планшета;
- перчатки медицинские диагностические одноразовые;
- бумага фильтровальная лабораторная;
- цилиндр мерный 2-го класса точности вместимостью 100 мл;
- цилиндр вместимостью 1000 мл;
- вода дистиллированная;
- дезинфицирующий раствор.

6. АНАЛИЗИРУЕМЫЕ ОБРАЗЦЫ

- Допускается использование образцов, хранившихся при температуре (2–8) °С не более 5 суток, либо при температуре минус (20±4) °С, если необходимо более длительное хранение.
- Сыворотки, содержащие взвешенные частицы, могут дать неправильный результат. Такие образцы перед использованием следует центрифугировать при 3000 об/мин в течение 10–15 минут.
- Нельзя использовать проросшие, гемолизированные, гиперлипидные сыворотки или подвергавшиеся многократному замораживанию и оттаиванию.

7. ПРОВЕДЕНИЕ ИММУНОФЕРМЕНТНОГО АНАЛИЗА

7.1. ВНИМАНИЕ! Тщательное соблюдение описанных ниже требований позволит избежать искажения результатов ИФА.

- Перед постановкой реакции все компоненты набора необходимо выдержать при температуре (18–25)°С не менее 30 минут.
- Для приготовления растворов и проведения ИФА следует использовать чистую мерную посуду и автоматические пипетки с погрешностью измерения объёмов не более 5%.
- После отбора необходимого количества стрипов оставшиеся сразу упаковать в пакет с осушителем. Упакованные стрипы, плотно закрытые флаконы с исходными компонентами хранить при (2–8) °С.
- Раствор конъюгата в рабочем разведении готовить непосредственно перед использованием.
- Раствор ТМБ готов для использования. Необходимо исключить воздействие прямого света на раствор ТМБ.
- При промывке лунки (*стрипа, планшета*) заполнять полностью, не допуская переливания промывочного раствора через края лунок, и не касаясь лунок наконечником пипетки.

Время между заполнением и опорожнением лунок должно быть не менее 30 секунд.

- При использовании автоматического или ручного промывателя необходимо следить за состоянием ёмкости для промывочного раствора и соединительных шлангов: в них не должно быть «заростов». Раз в неделю желательно ёмкость для промывочного раствора и шланги промывать 70% спиртом.
- Не допускать высыхания лунок планшета между отдельными операциями.
- При постановке ИФА нельзя использовать компоненты из наборов разных серий или смешивать их при приготовлении растворов, кроме неспецифических компонентов (*ФСБ-Т×25*), *раствор ТМБ*, *стоп-реагент*), которые взаимозаменяемы в наборах АО «Вектор-Бест».
- При приготовлении растворов и проведении ИФА следует использовать одноразовые наконечники для дозаторов.
- Посуду (*ванночки*), используемые для работы с растворами конъюгата и ТМБ, не обрабатывать дезинфицирующими растворами и моющими средствами.
- В случае повторного использования посуду (*ванночки*) для раствора конъюгата промыть

проточной водой и тщательно ополоснуть дистиллированной водой, посуду (*ванночки*) для раствора ТМБ сразу после работы необходимо промыть 50% раствором этилового спирта, а затем дистиллированной водой.

- Для дезинфекции посуды и материалов, контактирующих с исследуемыми и контрольными образцами, рекомендуем использовать дезинфицирующие средства, не оказывающие негативного воздействия на качество ИФА, не содержащие активный кислород и хлор, например, комбинированные средства на основе ЧАС (*четвертичных аммониевых соединений*), спиртов, третичных аминов.
- Пипетки и рабочие поверхности обрабатывать только 70% раствором этилового спирта. Не использовать перекись водорода, хлорамин и т.д.

7.2. Приготовление реагентов.

7.2.1. Промывочный раствор.

Взболтать содержимое флакона с ФСБ-Т×25. При выпадении осадка солей в концентрате прогреть его перед разведением до полного растворения осадка.

В соответствии с числом используемых стрипов отобрать необходимое количество

Таблица расхода реагентов

| Количество используемых стрипов | | | | | | | | | | | | |
|--|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Приготовление промывочного раствора | | | | | | | | | | | | |
| ФСБ-Т×25, мл | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 |
| Дистиллированная вода, мл | до 50 | до 100 | до 150 | до 200 | до 250 | до 300 | до 350 | до 400 | до 450 | до 500 | до 550 | до 600 |
| Приготовление раствора конъюгата в рабочем разведении | | | | | | | | | | | | |
| Конъюгат (концентрат), мл | 0,1 | 0,2 | 0,3 | 0,4 | 0,5 | 0,6 | 0,7 | 0,8 | 0,9 | 1,0 | 1,1 | 1,2 |
| РК, мл | 1,0 | 2,0 | 3,0 | 4,0 | 5,0 | 6,0 | 7,0 | 8,0 | 9,0 | 10,0 | 11,0 | 12,0 |
| Раствор ТМБ | | | | | | | | | | | | |
| Раствор ТМБ, мл | 1,0 | 2,0 | 3,0 | 4,0 | 5,0 | 6,0 | 7,0 | 8,0 | 9,0 | 10,0 | 11,0 | 12,0 |

ФСБ-Т×25 (см. таблицу) и развести дистиллированной водой до указанного в таблице объема или содержимое 1 флакона – до **700 мл.**

Хранение: при температуре (2–8) °С до 72 часов.

7.2.2. Контрольные образцы.

Контрольные образцы (K⁺ и K⁻) готовы к использованию.

Хранение: при температуре (2–8) °С в течение всего срока годности набора.

7.2.3. Раствор конъюгата в рабочем разведении.

Внимание! Для работы с конъюгатом рекомендуем использовать **одноразовые** наконечники для пипеток.

Внимание! Раствор конъюгата в рабочем разведении готовить в пластиковой ванночке, входящей в состав набора, непосредственно перед использованием!

Перед приготовлением раствора конъюгата в рабочем разведении необходимо аккуратно перемешать, не допуская вспенивания, содержимое флаконов с концентратом конъюгата и с РК.

В пластиковую ванночку внести необходимое количество РК, добавить соответствующее

количество конъюгата (см. таблицу) и аккуратно перемешать пипетированием до получения равномерного окрашивания.

7.2.4. Раствор ТМБ.

Внимание! Раствор ТМБ готов к использованию. Необходимо исключить воздействие света на раствор ТМБ.

Непосредственно перед использованием отобрать в пластиковую ванночку **ТОЛЬКО** необходимое в соответствии с числом используемых стрипов количество раствора ТМБ (см. таблицу). Остатки раствора ТМБ из ванночки утилизировать (не сливать во флакон с исходным раствором ТМБ).

Хранение: при температуре (2–8) °С в течение всего срока годности набора.

7.3. Проведение анализа.

7.3.1. Подготовить необходимое количество стрипов к работе. Оставшиеся – сразу упаковать во избежание губительного воздействия влаги. Для этого стрипы поместить в цеффленовый пакет с влагопоглотителем, тщательно закрыть пакет пластиковой застёжкой. Упакованные таким образом стрипы хранить при (2–8) °С до конца срока годности набора.

Приготовить промывочный раствор (п. 7.2.1), контрольные образцы (п. 7.2.2).

7.3.2. Перед постановкой ИФА лунки стрипов промыть один раз промывочным раствором, заливая в каждую лунку по 400 мкл промывочного раствора. По истечении 5 минут раствор аккуратно удалить в сосуд с дезинфицирующим раствором.

По окончании промывки необходимо тщательно удалить влагу из лунок, постукивая перевёрнутыми стрипами по сложенной в несколько слоёв фильтровальной бумаге. *Не допускать высыхания лунок стрипов между отдельными операциями при постановке реакции.*

7.3.3. Во все лунки стрипов внести по **80 мкл РБС**. В одну лунку внести **20 мкл K^+** , в две другие лунки по **20 мкл K^-** , в остальные лунки – по **20 мкл исследуемых образцов**, получая таким образом, разведение 1:5. Внесение образцов должно сопровождаться аккуратным перемешиванием (*пипетирование не менее 4 раз*). Не допускать вспенивания и касания наконечником дна и стенок лунки.

Лунки заклеить плёнкой и инкубировать при температуре (37 ± 1) °C **30 минут**.

За 5 минут до окончания инкубации приготовить раствор конъюгата в рабочем разведении.

7.3.4. По окончании инкубации содержимое лунок собрать в сосуд с дезинфицирующим раствором, промыть лунки стрипов 5 раз промывочным раствором и тщательно удалить влагу.

Внимание! Каждую лунку при промывке необходимо заполнять полностью (400 мкл промывочного раствора). Необходимо добиваться полного опорожнения лунок после каждого их заполнения. Время между заполнением и опорожнением лунок должно быть не менее 30 сек.

7.3.5. Во все лунки планшета внести по **100 мкл раствора конъюгата в рабочем разведении.**

Внимание! Для внесения раствора конъюгата в рабочем разведении использовать пластиковую ванночку и **одноразовые наконечники**, входящие в состав набора.

Заклеить лунки плёнкой и инкубировать при температуре $(37 \pm 1) ^\circ\text{C}$ **30 минут.**

По окончании инкубации содержимое лунок собрать в сосуд с дезинфицирующим раствором, лунки промыть 5 раз промывочным раствором и удалить влагу, как описано выше.

7.3.6. Во все лунки внести по **100 мкл раствора ТМБ.**

Внимание! Для внесения раствора ТМБ использовать пластиковую ванночку и **одноразовые** наконечники, входящие в состав набора.

Стрипы поместить в защищённое от света место при температуре (18–25) °С на **30 минут**.

7.3.7. Остановить реакцию добавлением во все лунки по **100 мкл стоп-реагента** и через 2–3 минуты измерить ОП.

Следует избегать попадания стоп-реагента на одежду и открытые участки тела. При попадании – промыть большим количеством воды.

8. РЕГИСТРАЦИЯ РЕЗУЛЬТАТОВ

Результаты ИФА регистрировать с помощью спектрофотометра, измеряя ОП в двухволновом режиме: основной фильтр – 450 нм, референс-фильтр – в диапазоне 620–650 нм. Допустима регистрация результатов только с фильтром 450 нм.

Выведение спектрофотометра на нулевой уровень («бланк») осуществлять по воздуху.

9. УЧЁТ РЕЗУЛЬТАТОВ РЕАКЦИИ

9.1. Результаты исследований учитывать только при соблюдении следующих условий:

– среднее значение ОП в лунках с отрицательным контрольным образцом не более 0,25 ($ОП_{ср}K^- \leq 0,25$).

– значение ОП в лунке с положительным контрольным образцом не менее 0,6 ($ОП_{K^+} \geq 0,60$).

Вычислить **критическое значение оптической плотности** ($ОП_{крит}$) по формуле:

$$ОП_{крит} = ОП_{ср}(K^-) + 0,3,$$

где $ОП_{ср}(K^-)$ — среднее значение ОП для отрицательного контрольного образца.

Исследуемый образец оценить как:

– **отрицательный**, т.е. не содержащий IgG к *Mycoplasma hominis*, если полученное для него значение $ОП_{обр} \leq ОП_{крит} - 0,05$;

– **положительный**, т.е. содержащий IgG к *Mycoplasma hominis*, если значение $ОП_{обр} \geq ОП_{крит} + 0,05$;

– **сомнительный**, если $ОП_{крит} - 0,05 < ОП_{обр} < ОП_{крит} + 0,05$.

9.2. Интерпретация результатов.

| ОП образца | Результат | Титр IgG |
|--|---------------------|----------|
| от 0 до ($ОП_{крит} - 0,05$) | отрицательный | – |
| от ($ОП_{крит} - 0,05$) до ($ОП_{крит} + 0,05$) | сомнительный | – |
| от ($ОП_{крит} + 0,05$) до $2 \times ОП_{крит}$ | слабоположительный | 1:5 |
| от $2 \times ОП_{крит}$ до $4 \times ОП_{крит}$ | положительный | 1:10 |
| от $4 \times ОП_{крит}$ до $8 \times ОП_{крит}$ | сильноположительный | 1:20 |
| от $8 \times ОП_{крит}$ до $11 \times ОП_{крит}$ | сильноположительный | 1:40 |
| более $11 \times ОП_{крит}$ | сильноположительный | 1:80 |

Пациентам с сомнительными и положительными результатами рекомендуется дополнительное обследование (*выявление возбудителя, обследование парных сывороток*). Все клинические и лабораторные данные должны быть рассмотрены в совокупности.

10. УСЛОВИЯ ХРАНЕНИЯ И ЭКСПЛУАТАЦИИ НАБОРА

10.1. Транспортирование набора должно проводиться при температуре (2–8) °С. Допускается транспортирование при температуре до 25 °С не более 10 суток.

Замораживание не допускается.

10.2. Хранение набора в упаковке предприятия-изготовителя должно производиться при температуре (2–8) °С.

Замораживание не допускается.

10.3. Срок годности набора реагентов – 12 месяцев со дня выпуска.

11. ГАРАНТИЙНЫЕ ОБЯЗАТЕЛЬСТВА

11.1. Производитель гарантирует соответствие выпускаемых изделий требованиям нормативной и технической документации.

Безопасность и качество изделия гарантируются в течение всего срока годности.

11.2. Производитель отвечает за недостатки изделия, за исключением дефектов, возникших вследствие нарушения правил пользования, условий транспортирования и хранения, либо действия третьих лиц, либо непреодолимой силы.

11.3. Производитель обязуется за свой счёт заменить изделие, технические и функциональные характеристики (*потребительские свойства*) которого не соответствуют нормативной и технической документации, если указанные недостатки явились следствием скрытого дефекта материалов или некачественного изготовления изделия производителем.

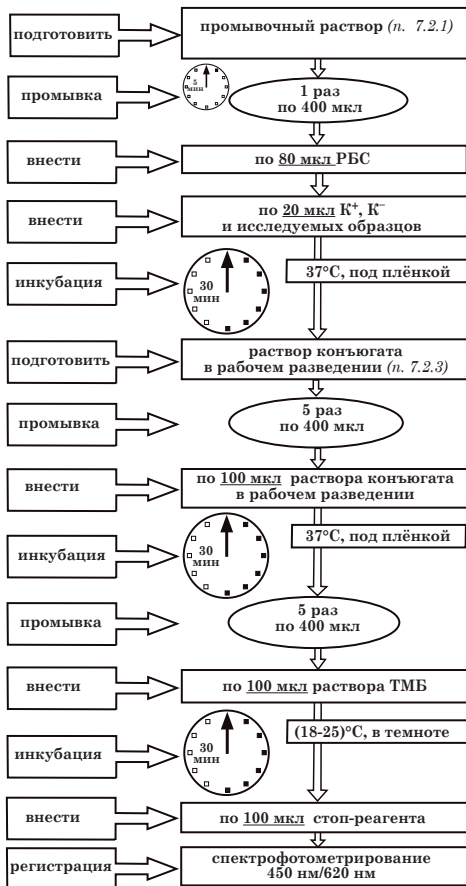
По вопросам, касающимся качества набора «Mycoplasma hominis-IgG-ИФА-БЕСТ», обращаться в АО «Вектор-Бест» по адресу:

*630117, г. Новосибирск-117, а/я 492,
тел.: (383) 332-92-49, 227-60-30;
тел./факс: (383) 332-94-47, 332-94-44;
E-mail: plkobtk@vector-best.ru*











ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ ДЛЯ ПОТРЕБИТЕЛЕЙ:

- Набор реагентов предназначен для профессионального применения и должен использоваться обученным персоналом;
- При использовании набора образуются отходы классов А, Б и Г, которые классифицируются и уничтожаются (*утилизируются*) в соответствии с СанПиН 2.1.7.2790-10 «Санитарно-эпидемиологические требования к обращению с медицинскими отходами». Дезинфекцию наборов следует проводить по МУ-287-113 «Методические указания по дезинфекции, предстерилизационной очистке и стерилизации изделий медицинского назначения»;
- Требования безопасности к медицинским лабораториям приведены в ГОСТ Р 52905-2007;
- Не применять набор реагентов по назначению после окончания срока годности;
- Транспортирование должно проводиться всеми видами крытого транспорта в соответствии с правилами перевозок, действующими на транспорте данного вида.
- Производитель гарантирует соответствие выпускаемых изделий требованиям нормативной и технической документации.

Схема анализа D-4352



ГРАФИЧЕСКИЕ СИМВОЛЫ

| | | | |
|--|---|---|---|
|  | Номер по каталогу |  | Медицинское изделие для диагностики <i>in vitro</i> |
|  | Содержимого достаточно для проведения n количества тестов |  | Не стерильно |
|  | Код партии |  | Температурный диапазон |
|  | Дата изготовления: XXXX-XX-XX Формат даты: год-месяц-число |  | Изготовитель |
|  | Использовать до: XXXX-XX-XX Формат даты: год-месяц-число |  | Обратитесь к Инструкции по применению |
|  | Осторожно! Обратитесь к Инструкции по применению | | |

Консультацию специалиста по работе с набором можно получить по тел.: (383) 332-81-44.

18.04.16

**АКЦИОНЕРНОЕ ОБЩЕСТВО
«ВЕКТОР-БЕСТ»**

Международный сертификат
ISO 13485

Наш адрес: 630117, Новосибирск-117, а/я 492

Тел.: (383) 332-37-58, 332-37-10, 332-36-34,
332-67-49, 332-67-52

Тел./факс: (383) 227-73-60 (многоканальный)

E-mail: vbmarket@vector-best.ru

Internet: www.vector-best.ru

ВЕКТОР

БЕСТ

Набор реагентов
для иммуноферментного
выявления иммуноглобулинов
класса А к *Mycoplasma hominis*

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ

Утверждена 10.12.14

Mycoplasma hominis – IgA –
ИФА – БЕСТ

НАБОР РЕАГЕНТОВ
D-4358

1. НАЗНАЧЕНИЕ

1.1. Набор реагентов предназначен для выявления иммуноглобулинов класса А (IgA) к антигену р120 *Mycoplasma hominis* в сыворотке (плазме) крови человека и может быть использован в клинических и эпидемиологических исследованиях.

1.2. Набор реагентов рассчитан на проведение 96 анализов, включая контроли. Возможны 12 независимых постановок ИФА, при каждой из которых 3 лунки используют для постановки контролей.

2. ХАРАКТЕРИСТИКА НАБОРА

2.1. Принцип действия.

Метод определения основан на твёрдофазном иммуноферментном анализе с применением рекомбинантного антигена. Во время первой инкубации, при наличии в исследуемых образцах иммуноглобулинов класса А к *Mycoplasma hominis*, происходит их связывание с иммобилизованным на поверхности лунок планшета рекомбинантным антигеном р120 *Mycoplasma hominis*. Не связавшийся материал удаляют отмывкой.

На второй стадии антитела к IgA человека, меченные пероксидазой хрена (*конъюгат*), свя-

зываются с комплексом «антиген-антитело». Не связавшийся конъюгат удаляют отмывкой.

Во время третьей инкубации с раствором тетраметилбензидина происходит окрашивание раствора в лунках, содержащих комплексы «антиген-антитело».

Реакцию останавливают добавлением стоп-реагента. Результаты ИФА регистрируют с помощью спектрофотометра, измеряя **оптическую плотность (ОП)** в двухволновом режиме: основной фильтр – 450 нм, референс-фильтр – в диапазоне 620–650 нм. Допустима регистрация результатов только с фильтром 450 нм. Интенсивность жёлтого окрашивания пропорциональна количеству содержащихся в исследуемом образце иммуноглобулинов класса А к *Mycoplasma hominis*.

После измерения оптической плотности раствора в лунках на основании рассчитанного значения ОП_{крит} анализируемые образцы оцениваются как положительные, сомнительные или отрицательные.

2.2. Состав набора:

- планшет разборный с иммобилизованным рекомбинантным антигеном p120 *Mycoplasma hominis* – 1 шт.;

- положительный контрольный образец (K^+), инактивированный – на основе инактивированной сыворотки крови человека, содержащий иммуноглобулины класса А к *Mycoplasma hominis* – прозрачная жидкость красного цвета – 1 фл., 0,5 мл;
- отрицательный контрольный образец (K^-), инактивированный – на основе инактивированной сыворотки крови человека, не содержащий иммуноглобулины класса А к *Mycoplasma hominis* – прозрачная жидкость светло-жёлтого цвета – 1 фл., 1 мл;
- конъюгат, концентрат – антитела к IgA человека, меченные пероксидазой хрена – прозрачная жидкость синего цвета – 1 фл., 1,5 мл;
- раствор для разведения конъюгата (РК) – бесцветная слегка опалесцирующая жидкость – 1 фл., 13 мл;
- раствор для разведения сывороток (РС) – прозрачная жидкость жёлто-красного цвета – 1 фл., 13 мл;
- 25-кратный концентрат фосфатно-солевого буферного раствора с твином (ФСБ-Т×25) – прозрачная или слегка опалесцирующая бесцветная жидкость, возможно выпадение осадка солей, растворяющегося при нагревании – 1 фл., 28 мл;
- раствор ТМБ – прозрачная бесцветная или с желтоватым оттенком жидкость — 1 фл., 13 мл;
- стоп-реагент – прозрачная бесцветная жидкость – 1 фл., 12 мл.

Набор дополнительно комплектуется:

- плёнкой для заклеивания планшета – 3 шт.;
- ванночками для реагентов – 2 шт.;
- наконечниками для пипетки на 4–200 мкл – 16 шт.

3. АНАЛИТИЧЕСКИЕ И ДИАГНОСТИЧЕСКИЕ ХАРАКТЕРИСТИКИ

3.1. Результат качественного определения набором иммуноглобулинов класса А к *Mycoplasma hominis* должен соответствовать требованиям СПП (рег. № 05-2-178), включающей образцы сывороток, содержащие специфические IgА к *Mycoplasma hominis*: **чувствительность** по иммуноглобулинам класса А к *Mycoplasma hominis* – 100%.

3.2. Результат качественного определения набором иммуноглобулинов класса А к *Mycoplasma hominis* должен соответствовать требованиям СПП (рег. № 05-2-178), включающей образцы сывороток, не содержащие IgА к *Mycoplasma hominis*: **специфичность** по иммуноглобулинам класса А к *Mycoplasma hominis* – 100%.

4. МЕРЫ ПРЕДОСТОРОЖНОСТИ

Потенциальный риск применения набора – класс 2а (*Приказ МЗ РФ от 06.06.2012 № 4н*).

При работе с исследуемыми сыворотками и контрольными образцами следует соблюдать меры предосторожности, принятые при работе с потенциально инфекционным материалом:

- * работать в резиновых перчатках;
- * не пипетировать растворы ртом;
- * все использованные материалы дезинфицировать в соответствии с требованиями с СП 1.3.2322-08 от 01.05.08 и МУ-287-113 от 30.12.98;

- * утилизацию или уничтожение, дезинфекцию наборов реагентов следует проводить в соответствии с СанПиН 2.1.7.2790-10 «Санитарно-эпидемиологические требования к обращению с медицинскими отходами» и МУ-287-113 «Методические указания по дезинфекции, предстерилизационной очистке и стерилизации изделий медицинского назначения».

5. ОБОРУДОВАНИЕ И МАТЕРИАЛЫ

- Спектрофотометр, позволяющий проводить измерения оптической плотности растворов в лунках планшета при длине волны 450 нм и/или в двухволновом режиме при основной длине волны 450 нм и длине волны сравнения в диапазоне 620–650 нм;
- термостат, поддерживающий температуру (37 ± 1) °С;
- холодильник бытовой;
- пипетки полуавтоматические одноканальные с переменным или фиксированным объёмом со сменными наконечниками, позволяющие отбирать объёмы жидкости от 5 до 1000 мкл;
- пипетка полуавтоматическая многоканальная со сменными наконечниками, позволяющая отбирать объёмы жидкостей от 5 до 300 мкл;
- промывочное устройство для планшета;
- перчатки медицинские диагностические одноразовые;
- бумага фильтровальная лабораторная;
- цилиндр мерный 2-го класса точности вместимостью 100 мл;
- цилиндр вместимостью 1000 мл;
- вода дистиллированная;
- дезинфицирующий раствор.

6. АНАЛИЗИРУЕМЫЕ ОБРАЗЦЫ

- Допускается использование образцов, хранившихся при температуре (2–8) °С не более 5 суток, либо при температуре минус (20±4) °С, если необходимо более длительное хранение.
- Сыворотки, содержащие взвешенные частицы, могут дать неправильный результат. Такие образцы перед использованием следует центрифугировать при 3000 об/мин в течение 10–15 минут.
- Нельзя использовать проросшие, гемолизированные, гиперлипидные сыворотки или подвергавшиеся многократному замораживанию и оттаиванию.

7. ПРОВЕДЕНИЕ ИММУНОФЕРМЕНТНОГО АНАЛИЗА

7.1. ВНИМАНИЕ! Тщательное соблюдение описанных ниже требований позволит избежать искажения результатов ИФА.

- Перед постановкой реакции все компоненты набора необходимо выдержать при температуре (18–25)°С не менее 30 минут.
- Для приготовления растворов и проведения ИФА следует использовать чистую мерную посуду и автоматические пипетки с погрешностью измерения объёмов не более 5%.

- После отбора необходимого количества стрипов оставшиеся сразу упаковать в пакет с осушителем. Упакованные стрипы, плотно закрытые флаконы с исходными компонентами хранить при (2–8) °С.
- Раствор конъюгата в рабочем разведении готовить непосредственно перед использованием.
- Раствор ТМБ готов для использования. Необходимо исключить воздействие прямого света на раствор ТМБ.
- При промывке лунки (*стрипа, планшета*) заполнять полностью, не допуская переливания промывочного раствора через края лунок, и не касаясь лунок наконечником пипетки. Время между заполнением и опорожнением лунок должно быть не менее 30 секунд.
- При использовании автоматического или ручного промывателя необходимо следить за состоянием ёмкости для промывочного раствора и соединительных шлангов: в них не должно быть «заростов». Раз в неделю желательно ёмкость для промывочного раствора и шланги промывать 70% спиртом.
- Не допускать высыхания лунок планшета между отдельными операциями.
- При постановке ИФА нельзя использовать компоненты из наборов разных серий или

смешивать их при приготовлении растворов, кроме неспецифических компонентов (*ФСБ-Т×25*), *раствор ТМБ*, *стоп-реагент*), которые взаимозаменяемы в наборах АО «Вектор-Бест».

- При приготовлении растворов и проведении ИФА следует использовать **одноразовые** наконечники для дозаторов.
- Посуду (*ванночки*), используемые для работы с растворами конъюгата и ТМБ, не обрабатывать дезинфицирующими растворами и моющими средствами.
- В случае повторного использования посуду (*ванночки*) для раствора конъюгата промыть проточной водой и тщательно ополоснуть дистиллированной водой, посуду (*ванночки*) для раствора ТМБ сразу после работы необходимо промыть 50% раствором этилового спирта, а затем дистиллированной водой.
- Для дезинфекции посуды и материалов, контактирующих с исследуемыми и контрольными образцами, рекомендуем использовать дезинфицирующие средства, не оказывающие негативного воздействия на качество ИФА, не содержащие активный кислород и хлор, например, комбинированные средства на основе ЧАС (*четвертичных аммониевых соединений*), спиртов, третичных аминов.

- Пипетки и рабочие поверхности обрабатывать только 70% раствором этилового спирта. Не использовать перекись водорода, хлорамин и т.д.

7.2. Приготовление реагентов.

7.2.1. Промывочный раствор.

Взболтать содержимое флакона с ФСБ-Т×25. При выпадении осадка солей в концентрате прогреть его перед разведением до полного растворения осадка.

В соответствии с числом используемых стрипов отобрать необходимое количество ФСБ-Т×25 (*см. таблицу*) и развести дистиллированной водой до указанного в таблице объема или содержимое 1 флакона – до **700 мл.**

Хранение: при температуре (2–8) °С до 72 часов.

7.2.2. Контрольные образцы.

Контрольные образцы (K^+ и K^-) готовы к использованию.

Хранение: при температуре (2–8) °С в течение всего срока годности набора.

7.2.3. Раствор конъюгата в рабочем разведении.

Внимание! Для работы с конъюгатом рекомендуем использовать **одноразовые** накопечники для пипеток.

Таблица расхода реагентов

| Количество используемых стрипов | | | | | | | | | | | |
|--|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Приготовление промывочного раствора | | | | | | | | | | | |
| ФСБ-Т×25, мл | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 24 |
| Дистиллированная вода, мл | до 50 | до 100 | до 150 | до 200 | до 250 | до 300 | до 350 | до 400 | до 450 | до 500 | до 600 |
| Приготовление раствора конъюгата в рабочем разведении | | | | | | | | | | | |
| Конъюгат (концентрат), мл | 0,1 | 0,2 | 0,3 | 0,4 | 0,5 | 0,6 | 0,7 | 0,8 | 0,9 | 1,0 | 1,2 |
| РК, мл | 1,0 | 2,0 | 3,0 | 4,0 | 5,0 | 6,0 | 7,0 | 8,0 | 9,0 | 10,0 | 12,0 |
| Раствор ТМБ | | | | | | | | | | | |
| Раствор ТМБ, мл | 1,0 | 2,0 | 3,0 | 4,0 | 5,0 | 6,0 | 7,0 | 8,0 | 9,0 | 10,0 | 12,0 |

Внимание! Раствор конъюгата в рабочем разведении готовить в пластиковой ванночке, входящей в состав набора, непосредственно перед использованием!

Перед приготовлением раствора конъюгата в рабочем разведении необходимо аккуратно перемешать, не допуская вспенивания, содержащее флаконов с концентратом конъюгата и с РК.

В пластиковую ванночку внести необходимое количество РК, добавить соответствующее количество конъюгата (см. таблицу) и аккуратно перемешать пипетированием до получения равномерного окрашивания.

7.2.4. Раствор ТМБ.

Внимание! Раствор ТМБ готов к использованию. Необходимо исключить воздействие света на раствор ТМБ.

Непосредственно перед использованием отобрать в пластиковую ванночку **только** необходимое в соответствии с числом используемых стрипов количество раствора ТМБ (см. таблицу). Остатки раствора ТМБ из ванночки утилизировать (не сливать во флакон с исходным раствором ТМБ).

Хранение: при температуре (2–8) °С в течение всего срока годности набора.

7.3. Проведение анализа.

7.3.1. Подготовить необходимое количество стрипов к работе. Оставшиеся – сразу упаковать во избежание губительного воздействия влаги. Для этого стрипы поместить в цефленовый пакет с влагопоглотителем, тщательно закрыть пакет пластиковой застёжкой. Упакованные таким образом стрипы хранить при (2–8) °С до конца срока годности набора.

Приготовить промывочный раствор (*n.* 7.2.1), контрольные образцы (*n.* 7.2.2).

7.3.2. Перед постановкой ИФА лунки стрипов промыть один раз промывочным раствором, заливая в каждую лунку по 400 мкл промывочного раствора. По истечении 5 мин раствор аккуратно удалить в сосуд с дезинфицирующим раствором.

По окончании промывки необходимо тщательно удалить влагу из лунок, постукивая перевёрнутыми стрипами по сложенной в несколько слоёв фильтровальной бумаге. *Не допускать высыхания лунок стрипов между отдельными операциями при постановке реакции.*

7.3.3. Во все лунки стрипов внести по **80 мкл РС**. В одну лунку внести **20 мкл K^+** , в две другие лунки по **20 мкл K^-** , в остальные лунки – по **20 мкл исследуемых образцов**, получая таким образом, разведение 1:5. Внесение образцов

должно сопровождаться аккуратным перемешиванием (*пипетирование не менее 4 раз*). Не допускать вспенивания и касания наконечником дна и стенок лунки.

Лунки заклеить плёнкой и инкубировать при температуре (37 ± 1) °C **30 минут**.

За 5 мин до окончания инкубации приготовить раствор конъюгата в рабочем разведении.

7.3.4. По окончании инкубации содержимое лунок собрать в сосуд с дезинфицирующим раствором, промыть лунки стрипов 5 раз промывочным раствором и тщательно удалить влагу.

Внимание! Каждую лунку при промывке необходимо заполнять полностью (400 мкл промывочного раствора). Необходимо добиваться полного опорожнения лунок после каждого их заполнения. Время между заполнением и опорожнением лунок должно быть не менее 30 секунд.

7.3.5. Во все лунки планшета внести по **100 мкл раствора конъюгата в рабочем разведении**.

Внимание! Для внесения раствора конъюгата в рабочем разведении использовать пластиковую ванночку и **одноразовые наконечники**, входящие в состав набора.

Заклеить лунки плёнкой и инкубировать при температуре (37 ± 1) °C **30 минут**.

По окончании инкубации содержимое лунок собрать в сосуд с дезинфицирующим раствором, лунки промыть 5 раз промывочным раствором и удалить влагу, как описано выше.

7.3.6. Во все лунки внести по **100 мкл раствора ТМБ**.

Внимание! Для внесения раствора ТМБ использовать пластиковую ванночку и **одноразовые** наконечники, входящие в состав набора.

Стрипы поместить в защищённое от света место при температуре (18–25) °С на **30 минут**.

7.3.7. Остановить реакцию добавлением во все лунки по **100 мкл стоп-реагента** и через 2–3 минуты измерить ОП.

Следует избегать попадания стоп-реагента на одежду и открытые участки тела. При попадании – промыть большим количеством воды.

8. РЕГИСТРАЦИЯ РЕЗУЛЬТАТОВ

Результаты ИФА регистрировать с помощью спектрофотометра, измеряя ОП в двухволновом режиме: основной фильтр – 450 нм, референс-фильтр – в диапазоне 620–650 нм. Допустима регистрация результатов только с фильтром 450 нм.

Выведение спектрофотометра на нулевой уровень («бланк») осуществлять по воздуху.

9. УЧЁТ РЕЗУЛЬТАТОВ РЕАКЦИИ

9.1. Результаты исследований учитывать только при соблюдении следующих условий:

– среднее значение ОП в лунках с отрицательным контрольным образцом не более 0,25 ($ОП_{ср}K^- \leq 0,25$).

– значение ОП в лунке с положительным контрольным образцом не менее 0,6 ($ОПК^+ \geq 0,60$).

Вычислить **критическое значение оптической плотности** ($ОП_{крит}$) по формуле:

$$ОП_{крит} = ОП_{ср}(K^-) + 0,3,$$

где $ОП_{ср}(K^-)$ — среднее значение ОП для отрицательного контрольного образца.

Исследуемый образец оценить как:

– **отрицательный**, т.е. не содержащий IgA к *Mycoplasma hominis*, если полученное для него значение $ОП_{обр} \leq ОП_{крит} - 0,05$;

– **положительный**, т.е. содержащий IgA к *Mycoplasma hominis*, если значение $ОП_{обр} \geq ОП_{крит} + 0,05$;

– **сомнительный**, если $ОП_{крит} - 0,05 < ОП_{обр} < ОП_{крит} + 0,05$.

10. УСЛОВИЯ ХРАНЕНИЯ И ЭКСПЛУАТАЦИИ НАБОРА

10.1. Транспортирование набора должно проводиться при температуре (2–8) °С. Допускается транспортирование при температуре до 25 °С не более 10 суток. Замораживание не допускается.

10.2. Хранение набора в упаковке предприятия-изготовителя должно производиться при температуре (2–8) °С. Замораживание не допускается.

10.3. Срок годности набора реагентов – 12 месяцев со дня выпуска.

11. ГАРАНТИЙНЫЕ ОБЯЗАТЕЛЬСТВА

11.1. Производитель гарантирует соответствие выпускаемых изделий требованиям нормативной и технической документации.

Безопасность и качество изделия гарантируются в течение всего срока годности.

11.2. Производитель отвечает за недостатки изделия, за исключением дефектов, возникших вследствие нарушения правил пользования, условий транспортирования и хранения, либо действия третьих лиц, либо непреодолимой силы.

11.3. Производитель обязуется за свой счёт заменить изделие, технические и функциональ-

ные характеристики (*потребительские свойства*) которого не соответствуют нормативной и технической документации, если указанные недостатки явились следствием скрытого дефекта материалов или некачественного изготовления изделия производителем.

По вопросам, касающимся качества набора «Mycoplasma hominis-IgA-ИФА-БЕСТ», обращаться в АО «Вектор-Бест» по адресу: 630117, г. Новосибирск-117, а/я 492, тел.: (383) 332-92-49, 227-60-30; тел./факс: (383) 332-94-47, 332-94-44; E-mail: plkobtk@vector-best.ru

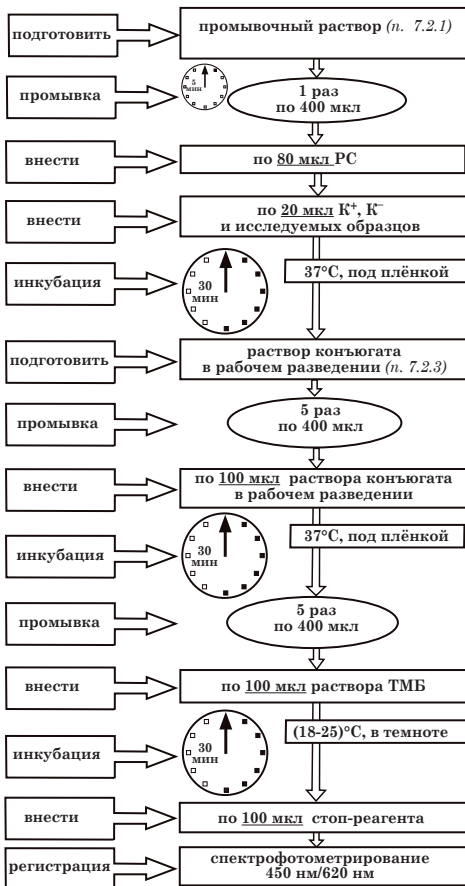
ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ ДЛЯ ПОТРЕБИТЕЛЕЙ:

- Набор реагентов предназначен для профессионального применения и должен использоваться обученным персоналом;
- При использовании набора образуются отходы классов А, Б и Г, которые классифицируются и уничтожаются (*утилизируются*) в соответствии с СанПиН 2.1.7.2790-10 «Санитарно-эпидемиологические требования к обращению с медицинскими отходами». Дезинфекцию наборов следует проводить по










МУ-287-113 «Методические указания по дезинфекции, предстерилизационной очистке и стерилизации изделий медицинского назначения»;

- Требования безопасности к медицинским лабораториям приведены в ГОСТ Р 52905-2007;
- Не применять набор реагентов по назначению после окончания срока годности;
- Транспортирование должно проводиться всеми видами крытого транспорта в соответствии с правилами перевозок, действующими на транспорте данного вида.
- Производитель гарантирует соответствие выпускаемых изделий требованиям нормативной и технической документации.

Схема анализа D-4358



ГРАФИЧЕСКИЕ СИМВОЛЫ

| | | | |
|--|---|---|---|
|  | Номер по каталогу |  | Медицинское изделие для диагностики <i>in vitro</i> |
|  | Содержимого достаточно для проведения n количества тестов |  | Не стерильно |
|  | Код партии |  | Температурный диапазон |
|  | Дата изготовления: XXXX-XX-XX Формат даты: год-месяц-число |  | Изготовитель |
|  | Использовать до: XXXX-XX-XX Формат даты: год-месяц-число |  | Обратитесь к Инструкции по применению |
|  | Осторожно! Обратитесь к Инструкции по применению | | |

Консультацию специалиста по работе с набором можно получить по тел.: (383) 332-81-44.

18.04.16

**АКЦИОНЕРНОЕ ОБЩЕСТВО
«ВЕКТОР-БЕСТ»**

Международный сертификат
ISO 13485

Наш адрес: 630117, Новосибирск-117, а/я 492

Тел.: (383) 332-37-58, 332-37-10, 332-36-34,
332-67-49, 332-67-52

Тел./факс: (383) 227-73-60 (многоканальный)

E-mail: vbmarket@vector-best.ru

Internet: www.vector-best.ru

EBNA IgG

**Enzyme ImmunoAssay (ELISA) for
the quantitative/qualitative
determination of IgG antibodies to
Epstein Barr Virus Nuclear Antigen
in human serum and plasma**

- for "in vitro" diagnostic use only -



DIA.PRO

**Diagnostic Bioprobes Srl
Via G. Carducci n° 27
20099 Sesto San Giovanni
(Milano) - Italy**

Phone +39 02 27007161

Fax +39 02 44386771

e-mail: info@diapro.it

REF EBNG.CE
96 Tests

EBNA IgG

A. INTENDED USE

Enzyme ImmunoAssay (ELISA) for the quantitative/qualitative determination of IgG antibodies to Epstein Barr Virus Nuclear Antigen in human plasma and sera.

For "in vitro" diagnostic use only.

B. INTRODUCTION

Epstein Barr Virus or EBV is the principal etiological agent of infectious mononucleosis, as well as a contributory factor in the etiology of Burkitt's lymphoma and nasopharyngeal carcinoma, or NPC. A member of the family Herpesviridae, it has a worldwide distribution, such that 80 to 90% of all adults have been infected. Primary infections usually occur during the first decade of life. While childhood infections are mostly asymptomatic, 50 to 70% of young adults undergoing primary EBV infections show mild to severe illness. EBV may cause a persistent, latent infection which can be reactivated under immunosuppression or in AIDS affected patients. As humoral responses to primary EBV infections are quite rapid, the level and class of antibodies raised in most cases allow classification as to whether the patient is still susceptible, has a current or recent primary infection, had a past infection or may be having reactivated EBV infection. The detection of EBV-specific IgG, IgM and IgA antibodies to its major immunodominant antigens (mainly Nuclear Antigen or EBNA and Viral Capsidic Antigen or VCA) has become therefore an important and useful determination for the monitoring and follow-up of EBV infected patients.

C. PRINCIPLE OF THE TEST

In order to get rid of crossreactions with other viruses of the same family, microplates are coated with affinity purified native EBNA antigen, capable to provide the assay with the highest specificity.

In the 1st incubation, the solid phase is treated with diluted samples and anti-EBNA IgG are captured, if present, by the antigens.

After washing out all the other components of the sample, in the 2nd incubation bound anti-EBNA IgG are detected by the addition of anti hIgG antibody, labeled with peroxidase (HRP). The enzyme captured on the solid phase, acting on the substrate/chromogen mixture, generates an optical signal that is proportional to the amount of anti EBNA IgG antibodies present in the sample.

IgG in the sample may therefore be quantitated by means of a standard curve calibrated in arbitrary units per milliliter (arbU/ml) as no international standard is available.

D. COMPONENTS

Each kit contains sufficient reagents to perform 96 tests.

1. Microplate: **MICROPLATE**

12 strips x 8 microwells coated with affinity purified native EBNA antigen. Plates are sealed into a bag with desiccant. Allow the microplate to reach room temperature before opening; reseal unused strips in the bag with desiccant and store at 4°C.

2. Calibration Curve: **CAL N° ...**

Ready to use and color coded standard curve ranging:

4 ml CAL1 = 0 arbU/ml
4 ml CAL2 = 5 arbU/ml
2 ml CAL3 = 10 arbU/ml
2 ml CAL4 = 20 arbU/ml
2ml CAL 5 = 50 arbU/ml
4 ml CAL6 = 100 arbU/ml.

Standards are calibrated against an internal Gold Standard or IGS as no international one is defined.

Contains human serum proteins, 2% casein, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.1% Tween 20, 0.09% Na-azide and 0.045% ProClin 300 as preservatives. Standards are blue colored.

3. Control Serum: **CONTROL ...ml**

1 vial. Lyophilized.

It contains fetal bovine serum proteins, human IgG antibodies to EBNA at 20 arbU/ml±20%, 0.2 mg/ml gentamicine sulphate and 0.045% ProClin 300 as preservatives.

3. Wash buffer concentrate: **WASHBUF 20X**

1x60ml/bottle20x concentrated solution.

Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0+/-0.2, 0.05% Tween 20 and 0.045% ProClin 300.

4. Enzyme conjugate : **CONJ**

1x16ml/vial. Ready to use and red colour coded. It contains Horseradish peroxidase conjugated polyclonal antibodies to human IgG, 5% BSA, 10 mM Tris buffer pH 6.8+/-0.1, 0.045% ProClin 300 and 0.02% gentamicine sulphate as preservatives.

5. Chromogen/Substrate: **SUBS TMB**

1x16ml/vial. It contains 50 mM citrate-phosphate buffer pH 3.5-3.8, 4% dimethylsulphoxide, 0.03% tetra-methyl-benzidine (or TMB) and 0.02% hydrogen peroxide (or H₂O₂).

Note: To be stored protected from light as sensitive to strong illumination.

6. Sulphuric Acid: **H₂SO₄ 0.3 M**

1x15ml/vial it contains 0.3 M H₂SO₄ solution.

Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+ P351+P338, P337+P313, P362+P363).

7. Specimen Diluent: **DILSPE**

2x60ml/vial. It contains 2% casein, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.1% Tween 20, 0.09% Na-azide and 0.045% ProClin 300 as preservatives. To be used to dilute the sample.

8. Plate sealing foils n°2

9. Package insert n°1

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes (1000, 100 and 10ul) and disposable plastic tips.
2. EIA grade water (bidistilled or deionised, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.
4. Absorbent paper tissues.
5. Calibrated ELISA microplate thermostatic incubator (dry or wet) set at +37°C (+/-0.5°C tolerance).
6. Calibrated ELISA microwell reader with 450nm (reading) and with 620-630nm (blanking) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.
2. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for

Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.

3. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.

4. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-borne microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen (TMB) from strong light and avoid vibration of the bench surface where the test is undertaken.

5. Upon receipt, store the kit at 2..8°C into a temperature controlled refrigerator or cold room.

6. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.

7. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures for kit replacement.

8. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample. Do not reuse disposable tips.

9. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one. Do not reuse disposable tips.

10. Do not use the kit after the expiration date stated on the external container and internal (vials) labels. A study conducted on an opened kit did not pointed out any relevant loss of activity up to six 6 uses of the device and up to 3 months.

11. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.

12. The use of disposable plastic-ware is recommended in the preparation of the liquid components or in transferring components into automated workstations, in order to avoid cross contamination.

13. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated before waste. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..

14. Accidental spills from samples and operations have to be adsorbed with paper tissues soaked with household bleach and then with water. Tissues should then be discarded in proper containers designated for laboratory/hospital waste.

15. The Sulphuric Acid is an irritant. In case of spills, wash the surface with plenty of water

16. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

G. SPECIMEN: PREPARATION AND WARNINGS

1. Blood is drawn aseptically by venepuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.

2. Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. Bar code labeling and electronic reading is strongly recommended.

3. Haemolysed ("red") and visibly hyperlipemic ("milky") samples have to be discarded as they could generate false results. Samples containing residues of fibrin or heavy particles or microbial filaments and bodies should be discarded as they could give rise to false results.

4. Sera and plasma can be stored at +2°...+8°C in primary collection tubes for up to five days after collection. Do not freeze primary tubes of collection. For longer storage periods, sera and plasma samples, carefully removed from the primary collection tube, can be stored frozen at -20°C for at least 12 months. Any frozen samples should not be frozen/thawed more than once as this may generate particles that could affect the test result.

5. If particles are present, centrifuge at 2.000 rpm for 20 min or filter using 0.2-0.8u filters to clean up the sample for testing.

6. Samples whose anti-EBNA IgG antibody concentration is expected to be higher than 100 arbU/ml should be diluted before use, either 1:10 or 1:100 in the Calibrator 0 arbU/ml. Dilutions have to be done in clean disposable tubes by diluting 50 ul of each specimen with 450 ul of Cal 0 (1:10). Then 50 ul of the 1:10 dilution are diluted with 450 ul of the Cal 0 (1:100). Mix tubes thoroughly on vortex and then proceed toward the dilution step reported in section M.

H. PREPARATION OF COMPONENTS AND WARNINGS

Microplate:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant is not turned to dark green, indicating a defect of storing.

In this case call Dia.Pro's customer service.

Unused strips have to be placed back inside the aluminum pouch, with the desiccant supplied, firmly zipped and stored at +2°..8°C.

Important Note: After first opening, remaining strips are stable until the humidity indicator inside the desiccant bag turns from yellow to green.

Calibration Curve

Ready to use component. Mix carefully on vortex before use.

Control Serum

Add the volume of ELISA grade water, reported on the label, to the lyophilised powder; let fully dissolve and then gently mix on vortex.

Note: The control after dissolution is not stable. Store frozen in aliquots at -20°C.

Wash buffer concentrate:

The whole content of the concentrated solution has to be diluted 20x with bidistilled water and mixed gently end-over-end before use. During preparation avoid foaming as the presence of bubbles could impact on the efficiency of the washing cycles.

Note: Once diluted, the wash solution is stable for 1 week at +2..8° C.

Enzyme conjugate:

Ready to use. Mix well on vortex before use.

Be careful not to contaminate the liquid with oxidizing chemicals, air-driven dust or microbes.

If this component has to be transferred use only plastic, possibly sterile disposable containers.

Chromogen/Substrate:

Ready to use. Mix well on vortex before use.

Be careful not to contaminate the liquid with oxidizing chemicals, air-driven dust or microbes.

Do not expose to strong illumination, oxidizing agents and metallic surfaces.

If this component has to be transferred use only plastic, possible sterile disposable container

Sample Diluent

Ready to use component. Mix carefully on vortex before use.

Sulphuric Acid:

Ready to use. Mix well on vortex before use.

Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+P351+P338, P337+P313, P362+P363).

Legenda:

Warning H statements:

H315 – Causes skin irritation.

H319 – Causes serious eye irritation.

Precautionary P statements:

P280 – Wear protective gloves/protective clothing/eye protection/face protection.

P302 + P352 – IF ON SKIN: Wash with plenty of soap and water.

P332 + P313 – If skin irritation occurs: Get medical advice/attention.

P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P337 + P313 – If eye irritation persists: Get medical advice/attention.

P362 + P363 – Take off contaminated clothing and wash it before reuse.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

1. Micropipettes have to be calibrated to deliver the correct volume required by the assay and must be submitted to regular decontamination (household alcohol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample. They should also be regularly maintained in order to show a precision of 1% and a trueness of +/-2%. Decontamination of spills or residues of kit components should also be carried out regularly.
2. The ELISA incubator has to be set at +37°C (tolerance of +/-0.5°C) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.
3. The **ELISA washer** is extremely important to the overall performances of the assay. The washer must be carefully validated in advance, checked for the delivery of the right dispensation volume and regularly submitted to maintenance according to the manufacturer's instructions for use. In particular the washer, at the end of the daily workload, has to be extensively cleaned out of salts with deionized water. Before use, the washer has to be extensively primed with the diluted Washing Solution. The instrument weekly has to be submitted to decontamination according to its manual (NaOH 0.1 M decontamination suggested).
5 washing cycles (aspiration + dispensation of 350ul/well of washing solution + 20 sec soaking = 1 cycle) are sufficient to ensure the assay with the declared performances. If soaking is not possible add one more cycle of washing.
An incorrect washing cycle or salt-blocked needles are the major cause of false positive reactions.
4. Incubation times have a tolerance of +5%.
5. The ELISA microplate reader has to be equipped with a reading filter of 450nm and with a second filter of 620-630nm, mandatory for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to ≥ 2.0 ; (c) linearity to ≥ 2.0 ; repeatability $\geq 1\%$. Blanking is carried out on the well

identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure that the correct optical density is measured. It should be regularly maintained according to the manufacturer 's instructions.

6. When using an ELISA automated work station, all critical steps (dispensation, incubation, washing, reading, data handling) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the sections "Validation of Test" and "Assay Performances". The assay protocol has to be installed in the operating system of the unit and validated as for the washer and the reader. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set. Particular attention must be paid to avoid carry over by the needles used for dispensing and for washing. This must be studied and controlled to minimize the possibility of contamination of adjacent wells. The use of ELISA automated work stations is recommended when the number of samples to be tested exceed 20-30 units per run.
7. Dia.Pro's customer service offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure compliance with the requirements described. Support is also provided for the installation of new instruments to be used with the kit.

L. PRE ASSAY CONTROLS AND OPERATIONS

1. Check the expiration date of the kit printed on the external label (primary container). Do not use if expired.
2. Check that the liquid components are not contaminated by visible particles or aggregates.
3. Check that the Chromogen (TMB) is colourless or pale blue by aspirating a small volume of it with a sterile plastic pipette.
4. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box (primary container). Check that the aluminium pouch, containing the microplate, is not punctured or damaged.
5. Dissolve the content of the Control Serum as reported.
6. Dilute all the content of the 20x concentrated Wash Solution as described above.
7. Allow all the other components to reach room temperature (about 1 hr) and then mix gently on vortex all liquid reagents.
8. Set the ELISA incubator at +37°C and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturers instructions. Set the right number of washing cycles as reported in the specific section.
9. Check that the ELISA reader is turned on or ensure it will be turned on at least 20 minutes before reading.
10. If using an automated work station, turn on, check settings and be sure to use the right assay protocol.
11. Check that the micropipettes are set to the required volume.
12. Check that all the other equipment is available and ready to use.
13. In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be carried out according to what reported below, taking care to maintain the same incubation time for all the samples in testing.

The kit may be used for quantitative and qualitative determinations as well.

M1. QUANTITATIVE DETERMINATION:

1. Dilute samples 1:101 into a properly defined dilution tube (example: 1000 µl Sample Diluent + 10 µl sample). Do not dilute the Calibration Set as calibrators are ready to use. Mix carefully all the liquid components on vortex and then proceed as described below.
2. Place the required number of Microwells in the microwell holder. Leave the A1 and B1 empty for the operation of blanking.
3. Dispense 100 µl of Calibrators and 100 µl Control Serum in duplicate. Then dispense 100 µl of diluted samples in each properly identified well.
4. Incubate the microplate for **60 min at +37°C**.

Important note: Strips have to be sealed with the adhesive sealing foil, supplied, only when the test is carried out manually. Do not cover strips when using ELISA automatic instruments.

5. Wash the microplate with an automatic washer as reported previously (section I.3).
6. Pipette 100 µl Enzyme Conjugate into each well, except A1+B1 blanking wells, and cover with the sealer. Check that this red coloured component has been dispensed in all the wells, except A1 and B1.

Important note: Be careful not to touch the plastic inner surface of the well with the tip filled with the Enzyme Conjugate. Contamination might occur.

7. Incubate the microplate for **60 min at +37°C**.
8. Wash microwells as in step 5.
9. Pipette 100 µl Chromogen/Substrate mixture into each well, the blank wells A1 and B1 included. Then incubate the microplate at **room temperature (18-24°C) for 20 minutes**.

Important note: Do not expose to strong direct illumination. High background might be generated.

10. Pipette 100 µl Sulphuric Acid to stop the enzymatic reaction into all the wells using the same pipetting sequence as in step 9. Addition of acid will turn the positive calibrators, the control serum and the positive samples from blue to yellow.
11. Measure the colour intensity of the solution in each well, as described in section I.5, at 450nm filter (reading) and at 620-630nm (background subtraction, mandatory), blanking the instrument on A1 or B1 or both.

M2. QUALITATIVE DETERMINATION

If only a qualitative determination is required, proceed as described below:

1. Dilute samples 1:101 into a properly defined dilution tube (example: 1000 µl Sample Diluent + 10 µl sample). Do not dilute the Calibration Set as calibrators are ready to use. Mix carefully all the liquid components on vortex and then proceed as described below.
2. Place the required number of Microwells in the microwell holder. Leave A1 well empty for the operation of blanking.
3. Dispense 100 µl of Calibrator 0 arbU/ml and Calibrator 10 arbU/ml in duplicate and Calibrator 100 arbU/ml in single. Then dispense 100 µl of diluted samples in each properly identified well.
4. Incubate the microplate for **60 min at +37°C**.

Important note: Strips have to be sealed with the adhesive sealing foil, supplied, only when the test is carried out manually. Do not cover strips when using ELISA automatic instruments.

5. Wash the microplate with an automatic washer as reported previously (section I.3).

6. Pipette 100 µl Enzyme Conjugate into each well, except the A1 well, and cover with the sealer. Check that this red coloured component has been dispensed in all the wells, except A1.

Important note: Be careful not to touch the plastic inner surface of the well with the tip filled with the Enzyme Conjugate. Contamination might occur.

7. Incubate the microplate for **60 min at +37°C**.
8. Wash microwells as in step 5.
9. Pipette 100 µl Chromogen/Substrate mixture into each well, the blank well included. Then incubate the microplate at **room temperature (18-24°C) for 20 minutes**.

Important note: Do not expose to strong direct illumination. High background might be generated.

10. Pipette 100 µl Sulphuric Acid into all the wells using the same pipetting sequence as in step 9. Addition of acid will turn the positive calibrators, the control serum and the positive samples from blue to yellow.
11. Measure the colour intensity of the solution in each well, as described in section I.5, at 450nm filter (reading) and at 620-630nm (background subtraction, mandatory), blanking the instrument on A1.

General Important notes:

1. Ensure that no finger prints are present on the bottom of the microwell before reading. Finger prints could generate false positive results on reading.
2. Reading has to be carried out just after the addition of the Stop Solution and anyway not any longer than 20 minutes after its addition. Some self oxidation of the chromogen can occur leading to high background.

N. ASSAY SCHEME

| Method | Operations |
|----------------------------------|--|
| Calibrators & Control(*) | 100 µl |
| Samples diluted 1:101 | 100 µl |
| 1st incubation | 60 min |
| Temperature | +37°C |
| Wash step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| Enzyme conjugate | 100 µl |
| 2nd incubation | 60 min |
| Temperature | +37°C |
| Wash step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| TMB/H2O2 | 100 µl |
| 3rd incubation | 20 min |
| Temperature | r.t. |
| Sulphuric Acid | 100 µl |
| Reading OD | 450nm/620-630nm |

(*) Important Notes:

- The Control Serum (CS) it does not affect the test's results calculation.
- The Control Serum (CS) used only if a laboratory internal quality control is required by the Management.

An example of dispensation scheme for Quantitative Analysis is reported below:

| | | Microplate | | | | | | | | | | | |
|---|------|------------|-----|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | CAL4 | S 1 | | | | | | | | | | |
| B | BLK | CAL4 | S 2 | | | | | | | | | | |
| C | CAL1 | CAL5 | S 3 | | | | | | | | | | |
| D | CAL1 | CAL5 | S 4 | | | | | | | | | | |
| E | CAL2 | CAL6 | S 5 | | | | | | | | | | |
| F | CAL2 | CAL6 | S 6 | | | | | | | | | | |
| G | CAL3 | CS(*) | S 7 | | | | | | | | | | |
| H | CAL3 | CS(*) | S 8 | | | | | | | | | | |

Legenda: BLK = Blank CAL = Calibrator
S = Sample CS(*)= Control Serum - Not mandatory

An example of dispensation scheme in qualitative assays is reported below:

| | | Microplate | | | | | | | | | | | |
|---|------|------------|-----|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | S3 | S11 | | | | | | | | | | |
| B | CAL1 | S4 | S12 | | | | | | | | | | |
| C | CAL1 | S5 | S13 | | | | | | | | | | |
| D | CAL3 | S6 | S14 | | | | | | | | | | |
| E | CAL3 | S7 | S15 | | | | | | | | | | |
| F | CAL6 | S8 | S16 | | | | | | | | | | |
| G | S1 | S9 | S17 | | | | | | | | | | |
| H | S2 | S10 | S18 | | | | | | | | | | |

Legenda: BLK = Blank CAL = Calibrators
S = Sample

O. INTERNAL QUALITY CONTROL

A validation check is carried out on the calibrators any time the kit is used in order to verify whether the performances of the assay are as qualified.

Control that the following data are matched:

| Check | Requirements |
|----------------------|---|
| Blank well | < 0.100 OD450nm value |
| CAL 1 0 arbU/ml | < 0.150 mean OD450nm value after blanking coefficient of variation < 30% |
| CAL 2 5 arbU/ml | OD450nm > OD450nm CAL1 + 0.100 |
| CAL 3 10 arbU/ml | OD450nm > OD450nm CAL1 + 0.200 |
| CAL 6 100 arbU/ml | OD450nm > 1.000 |

If the results of the test match the requirements stated above, proceed to the next section.

If they do not, do not proceed any further and operate as follows:

| Problem | Check |
|--|--|
| Blank well > 0.100 OD450nm | 1. that the Chromogen/Sustrate solution has not got contaminated during the assay |
| CAL 1 0 arbU/ml > 0.150 OD450nm after blanking coefficient of | 1. that the washing procedure and the washer settings are as validated in the pre qualification study; 2. that the proper washing solution has been used and the washer has been primed with it before use; |

| | |
|---|--|
| variation > 30% | 3. that no mistake has been done in the assay procedure (dispensation of a positive calibrator instead of the negative one); 4. that no contamination of the negative calibrator or of their wells has occurred due spills of positive samples or the enzyme conjugate; 5. that micropipettes haven't got contaminated with positive samples or with the enzyme conjugate 6. that the washer needles are not blocked or partially obstructed. |
| CAL 2 5 arbU/ml OD450nm < OD450nm CAL1 + 0.100 | 1. that the procedure has been correctly executed; 2. that no mistake has been done in its distribution (ex.: dispensation of a wrong calibrator instead); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred. |
| CAL 3 10 arbU/ml OD450nm < OD450nm CAL1 + 0.200 | 1. that the procedure has been correctly executed; 2. that no mistake has been done in its distribution (ex.: dispensation of a wrong calibrator instead); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred. |
| CAL 6 100 arbU/ml < 1.000 OD450nm | 1. that the procedure has been correctly executed; 2. that no mistake has been done in its distribution (dispensation of a wrong calibrator instead) ; 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the positive control has occurred. |

Should one of these problems have happened, after checking, report to the supervisor for further actions.

** Note:

If Control Serum has used, verify the following data:

| Check | Requirements |
|---------------|--------------------------|
| Control Serum | Mean OD450nm CAL4 +/-20% |

If the results of the test doesn't match the requirements stated above, operate as follows:

| Problem | Check |
|---|--|
| Control Serum Different from Expected value | 1. that the procedure has been correctly executed; 2. that no mistake has been done in its distribution (dispensation of a wrong calibrator instead); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the control has occurred. |

Anyway, if all other parameters (Blank, CAL1, CAL2, CAL 6), match the established requirements, the test may be considered valid.

Important note:

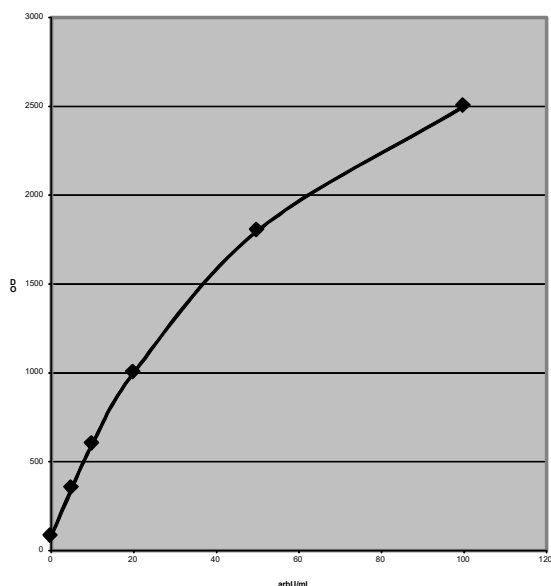
The analysis must be done proceeding as the reading step described in the section M, point 11.

P. RESULTS

P.1 Quantitative method

If the test turns out to be valid, use for the quantitative method an approved curve fitting program to draw the calibration curve from the values obtained by reading at 450nm/620-630nm (4-parameters interpolation is suggested). Then on the calibration curve calculate the concentration of anti EBNA IgG antibody in samples.

An example of Calibration curve is reported below.



Important Note:

Do not use the calibration curve above to make calculations.

P.2 Qualitative method

In the qualitative method, calculate the mean OD450nm/620-630nm values for the Calibrators 0 and 10 arbU/ml and then check that the assay is valid.

An example of calculation is reported below (data obtained proceeding as the the reading step described in the section M, point 11):

Note: *The following data must not be used instead or real figures obtained by the user.*

Calibrator 0 arbU/ml: 0.020 – 0.024 OD450nm
 Mean Value: 0.022 OD450nm
 Lower than 0.150 – Accepted

Calibrator 10 arbU/ml: 0.450 – 0.470 OD450nm
 Mean Value: 0.460 OD450nm
 Higher than Cal 0 + 0.200 – Accepted

Calibrator 100 arbU/ml: 2.045 OD450nm
 Higher than 1.000 – Accepted

The OD450nm/620-630nm of the Calibrator 10 arbU/ml is considered the cut-off (or Co) of the system.

The ratio between the OD450nm/620-630nm value of the sample and the OD450nm/620-630nm of the Calibrator 10 arbU/ml (or S/Co) can provide a semi-quantitative estimation of the content of specific IgG in the sample.

Q. INTERPRETATION OF RESULTS

Samples with a concentration lower than 5 arbU/ml are considered negative for anti EBNA IgG antibody.

Samples with a concentration ranging 5-10 arbU/ml are considered in the gray-zone. Samples with a concentration higher than 10 arbU/ml are considered positive for anti EBNA IgG antibody.

EBNA IgG results alone are not, anyway, enough to provide a clear diagnosis of EBV infection. At least EBV VCA IgM results are necessary in combination.

A reference range of the minimum essential serological markers of Epstein-Barr infection, derived from Infectious Diseases Handbook, 3rd edition, published by Lexi-Comp Inc., USA, is reported schematically below:

| VCA IgM | EBNA IgG | Interpretation |
|-----------------|-----------------|-------------------------------|
| negative | negative | No history of EBV infection |
| positive | negative | Acute primary infection |
| negative | positive | History of previous infection |
| positive | positive | Reactivation |

Important notes:

- Interpretation of results should be done under the supervision of the laboratory supervisor to reduce the risk of judgment errors and misinterpretations.*
- When test results are transmitted from the laboratory to another facility, attention must be paid to avoid erroneous data transfer.*
- Diagnosis has to be done and released to the patient by a suitably qualified medical doctor.*

R. PERFORMANCE CHARACTERISTICS

Evaluation of Performances has been conducted in an external clinical center on negative and positive samples with reference to a FDA approved commercial kit.

1. Limit of detection

No international standard for EBNA IgG Antibody detection has been defined so far by the European Community.

In its absence, an Internal Gold Standard (or IGS), derived from a patient with an history of past mononucleosis infection, has been defined in order to provide the device with a constant and excellent sensitivity.

2. Diagnostic Sensitivity and Specificity:

The method is based on the use of an affinity purified native EBNA antigen to provide the assay with the highest specificity to EBV.

The diagnostic performances were evaluated in a performance evaluation study conducted in an external centre, with excellent experience in the diagnosis of infectious diseases and in particular in EBV infection.

The Diagnostic Sensitivity was studied on more than 50 samples, pre-tested positive with two reference kits of European origin in use at the laboratory. Positive samples were collected from patients that experienced mononucleosis infection.

The diagnostic specificity was determined on panels of more than 50 negative samples from normal individuals and blood

donors, classified negative with the reference kit, including potentially interfering specimens.

Both plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and sera have been used to determine the specificity.

No false reactivity due to the method of specimen preparation has been observed.

Frozen specimens have also been tested to check whether samples freezing interferes with the performance of the test. No interference was observed on clean and particle free samples.

The Performance Evaluation provided the following values :

| | |
|-------------|--------|
| Sensitivity | > 98 % |
| Specificity | > 98 % |

All the IVD Products manufactured by the company are under the control of a certified Quality Management System in compliance with ISO 13485 rule. Each lot is submitted to a quality control and released into the market only if conforming with the EC technical specifications and acceptance criteria.

Manufacturer:
Dia.Pro Diagnostic Bioprobes S.r.l.
Via G. Carducci n° 27 – Sesto San Giovanni (MI) – Italy



3. Reproducibility:

Data obtained from a study conducted on three samples of different EBNA IgG reactivity, examined in 16 replicates in three separate runs show CV% values ranging 5-20% depending on OD450nm/620-630nm readings.

The variability shown in the tables did not result in sample misclassification.

S. LIMITATIONS

Frozen samples containing fibrin particles or aggregates may generate false positive results.

Depending on the reference kit in use, due to some heterogeneity among different devices, the presence of 2-5% false reactivity may be seen.

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VCA IgG

**Enzyme ImmunoAssay (ELISA) for
the quantitative/qualitative
determination of IgG antibodies to
Epstein Barr Virus Capsidic Antigen
in human serum and plasma**

- for "in vitro" diagnostic use only -



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VCA IgG

A. INTENDED USE

Enzyme ImmunoAssay (ELISA) for the quantitative/qualitative determination of IgG antibodies to Epstein Barr Virus Capsidic Antigen in human plasma and sera.

For "in vitro" diagnostic use only.

B. INTRODUCTION

Epstein Barr Virus or EBV is the principal etiological agent of infectious mononucleosis, as well as a contributory factor in the etiology of Burkitt's lymphoma and nasopharyngeal carcinoma, or NPC. A member of the family Herpesviridae, it has a worldwide distribution, such that 80 to 90% of all adults have been infected. Primary infections usually occur during the first decade of life. While childhood infections are mostly asymptomatic, 50 to 70% of young adults undergoing primary EBV infections show mild to severe illness. EBV may cause a persistent, latent infection which can be reactivated under immunosuppression or in AIDS affected patients. As humoral responses to primary EBV infections are quite rapid, the level and class of antibodies raised in most cases allow classification as to whether the patient is still susceptible, has a current or recent primary infection, had a past infection or may be having reactivated EBV infection. The detection of EBV-specific IgG, IgM and IgA antibodies to its major immunodominant antigens (mainly Nuclear Antigen or EBNA and Viral Capsidic Antigen or VCA) has become therefore an important and useful determination for the monitoring and follow-up of EBV infected patients.

C. PRINCIPLE OF THE TEST

In order to get rid of crossreactions with other viruses of the same family, microplates are coated with affinity purified native VCA antigen, to provide the assay with the highest specificity and sensitivity.

In the 1st incubation, the solid phase is treated with diluted samples and anti-VCA IgG are captured, if present, by the antigens.

After washing out all the other components of the sample, in the 2nd incubation bound anti-VCA IgG are detected by the addition of anti hIgG antibody, labeled with peroxidase (HRP). The enzyme captured on the solid phase, acting on the substrate/chromogen mixture, generates an optical signal that is proportional to the amount of anti-VCA IgG antibodies present in the sample.

IgG in the sample may therefore be quantitated by means of a standard curve calibrated in arbitrary units per milliliter (arbU/ml) as no international standard is available.

D. COMPONENTS

Each kit contains sufficient reagents to perform 96 tests.

1. Microplate: MICROPLATE

12 strips x 8 microwells coated with affinity purified native VCA antigen. Plates are sealed into a bag with desiccant.

Allow the microplate to reach room temperature before opening; reseal unused strips in the bag with desiccant and store at 4°C.

2. Calibration Curve: CAL N°...

6x2.0 ml/vial. Ready to use and color coded standard curve ranging: CAL1 = 0 arbU/ml // CAL2 = 5 arbU/ml // CAL3 = 10 arbU/ml // CAL4 = 20 arbU/ml // CAL 5 = 50 arbU/ml // CAL6 = 100 arbU/ml. Standards are calibrated against an internal Gold Standard or IGS as no international one is defined.

Contains human serum proteins, 2% casein, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.1% Tween 20, 0.09% Na-azide and 0.1% Kathon GC as preservatives. Standards are blue colored.

3. Control Serum: CONTROL ...m

1 vial. Lyophilized. It contains bovine serum proteins, human IgG antibodies to VCA at 20 arbU/ml±20%, 0.2 mg/ml gentamicine sulphate and 0.1% Kathon GC as preservatives.

3. Wash buffer concentrate: WASHBUF 20X

1x60ml/bottle20x concentrated solution. Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0+/-0.2, 0.05% Tween 20 and 0.1% Kathon GC.

4. Enzyme conjugate : CONJ

1x16ml/vial. Ready to use and red colour coded. It contains Horseradish peroxidase conjugated polyclonal antibodies to human IgG, 5% BSA, 10 mM Tris buffer pH 6.8+/-0.1, 0.1% Kathon GC and 0.02% gentamicine sulphate as preservatives.

5. Chromogen/Substrate: SUBS TMB

1x16ml/vial. It contains 50 mM citrate-phosphate buffer pH 3.5-3.8, 4% dimethylsulphoxide, 0.03% tetra-methyl-benzidine (or TMB) and 0.02% hydrogen peroxide (or H₂O₂).

Note: To be stored protected from light as sensitive to strong illumination.

6. Sulphuric Acid: H2SO4 0.3 M

1x15ml/vialIt contains 0.3 M H₂SO₄ solution.
Attention !: Irritant (Xi R36/38; S2/26/30)

7. Specimen Diluent: DILSPE

2x60ml/vial. It contains 2% casein, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.1% Tween 20, 0.09% Na-azide and 0.1% Kathon GC as preservatives. To be used to dilute the sample.

8. Plate sealing foils n°2

9. Package insert n°1

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes (1000, 100 and 10ul) and disposable plastic tips.
2. EIA grade water (bidistilled or deionised, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.
4. Absorbent paper tissues.
5. Calibrated ELISA microplate thermostatic incubator (dry or wet) set at +37°C (+/-0.5°C tolerance).
6. Calibrated ELISA microwell reader with 450nm (reading) and possibly with 620-630nm (blanking) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.

2. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.

3. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.

4. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-borne microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen (TMB) from strong light and avoid vibration of the bench surface where the test is undertaken.

5. Upon receipt, store the kit at 2..8°C into a temperature controlled refrigerator or cold room.

6. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.

7. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures for kit replacement.

8. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample.

9. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one.

10. Do not use the kit after the expiration date stated on the external container and internal (vials) labels. A study conducted on an opened kit did not pointed out any relevant loss of activity up to six 6 uses of the device and up to 6 months.

11. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.

12. The use of disposable plastic-ware is recommended in the preparation of the liquid components or in transferring components into automated workstations, in order to avoid cross contamination.

13. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated before waste. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..

14. Accidental spills from samples and operations have to be adsorbed with paper tissues soaked with household bleach and then with water. Tissues should then be discarded in proper containers designated for laboratory/hospital waste.

15. The Sulphuric Acid is an irritant. In case of spills, wash the surface with plenty of water

16. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

G. SPECIMEN: PREPARATION AND WARNINGS

1. Blood is drawn aseptically by venepuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.

2. Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. Bar code labeling and electronic reading is strongly recommended.

3. Haemolysed ("red") and visibly hyperlipemic ("milky") samples have to be discarded as they could generate false results. Samples containing residues of fibrin or heavy particles or

microbial filaments and bodies should be discarded as they could give rise to false results.

4. Sera and plasma can be stored at +2..8°C for up to five days after collection. For longer storage periods, samples can be stored frozen at -20°C for several months. Any frozen samples should not be frozen/thawed more than once as this may generate particles that could affect the test result.

5. If particles are present, centrifuge at 2.000 rpm for 20 min or filter using 0.2-0.8µ filters to clean up the sample for testing.

6. Samples whose anti-VCA IgG antibody concentration is expected to be higher than 100 arbU/ml should be diluted before use, either 1:10 or 1:100 in the Calibrator 0 arbU/ml. Dilutions have to be done in clean disposable tubes by diluting 50 µl of each specimen with 450 µl of Cal 0 (1:10). Then 50 µl of the 1:10 dilution are diluted with 450 µl of the Cal 0 (1:100). Mix tubes thoroughly on vortex and then proceed toward the dilution step reported in section M.

H. PREPARATION OF COMPONENTS AND WARNINGS

Microplate:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant is not turned to dark green, indicating a defect of storing.

In this case call Dia.Pro's customer service.

Unused strips have to be placed back inside the aluminum pouch, with the desiccant supplied, firmly zipped and stored at +2..8°C.

Important Note: After first opening, remaining strips are stable until the humidity indicator inside the desiccant bag turns from yellow to green.

Calibration Curve

Ready to use component. Mix carefully on vortex before use.

Control Serum

Add the volume of ELISA grade water, reported on the label, to the lyophilised powder; let fully dissolve and then gently mix on vortex.

Note: The control after dissolution is not stable. Store frozen in aliquots at -20°C.

Wash buffer concentrate:

The whole content of the concentrated solution has to be diluted 20x with bidistilled water and mixed gently end-over-end before use. During preparation avoid foaming as the presence of bubbles could impact on the efficiency of the washing cycles.

Note: Once diluted, the wash solution is stable for 1 week at +2..8°C.

Enzyme conjugate:

Ready to use. Mix well on vortex before use.

Be careful not to contaminate the liquid with oxidizing chemicals, air-driven dust or microbes.

If this component has to be transferred use only plastic, possibly sterile disposable containers.

Chromogen/Substrate:

Ready to use. Mix well on vortex before use.

Be careful not to contaminate the liquid with oxidizing chemicals, air-driven dust or microbes.

Do not expose to strong illumination, oxidizing agents and metallic surfaces.

If this component has to be transferred use only plastic, possible sterile disposable container

Sample Diluent

Ready to use component. Mix carefully on vortex before use.

Sulphuric Acid:

Ready to use. Mix well on vortex before use.

Legenda: R 36/38 = Irritating to eyes and skin.
 S 2/26/30 = In case of contact with eyes, rinse immediately with plenty of water and seek medical advice.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

1. Micropipettes have to be calibrated to deliver the correct volume required by the assay and must be submitted to regular decontamination (household alcohol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample. They should also be regularly maintained in order to show a precision of 1% and a trueness of +/-2%. Decontamination of spills or residues of kit components should also be carried out regularly.
2. The ELISA incubator has to be set at +37°C (tolerance of +/-0.5°C) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.
3. The ELISA washer is extremely important to the overall performances of the assay. The washer must be carefully validated and correctly optimised using the kit controls and reference panels, before using the kit for routine laboratory tests. Usually 4-5 washing cycles (aspiration + dispensation of 350µl/well of washing solution = 1 cycle) are sufficient to ensure that the assay performs as expected. A soaking time of 20-30 seconds between cycles is suggested. In order to set correctly their number, it is recommended to run an assay with the kit controls and well characterized negative and positive reference samples, and check to match the values reported below in the section "Internal Quality Control". Regular calibration of the volumes delivered by, and maintenance (decontamination and cleaning of needles) of the washer has to be carried out according to the instructions of the manufacturer.
4. Incubation times have a tolerance of ±5%.
5. The ELISA microplate reader has to be equipped with a reading filter of 450nm and ideally with a second filter (620-630nm) for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to ≥ 2.0; (c) linearity to ≥ 2.0; repeatability ≥ 1%. Blanking is carried out on the well identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure that the correct optical density is measured. It should be regularly maintained according to the manufacturer's instructions.
6. When using an ELISA automated work station, all critical steps (dispensation, incubation, washing, reading, data handling) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the section "Internal Quality Control". The assay protocol has to be installed in the operating system of the unit and validated as for the washer and the reader. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set. Particular attention must be paid to avoid carry over by the needles used for dispensing and for washing. This must be studied and controlled to minimize the possibility of contamination of adjacent wells. The use of ELISA automated work stations is recommended when the number of samples to be tested exceed 20-30 units per run.
7. Dia.Pro's customer service offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure compliance with the requirements described. Support is also provided for the installation of new instruments to be used with the kit.

L. PRE ASSAY CONTROLS AND OPERATIONS

1. Check the expiration date of the kit printed on the external label (primary container). Do not use if expired.
2. Check that the liquid components are not contaminated by visible particles or aggregates.
3. Check that the Chromogen (TMB) is colourless or pale blue by aspirating a small volume of it with a sterile plastic pipette.
4. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box (primary container). Check that the aluminium pouch, containing the microplate, is not punctured or damaged.
5. Dissolve the content of the Control Serum as reported.
6. Dilute all the content of the 20x concentrated Wash Solution as described above.
7. Allow all the other components to reach room temperature (about 1 hr) and then mix gently on vortex all liquid reagents.
8. Set the ELISA incubator at +37°C and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturers instructions. Set the right number of washing cycles as found in the validation of the instrument for its use with the kit.
9. Check that the ELISA reader is turned on or ensure it will be turned on at least 20 minutes before reading.
10. If using an automated work station, turn on, check settings and be sure to use the right assay protocol.
11. Check that the micropipettes are set to the required volume.
12. Check that all the other equipment is available and ready to use.
13. In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be carried out according to what reported below, taking care to maintain the same incubation time for all the samples in testing.

The kit may be used for quantitative and qualitative determinations as well.

M1. QUANTITATIVE DETERMINATION:

1. Dilute samples 1:101 into a properly defined dilution tube (example: 1000 µl Sample Diluent + 10 µl sample). Do not dilute the Calibration Set as calibrators are ready to use. Mix carefully all the liquid components on vortex and then proceed as described below.
2. Place the required number of Microwells in the microwell holder. Leave the A1 and B1 empty for the operation of blanking.
3. Dispense 100 µl of Calibrators and 100 µl Control Serum in duplicate. Then dispense 100 µl of diluted samples in each properly identified well.
4. Incubate the microplate for **60 min at +37°C**.

Important note: Strips have to be sealed with the adhesive sealing foil, supplied, only when the test is carried out manually. Do not cover strips when using ELISA automatic instruments.

5. Wash the microplate with an automatic washer as reported previously (section I.3).
6. Pipette 100 µl Enzyme Conjugate into each well, except A1+B1 blanking wells, and cover with the sealer. Check that this red coloured component has been dispensed in all the wells, except A1 and B1.

Important note: Be careful not to touch the plastic inner surface of the well with the tip filled with the Enzyme Conjugate. Contamination might occur.

7. Incubate the microplate for **60 min at +37°C**.
8. Wash microwells as in step 5.
9. Pipette 100 µl Chromogen/Substrate mixture into each well, the blank wells A1 and B1 included. Then incubate the microplate at **room temperature (18-24°C) for 20 minutes**.

Important note: Do not expose to strong direct illumination. High background might be generated.

10. Pipette 100 µl Sulphuric Acid to stop the enzymatic reaction into all the wells using the same pipetting sequence as in step 9. Addition of acid will turn the positive calibrators, the control serum and the positive samples from blue to yellow.
11. Measure the colour intensity of the solution in each well, as described in section I.5, at 450nm filter (reading) and possibly at 620-630nm (background subtraction), blanking the instrument on A1 or B1 or both.

M2. QUALITATIVE DETERMINATION

If only a qualitative determination is required, proceed as described below:

1. Dilute samples 1:101 into a properly defined dilution tube (example: 1000 µl Sample Diluent + 10 µl sample). Do not dilute the Calibration Set as calibrators are ready to use. Mix carefully all the liquid components on vortex and then proceed as described below.
2. Place the required number of Microwells in the microwell holder. Leave A1 well empty for the operation of blanking.
3. Dispense 100 µl of Calibrator 0 arbU/ml and Calibrator 5 arbU/ml in duplicate and Calibrator 100 arbU/ml in single. Then dispense 100 µl of diluted samples in each properly identified well.
4. Incubate the microplate for **60 min at +37°C**.

Important note: Strips have to be sealed with the adhesive sealing foil, supplied, only when the test is carried out manually. Do not cover strips when using ELISA automatic instruments.

5. Wash the microplate with an automatic washer as reported previously (section I.3).
6. Pipette 100 µl Enzyme Conjugate into each well, except the A1 well, and cover with the sealer. Check that this red coloured component has been dispensed in all the wells, except A1.

Important note: Be careful not to touch the plastic inner surface of the well with the tip filled with the Enzyme Conjugate. Contamination might occur.

7. Incubate the microplate for **60 min at +37°C**.
8. Wash microwells as in step 5.
9. Pipette 100 µl Chromogen/Substrate mixture into each well, the blank well included. Then incubate the microplate at **room temperature (18-24°C) for 20 minutes**.

Important note: Do not expose to strong direct illumination. High background might be generated.

10. Pipette 100 µl Sulphuric Acid into all the wells using the same pipetting sequence as in step 9. Addition of acid will turn the positive calibrators, the control serum and the positive samples from yellow to blue.
11. Measure the colour intensity of the solution in each well, as described in section I.5, at 450nm filter (reading) and possibly at 620-630nm (background subtraction), blanking the instrument on A1.

General Important notes:

1. If the second filter is not available ensure that no finger prints are present on the bottom of the microwell before reading at 450nm. Finger prints could generate false positive results on reading.
2. Reading has to be carried out just after the addition of the Stop Solution and anyway not any longer than 20 minutes after its addition. Some self oxidation of the chromogen can occur leading to high background.

N. ASSAY SCHEME

| Method | Operations |
|-----------------------------------|---------------|
| Calibrators & Control | 100 µl |
| Samples diluted 1:101 | 100 µl |
| 1st incubation | 60 min |
| Temperature | +37°C |
| Wash step | 4-5 cycles |
| Enzyme conjugate | 100 µl |
| 2nd incubation | 60 min |
| Temperature | +37°C |
| Wash step | 4-5 cycles |
| TMB/H ₂ O ₂ | 100 µl |
| 3rd incubation | 20 min |
| Temperature | r.t. |
| Sulphuric Acid | 100 ul |
| Reading OD | 450nm |

An example of dispensation scheme for Quantitative Analysis is reported below:

Microplate

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|------|------|----|---|---|---|---|---|---|----|----|----|
| A | BLK | CAL4 | S1 | | | | | | | | | |
| B | BLK | CAL4 | S2 | | | | | | | | | |
| C | CAL1 | CAL5 | S3 | | | | | | | | | |
| D | CAL1 | CAL5 | S4 | | | | | | | | | |
| E | CAL2 | CAL6 | S5 | | | | | | | | | |
| F | CAL2 | CAL6 | S6 | | | | | | | | | |
| G | CAL3 | CS | S7 | | | | | | | | | |
| H | CAL3 | CS | S8 | | | | | | | | | |

Legenda: BLK = Blank CAL = Calibrator
CS = Control Serum -S = Sample

An example of dispensation scheme in qualitative assays is reported below:

Microplate

| | | | | | | | | | | | | |
|---|------|------|------|---|---|---|---|---|---|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | S 3 | S 11 | | | | | | | | | |
| B | CAL1 | S 4 | S 12 | | | | | | | | | |
| C | CAL1 | S 5 | S 13 | | | | | | | | | |
| D | CAL2 | S 6 | S 14 | | | | | | | | | |
| E | CAL2 | S 7 | S 15 | | | | | | | | | |
| F | CAL6 | S 8 | S 16 | | | | | | | | | |
| G | S1 | S 9 | S 17 | | | | | | | | | |
| H | S2 | S 10 | S 18 | | | | | | | | | |

Legenda: BLK = Blank CAL = Calibrators
S = Sample

O. INTERNAL QUALITY CONTROL

A validation check is carried out on the controls any time the kit is used in order to verify whether the performances of the assay are as qualified.

Control that the following data are matched:

| Check | Requirements |
|----------------------|---|
| Blank well | < 0.100 OD450nm value |
| CAL 1 0 arbU/ml | < 0.150 mean OD450nm value after blanking coefficient of variation < 30% |
| CAL 2 5 arbU/ml | OD450nm > OD450nm CAL1 + 0.100 |
| CAL 6 100 arbU/ml | OD450nm > 1.000 |
| Control Serum | 20 arbU/ml +/-20% |

If the results of the test match the requirements stated above, proceed to the next section. If they do not, do not proceed any further and operate as follows:

| Problem | Check |
|--|--|
| Blank well > 0.100 OD450nm | 1. that the Chromogen/Substrate solution has not got contaminated during the assay |
| CAL 1 0 arbU/ml > 0.150 OD450nm after blanking coefficient of variation > 30% | 1. that the washing procedure and the washer settings are as validated in the pre qualification study; 2. that the proper washing solution has been used and the washer has been primed with it before use; 3. that no mistake has been done in the assay procedure (dispensation of a positive calibrator instead of the negative one); 4. that no contamination of the negative calibrator or of their wells has occurred due spills of positive samples or the enzyme conjugate; 5. that micropipettes haven't got contaminated with positive samples or with the enzyme conjugate 6. that the washer needles are not blocked or partially obstructed. |

| | |
|--|---|
| CAL 2 5 arbU/ml OD450nm < OD450nm CAL1 + 0.100 | 1. that the procedure has been correctly executed; 2. that no mistake has been done in its distribution (ex.: dispensation of a wrong calibrator instead); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred. |
| CAL 6 100 arbU/ml < 1.000 OD450nm | 1. that the procedure has been correctly executed; 2. that no mistake has been done in its distribution (dispensation of a wrong calibrator instead); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the positive control has occurred. |
| Control Serum Different from 20 arbU/ml | 1. that the procedure has been correctly executed; 2. that no mistake has been done in its distribution (dispensation of a wrong calibrator instead); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the positive control has occurred. |

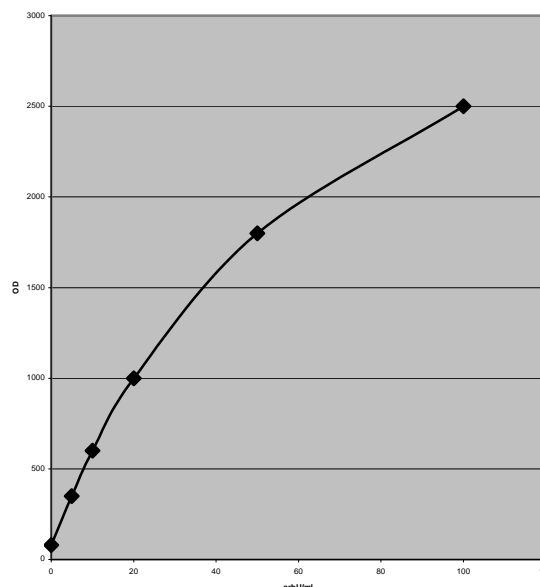
Should one of these problems have happened, after checking, report to the supervisor for further actions.

P. RESULTS

P.1 Quantitative method

If the test turns out to be valid, use for the quantitative method an approved curve fitting program to draw the calibration curve from the values obtained by reading at 450nm (4-parameters interpolation is suggested). Then on the calibration curve calculate the concentration of anti VCA IgG antibody in samples.

An example of Calibration curve is reported below.



Important Note:

Do not use the calibration curve above to make calculations.

P.2 Qualitative method

In the qualitative method, calculate the mean OD450nm values for the Calibrators 0 and 5 arbU/ml and then check that the assay is valid.

Example of calculation:

Note: The following data must not be used instead of real figures obtained by the user.

Calibrator 0 arbU/ml: 0.020 – 0.024 OD450nm
 Mean Value: 0.022 OD450nm
 Lower than 0.150 – Accepted

Calibrator 5 arbU/ml: 0.250 – 0.270 OD450nm
 Mean Value: 0.260 OD450nm
 Higher than Cal 0 + 0.100 – Accepted

Calibrator 100 arbU/ml: 2.045 OD450nm
 Higher than 1.000 – Accepted

The OD450nm of the Calibrator 5 arbU/ml is considered the cut-off (or Co) of the system.

The ratio between the OD450nm value of the sample and the OD450nm of the Calibrator 5 arbU/ml (or S/Co) can provide a semi-quantitative estimation of the content of specific IgG in the sample.

Q. INTERPRETATION OF RESULTS

Samples with a concentration lower than 5 arbU/ml are considered negative for anti-VCA IgG antibody.

Samples with a concentration higher than 5 arbU/ml are considered positive for anti-VCA IgG antibody.

VCA IgG results alone are not, anyway, enough to provide a clear diagnosis of EBV infection. At least EBV VCA IgM results, possibly together with EBNA IgG, are necessary in combination. A reference range of the minimum essential serological markers of Epstein-Barr infection, derived from Infectious Diseases Handbook, 3rd edition, published by Lexi-Comp Inc., USA, is reported schematically below:

| VCA IgM | EBNA (or VCA) IgG | Interpretation |
|----------|-------------------|-------------------------------|
| negative | negative | No history of EBV infection |
| positive | negative | Acute primary infection |
| negative | positive | History of previous infection |
| positive | positive | Reactivation |

Important notes:

1. Interpretation of results should be done under the supervision of the laboratory supervisor to reduce the risk of judgment errors and misinterpretations.
2. When test results are transmitted from the laboratory to another facility, attention must be paid to avoid erroneous data transfer.
3. Diagnosis has to be done and released to the patient by a suitably qualified medical doctor.

R. PERFORMANCE CHARACTERISTICS

Evaluation of Performances has been conducted in an external clinical center on negative and positive samples with reference to a FDA approved commercial kit.

1. Limit of detection

No international standard for VCA IgG Antibody detection has been defined so far by the European Community. In its absence, an Internal Gold Standard (or IGS), derived from a patient with an history of past mononucleosis infection, has been defined in order to provide the device with a constant and excellent sensitivity.

2. Diagnostic Sensitivity and Specificity:

Microplates are coated with with affinity purified native VCA antigen capable to provide the assay with the highest specificity and sensitivity.

The diagnostic performances were evaluated in a performance evaluation study conducted in an external centre, with excellent experience in the diagnosis of infectious diseases.

The diagnostic sensitivity was studied on more than 50 samples, pre-tested positive with a different reference kit of European origin in use at the laboratory. Positive samples were collected from patients that experienced mononucleosis infection.

The diagnostic specificity was determined on panels of more than 50 negative samples from normal individuals and blood donors, classified negative with the reference kit, including potentially interfering specimens.

Both plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and sera have been used to determine the specificity. No false reactivity due to the method of specimen preparation has been observed.

Frozen specimens have also been tested to check whether samples freezing interferes with the performance of the test. No interference was observed on clean and particle free samples.

The Performance Evaluation provided the following values :

| | |
|-------------|--------|
| Sensitivity | ≥ 98 % |
| Specificity | ≥ 98 % |

3. Reproducibility:

Data obtained from a study conducted on three samples of different VCA IgG reactivity, examined in 16 replicates in three separate runs show CV% values ranging 3-16% depending on OD450nm readings.

The variability shown in the tables did not result in sample misclassification.

S. LIMITATIONS

False positivity has been assessed as less than 2-5% of the normal population depending on the reference kit used.

Frozen samples containing fibrin particles or aggregates may generate false positive results.

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| Produced by Dia.Pro. Diagnostic Bioprobes Srl. via G.Carducci n°27 –Sesto San Giovanni (Mi) - Ital y |
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VCA IgM

**“Capture” Enzyme ImmunoAssay
(ELISA) for the quantitative/qualitative
determination of IgM class antibodies to
Epstein Barr Virus Capsidic Antigen
in human plasma and sera**

- for “in vitro” diagnostic use only -



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REF VCAM.CE
96 Tests

VCA IgM

A. INTENDED USE

Enzyme ImmunoAssay (ELISA) for the quantitative or qualitative determination of IgM class antibodies to Epstein Barr Virus (EBV) Capsidic Antigen in human plasma and sera with the "capture" system.

The kit is intended for the classification of the viral infective agent and the follow-up of EBV infected patients.

For "in vitro" diagnostic use only.

B. INTRODUCTION

Epstein Barr Virus or EBV is the principal etiological agent of infectious mononucleosis, as well as a contributory factor in the etiology of Burkitt's lymphoma and nasopharyngeal carcinoma, or NPC.

A member of the family Herpesviridae, it has a worldwide distribution, such that 80 to 90% of all adults have been infected. Primary infections usually occur during the first decade of life. While childhood infections are mostly asymptomatic, 50 to 70% of young adults undergoing primary EBV infections show mild to severe illness.

EBV may cause a persistent, latent infection which can be reactivated under immunosuppression or in AIDS affected patients. As humoral responses to primary EBV infections are quite rapid, the level and class of antibodies raised in most cases allow classification as to whether the patient is still susceptible, has a current or recent primary infection, had a past infection or may be having reactivated EBV infection.

The detection of EBV-specific IgG, IgM and IgA antibodies to its major immunodominant antigens has become therefore an important and useful determination for the monitoring and follow-up of EBV infected patients.

C. PRINCIPLE OF THE TEST

The assay is based on the "IgM Capture" method and on affinity purified native VCA antigen.

Microplates are coated with a polyclonal anti-hIgM antibody that in the 1st incubation "captures" specifically this class of antibodies.

After washing out all the other components of the sample, in the 2nd incubation bound anti EBV-VCA IgM are detected by the addition of a complex formed by biotinylated affinity purified native VCA antigen and Streptavidine, labelled with peroxidase (HRP).

The enzyme captured on the solid phase, acting on the substrate/chromogen mixture, generates an optical signal that is proportional to the amount of IgM antibodies present in the sample and can be detected by an ELISA reader.

Quantification of IgM is made possible by a standard curve calibrated in arbitrary units, in absence of an international standard to refer to.

D. COMPONENTS

Each kit contains sufficient reagents to carry out 96 tests.

1. Microplate: MICROPLATE

12 strips x 8 breakable wells coated with affinity-purified anti human IgM specific (u-chain) goat polyclonal antibody and sealed into a bag with desiccant. Allow the microplate to reach room temperature before opening; reseal unused strips in the bag with desiccant and store at 4°C.

2. Calibration Curve: CAL N° ...

Ready to use and color coded standard curve ranging:

4 ml CAL1 = 0 arbU/ml

4 ml CAL2 = 10 arbU/ml

2 ml CAL3 = 20 arbU/ml

2 ml CAL4 = 50 arbU/ml

4 ml CAL5 = 100 arbU/ml.

Standards are calibrated against an internal Gold Standard or IGS as no international one is defined.

Contains human serum proteins, 2% casein, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.1% Tween 20, 0.09% Na-azide and 0.045% ProClin 300 as preservatives. Standards are blue colored.

3. Control Serum: CONTROL ...ml

1 vial. Lyophilized. Contains fetal bovine serum proteins, human anti EBV VCA IgM antibodies at $20 \pm 20\%$ arbU/ml, 0.2 mg/ml gentamicine sulphate and 0.045% ProClin 300 as preservatives.

Important Note: The volume necessary to dissolve the content of the vial may vary from lot to lot. Please use the right volume reported on the label .

3. Wash buffer concentrate: WASHBUF 20X

1x60ml/bottle. 20x concentrated solution.

Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0 +/-0.2, 0.05% Tween 20 and 0.045% ProClin 300.

4. Enzyme conjugate: CONJ 20X

1x0.8 ml/vial. 20x concentrated solution. It contains peroxidase (HRP) labeled Streptavidine, dissolved into a buffered solution of 10 mM Tris buffer pH 6.8 +/-0.1, 5% BSA, 0.045% ProClin 300 and 0.02% gentamicine sulphate as preservatives.

5. Antigen Diluent : AG DIL

n° 1 vial of 16 ml. Protein buffer solution for the preparation of the working EBV VC antigen. The solution contains 10 mM Tris buffer pH 6.8 +/-0.1, 2% BSA, 0.045% ProClin 300 and 0.2 mg/ml gentamicine sulphate as preservatives. The reagent is code coloured with 0.01% red alimentary dye

6. EBV VCA Antigen : Ag VCA

1x6 vials. Lyophilized reagent to be dissolved with 1.9 ml of Antigen Diluent as reported in the proper section. It contains biotinylated affinity purified native VCA antigen, 25 mM Tris buffer pH 7.8 +/-0.1 and 5% BSA as proteic carrier.

7. Specimen Diluent: DILSPE

2x60.0 ml/vial. Buffered solution for the dilution of samples. It contains 2% casein, 0.2 M Tris buffer pH 6.0 +/-0.1, 0.2% Tween 20, 0.045% ProClin 300 and 0.09% sodium azide as preservatives. The component is blue color coded.

8. Chromogen/Substrate: SUBS TMB

1x16ml/vial. Contains a 50 mM citrate-phosphate buffered solution at pH 3.5-3.8, 0.03% tetra-methyl-benzidine or TMB and 0.02% hydrogen peroxide of H₂O₂.

Note: To be stored protected from light as sensitive to strong illumination.

9. Sulphuric Acid: H₂SO₄ 0.3 M

1x15ml/vial. Contains 0.3 M H₂SO₄ solution.

Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+P351+P338, P337+P313, P362+P363).

10. Plate sealing foils n° 2

11. Package insert n° 1

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes in the range 10-1000 ul and disposable plastic tips.
2. EIA grade water (double distilled or deionised, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.

4. Absorbent paper tissues.
5. Calibrated ELISA microplate thermostatic incubator (dry or wet) set at +37°C.
6. Calibrated ELISA microwell reader with 450nm (reading) and if with 620-630nm (blanking) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.
2. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
3. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.
4. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-borne microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen/Substrate (TMB/H₂O₂) from strong light and avoid vibration of the bench surface where the test is undertaken.
5. Upon receipt, store the kit at +2..8°C into a temperature controlled refrigerator or cold room.
6. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.
7. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures.
8. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample. Do not reuse disposable tips.
9. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one. Do not reuse disposable tips.
10. Do not use the kit after the expiration date stated on external (primary container) and internal (vials) labels.
11. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
12. The use of disposable plastic labware is recommended in the preparation of the washing solution or in transferring components into other containers of automated workstations, in order to avoid contamination.
13. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..
14. Accidental spills have to be adsorbed with paper tissues soaked with household bleach and then with water. Tissues should then be discarded in proper containers designated for laboratory/hospital waste.
15. The Sulphuric Acid is an irritant. In case of spills, wash the surface with plenty of water.

16. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

G. SPECIMEN: PREPARATION AND RECOMMENDATIONS

1. Blood is drawn aseptically by venepuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.
2. Avoid any addition of preservatives to samples; especially sodium azide as this chemical would affect the enzymatic activity of the conjugate.
3. Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. When the kit is used for the screening of blood units, bar code labeling and electronic reading is strongly recommended.
4. Haemolysed (red) and visibly hyperlipemic ("milky") samples have to be discarded as they could generate false results. Samples containing residues of fibrin or heavy particles or microbial filaments and bodies should be discarded as they could give rise to false results.
5. Sera and plasma can be stored at +2...+8°C in primary collection tubes for up to five days after collection. Do not freeze primary tubes of collection. For longer storage periods, sera and plasma samples, carefully removed from the primary collection tube, can be stored frozen at -20°C for at least 12 months. Any frozen samples should not be frozen/thawed more than once as this may generate particles that could affect the test result.
6. If particles are present, centrifuge at 2.000 rpm for 20 min or filter using 0.2-0.8µ filters to clean up the sample for testing.

H. PREPARATION OF COMPONENTS AND WARNINGS

A study conducted on an opened kit has not pointed out any relevant loss of activity up to 6 re-uses of the device and up to 3 months.

Microplate:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant has not turned dark green, indicating a defect in storing.

In this case, call Dia.Pro's customer service.

Unused strips have to be placed back inside the aluminum pouch, with the desiccant supplied, firmly zipped and stored at +2..8°C.

Important Note: After first opening, remaining strips are stable until the humidity indicator inside the desiccant bag turns from yellow to green.

Calibration Curve

Ready to use. Mix well on vortex before use.

Control Serum:

Lyophilized reagent to be dissolved with EIA grade water as reported in the label.

Note: In order to maintain its reactivity fully preserved, upon dissolution keep the excess frozen in aliquots at -20°C and use just once. Do not freeze again.

Wash buffer concentrate:

The whole content of the 20x concentrated solution has to be diluted with bidistilled water up to 1200 ml and mixed gently end-over-end before use. During preparation avoid foaming as the presence of bubbles could impact on the efficiency of the washing cycles.

Note: Once diluted, the wash solution is stable for 1 week at +2..8° C.

Antigen-Conjugate Complex:

Proceed carefully as follows:

1. Dissolve the content of a lyophilized vial with 1.9 ml of Antigen Diluent. Let fully dissolved the lyophilized content and then gently mix on vortex.
2. Gently mix the concentrated Enzyme Conjugate on vortex. Then add 0.1 ml of it to the vial of the dissolved EBV VC Ag and mix gently on vortex.

Important Notes:

1. *Dissolve and prepare only the number of vials necessary to the test. The complex obtained is not stable. Store any residual solution frozen in aliquots at -20°C.*
2. *The preparation of the complex has to be done **right before** the dispensation of samples and controls into the plate. Mix again on vortex gently just before its use.*

Specimen Diluent

Ready to use. Mix on vortex before use.

Chromogen/Substrate:

Ready to use. Mix well on vortex before use.

Avoid contamination of the liquid with oxidizing chemicals, air-driven dust or microbes. Do not expose to strong light, oxidizing agents and metallic surfaces.

If this component has to be transferred use only plastic, and if possible, sterile disposable container.

Sulphuric Acid:

Ready to use. Mix well on vortex before use.

Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+P351+P338, P337+P313, P362+P363).

Legenda:

Warning H statements:

H315 – Causes skin irritation.

H319 – Causes serious eye irritation.

Precautionary P statements:

P280 – Wear protective gloves/protective clothing/eye protection/face protection.

P302 + P352 – IF ON SKIN: Wash with plenty of soap and water.

P332 + P313 – If skin irritation occurs: Get medical advice/attention.

P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P337 + P313 – If eye irritation persists: Get medical advice/attention.

P362 + P363 – Take off contaminated clothing and wash it before reuse.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

1. Micropipettes have to be calibrated to deliver the correct volume required by the assay and must be submitted to regular decontamination (70% ethanol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample or the components of the kit. They should also be regularly maintained in order to show a precision of 1% and a trueness of $\pm 2\%$.
2. The ELISA incubator has to be set at +37°C (tolerance of $\pm 0.5^\circ\text{C}$) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.
3. The **ELISA washer** is extremely important to the overall performances of the assay. The washer must be carefully validated in advance, checked for the delivery of the right

dispensation volume and regularly submitted to maintenance according to the manufacturer's instructions for use. In particular the washer, at the end of the daily workload, has to be extensively cleaned out of salts with deionized water. Before use, the washer has to be extensively primed with the diluted Washing Solution.

The instrument weekly has to be submitted to decontamination according to its manual (NaOH 0.1 M decontamination suggested).

5 washing cycles (aspiration + dispensation of 350ul/well of washing solution + 20 sec soaking = 1 cycle) are sufficient to ensure the assay with the declared performances. If soaking is not possible add one more cycle of washing.

An incorrect washing cycle or salt-blocked needles are the major cause of false positive reactions.

4. Incubation times have a tolerance of $\pm 5\%$.
5. The ELISA microplate reader has to be equipped with a reading filter of 450nm and with a second filter of 620-630nm, mandatory for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to ≥ 2.0 ; (c) linearity to ≥ 2.0 ; repeatability $\geq 1\%$. Blanking is carried out on the well identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure that the correct optical density is measured. It should be regularly maintained according to the manufacturer 's instructions.
6. When using an ELISA automated work station, all critical steps (dispensation, incubation, washing, reading, shaking, data handling) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the section "Internal Quality Control". The assay protocol has to be installed in the operating system of the unit and validated as for the washer and the reader. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set. Particular attention must be paid to avoid carry over by the needles used for dispensing samples and for washing. This must be studied and controlled to minimize the possibility of contamination of adjacent wells due to strongly reactive samples, leading to false positive results. The use of ELISA automated work stations is recommended for blood screening and when the number of samples to be tested exceed 20-30 units per run.
7. Dia.Pro's customer service offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure full compliance with the requirements described. Support is also provided for the installation of new instruments to be used with the kit.

L. PRE ASSAY CONTROLS AND OPERATIONS

1. Check the expiration date of the kit printed on the external label (primary container). Do not use if expired.
2. Check that the liquid components are not contaminated by visible particles or aggregates.
3. Check that the Chromogen/Substrate is colorless or pale blue by aspirating a small volume of it with a sterile plastic pipette.
4. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box (primary container).
5. Check that the aluminum pouch, containing the microplate, is not punctured or damaged.
6. Dilute all the content of the 20x concentrated Wash Solution as described above.
7. Dissolve the Control Serum as described above and gently mix.
8. Prepare the Antigen/Conjugate complex as reported before.
9. Allow all the other components to reach room temperature (about 1 hr) and then mix gently on vortex all liquid reagents.

10. Set the ELISA incubator at +37°C and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturers instructions. Set the right number of washing cycles as reported in the specific section.
11. Check that the ELISA reader is turned on or ensure it will be turned on at least 20 minutes before reading.
12. If using an automated work station, turn on, check settings and be sure to use the right assay protocol.
13. Check that the micropipettes are set to the required volume.
14. Check that all the other equipment is available and ready to use.
15. In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be carried out according to what reported below, taking care to maintain the same incubation time for all the samples in testing.

Two procedures can be carried out with the device according to the request of the clinician.

M.1 Quantitative analysis

1. Place the required number of strips in the microplate holder. Leave A1 and B1 wells empty for the operation of blanking. Store the other strips into the bag in presence of the desiccant at 2..8°C, sealed.
2. Dilute samples 1:101 dispensing 1 ml Specimen Diluent into a disposable tube and then 10 ul sample; mix on vortex before use. Do not dilute the calibrators and the control serum as they are ready-to-use.
3. Prepare the Antigen/Conjugate complex as reported in Section H.
4. Pipette 100 µl of all the Calibrators and 100 µl of Control Serum in duplicate; then dispense 100 µl of samples. The Control Serum is used to verify that the whole analytical system works as expected. Check that Calibrators Control Serum and samples have been correctly added. Then incubate the microplate at **+37°C for 60 min**.

Important note: Strips have to be sealed with the adhesive sealing foil only when the test is performed manually. Do not cover strips when using ELISA automatic instruments.

5. Wash the microplate as reported in section I.3.
6. In all the wells, except A1 and B1, pipette 100 µl Antigen/ Conjugate Complex. Check that the reagent has been correctly added. Incubate the microplate at **+37°C for 60 minutes**.

Important note: Be careful not to touch the inner surface of the well with the pipette tip when dispensing the Complex. Contamination might occur.

7. Wash the microplate as described in section I.3.
8. Pipette 100 µl TMB/H₂O₂ mixture in each well, the blank wells A1+B1 included. Check that the reagent has been correctly added. Then incubate the microplate at **room temperature for 20 minutes**.

Important note: Do not expose to strong direct light as a high background might be generated.

9. Stop the enzymatic reaction by pipette 100 µl Sulphuric Acid into each well and using the same pipetting sequence as in step 7. Then measure the color intensity with a microplate reader at 450nm (reading) and at 620-630nm (blinking, mandatory), blanking the instrument on A1, or B1 or both wells.

M.2 Qualitative analysis

1. Place the required number of strips in the microplate holder. Leave A1 well empty for the operation of blanking. Store the other strips into the bag in presence of the desiccant at 2..8°C, sealed.

2. Dilute samples 1:101 dispensing 1 ml Specimen Diluent into a disposable tube and then 10 ul sample; mix on vortex before use. Do not dilute the calibrators as they are ready-to-use.
3. Prepare the Antigen/Conjugate complex as reported in Section H.
4. Pipette 100 µl CAL 1 in duplicate, 100 µl CAL 2 in duplicate, 100 µl CAL 5 in single. Then dispense 100 µl of samples. Check that Calibrators and samples have been correctly added. Then incubate the microplate at **+37°C for 60 min**.

Important note: Strips have to be sealed with the adhesive sealing foil only when the test is performed manually. Do not cover strips when using ELISA automatic instruments.

5. Wash the microplate as reported in section I.3.
6. In all the wells, except A, pipette 100 µl Antigen/ Conjugate Complex. Check that the reagent has been correctly added. Incubate the microplate at **+37°C for 60 minutes**.

Important note: Be careful not to touch the inner surface of the well with the pipette tip when dispensing the Complex. Contamination might occur.

7. Wash the microplate as described in section I.3.
8. Pipette 100 µl TMB/H₂O₂ mixture in each well, the blank well A1 included. Check that the reagent has been correctly added. Then incubate the microplate at **room temperature for 20 minutes**.

Important note: Do not expose to strong direct light as a high background might be generated.

9. Stop the enzymatic reaction by pipette 100 µl Sulphuric Acid into each well and using the same pipetting sequence as in step 7. Then measure the color intensity with a microplate reader at 450nm (reading) and at 620-630nm (blinking, mandatory), blanking the instrument on A1.

Important general notes:

1. Ensure that no finger prints are present on the bottom of the microwell before reading. Finger prints could generate false positive results on reading.
2. Reading has to be performed immediately after the addition of the Stop Solution but definitely no longer than 20 minutes afterwards. Some self oxidation of the chromogen can occur leading to a higher background.

N. ASSAY SCHEME

| | |
|---------------------------------------|--|
| Calibrators | 100 ul |
| Control Serum (*) | 100 ul |
| Samples diluted 1:101 | 100 ul |
| 1st incubation | 60 min |
| Temperature | +37°C |
| Wash step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| Enzyme Conjugate | 100 ul |
| 2nd incubation | 60 min |
| Temperature | +37°C |
| Wash step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| TMB/H ₂ O ₂ mix | 100 ul |
| 3rd incubation | 20 min |
| Temperature | r.t. |
| Sulphuric Acid | 100 ul |
| Reading OD | 450nm/620-630nm |

(*) Important Notes:

- The Control Serum (CS) it does not affect the test's results calculation.
- The Control Serum (CS) used only if a laboratory internal quality control is required by the Management.

An example of dispensation scheme in quantitative assays is reported below:

| | | Microplate | | | | | | | | | | | |
|---|------|------------|-----|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | CAL4 | S3 | | | | | | | | | | |
| B | BLK | CAL4 | S4 | | | | | | | | | | |
| C | CAL1 | CAL5 | S5 | | | | | | | | | | |
| D | CAL1 | CAL5 | S6 | | | | | | | | | | |
| E | CAL2 | CS(*) | S7 | | | | | | | | | | |
| F | CAL2 | CS(*) | S8 | | | | | | | | | | |
| G | CAL3 | S1 | S9 | | | | | | | | | | |
| H | CAL3 | S2 | S10 | | | | | | | | | | |

Legenda: BLK = Blank // CAL = Calibrators // S = Sample//
CS = Control Serum - Not mandatory

An example of dispensation scheme in qualitative assays is reported below:

| | | Microplate | | | | | | | | | | | |
|---|------|------------|-----|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | S2 | S10 | | | | | | | | | | |
| B | CAL1 | S3 | S11 | | | | | | | | | | |
| C | CAL1 | S4 | S12 | | | | | | | | | | |
| D | CAL2 | S5 | S13 | | | | | | | | | | |
| E | CAL2 | S6 | S14 | | | | | | | | | | |
| F | CAL5 | S7 | S15 | | | | | | | | | | |
| G | S1 | S8 | S16 | | | | | | | | | | |
| H | S2 | S9 | S17 | | | | | | | | | | |

Legenda: BLK = Blank // CAL = Calibrators // S = Sample

O. INTERNAL QUALITY CONTROL

A validation check is carried out on the calibrators any time the kit is used in order to verify whether the performances of the assay are as qualified.

Control that the following data are matched:

| Parameters | Requirements |
|-----------------------------|--|
| Blank well | < 0.100 OD450nm |
| Calibrator 1 0 arbU/ml | < 0.200 OD450nm after blanking |
| Calibrator 2 10 arbU/ml | OD450nm higher than the OD450nm of CAL 1 + 0.100 |
| Calibrator 5 100 arbU/ml | > 1.000 OD450nm |
| Coefficient of variation | < 30% for the Calibrator 1 |

If the results of the test match the requirements stated above, proceed to the next section.

If they do not, do not proceed any further and perform the following checks:

| Problem | Check |
|---|---|
| Blank well OD450nm > 0.100 | 1. that the Chromogen/Substrate solution has not become contaminated during the assay |
| CAL 1 OD450nm > 0.200 coefficient of variation > 30% | 1. that the washing procedure and the washer settings are as validated in the pre qualification study; 2. that the proper washing solution has been used and the washer has been primed with it before use; 3. that no mistake has been done in the assay procedure when the dispensation of calibrators is carried out; 4. that no contamination of the Cal 1 or of the |

| | |
|---|--|
| | wells where it was dispensed has occurred due to spills of positive samples or Antigen/Conjugate complex; 5. that micropipettes have not become contaminated with positive samples or with the Antigen/Conjugate complex 6. that the washer needles are not blocked or partially obstructed. |
| CAL 2 OD450nm < Cal 1 + 0.100 | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during its distribution (ex.: dispensation of a wrong calibrator); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred. |
| CAL 5 OD450nm < 1.000 | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during its distribution; 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibration has occurred. |

**** Note:**

If Control Serum has used, verify the following data:

| Check | Requirements |
|---------------|---|
| Control Serum | OD450nm = OD450nm CAL 20 arbU/ml +/-20% |

If the results of the test doesn't match the requirements stated above, operate as follows:

| Problem | Check |
|---|--|
| Control Serum Different from Expected value | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during its distribution (e.g.: dispensation of a wrong calibrator); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the control has occurred. |

Anyway, if all other parameters (Blank, CAL1, CAL2, CAL 5), match the established requirements, the test may be considered valid.

Important note:

The analysis must be done proceeding as the reading step described in the section M, point 9.

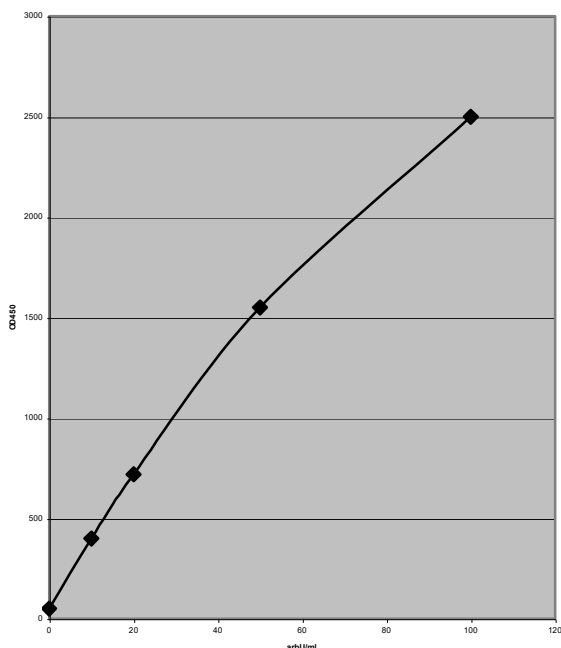
P. RESULTS

P.1 Quantitative method

If the test turns out to be valid, use for the quantitative method an approved curve fitting program to draw the calibration curve from the values obtained by reading at 450nm/620-630nm (4-parameters interpolation is suggested).

Then on the calibration curve calculate the concentration of anti EBV VCA IgM antibody in samples.

An example of Calibration curve is reported below.



Note: Do not use these data to calculate the real assay results. The figures above are reported only as an example.

P.2 Qualitative method

Check that the assay is valid.
An example is provided below:

An example of calculation is reported below (data obtained proceeding as the reading step described in the section M, point 9):

Note: The following data must not be used instead of real figures obtained by the user.

Calibrator 0 arbU/ml: 0.020 – 0.024 OD450nm
 Mean Value: 0.022 OD450nm
 Lower than 0.200 – Accepted
 Calibrator 10 arbU/ml: 0.250 – 0.270 OD450nm
 Mean Value: 0.260 OD450nm
 Higher than CAL 1 + 0.100 – Accepted
 Calibrator 100 arbU/ml: 2.045 OD450nm
 Higher than 1.000 – Accepted

The OD450nm/620-630nm of the Calibrator 10 arbU/ml is considered the cut-off (or Co) of the system.
 The ratio between the OD450nm/620-630nm value of the sample and the OD450nm/620-630nm of the Calibrator 10 arbU/ml (or S/Co) can provide a semi-quantitative estimation of the content of specific IgM in the sample.

Q. INTERPRETATION OF RESULTS

Samples with a concentration lower than 10 arbU/ml are considered negative for anti EBV VCA IgM antibody.
 Samples with a concentration higher than 10 arbU/ml are considered positive for anti EBV VCA IgM antibody. The patient is likely to be in the acute phase of infection (mononucleosis).

VCA IgM results alone are not, anyway, enough to provide a clear diagnosis of EBV infection. At least EBNA IgG results are necessary in combination.

A reference range of the minimum essential serological markers of Epstein-Barr infection, derived from Infectious Diseases Handbook, 3rd edition, published by Lexi-Comp Inc., USA, is reported schematically below:

| VCA IgM | EBNA IgG | Interpretation |
|-----------------|-----------------|-------------------------------|
| negative | negative | No history of EBV infection |
| positive | negative | Acute primary infection |
| negative | positive | History of previous infection |
| positive | positive | Reactivation |

Important notes:

1. Interpretation of results should be done under the supervision of the laboratory supervisor to reduce the risk of judgment errors and misinterpretations.
2. When test results are transmitted from the laboratory to another facility, attention must be paid to avoid erroneous data transfer.
3. Diagnosis has to be done and released to the patient by a suitably qualified medical doctor.

R. PERFORMANCE CHARACTERISTICS

Evaluation of Performances has been conducted in an external clinical center on panels of negative and positive samples with reference to a commercial kit.

1. Limit of detection

No international standard for EBV VCA IgM Antibody detection has been defined so far by the European Community. In its absence, an Internal Gold Standard (or IGS), derived from a patient in the acute phase of mononucleosis infection, has been defined in order to provide the device with a constant and excellent sensitivity.

2. Diagnostic Sensitivity and Specificity:

The assay is based on the "IgM Capture" method and on affinity purified native VCA antigen in order to provide the highest specificity and sensitivity.

The diagnostic sensitivity was studied on more than 50 samples, pre-tested positive with the reference kit of European origin in use at the laboratory. Positive samples were collected from patients undergoing acute mononucleosis infection.

The diagnostic specificity was determined on panels of more than 250 negative samples from normal individuals and blood donors, classified negative with the reference kit, including potentially interfering specimens.

Both plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and sera have been used to determine the specificity. No false reactivity due to the method of specimen preparation has been observed.

Frozen specimens have also been tested to check whether samples freezing interferes with the performance of the test. No interference was observed on clean and particle free samples.

The Performance Evaluation provided the following values :

| | |
|-------------|--------|
| Sensitivity | > 98 % |
| Specificity | > 98 % |

3. Reproducibility:

Data obtained from a study conducted on three samples of different VCA IgM reactivity, examined in 16 replicates in three separate runs showed CV% results ranging 2-8%, depending on the OD450nm/620-630nm readings.

The variability shown in the tables did not result in sample misclassification.

S. LIMITATIONS

False positivity has been assessed as less than 2 % of the normal population, mostly due to high titers of Rheumatoid Factor. IgM capture systems, even if acknowledged to be more specific than sandwich assays, may in fact be influenced by this kind of interfering substance.

Frozen samples containing fibrin particles or aggregates may generate false positive results.

T. CONFIRMATION TEST

In order to provide the medical doctor with the best accuracy in testing for EBV infection, a confirmation assay is reported.

The confirmation test has to be carried out on any positive sample before a diagnosis of primary infection of EBV is released to the doctor.

Proceed for confirmation as follows:

1. Prepare the Antigen/Conjugate Complex as described in the proper section.
2. The well A1 of the strip is left empty for blanking.
3. CAL 2 (10 arbU/ml) is dispensed in the strip in positions B1+C1.
4. The positive sample to be confirmed, diluted 1:101, is dispensed in the strip in position D1+E1.
5. The strip is incubated for 60 min at +37°C.
6. After washing, the blank well A1 is left empty.
7. 100 µl of Antigen/Conjugate Complex are dispensed in wells B1+C1+D1.
8. Then 100 µl of Enzyme Conjugate (**CONJ**) alone are added to well E1. **Note:** *This material does not contain any VCA antigen, only the conjugate*
9. The strip is incubated for 60 min at +37°C.
10. After washing, 100 µl Chromogen/Substrate are added to all the wells and the strip is incubated for 20 min at r.t.
11. 100 µl Sulphuric Acid are added to all the wells and then their color intensity is measured at 450nm (reading filter) and at 620-630nm (background subtraction, mandatory), blanking the instrument on A1.

Interpretation of results is carried out as follows:

1. If the sample in position D1 shows an OD450nm/620-630nm lower than the one of CAL 2, a problem of dispensation or contamination in the first test is likely to be occurred. The Assay Procedure in Section M has to be repeated to double check the analysis.
2. If the sample in position D1 shows an OD450nm/620-630nm value higher than the one of CAL 2 and in position E1 shows an OD450nm/620-630nm value still higher than the one of CAL 2, the sample is considered a **false positive**. The reactivity of the sample is in fact not dependent on the specific presence of EBV VCA antigens and a crossreaction with the enzyme conjugate has occurred.
3. If the sample in position D1 shows an OD450nm/620-630nm value higher than the one of CAL 2 and in position E1 shows an OD450nm/620-630nm value lower than the one of CAL 2, the sample is considered a **true positive**. The reactivity of the sample is in fact dependent on the specific presence of EBV VCA antigens and not due to any crossreaction with the conjugate alone.

The following table is reported for the interpretation of results:

| Well | OD450nm/620-630nm | | |
|----------------|--------------------|----------------|---------------|
| | < CAL 2 | > CAL 2 | > CAL 2 |
| E1 | < CAL 2 | > CAL 2 | < CAL 2 |
| Interpretation | Problem of contam. | False positive | True positive |

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All the IVD Products manufactured by the company are under the control of a certified Quality Management System in compliance with ISO 13485 rule. Each lot is submitted to a quality control and released into the market only if conforming with the EC technical specifications and acceptance criteria.

Manufacturer:
Dia.Pro Diagnostic Bioprobes S.r.l.
Via G. Carducci n° 27 – Sesto San Giovanni (MI) – Italy



HAV IgM

**“Capture” Enzyme Immuno Assay (ELISA)
for the determination of IgM class
antibodies to Hepatitis A Virus
in human plasma and sera**

- for “in vitro” diagnostic use only -



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HAV IgM

REF AVM.CE
96 tests

A. INTENDED USE

Enzyme ImmunoAssay (ELISA) for the determination of IgM class antibodies to Hepatitis A Virus in human plasma and sera with the "capture" system. The kit may be used for the identification of the viral agent causing hepatitis in the patient and the follow up of the acute phase of the infection. For "in vitro" diagnostic use only.

B. INTRODUCTION

The Center for Disease Control or CDC, Atlanta, USA, defines Hepatitis A Virus as follows:

Hepatitis A continues to be one of the most frequently reported vaccine-preventable diseases in the world, despite the licensure of hepatitis A vaccine in 1995. Widespread vaccination of appropriate susceptible populations would substantially lower disease incidence and potentially eliminate indigenous transmission of hepatitis A virus (HAV) infection.

HAV, a 27-nm RNA agent classified as a picornavirus, can produce either asymptomatic or symptomatic infection in humans after an average incubation period of 28 days (range, 15-50 days). The illness caused by HAV infection typically has an abrupt onset of symptoms that can include fever, malaise, anorexia, nausea, abdominal discomfort, dark urine, and jaundice. The likelihood of having symptoms with HAV infection is related to the person's age. In children less than 6 years of age, most (70%) infections are asymptomatic; if illness does occur, it is not usually accompanied by jaundice. Among older children and adults, infection is usually symptomatic, with jaundice occurring in greater than 70% of patients. Signs and symptoms usually last less than 2 months, although 10%-15% of symptomatic persons have prolonged or relapsing disease lasting up to 6 months.

In infected persons, HAV replicates in the liver, is excreted in bile, and is shed in the stool. Peak infectivity of infected persons occurs during the 2-week period before onset of jaundice or elevation of liver enzymes, when the concentration of virus in stool is highest. The concentration of virus in stool declines after jaundice appears. Children and infants can shed HAV for longer periods than adults, up to several months after the onset of clinical illness. Chronic shedding of HAV in feces does not occur; however, shedding can occur in persons who have relapsing illness. Viremia occurs soon after infection and persists through the period of liver enzyme elevation.

Hepatitis A cannot be differentiated from other types of viral hepatitis on the basis of clinical or epidemiologic features alone. Serologic testing to detect immunoglobulin M (IgM) antibody to the capsid proteins of HAV (IgM anti-HAV) is required to confirm a diagnosis of acute HAV infection. In most persons, IgM anti-HAV becomes detectable 5-10 days before the onset of symptoms and can persist for up to 6 months after infection. Immunoglobulin G (IgG) anti-HAV, which appears early in the course of infection, remains detectable for the person's lifetime and confers lifelong protection against the disease. Commercial diagnostic tests are available for the detection of IgM and total (IgM and IgG) anti-HAV in serum.

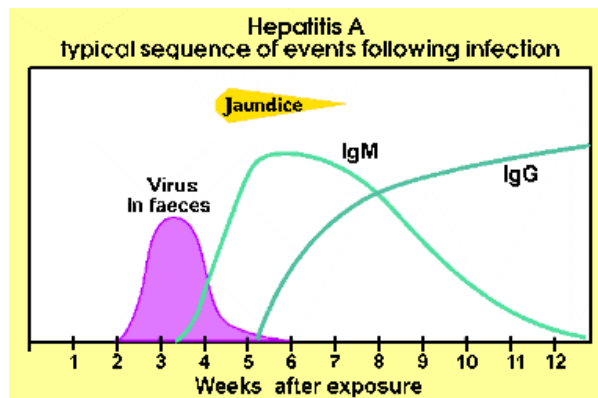
HAV RNA can be detected in the blood and stool of most persons during the acute phase of infection by using nucleic acid amplification methods, and nucleic acid sequencing has been used to determine the relatedness of HAV isolates.

HAV infection is acquired primarily by the fecal-oral route by either person-to-person contact or ingestion of contaminated food or water. On rare occasions, HAV infection has been transmitted by transfusion of blood or blood products collected from donors during the viremic phase of their infection. In experimentally infected nonhuman primates, HAV has been detected in saliva during the incubation period; however, transmission by saliva has not been demonstrated.

Depending on conditions, HAV can be stable in the environment for months. Heating foods at temperatures greater than 185 F (85

C) for 1 minute or disinfecting surfaces with a 1:100 dilution of sodium hypochlorite (i.e., household bleach) in tap water is necessary to inactivate HAV.

Because most children have asymptomatic or unrecognized infections, they play an important role in HAV transmission and serve as a source of infection for others. In one study of adults without an identified source of infection, 52% of their households included a child less than 6 years old, and the presence of a young child was associated with HAV transmission within the household. In studies where serologic testing of the household contacts of adults without an identified source of infection was performed, 25%-40% of the contacts less than 6 years old had serologic evidence of acute HAV infection (IgM anti-HAV).



C. PRINCIPLE OF THE TEST

The assay is based on the principle of "IgM capture" where IgM class antibodies in the sample are first captured by the solid phase coated with anti hIgM antibody.

After washing out all the other components of the sample and in particular IgG antibodies, the specific IgM captured on the solid phase are detected by the addition of a purified preparation of inactivated HAV, labelled with an antibody conjugated with peroxidase (HRP).

After incubation, microwells are washed to remove unbound conjugate and then the chromogen/substrate is added.

In the presence of peroxidase the colorless substrate is hydrolysed to a colored end-product, whose optical density may be detected and is proportional to the amount of antibodies to HAV present in the sample.

D. COMPONENTS

The kit contains reagents for 96 tests.

1. Microplate: MICROPLATE

12 strips of 8 breakable wells coated with anti human IgM antibody, affinity purified, and sealed into a bag with desiccant. Bring the microplate to room temperature before opening the bag. Unused strips have to be returned into the bag and the bag has to be sealed and stored back to 2..8°C, in presence of the desiccant.

2. Negative Control: CONTROL -

1x4.0 ml/vial. Ready to use control. It contains goat serum proteins, 10 mM tris buffer pH 6.0+/-0.1, 0.1% Tween 20, 0.09% sodium azide and 0.045% ProClin 300 as preservatives. The negative control is colourless.

3. Positive Control: CONTROL +

1x4.0 ml/vial. Ready to use control. It contains anti HAV IgM, goat serum proteins, 10 mM tris buffer pH 6.0+/-0.1, 0.1% Tween

20, 0.09% sodium azide and 0.045% ProClin 300 as preservatives. The positive control is green colour coded.

4. Calibrator: CAL ...

N° 1 lyophilized vial. To be dissolved with EIA grade water as reported in the label. It contains anti HAV IgM, 2% BSA, 10 mM tris buffer pH 6.0+/-0.1, 0.09% sodium azide and 0.045% ProClin 300 GC as preservatives.

Note: The volume necessary to dissolve the content of the vial may vary from lot to lot. Please use the right volume reported on the label .

5. Wash buffer concentrate: WASHBUF 20X

1x60ml/bottle. 20x concentrated solution.

Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0+/-0.2, 0.05% Tween 20 and 0.045% ProClin 300.

6. Enzyme conjugate 20X: CONJ

1x0.8 ml/vial. 20X concentrated solution. It contains Horseradish peroxidase conjugated antibody specific to HAV in presence of 10 mM Tris buffer pH 6.8+/-0.1, 2% BSA, 0.045% ProClin 300 and 0.02% gentamicine sulphate as preservatives.

7. HAV Antigen: Ag HAV

1x16 ml/vial. Ready-to-use solution. It contains inactivated and stabilised HAV in presence of 10 mM Tris buffer pH 6.8+/-0.1, 2% BSA, 0.045% ProClin 300 and 0.02% gentamicine sulphate as preservatives.

The reagent is red colour coded.

8. Specimen Diluent: DILSPE

2x60.0 ml/vial. Proteic buffered solution for the dilution of samples. It contains goat serum proteins, 10 mM tris buffer pH 6.0+/-0.1, 0.1% Tween 20, 0.09% sodium azide and 0.045% ProClin 300 as preservatives.

The reagent is blue colour coded.

9. Chromogen/Substrate: SUBS TMB

1x16ml/vial. It contains a 50 mM citrate-phosphate buffered solution at pH 3.5-3.8, 0.03% tetra-methyl-benzidine or TMB and 0.02% hydrogen peroxide of H₂O₂.

Note: To be stored protected from light as sensitive to strong illumination.

10. Sulphuric Acid: H₂SO₄ 0.3 M

1x15ml/vial.

It contains 0.3 M H₂SO₄ solution.

Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+P351+P338, P337+P313, P362+P363).

11. Plate sealing foils n° 2

12. Package insert n° 1

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes of 10ul, 100ul and 1000ul and disposable plastic tips.
2. EIA grade water (double distilled or deionised, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.
4. Absorbent paper tissues.
5. Calibrated ELISA microplate thermostatic incubator (dry or wet) set at +37°C (+/-0.1°C tolerance).
6. Calibrated ELISA microwell reader with 450nm (reading) and with 620-630nm (blanking) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.

2. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.

3. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.

4. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-born microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen/Substrate (TMB & H₂O₂) from strong light and avoid vibration of the bench surface where the test is undertaken.

5. Upon receipt, store the kit at 2-8°C into a temperature controlled refrigerator or cold room.

6. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.

7. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures.

8. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample. Do not reuse disposable tips.

9. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one. Do not reuse disposable tips.

10. Do not use the kit after the expiration date stated on external (primary container) and internal (vials) labels. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.

11. The use of disposable plastic-ware is recommended in the preparation of the washing solution or in transferring components into other containers of automated workstations, in order to avoid contamination.

12. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..

13. Accidental spills have to be adsorbed with paper tissues soaked with household bleach and then with water. Tissues should then be discarded in proper containers designated for laboratory/hospital waste.

14. The Stop Solution is an irritant. In case of spills, wash the surface with plenty of water

15. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

G. SPECIMEN: PREPARATION AND RECOMMANDATIONS

1. Blood is drawn aseptically by venepuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.

2. Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. When the kit is used for the screening of blood units, bar code labeling and reading is strongly recommended.

3. Samples containing residues of fibrin or heavy particles or microbial filaments and bodies should be discarded as they could give rise to false results.

4. Sera and plasma can be stored at +2°...+8°C in primary collection tubes for up to five days after collection. Do not freeze primary tubes of collection. For longer storage periods, sera and plasma samples, carefully removed from the primary collection tube, can be stored frozen at -20°C for at least 12 months. Any frozen samples should not be frozen/thawed more than once as this may generate particles that could affect the test result.

5. If particles are present, centrifuge at 2.000 rpm for 20 min or filter using 0.2-0.8µ filters to clean up the sample for testing.

H. PREPARATION OF COMPONENTS AND WARNINGS

A study conducted on an opened kit has not pointed out any relevant loss of activity up to 3 months.

1. Antibody coated microwells:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant has not turned dark green, indicating a defect in conservation.

In this case, call Dia.Pro's customer service.

Unused strips have to be placed back into the aluminium pouch, with the desiccant supplied, firmly zipped and stored at +2°-8°C. When opened the first time, unused strips are stable until the humidity indicator inside the desiccant bag turns from yellow to green.

2. Negative Control:

Ready to use. Mix well on vortex before use.

3. Positive Control:

Ready to use. Mix well on vortex before use. Handle this component as potentially infectious, even if HAV, eventually present in the control, has been chemically inactivated.

4. Calibrator:

Add the volume of ELISA grade water, reported on the label, to the lyophilised powder; let fully dissolve and then gently mix on vortex. The solution is not stable. Store the Calibrator frozen in aliquots at -20°C.

Note: When dissolved the Calibrator is not stable. Store in aliquots at -20°C.

5. Wash buffer concentrate:

The whole content of the concentrated solution has to be diluted 20x with bidistilled water and mixed gently end-over-end before use.

Once diluted, the wash solution is stable for 1 week at 2-8° C.

During preparation avoid foaming as the presence of bubbles could impact on the efficiency of the washing cycles.

Note: Once diluted, the wash solution is stable for 1 week at +2..8° C.

6. Enzyme conjugate:

20X preparation. Mix well on vortex.

Avoid contamination of the liquid with oxidizing chemicals, dust or microbes when the reagent is aspirated to be used.

7. HAV Antigen:

Ready to use. Mix well on vortex before use.

Handle this component as potentially infectious, even if HAV has been chemically inactivated.

6+7. HAV Antigen/Antibody complex:

About 5-10 min before its use, dilute the 20X concentrated Enzyme Conjugate in the proper volume of HAV Antigen, necessary for the assay. Then mix on vortex carefully.

Example: To run 2 strips, dilute 100 µl Enzyme Conjugate 20X into 2 ml of HAV Antigen.

Note: This immunocomplex is not stable; discard the exceeding volume.

8. Sample Diluent:

Ready to use. Mix well on vortex before use.

9. Chromogen/Substrate:

Ready to use. Mix well on vortex before use.

Avoid contamination of the liquid with oxidizing chemicals, air-driven dust or microbes.

Do not expose to strong light, oxidizing agents and metallic surfaces. If this component has to be transferred use only plastic, and if possible, sterile disposable container.

10. Sulphuric Acid:

Ready to use. Mix well on vortex before use.

Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+P351+P338, P337+P313, P362+P363).

Legenda:

Warning H statements:

H315 – Causes skin irritation.

H319 – Causes serious eye irritation.

Precautionary P statements:

P280 – Wear protective gloves/protective clothing/eye protection/face protection.

P302 + P352 – IF ON SKIN: Wash with plenty of soap and water.

P332 + P313 – If skin irritation occurs: Get medical advice/attention.

P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P337 + P313 – If eye irritation persists: Get medical advice/attention.

P362 + P363 – Take off contaminated clothing and wash it before reuse.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

- Micropipettes have to be calibrated to deliver the correct volume (tolerance +/-5%) required by the assay and must be submitted to regular decontamination (household alcohol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample. They should also be regularly maintained. Decontamination of spills or residues of kit components should also be carried out regularly. They should also be regularly maintained in order to show a precision of 1% and a trueness of ±2%.
- The ELISA incubator has to be set at +37°C (tolerance of +/-0.5°C) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.
- The **ELISA washer** is extremely important to the overall performances of the assay. The washer must be carefully validated in advance, checked for the delivery of the right dispensation volume and regularly submitted to maintenance according to the manufacturer's instructions for use. In particular the washer, at the end of the daily workload, has to be extensively cleaned out of salts with deionized water. Before use, the washer has to be extensively primed with the diluted Washing Solution. The instrument weekly has to be submitted to decontamination according to its manual (NaOH 0.1 M decontamination suggested). 5 washing cycles (aspiration + dispensation of 350µl/well of washing solution + 20 sec soaking = 1 cycle) are sufficient to ensure the assay with the declared performances. If soaking is not possible add one more cycle of washing. An incorrect washing cycle or salt-blocked needles are the major cause of false positive reactions.
- Incubation times have a tolerance of ±5%.
- The ELISA reader has to be equipped with a reading filter of 450nm and with a second filter of 620-630nm, mandatory for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to 4; (c) linearity to 4; (d) repeatability ≥ 1%. Blanking is carried out

on the well identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure the correct optical density is measured. It should be regularly maintained according to the manufacturer's instructions.

- When using an ELISA automated work station, all critical steps (dispensation, incubation, washing, reading, data handling) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the section O "Internal Quality Control". The assay protocol has to be installed in the operating system of the unit and validated as for the washer and the reader. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set. Particular attention must be paid to avoid carry over by the needles used for dispensing and for washing. This must be studied and controlled to minimize the possibility of contamination of adjacent wells. The use of ELISA automated work stations is recommended when the number of samples to be tested exceed 20-30 units per run.
- Dia.Pro's customer service offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure compliance with the requirements described. Support is also provided for the installation of new instruments to be used with the kit.

L. PRE ASSAY CONTROLS AND OPERATIONS

- Check the expiration date of the kit printed on the external label (primary container). Do not use the device if expired.
- Check that the liquid components are not contaminated by visible particles or aggregates. Check that the Chromogen/Substrate is colourless or pale blue by aspirating a small volume of it with a sterile plastic pipette. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box (primary container). Check that the aluminium pouch, containing the microplate, is not punctured or damaged.
- Dilute all the content of the 20x concentrated Wash Solution as described above.
- Dissolve the Calibrator as described above and gently mix.
- Allow all the other components to reach room temperature (about 1 hr) and then mix gently on vortex all liquid reagents.
- Set the ELISA incubator at +37°C +/-0.1°C and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturer's instructions. Set the right number of washing cycles as reported in the specific section.
- Check that the ELISA reader is turned on or ensure it will be turned on at least 20 minutes before reading.
- If using an automated work station, turn on, check settings and be sure to use the right assay protocol.
- Check that the micropipettes are set to the required volume.
- Check that all the other equipment is available and ready to use.
- In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be carried out according to what reported below, taking care to maintain the same incubation time for all the samples in testing.

- Dilute samples 1:101 by dispensing first 10 µl sample and then 1 ml Sample Diluent into a dilution tube; mix gently on vortex.
- Place the required number of Microwells in the microwell holder. Leave the 1st well empty for the operation of blanking.
- Dispense 100 µl Negative Control in triplicate, 100 µl Positive Control in single and 100 µl Calibrator in duplicate in proper wells. Do not dilute controls and the calibrator as they are ready to use!

- Dispense 100 µl diluted samples in the proper sample wells and then check that all the samples wells are blue coloured and that controls and calibrator have been dispensed.
- Incubate the microplate for **60 min at +37°C**.

Important note: Strips have to be sealed with the adhesive sealing foil, supplied, only when the test is carried out manually. Do not cover strips when using ELISA automatic instruments.

- About 5-10 minutes before use, prepare the HAV Antigen/Antibody immunocomplex as described previously.
- Wash the microplate with an automatic washer as reported previously (section I.3).
- Pipette 100 µl HAV Antigen/Antibody complex into each well, except the 1st blanking well, and cover with the sealer. Check that all wells are red coloured, except A1.

Important note: Be careful not to touch the plastic inner surface of the well with the tip filled with the Enzyme Conjugate. Contamination might occur.

- Incubate the microplate for **60 min at +37°C**.
- Wash microwells as in step 7.
- Pipette 100 µl Chromogen/Substrate mixture into each well, the blank well included. Then incubate the microplate at **room temperature (18-24°C) for 20 minutes**.

Important note: Do not expose to strong direct illumination. High background might be generated.

- Pipette 100 µl Sulphuric Acid into all the wells to stop the enzymatic reaction using the same pipetting sequence as in step 10. Addition of acid will turn the positive control and positive samples from blue to yellow.
- Measure the colour intensity of the solution in each well, as described in section I.5, at 450nm filter (reading) and at 620-630nm (background subtraction, mandatory), blanking the instrument on A1.

Important notes:

- Ensure that no finger prints are present on the bottom of the microwell before reading. Finger prints could generate false positive results on reading.
- Reading has to be carried out just after the addition of the Stop Solution and anyway not any longer than 20 minutes after its addition. Some self oxidation of the chromogen can occur leading to high background.

N. ASSAY SCHEME

| | |
|---|--|
| Controls&Calibrator (*) samples diluted 1:101 | 100 ul |
| 1st incubation | 60 min |
| Temperature | +37°C |
| Washing | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| HAV & Tracer | 100 ul |
| 2nd incubation | 60 min |
| Temperature | +37°C |
| Washing | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| TMB/H2O2 mix | 100 ul |
| 3rd incubation | 20 min |
| Temperature | r.t. |
| Sulphuric Acid | 100 ul |
| Reading OD | 450nm/620-630nm |

(* Important Notes:

- The Calibrator (CAL) does not affect the Cut Off calculation, therefore it does not affect the test's results calculation.
- The Calibrator (CAL) used only if a laboratory internal quality control is required by the Management.

An example of dispensation scheme is reported in the table below:

| | | Microplate | | | | | | | | | | | |
|---|--------|------------|---|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | S2 | | | | | | | | | | | |
| B | NC | S3 | | | | | | | | | | | |
| C | NC | S4 | | | | | | | | | | | |
| D | NC | S5 | | | | | | | | | | | |
| E | CAL(*) | S6 | | | | | | | | | | | |
| F | CAL(*) | S7 | | | | | | | | | | | |
| G | PC | S8 | | | | | | | | | | | |
| H | S1 | S9 | | | | | | | | | | | |

Legenda: BLK = Blank NC = Negative Control
 CAL(*) = Calibrator - Not mandatory PC = Positive Control S = Sample

O. INTERNAL QUALITY CONTROL

A check is performed on the controls any time the kit is used in order to verify whether the expected OD450nm/620-630nm or S/Co values have been matched in the analysis.

Ensure that the following parameters are met:

| Parameter | Requirements |
|----------------------------------|--|
| Blank well | < 0.100 OD450nm value |
| Negative Control mean value (NC) | < 0.150 OD450nm value after blanking coefficient of variation < 30% |
| Positive Control | > 0.500 OD450nm |

If the results of the test match the requirements stated above, proceed with the next section.

If they do not, do not proceed any further and perform the following checks:

| Problem | Check |
|--|---|
| Blank well > 0.100 OD450nm | 1. that the Chromogen/Substrate solution has not become contaminated during the assay |
| Negative Control (NC) > 0.150 OD450nm after blanking coefficient of variation > 30% | 1. that the washing procedure and the washer settings are as validated in the pre qualification study; 2. that the proper washing solution has been used and the washer has been primed with it before use; 3. that no mistake has been done in the assay procedure (dispensation of positive control instead of negative control); 4. that no contamination of the negative control or of the wells where the control was dispensed has occurred due to positive samples, to spills or to the enzyme conjugate; 5. that micropipettes have not become contaminated with positive samples or with the enzyme conjugate 6. that the washer needles are not blocked or partially obstructed. |

| Positive Control < 0.500 OD450nm | Check |
|----------------------------------|--|
| | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during the distribution of the control (dispensation of negative control instead of positive control). 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the positive control has occurred. |

If any of the above problems have occurred, report the problem to the supervisor for further actions.

If Calibrator has used, verify the following data:

| Parameter | Requirements |
|------------|--------------|
| Calibrator | S/Co > 1 |

If the results of the test doesn't match the requirements stated above, operate as follows:

| Problem | Check |
|---------------------|--|
| Calibrator S/Co < 1 | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during its distribution (e.g.: dispensation of negative control instead) 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred. |

Anyway, if all other parameters (Blank, Negative Control, Positive Control), match the established requirements, the test may be considered valid.

Important note:

The analysis must be done proceeding as the reading step described in the section M, point 13.

P. CALCULATION OF THE CUT-OFF

The test results are calculated by means of the mean OD450nm/620-630nm value of the Negative Control (NC) and a mathematical calculation, in order to define the following cut-off formulation:

$$\text{Cut-Off} = \text{NC} + 0.250$$

The value found for the test is used for the interpretation of results as described in the next paragraph.

Important note: When the calculation of results is performed by the operating system of an ELISA automated work station, ensure that the proper formulation is used to calculate the cut-off value and generate the correct interpretation of results.

Q. INTERPRETATION OF RESULTS

Test results are interpreted as a ratio of the sample OD450nm/620-630nm and the Cut-Off value (or S/Co) according to the following table:

| S/Co | Interpretation |
|-----------|----------------|
| < 0.8 | Negative |
| 0.8 – 1.2 | Equivocal |
| > 1.2 | Positive |

A negative result indicates that the patient is not undergoing an acute infection by HAV.

Any patient showing an equivocal result, should be re-tested by examining a second sample after 1-2 weeks from first testing. A positive result is indicative of an HAV infection event and therefore the patient should be treated accordingly.

An example of calculation is reported below (data obtained proceeding as the the reading step described in the section M, point 13):

The following data must not be used instead of real figures obtained by the user.

Negative Control: 0.050 – 0.060 – 0.070 OD450nm
 Mean Value: 0.060 OD450nm
 Lower than 0.150 – Accepted
 Positive Control: 2.189 OD450nm
 Higher than 0.500 – Accepted

Cut-Off = 0.060+0.250 = 0.310

Calibrator: 0.550 - 0.530 OD450nm
 Mean value: 0.540 OD450nm S/Co = 1.7
 S/Co higher than 1.0 – Accepted

Sample 1: 0.070 OD450nm
 Sample 2: 1.690 OD450nm
 Sample 1 S/Co < 0.8 = negative
 Sample 2 S/Co > 1.2 = positive

Important notes:

1. Interpretation of results should be done under the supervision of the laboratory supervisor to reduce the risk of judgment errors and misinterpretations.
2. Any positive result should be confirmed by an alternative method (confirmation test) before a diagnosis of viral hepatitis is confirmed.
3. When test results are transmitted from the laboratory to another facility, attention must be paid to avoid erroneous data transfer.
4. Diagnosis of viral hepatitis infection has to be taken by and released to the patient by a suitably qualified medical doctor.

R. PERFORMANCE CHARACTERISTICS

1. Limit of detection

In absence of a defined international standard for HAV IgM, the limit of detection of the assay has been calculated by means of the following preparations:

1. Accurun # 121 supplied by Boston Biomedica Inc. – USA
2. Accurun # 51 supplied by Boston Biomedica Inc., USA

These preparation were prepared according to the manufacturer's instructions, diluted in Sample Diluent (1:100) and then further diluted in Sample Diluent to generate a limiting curve (accurun # 121).

Results of Quality Control are given in the following table:

| Preparation | Dilutions | S/Co |
|---------------|-----------|------|
| Accurun # 121 | 1:100 | 5.4 |
| | 1:200 | 4.1 |
| | 1:400 | 2.8 |
| | 1:800 | 1.9 |
| | 1:1600 | 1.0 |
| Accurun # 51 | 1:100 | 4.2 |

2. Diagnostic Sensitivity:

The diagnostic sensitivity has been tested on panels of samples classified positive by a US FDA approved kit. Positive samples were collected from patients carrying HAV acute infection, confirmed by clinical symptoms and analysis.

An overall value of 100% has been found in the study conducted on a total number of more than 100 samples. A seroconversion panel has also been studied.

Results obtained by examining a preparation supplied by Boston Biomedica Inc., USA, are reported below.

Seroconversion Panel : PHT 902

| Sample | OD450nm | S/Co | DiaSorin Refer. | |
|----------|---------|------|-----------------|-------|
| | | | S/Co | Score |
| CTRL (-) | 0,048 | 0,2 | | |
| CTRL (+) | 1,736 | 5,8 | | |
| PHT902 | | | | |
| 1 | 0,037 | 0,1 | 0,3 | neg |
| 2 | 0,042 | 0,1 | 0,3 | neg |
| 3 | 1,956 | 6,6 | 6,8 | pos |
| 4 | 1,988 | 6,7 | 6,7 | pos |
| 5 | 0,669 | 2,2 | 1,5 | pos |

3. Diagnostic Specificity:

The diagnostic specificity has been determined on panels of specimens, negative with the reference kit, derived from normal individuals and blood donors of European origin.

Both plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and sera have been used to determine the specificity. No false reactivity due to the method of specimen preparation has been observed.

Frozen specimens have also been tested to check whether this interferes with the performance of the test. No interference was observed on clean and particle free samples.

Samples derived from patients with different viral (HCV, HDV, HBV, HEV) and non viral pathologies of the liver that may interfere with the test were examined.

No cross reaction were observed.

The Performance Evaluation study conducted in a qualified external reference centre on more than 500 samples has provided a value > 98%.

3. Precision:

It has been calculated on two samples, one negative and one low positive, examined in 16 replicates in three separate runs. Results are reported as follows:

Test # 1

| Sample | Negative | Low Pos. |
|----------------|----------|----------|
| OD450nm | 0.058 | 0.719 |
| Std. Deviation | 0.008 | 0.052 |
| CV % | 14.3 | 7.2 |

Test # 2

| Sample | Negative | Low Pos. |
|----------------|----------|----------|
| OD450nm | 0.048 | 0.709 |
| Std. Deviation | 0.007 | 0.063 |
| CV % | 13.9 | 8.9 |

Test # 3

| Sample | Negative | Low Pos. |
|----------------|----------|----------|
| OD450nm | 0.050 | 0.713 |
| Std. Deviation | 0.007 | 0.055 |
| CV % | 13.4 | 7.7 |

Important note:

The performance data have been obtained proceeding as the reading step described in the section M, point 13.

S. LIMITATIONS

False positivity has been assessed as less than 2% of the normal population, mostly due to high titers of RF.

Frozen samples containing fibrin particles or aggregates may generate false positive results.

Bacterial contamination or heat inactivation of the specimen may affect the absorbance values of the samples with consequent alteration of the level of the analyte.

This test is suitable only for testing single samples and not pooled ones.

Diagnosis of an infectious disease should not be established on the basis of a single test result. The patient's clinical history, symptomatology, as well as other diagnostic data should be considered.

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All the IVD Products manufactured by the company are under the control of a certified Quality Management System in compliance with ISO 13485 rule. Each lot is submitted to a quality control and released into the market only if conforming with the EC technical specifications and acceptance criteria.

Manufacturer:

Dia.Pro Diagnostic Bioprobes S.r.l.
Via G. Carducci n° 27 – Sesto San Giovanni (MI) – Italy



HCV Ab

**Version 4.0 Enzyme Immunoassay
for the determination of
anti Hepatitis C Virus antibody
in human serum and plasma**

- for "in vitro" diagnostic use only -



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REF CVAB.CE
96,192,480,960 Tests

HCV Ab

A. INTENDED USE

Version 4.0 Enzyme ImmunoAssay (ELISA) for the determination of antibodies to Hepatitis C Virus in human plasma and sera. The kit is intended for the screening of blood units and the follow-up of HCV-infected patients. For "in vitro" diagnostic use only.

B. INTRODUCTION

The World Health Organization (WHO) define Hepatitis C infection as follows:

"Hepatitis C is a viral infection of the liver which had been referred to as parenterally transmitted "non A, non B hepatitis" until identification of the causative agent in 1989. The discovery and characterization of the hepatitis C virus (HCV) led to the understanding of its primary role in post-transfusion hepatitis and its tendency to induce persistent infection.

HCV is a major cause of acute hepatitis and chronic liver disease, including cirrhosis and liver cancer. Globally, an estimated 170 million persons are chronically infected with HCV and 3 to 4 million persons are newly infected each year. HCV is spread primarily by direct contact with human blood. The major causes of HCV infection worldwide are use of unscreened blood transfusions, and re-use of needles and syringes that have not been adequately sterilized. No vaccine is currently available to prevent hepatitis C and treatment for chronic hepatitis C is too costly for most persons in developing countries to afford. Thus, from a global perspective, the greatest impact on hepatitis C disease burden will likely be achieved by focusing efforts on reducing the risk of HCV transmission from nosocomial exposures (e.g. blood transfusions, unsafe injection practices) and high-risk behaviours (e.g. injection drug use).

Hepatitis C virus (HCV) is one of the viruses (A, B, C, D, and E), which together account for the vast majority of cases of viral hepatitis. It is an enveloped RNA virus in the *flaviviridae* family which appears to have a narrow host range. Humans and chimpanzees are the only known species susceptible to infection, with both species developing similar disease. An important feature of the virus is the relative mutability of its genome, which in turn is probably related to the high propensity (80%) of inducing chronic infection. HCV is clustered into several distinct genotypes which may be important in determining the severity of the disease and the response to treatment.

The incubation period of HCV infection before the onset of clinical symptoms ranges from 15 to 150 days. In acute infections, the most common symptoms are fatigue and jaundice; however, the majority of cases (between 60% and 70%), even those that develop chronic infection, are asymptomatic. About 80% of newly infected patients progress to develop chronic infection. Cirrhosis develops in about 10% to 20% of persons with chronic infection, and liver cancer develops in 1% to 5% of persons with chronic infection over a period of 20 to 30 years. Most patients suffering from liver cancer who do not have hepatitis B virus infection have evidence of HCV infection. The mechanisms by which HCV infection leads to liver cancer are still unclear. Hepatitis C also exacerbates the severity of underlying liver disease when it coexists with other hepatic conditions. In particular, liver disease progresses more rapidly among persons with

alcoholic liver disease and HCV infection. HCV is spread primarily by direct contact with human blood. Transmission through blood transfusions that are not screened for HCV infection, through the reuse of inadequately sterilized needles, syringes or other medical equipment, or through needle-sharing among drug-users, is well documented. Sexual and perinatal transmission may also occur, although less frequently. Other modes of transmission such as social, cultural, and behavioural practices using percutaneous procedures (e.g. ear and body piercing, circumcision, tattooing) can occur if inadequately sterilized equipment is used. HCV is not spread by sneezing, hugging, coughing, food or water, sharing eating utensils, or casual contact.

In both developed and developing countries, high risk groups include injecting drug users, recipients of unscreened blood, haemophiliacs, dialysis patients and persons with multiple sex partners who engage in unprotected sex. In developed countries, it is estimated that 90% of persons with chronic HCV infection are current and former injecting drug users and those with a history of transfusion of unscreened blood or blood products. In many developing countries, where unscreened blood and blood products are still being used, the major means of transmission are unsterilized injection equipment and unscreened blood transfusions. In addition, people who use traditional scarification and circumcision practices are at risk if they use or re-use unsterilized tools.

WHO estimates that about 170 million people, 3% of the world's population, are infected with HCV and are at risk of developing liver cirrhosis and/or liver cancer. The prevalence of HCV infection in some countries in Africa, the Eastern Mediterranean, South-East Asia and the Western Pacific (when prevalence data are available) is high compared to some countries in North America and Europe.

Diagnostic tests for HCV are used to prevent infection through screening of donor blood and plasma, to establish the clinical diagnosis and to make better decisions regarding medical management of a patient. Diagnostic tests commercially available today are based on Enzyme immunosorbent assays (EIA) for the detection of HCV specific antibodies. EIAs can detect more than 95% of chronically infected patients but can detect only 50% to 70% of acute infections. A recombinant immunoblot assay (RIBA) that identifies antibodies which react with individual HCV antigens is often used as a supplemental test for confirmation of a positive EIA result. Testing for HCV circulating by amplification tests RNA (e.g. polymerase chain reaction or PCR, branched DNA assay) is also being utilized for confirmation of serological results as well as for assessing the effectiveness of antiviral therapy. A positive result indicates the presence of active infection and a potential for spread of the infection and or/the development of chronic liver disease.

Antiviral drugs such as interferon taken alone or in combination with ribavirin, can be used for the treatment of persons with chronic hepatitis C, but the cost of treatment is very high. Treatment with interferon alone is effective in about 10% to 20% of patients. Interferon combined with ribavirin is effective in about 30% to 50% of patients. Ribavirin does not appear to be effective when used alone.

There is no vaccine against HCV. Research is in progress but the high mutability of the HCV genome complicates vaccine development. Lack of knowledge of any protective immune response following HCV infection also impedes vaccine research. It is not known whether the immune system is able to eliminate the virus.

Some studies, however, have shown the presence of virus neutralizing antibodies in patients with HCV infection. In the absence of a vaccine, all precautions to prevent infection must be taken including (a) screening and testing of blood and organ donors; (b) Virus inactivation of plasma derived products; (c) implementation and maintenance of infection control practices in health care settings, including appropriate sterilization of medical and dental equipment; (d) promotion of behaviour change among the general public and health care workers to reduce overuse of injections and to use safe injection practices; and (e) Risk reduction counselling for persons with high-risk drug and sexual practices.

The genome encodes for structural components, a nucleocapsid protein and two envelope glycoproteins, and functional constituents involved in the virus replication and protein processing.

The nucleocapsid-encoding region seems to be the most conservative among the isolates obtained all over the world.

C. PRINCIPLE OF THE TEST

Microplates are coated with HCV-specific antigens derived from "core" and "ns" regions encoding for conservative and immunodominant antigenic determinants (Core peptide, recombinant NS3, NS4 and NS5 peptides).

The solid phase is first treated with the diluted sample and HCV Ab are captured, if present, by the antigens.

After washing out all the other components of the sample, in the 2nd incubation bound HCV antibodies, IgG and IgM as well, are detected by the addition of polyclonal specific anti hIgG&M antibodies, labelled with peroxidase (HRP).

The enzyme captured on the solid phase, acting on the substrate/chromogen mixture, generates an optical signal that is proportional to the amount of anti HCV antibodies present in the sample. A cut-off value let optical densities be interpreted into HCV antibody negative and positive results.

D. COMPONENTS

Code CVAB.CE contains reagents for 192 tests.

1. Microplate **MICROPLATE**

n° 2 microplates

12 strips of 8 microwells coated with Core peptide, recombinant NS3, NS4 and NS5 peptides. Plates are sealed into a bag with desiccant.

2. Negative Control **CONTROL -**

1x4.0ml/vial. Ready to use control. It contains 1% goat serum proteins, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.5% Tween 20, 0.09% Na-azide and 0.045% ProClin 300 as preservatives. The negative control is olive green colour coded.

3. Positive Control **CONTROL +**

1x4.0ml/vial. Ready to use control. It contains 1% goat serum proteins, human antibodies positive to HCV, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.5% Tween 20, 0.09% Na-azide and 0.045% ProClin 300 as preservatives. The Positive Control is blue colour coded.

4. Calibrator **CAL ...**

n° 2 vials. Lyophilized calibrator. To be dissolved with the volume of EIA grade water reported on the label. It contains foetal bovine serum proteins, human antibodies to HCV whose content is calibrated on the NIBSC Working Standard code 99/588-003-WI, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.3 mg/ml gentamicine sulphate and 0.045% ProClin 300 as preservatives.

Note: The volume necessary to dissolve the content of the vial may vary from lot to lot. Please use the right volume reported on the label .

5. Wash buffer concentrate **WASHBUF 20X**

2x60ml/bottle. 20x concentrated solution. Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0+/-0.2, 0.05% Tween 20 and 0.045% ProClin 300.

6. Enzyme Conjugate **CONJ**

2x16ml/vial. Ready to use and pink/red colour coded reagent. It contains Horseradish Peroxidase conjugated goat polyclonal antibodies to human IgG and IgM, 5% BSA, 10 mM Tris buffer pH 6.8+/-0.1, 0.045% ProClin 300 and 0.02% gentamicine sulphate as preservatives.

7. Chromogen/Substrate **SUBS TMB**

2x16ml/vial. Ready-to-use component. It contains 50 mM citrate-phosphate buffer pH 3.5-3.8, 4% dimethylsulphoxide, 0.03% tetra-methyl-benzidine or TMB and 0.02% hydrogen peroxide or H2O2.

Note: To be stored protected from light as sensitive to strong illumination.

8. Assay Diluent **DILAS**

1x15ml/vial. 10 mM tris buffered solution pH 8.0 +/-0.1 containing 0.045% ProClin 300 for the pre-treatment of samples and controls in the plate, blocking interference.

9. Sulphuric Acid **H2SO4 0.3 M**

1x32ml/bottle. It contains 0.3 M H2SO4 solution. Attention: Irritant (H315; H319; P280; P302+P352; P332+P313; P305+P351+P338; P337+P313; P362+P363)

10. Sample Diluent: **DILSPE**

2x50ml/bottle. It contains 1% goat serum proteins, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.5% Tween 20, 0.09% Na-azide and 0.045% ProClin 300 as preservatives. To be used to dilute the sample.

Note: The diluent changes colour from olive green to dark bluish green in the presence of sample.

11. Plate sealing foils n° 4

12. Package insert n° 1

Important note: Only upon specific request , Dia.Pro can supply reagents for 96, 480, 960 tests , as reported below:

| | | | |
|------------------------|-------------------|--------------------|--------------------|
| 1. Microplate | n°1 | n°5 | n°10 |
| 2.NegativeControl | 1x2.0ml/vial | 1x10ml/vial | 1x20.ml/vial |
| 3.PositiveControl | 1x2.0ml/vial | 1x10ml/vial | 1x20.ml/vial |
| 4.Calibrator | n° 1 vial | n° 5 vials | n° 10 vials |
| 5.Wash buff conc | 1x60ml/bottle | 5x60ml/bottles | 4x150ml/bottles |
| 6.Enz. Conjugate | 1x16ml/vial | 2x40ml/bottles | 4x40ml/bottles |
| 7.Chromog/Subs | 1x16ml/vial | 2x40ml/bottles | 4x40ml/bottles |
| 8.Assay Diluent | 1x8ml/vial | 1x40ml/bottle | 1x80ml/bottle |
| 9.Sulphuric Acid | 1x15ml/vial | 2x40ml/bottle | 2x80ml/bottles |
| 10.SampleDiluent | 1x50ml/vial | 5x50ml/bottles | 4x125ml/bottles |
| 11.Plate seal foils | n° 2 | n° 10 | n° 20 |
| 12. Pack. insert | n° 1 | n° 1 | n° 1 |
| Number of tests | 96 | 480 | 960 |
| Code | CVAB.CE.96 | CVAB.CE.480 | CVAB.CE.960 |

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes (200ul and 10ul) and disposable plastic tips.
2. EIA grade water (bidistilled or deionised, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.
4. Absorbent paper tissues.
5. Calibrated ELISA microplate thermostatic incubator capable to provide a temperature of +37°C.
6. Calibrated ELISA microwell reader with 450nm (reading) and with 620-630nm (blanking) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.
2. When the kit is used for the screening of blood units and blood components, it has to be used in a laboratory certified and qualified by the national authority in that field (Ministry of Health or similar entity) to carry out this type of analysis.
3. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
4. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.
5. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-born microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen/Substrate from strong light and avoid vibration of the bench surface where the test is undertaken.
6. Upon receipt, store the kit at 2..8°C into a temperature controlled refrigerator or cold room.
7. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.
8. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures for kit replacement.
9. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample. Do not reuse disposable tips.
10. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one. Do not reuse disposable tips.
11. Do not use the kit after the expiration date stated on the external container and internal (vials) labels.
12. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
13. The use of disposable plastic-ware is recommended in the preparation of the liquid components or in transferring components into automated workstations, in order to avoid cross contamination.
14. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated

before waste. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..

15. Accidental spills from samples and operations have to be adsorbed with paper tissues soaked with household bleach and then with water. Tissues should then be discarded in proper containers designated for laboratory/hospital waste.
16. The Sulphuric Acid is an irritant. In case of spills, wash the surface with plenty of water
17. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

G. SPECIMEN: PREPARATION AND RECOMMENDATIONS

1. Blood is drawn aseptically by venipuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.
2. Avoid any addition of preservatives to samples; especially sodium azide as this chemical would affect the enzymatic activity of the conjugate, generating false negative results.
3. Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. When the kit is used for the screening of blood units, bar code labeling and electronic reading is strongly recommended.
4. Haemolysed (red) and visibly hyperlipemic ("milky") samples have to be discarded as they could generate false results. Samples containing residues of fibrin or heavy particles or microbial filaments and bodies should be discarded as they could give rise to false results.
5. Sera and plasma can be stored at +2°...+8°C in primary collection tubes for up to five days after collection. Do not freeze primary tubes of collection. For longer storage periods, sera and plasma samples, carefully removed from the primary collection tube, can be stored frozen at -20°C for several months. Any frozen samples should not be frozen/thawed more than once as this may generate particles that could affect the test result.
6. If particles are present, centrifuge at 2.000 rpm for 20 min or filter using 0.2-0.8u filters to clean up the sample for testing.

H. PREPARATION OF COMPONENTS AND WARNINGS

A study conducted on an opened kit has not pointed out any relevant loss of activity up to 6 re-use of the device and up to 6 months.

1. Microplates:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant is not turned to dark green, indicating a defect of manufacturing. In this case call Dia.Pro's customer service. Unused strips have to be placed back into the aluminium pouch, in presence of desiccant supplied, firmly zipped and stored at +2°..8°C. When opened the first time, residual strips are stable till the indicator of humidity inside the desiccant bag turns from yellow to green.

2. Negative Control:

Ready to use. Mix well on vortex before use.

3. Positive Control:

Ready to use. Mix well on vortex before use. Handle this component as potentially infective, even if HCV, eventually present in the control, has been chemically inactivated.

4. Calibrator:

Dissolve carefully the content of the lyophilised vial with the volume of EIA grade water reported on its label.

Mix well on vortex before use.

Handle this component as potentially infective, even if HCV, eventually present in the control, has been chemically inactivated.

Note: *When dissolved the Calibrator is not stable. Store in aliquots at -20°C.*

5. Wash buffer concentrate:

The 20x concentrated solution has to be diluted with EIA grade water up to 1200 ml and mixed gently end-over-end before use.

As some salt crystals may be present into the vial, take care to dissolve all the content when preparing the solution.

In the preparation avoid foaming as the presence of bubbles could give origin to a bad washing efficiency.

Note: *Once diluted, the wash solution is stable for 1 week at +2..8° C.*

6. Enzyme conjugate:

Ready to use. Mix well on vortex before use.

Be careful not to contaminate the liquid with oxidizing chemicals, air-driven dust or microbes.

If this component has to be transferred use only plastic, possibly sterile disposable containers.

7. Chromogen/Substrate:

Ready to use. Mix well on vortex before use.

Be careful not to contaminate the liquid with oxidizing chemicals, air-driven dust or microbes.

Do not expose to strong illumination, oxidizing agents and metallic surfaces.

If this component has to be transferred use only plastic, possible sterile disposable container.

8. Assay Diluent:

Ready to use. Mix well on vortex before use.

9. Sulphuric Acid:

Ready to use. Mix well on vortex before use.

Attention: Irritant (H315; H319; P280; P302+P352; P332+P313; P305+P351+P338; P337+P313; P362+P363).

Precautionary P statements:

P280 – Wear protective gloves/protective clothing/eye protection/face protection.

P302 + P352 – IF ON SKIN: Wash with plenty of soap and water.

P332 + P313 – If skin irritation occurs: Get medical advice/attention.

P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P337 + P313 – If eye irritation persists: Get medical advice/attention.

P362 + P363 - Take off contaminated clothing and wash it before reuse.

10. Sample Diluent:

Ready to use. Mix well on vortex before use.

baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.

- The **ELISA washer** is extremely important to the overall performances of the assay. The washer must be carefully validated in advance, checked for the delivery of the right dispensation volume and regularly submitted to maintenance according to the manufacturer's instructions for use. In particular the washer, at the end of the daily workload, has to be extensively cleaned out of salts with deionized water. Before use, the washer has to be extensively primed with the diluted Washing Solution. The instrument weekly has to be submitted to decontamination according to its manual (NaOH 0.1 M decontamination suggested). 5 washing cycles (aspiration + dispensation of 350ul/well of washing solution + 20 sec soaking = 1 cycle) are sufficient to ensure the assay with the declared performances. If soaking is not possible add one more cycle of washing. An incorrect washing cycle or salt-blocked needles are the major cause of false positive reactions.
- Incubation times have a tolerance of $\pm 5\%$.
- The ELISA microplate reader has to be equipped with a reading filter of 450nm and with a second filter of 620-630nm, mandatory for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to ≥ 2.0 ; (c) linearity to ≥ 2.0 ; (d) repeatability $\geq 1\%$. Blanking is carried out on the well identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure that the correct optical density is measured. It should be regularly maintained according to the manufacturer 's instructions.
- When using an ELISA automated work station, all critical steps (dispensation, incubation, washing, reading, data handling) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the section O "Internal Quality Control". The assay protocol has to be installed in the operating system of the unit and validated as for the washer and the reader. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set. Particular attention must be paid to avoid carry over by the needles used for dispensing and for washing. This must be studied and controlled to minimize the possibility of contamination of adjacent wells. The use of ELISA automated work stations is recommended for blood screening when the number of samples to be tested exceed 20-30 units per run.
- When using automatic devices, in case the vial holder of the instrument does not fit with the vials supplied in the kit, transfer the solution into appropriate containers and label them with the same label peeled out from the original vial. This operation is important in order to avoid mismatching contents of vials, when transferring them. When the test is over, return the secondary labeled containers to 2..8°C, firmly capped.
- Dia.Pro's customer service offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure compliance with the requirements described. Support is also provided for the installation of new instruments to be used with the kit.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

- Micropipettes have to be calibrated to deliver the correct volume required by the assay and must be submitted to regular decontamination (household alcohol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample. They should also be regularly maintained in order to show a precision of 1% and a trueness of $\pm 2\%$. Decontamination of spills or residues of kit components should also be carried out regularly.
- The ELISA incubator has to be set at +37°C (tolerance of $\pm 0.5^\circ\text{C}$) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water

L. PRE ASSAY CONTROLS AND OPERATIONS

- Check the expiration date of the kit printed on the external label of the kit box. Do not use if expired.
- Check that the liquid components are not contaminated by naked-eye visible particles or aggregates. Check that the Chromogen/Substrate is colorless or pale blue by aspirating a small volume of it with a sterile transparent plastic pipette. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box. Check that the

- aluminum pouch, containing the microplate, is not punctured or damaged.
- Dilute all the content of the 20x concentrated Wash Solution as described above.
 - Dissolve the Calibrator as described above.
 - Allow all the other components to reach room temperature (about 1 hr) and then mix as described.
 - Set the ELISA incubator at +37°C and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturers instructions. Set the right number of washing cycles as reported in the specific section.
 - Check that the ELISA reader has been turned on at least 20 minutes before reading.
 - If using an automated workstation, turn it on, check settings and be sure to use the right assay protocol.
 - Check that the micropipettes are set to the required volume.
 - Check that all the other equipment is available and ready to use.
 - In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be carried out according to what reported below, taking care to maintain the same incubation time for all the samples in testing.

Automated assay:

In case the test is carried out automatically with an ELISA system, we suggest to make the instrument aspirate 200 ul Sample Diluent and then 10 ul sample.

All the mixture is then carefully dispensed directly into the appropriate sample well of the microplate. Before the next sample is aspirated, needles have to be duly washed to avoid any cross-contamination among samples.

Do not dilute controls/calibrator as they are ready to use.

Dispense 200 ul controls/calibrator in the appropriate control/calibration wells.

Important Note: *Visually monitor that samples have been diluted and dispensed into appropriate wells. This is simply achieved by checking that the colour of dispensed samples has turned to dark bluish-green while the colour of the negative control has remained olive green.*

For the next operations follow the operative instructions reported below for the Manual Assay.

It is strongly recommended to check that the time lap between the dispensation of the first and the last sample will be calculated by the instrument and taken into consideration by delaying the first washing operation accordingly.

Manual assay:

- Place the required number of Microwells in the microwell holder. Leave the 1st well empty for the operation of blanking.
- Dispense 200 ul of Negative Control in triplicate, 200 ul Calibrator in duplicate and 200 ul Positive Control in single in proper wells. Do not dilute Controls and Calibrator as they are pre-diluted, ready to use !
- Add 200 ul of Sample Diluent (DILSPE) to all the sample wells; then dispense 10 ul sample in each properly identified well. Mix gently the plate, avoiding overflowing and contaminating adjacent wells, in order to fully disperse the sample into its diluent.

Important note: *Check that the colour of the Sample Diluent, upon addition of the sample, changes from light green to dark bluish green, monitoring that the sample has been really added.*

- Dispense 50 ul Assay Diluent (DILAS) into all the controls/calibrator and sample wells. Check that the color of samples has turned to dark blue.
- Incubate the microplate for **45 min at +37°C**.

Important note: *Strips have to be sealed with the adhesive sealing foil, supplied, only when the test is carried out manually. Do not cover strips when using ELISA automatic instruments.*

- Wash the microplate with an automatic washer by delivering and aspirating 350ul/well of diluted washing solution as reported previously (section I.3).
- Pipette 100ul Enzyme Conjugate into each well, except the 1st blanking well, and cover with the sealer. Check that this pink/red coloured component has been dispensed in all the wells, except A1.

Important note: *Be careful not to touch the plastic inner surface of the well with the tip filled with the Enzyme Conjugate. Contamination might occur.*

- Incubate the microplate for **45 min at +37°C**.
- Wash microwells as in step 6.
- Pipette 100ul Chromogen/Substrate mixture into each well, the blank well included. Then incubate the microplate at **room temperature (18-24°C) for 15 minutes**.

Important note: *Do not expose to strong direct illumination. High background might be generated.*

- Pipette 100ul Sulphuric Acid into all the wells using the same pipetting sequence as in step 10 to stop the enzymatic reaction. Addition of acid will turn the positive control and positive samples from blue to yellow/brown.
- Measure the colour intensity of the solution in each well, as described in section I.5, at 450nm filter (reading) and at 620-630nm (background subtraction), blanking the instrument on A1 (mandatory).

Important notes:

- Ensure that no finger prints are present on the bottom of the microwell before reading. Finger prints could generate false positive results on reading.
- Reading has to be carried out just after the addition of the Stop Solution and anyway not any longer than 20 minutes after its addition. Some self oxidation of the chromogen can occur leading to high background.
- Shaking at 350 ±150 rpm during incubation has been proved to increase the sensitivity of the assay of about 20%.
- The Calibrator (CAL) does not affect the cut-off calculation and therefore the test results calculation. The Calibrator may be used only when a laboratory internal quality control is required by the management.

N. ASSAY SCHEME

| Method | Operations |
|----------------------------------|--|
| Controls & Calibrator Samples | 200 ul 200ul dil.+10ul |
| Assay Diluent (DILAS) | 50 ul |
| 1st incubation | 45 min |
| Temperature | +37°C |
| Wash step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| Enzyme conjugate | 100 ul |
| 2nd incubation | 45 min |
| Temperature | +37°C |
| Wash step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| TMB/H2O2 | 100 ul |
| 3rd incubation | 15 min |
| Temperature | r.t. |
| Sulphuric Acid | 100 ul |
| Reading OD | 450nm / 620-630nm |

| | |
|--|--|
| | samples, to spills or to the enzyme conjugate; 5. that micropipettes haven't got contaminated with positive samples or with the enzyme conjugate 6. that the washer needles are not blocked or partially obstructed. |
| Calibrator S/Co < 1.1 | 1. that the procedure has been correctly executed; 2. that no mistake has been done in its distribution (ex.: dispensation of negative control instead of control serum) 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred. |
| Positive Control < 1.000 OD450nm | 1. that the procedure has been correctly executed; 2. that no mistake has been done in the distribution of controls (dispensation of negative control instead of positive control. In this case, the negative control will have an OD450nm value > 0.150, too. 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the positive control has occurred. |

An example of dispensation scheme is reported below:

| | | Microplate | | | | | | | | | | | |
|---|-----|------------|---|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | S2 | | | | | | | | | | | |
| B | NC | S3 | | | | | | | | | | | |
| C | NC | S4 | | | | | | | | | | | |
| D | NC | S5 | | | | | | | | | | | |
| E | CAL | S6 | | | | | | | | | | | |
| F | CAL | S7 | | | | | | | | | | | |
| G | PC | S8 | | | | | | | | | | | |
| H | S1 | S9 | | | | | | | | | | | |

Legenda: BLK = Blank NC = Negative Control
CAL = Calibrator PC = Positive Control S = Sample

O. INTERNAL QUALITY CONTROL

A check is carried out on the controls and the calibrator any time the kit is used in order to verify whether their OD450nm values are as expected and reported in the table below.

| Check | Requirements |
|-----------------------|---|
| Blank well | < 0.100 OD450nm value |
| Negative Control (NC) | < 0.050 mean OD450nm value after blanking |
| Calibrator | S/Co > 1.1 |
| Positive Control | > 1.000 OD450nm value |

If the results of the test match the requirements stated above, proceed to the next section.

If they do not, do not proceed any further and operate as follows:

| Problem | Check |
|--|--|
| Blank well > 0.100 OD450nm | 1. that the Chromogen/Substrate solution has not got contaminated during the assay |
| Negative Control (NC) > 0.050 OD450nm after blanking | 1. that the washing procedure and the washer settings are as validated in the pre qualification study; 2. that the proper washing solution has been used and the washer has been primed with it before use; 3. that no mistake has been done in the assay procedure (dispensation of positive control instead of negative control); 4. that no contamination of the negative control or of their wells has occurred due to positive |

Should these problems happen, after checking, report any residual problem to the supervisor for further actions.

P. CALCULATION OF THE CUT-OFF

The tests results are calculated by means of a cut-off value determined with the following formula on the mean OD450nm value of the Negative Control (NC):

$$NC + 0.350 = \text{Cut-Off (Co)}$$

The value found for the test is used for the interpretation of results as described in the next paragraph.

Important note: When the calculation of results is done by the operative system of an ELISA automated work station be sure that the proper formulation is used to calculate the cut-off value and generate the right interpretations of results.

Q. INTERPRETATION OF RESULTS

Test results are interpreted as ratio of the sample OD450nm and the Cut-Off value (or S/Co) according to the following table:

| S/Co | Interpretation |
|-----------|----------------|
| < 0.9 | Negative |
| 0.9 - 1.1 | Equivocal |
| > 1.1 | Positive |

A negative result indicates that the patient has not been infected by HCV or that the blood unit may be transfused.

Any patient showing an equivocal result should be tested again on a second sample taken 1-2 weeks later from the patient and examined. The blood unit should not be transfused.

A positive result is indicative of HCV infection and therefore the patient should be treated accordingly or the blood unit should be discarded.

Important notes:

1. Interpretation of results should be done under the supervision of the responsible of the laboratory to reduce the risk of judgment errors and misinterpretations.
2. Any positive result should be confirmed by an alternative method capable to detect IgG and IgM antibodies (confirmation test) before a diagnosis of viral hepatitis is formulated.
3. As proved in the Performance Evaluation of the product, the assay is able to detect seroconversion to anti HCV core antibodies **earlier** than some other commercial kits. Therefore a positive result, not confirmed with these commercial kits, does not have to be ruled out as a false positive result ! The sample has to be anyway submitted to a confirmation test (supplied upon request by DiaPro srl, code CCONF).
4. As long as the assay is able to detect also IgM antibodies some discrepant results with other commercial products for the detection of anti HCV antibodies - lacking anti hIgM conjugate in the formulation of the enzyme tracer and therefore missing IgM reactivity - may be present. The real positivity of the sample for antibodies to HCV should be then confirmed by examining also IgM reactivity, important for the diagnosis of HCV infection.
5. When test results are transmitted from the laboratory to an informatics centre, attention has to be done to avoid erroneous data transfer.
6. Diagnosis of viral hepatitis infection has to be done and released to the patient only by a qualified medical doctor.

An example of calculation is reported below:

The following data must not be used instead of real figures obtained by the user.

Negative Control: 0.019 – 0.020 – 0.021 OD450nm

Mean Value: 0.020 OD450nm

Lower than 0.050 – Accepted

Positive Control: 2.189 OD450nm

Higher than 1.000 – Accepted

Cut-Off = 0.020+0.350 = 0.370

Calibrator: 0.550 - 0.530 OD450nm

Mean value: 0.540 OD450nm S/Co = 1.4

S/Co higher than 1.1 – Accepted

Sample 1: 0.070 OD450nm

Sample 2: 1.690 OD450nm

Sample 1 S/Co < 0.9 = negative

Sample 2 S/Co > 1.1 = positive

R. PERFORMANCES

Evaluation of Performances has been conducted in accordance to what reported in the Common Technical Specifications or CTS (art. 5, Chapter 3 of IVD Directive 98/79/EC).

1. LIMIT OF DETECTION

The limit of detection of the assay has been calculated by means of the British Working Standard for anti-HCV, NIBSC code 99/588-003-WI. The table below reports the mean OD450nm values of this standard when diluted in negative plasma and then examined.

| Dilution | Lot # 1 | Lot # 2 |
|-----------------|---------|---------|
| Factor | S/Co | S/Co |
| 1 X | 2.0 | 2.0 |
| 2 X | 1.1 | 1.2 |
| 4 X | 0.7 | 0.8 |
| 8 X | 0.5 | 0.5 |
| Negative plasma | 0.3 | 0.3 |

In addition the sample coded Accurun 1 – series 3000 - supplied by Boston Biomedica Inc., USA, has been evaluated “in toto” showing the results below:

| CVAB.CE Lot ID | Accurun 1 Series | S/Co |
|----------------|------------------|------|
| 1201 | 3000 | 1.5 |
| 0602 | 3000 | 1.5 |
| 1202 | 3000 | 1.9 |

In addition, n° 7 samples, tested positive for HCV Ab with Ortho HCV 3.0 SAVE, code 930820, lot. # EXE065-1, were diluted in HCV Ab negative plasma in order to generate limiting dilutions and then tested again on CVAB.CE, lot. # 1202, and Ortho.

The following table reports the data obtained.

| Sample n° | Limit Dilution | CVAB.CE S/Co | Ortho 3.0 S/Co |
|-----------|----------------|--------------|----------------|
| 1 | 256 X | 1.9 | 1.3 |
| 2 | 256 X | 1.9 | 0.7 |
| 3 | 256 X | 2.4 | 1.0 |
| 4 | 128 X | 2.5 | 3.2 |
| 5 | 85 X | 3.3 | 1.4 |
| 6 | 128 X | 2.2 | 0.8 |
| 7 | 135 X | 3.2 | 2.2 |

2. DIAGNOSTIC SPECIFICITY AND SENSITIVITY

The Performance Evaluation of the device was carried out in a trial conducted on more than total 5000 samples.

2.1 Diagnostic specificity:

It is defined as the probability of the assay of scoring negative in the absence of specific analyte. In addition to the first study, where a total of 5043 unselected blood donors, (including 1st time donors), 210 hospitalized patients and 162 potentially interfering specimens (other infectious diseases, E.coli antibody positive, patients affected by non viral hepatic diseases, dialysis patients, pregnant women, hemolized, lipemic, etc.) were examined, the diagnostic specificity was recently assessed by testing a total of 2876 negative blood donors on six different lots. A value of specificity of 100% was found.

No false reactivity due to the method of specimen preparation has been observed. Both plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and sera have been used to determine the value of specificity. Frozen specimens have been tested, as well, to check for interferences due to collection and storage. No interference was observed.

2.2 Diagnostic Sensitivity

It defined as the probability of the assay of scoring positive in the presence of specific analyte.

The diagnostic sensitivity has been assessed externally on a total number of 359 specimens; a diagnostic sensitivity of 100% was found. Internally more than other 50 positive samples were tested, providing a value of diagnostic sensitivity of again 100%. Positive samples from infections carried out by different genotypes of HCV were tested as well.

Furthermore, most of seroconversion panels available from Boston Biomedica Inc., USA, (PHV) and Zeptometrix, USA, (HCV) have been studied.

Results are reported below for some of them.

| Panel | N° samples | DiaPro* | Ortho* ** |
|-----------|------------|---------|-----------|
| PHV 901 | 11 | 9 | 9 |
| PHV 904 | 7 | 2 | 4 |
| PHV 905 | 9 | 3 | 4 |
| PHV 906 | 7 | 7 | 7 |
| PHV 907 | 7 | 3 | 2 |
| PHV 908 | 13 | 10 | 8 |
| PHV 909 | 3 | 2 | 2 |
| PHV 910 | 5 | 3 | 3 |
| PHV 911 | 5 | 3 | 3 |
| PHV 912 | 3 | 1 | 1 |
| PHV 913 | 4 | 2 | 2 |
| PHV 914 | 9 | 5 | 5 |
| PHV 915 | 4 | 3 | 0 |
| PHV 916 | 8 | 4 | 3 |
| PHV 917 | 10 | 6 | 6 |
| PHV 918 | 8 | 2 | 0 |
| PHV 919 | 7 | 3 | 3 |
| PHV 920 | 10 | 6 | 6 |
| HCV 10039 | 5 | 2 | 0 |
| HCV 6212 | 9 | 6 | 7 |
| HCV 10165 | 9 | 5 | 4 |

Note: * Positive samples detected

** HCV v.3.0

Finally the Product has been tested on the panel EFS Ac HCV, lot n° 01/08.03.22C/01/A, supplied by the Etablissement Francais Du Sang (EFS), France, with the following results:

EFS Panel Ac HCV

| Sample | Lot # 1 | Lot # 2 | Lot # 2 | Results expected |
|--------|---------|---------|---------|------------------|
| | S/Co | S/Co | S/Co | |
| HCV 1 | 2.2 | 2.4 | 2.6 | positive |
| HCV 2 | 1.6 | 2.0 | 2.1 | positive |
| HCV 3 | 1.5 | 1.7 | 1.6 | positive |
| HCV 4 | 5.2 | 6.5 | 5.5 | positive |
| HCV 5 | 1.6 | 1.8 | 1.6 | positive |
| HCV 6 | 0.4 | 0.4 | 0.4 | negative |

3. PRECISION:

It has been calculated on two samples, one negative and one low positive, examined in 16 replicates in three separate runs. Results are reported as follows:

Lot # 1202

Negative Sample (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.094 | 0.099 | 0.096 | 0.096 |
| Std.Deviation | 0.008 | 0.007 | 0.008 | 0.007 |
| CV % | 8.7 | 6.6 | 7.9 | 7.7 |

Cal # 2 – 7K (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.396 | 0.403 | 0.418 | 0.406 |
| Std.Deviation | 0.023 | 0.029 | 0.027 | 0.026 |
| CV % | 5.9 | 7.1 | 6.4 | 6.5 |
| S/Co | 1.1 | 1.1 | 1.2 | 1.1 |

Lot # 0602

Negative Sample (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average |
|---------------|---------|---------|---------------------|---------|
| OD 450nm | 0.097 | 0.096 | 0.094 | 0.096 |
| Std.Deviation | 0.009 | 0.010 | 0.008 | 0.009 |
| CV % | 8.9 | 10.1 | 8.4 | 9.1 |

Cal # 2 – 7K (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.400 | 0.395 | 0.393 | 0.396 |
| Std.Deviation | 0.021 | 0.025 | 0.026 | 0.024 |
| CV % | 5.4 | 6.2 | 6.6 | 6.1 |
| S/Co | 1.2 | 1.2 | 1.1 | 1.2 |

Lot # 0602/2

Negative Sample (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average |
|---------------|---------|---------|---------------------|---------|
| OD 450nm | 0.087 | 0.091 | 0.088 | 0.089 |
| Std.Deviation | 0.009 | 0.007 | 0.008 | 0.008 |
| CV % | 10.0 | 8.2 | 8.6 | 8.9 |

Cal # 2 – 7K (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average |
|---------------|---------|---------|---------------------|---------|
| OD 450nm | 0.386 | 0.390 | 0.391 | 0.389 |
| Std.Deviation | 0.023 | 0.021 | 0.023 | 0.022 |
| CV % | 6.0 | 5.3 | 5.8 | 5.7 |
| S/Co | 1.1 | 1.2 | 1.2 | 1.2 |

The variability shown in the tables above did not result in sample misclassification.

S. LIMITATIONS

Repeatable false positive results, not confirmed by RIBA or similar confirmation techniques, were assessed as less than 0.1% of the normal population.

Frozen samples containing fibrin particles or aggregates after thawing have been observed to generate some false results.

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All the IVD Products manufactured by the company are under the control of a certified Quality Management System approved by an EC Notified Body. Each lot is submitted to a quality control and released into the market only if conforming with the EC technical specifications and acceptance criteria.

Manufacturer:
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CE
0318

HBsAg_{one}

Version ULTRA

**Fourth generation Enzyme
Immunoassay (ELISA)
for the determination of
Hepatitis B surface Antigen or HBsAg
in human serum and plasma**

- for "in vitro" diagnostic use only -



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HBsAg One version ULTRA

A. INTENDED USE

Fourth generation Enzyme Immunoassay (ELISA) for the one-step determination of Hepatitis B surface Antigen or HBsAg in human plasma and sera.

The kit is intended for the screening of blood units, is able to detect HBsAg mutants and finds application in the follow-up of HBV-infected patients.

For "in vitro" diagnostic use only.

B. INTRODUCTION

The World Health Organization (WHO) defines Hepatitis B Virus infection as follows:

"Hepatitis B is one of the major diseases of mankind and is a serious global public health problem. Hepatitis means inflammation of the liver, and the most common cause is infection with one of 5 viruses, called hepatitis A,B,C,D, and E. All of these viruses can cause an acute disease with symptoms lasting several weeks including yellowing of the skin and eyes (jaundice); dark urine; extreme fatigue; nausea; vomiting and abdominal pain. It can take several months to a year to feel fit again. Hepatitis B virus can cause chronic infection in which the patient never gets rid of the virus and many years later develops cirrhosis of the liver or liver cancer.

HBV is the most serious type of viral hepatitis and the only type causing chronic hepatitis for which a vaccine is available. Hepatitis B virus is transmitted by contact with blood or body fluids of an infected person in the same way as human immunodeficiency virus (HIV), the virus that causes AIDS. However, HBV is 50 to 100 times more infectious than HIV. The main ways of getting infected with HBV are: (a) perinatal (from mother to baby at the birth); (b) child- to-child transmission; (c) unsafe injections and transfusions; (d) sexual contact.

Worldwide, most infections occur from infected mother to child, from child to child contact in household settings, and from reuse of un-sterilized needles and syringes. In many developing countries, almost all children become infected with the virus. In many industrialized countries (e.g. Western Europe and North America), the pattern of transmission is different. In these countries, mother-to-infant and child-to-child transmission accounted for up to one third of chronic infections before childhood hepatitis B vaccination programmes were implemented. However, the majority of infections in these countries are acquired during young adulthood by sexual activity, and injecting drug use. In addition, hepatitis B virus is the major infectious occupational hazard of health workers, and most health care workers have received hepatitis B vaccine.

Hepatitis B virus is not spread by contaminated food or water, and cannot be spread casually in the workplace. High rates of chronic HBV infection are also found in the southern parts of Eastern and Central Europe. In the Middle East and Indian sub-continent, about 5% are chronically infected. Infection is less common in Western Europe and North America, where less than 1% are chronically infected.

Young children who become infected with HBV are the most likely to develop chronic infection. About 90% of infants infected during the first year of life and 30% to 50% of children infected between 1 to 4 years of age develop chronic infection. The risk of death from HBV-related liver cancer or cirrhosis is approximately 25% for persons who become chronically infected during childhood. Chronic hepatitis B in some patients is treated with drugs called *interferon* or *lamivudine*, which can help some patients. Patients with cirrhosis are sometimes given liver transplants, with varying success. It is preferable to prevent this disease with vaccine than to try and cure it.

Hepatitis B vaccine has an outstanding record of safety and effectiveness. Since 1982, over one billion doses of hepatitis B vaccine have been used worldwide. The vaccine is given as a series of three intramuscular doses. Studies have shown that the vaccine is 95% effective in preventing children and adults from developing chronic infection if they have not yet been infected. In many countries where 8% to 15% of children used to become chronically infected with HBV, the rate of chronic infection has been reduced to less than 1% in immunized groups of children. Since 1991, WHO has called for all countries to add hepatitis B vaccine into their national immunization programs."

Hepatitis B surface Antigen or HBsAg is the most important protein of the envelope of Hepatitis B Virus, responsible for acute and chronic viral hepatitis.

The surface antigen contains the determinant "a", common to all the known viral subtypes, immunologically distinguished by two distinct subgroups (ay and ad).

The ability to detect HBsAg with high sensitive immunoassays in the last years has led to an understanding of its distribution and epidemiology worldwide and to radically decrease the risk of infection in transfusion.

C. PRINCIPLE OF THE TEST

A mix of mouse monoclonal antibodies specific to the determinants "a", "d" and "y" of HBsAg is fixed to the surface of microwells. Patient's serum/plasma is added to the microwell together with a second mix of mouse monoclonal antibodies, conjugated with Horseradish Peroxidase (HRP) and directed against a different epitope of the determinant "a" and against "preS".

The specific immunocomplex, formed in the presence of HBsAg in the sample, is captured by the solid phase.

At the end of the one-step incubation, microwells are washed to remove unbound serum proteins and HRP conjugate.

The chromogen/substrate is then added and, in the presence of captured HBsAg immunocomplex, the colorless substrate is hydrolyzed by the bound HRP conjugate to a colored end-product. After blocking the enzymatic reaction, its optical density is measured by an ELISA reader.

The color intensity is proportional to the amount of HBsAg present in the sample.

The version ULTRA is particularly suitable for automated screenings and is able to detect "s" mutants.

D. COMPONENTS

The standard configuration contains reagents to perform 192 tests and is made of the following components:

1. Microplate MICROPLATE

n° 2. 12 strips of 8 breakable wells coated with anti HBsAg, affinity purified mouse monoclonal antibodies, specific to "a", "y" and "d" determinants, and sealed into a bag with desiccant.

2. Negative Control CONTROL -

1x4.0ml/vial. Ready to use control. It contains goat serum, 10 mM phosphate buffer pH 7.4+/-0.1, 0.09% Na-azide and 0.045% ProClin 300 as preservatives. The negative control is pale yellow color coded.

3. Positive Control CONTROL +

1x4.0ml/vial. Ready to use control. It contains goat serum, non infectious recombinant HBsAg, 10 mM phosphate buffer pH 7.4+/-0.1, 0.02% gentamicine sulphate and 0.045% ProClin 300 as preservatives. The positive control is color coded green.

4. Calibrator CAL ...

n° 2 vials. Lyophilized calibrator. To be dissolved with EIA grade water as reported in the label. Contains fetal bovine serum, non infectious recombinant HBsAg at 0.5 IU/ml (2nd WHO international standard for HBsAg, NIBSC code 00/588), 10 mM phosphate buffer pH 7.4+/-0.1, 0.02% gentamicine sulphate and 0.045% ProClin 300 as preservatives.

Note: The volume necessary to dissolve the content of the vial may vary from lot to lot. Please use the right volume reported on the label .

5. Wash buffer concentrate WASHBUF 20X

2x60ml/bottle. 20X concentrated solution. Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0+/-0.2, 0.05% Tween 20 and 0.045% ProClin 300.

6. Enzyme Conjugate Diluent CONJ DIL

2x16ml/vial. Ready to use and pink/red color coded reagent. It contains 10 mM Tris buffer pH 6.8+/-0.1, 1% normal mouse serum, 5% BSA, 0.045% ProClin 300 and 0.02% gentamicine sulphate as preservatives. The solution is normally opalescent.

7. Enzyme Conjugate CONJ 20X

2x1ml/vial. 20X concentrated reagent. It contains Horseradish Peroxidase (HRP) labeled mouse monoclonal antibodies to HBsAg, determinant "a" and "preS", 10 mM Tris buffer pH 6.8+/-0.1, 5% BSA, 0.045% ProClin 300 and 0.02% gentamicine sulphate as preservatives.

8. Chromogen/Substrate SUBS TMB

2x25ml/bottle. It contains a 50 mM citrate-phosphate buffered solution at pH 3.5-3.8, 4% dimethylsulphoxide, 0.03% tetra-methyl-benzidine (TMB) and 0.02% hydrogen peroxide (H₂O₂).

Note: To be stored protected from light as sensitive to strong illumination.

9. Sulphuric Acid H₂SO₄ 0.3 M

1x25ml/bottle. It contains 0.3 M H₂SO₄ solution.

Note: Attention: Irritant (H315; H319; P280; P302+P352; P332+P313; P305+P351+P338; P337+P313; P362+P363)

10. Plate sealing foils n° 4

11. Package insert

Important note:

Only upon specific request, Dia.Pro can supply reagents for 96, 480, 960 tests, as reported below:

| | N°1 | N°5 | N°10 |
|--------------------------------|--------------|-------------|--------------|
| Microplates | | | |
| Negative Control | 1x2ml/vial | 1x10ml/vial | 1x20ml/vial |
| Positive Control | 1x2ml/vial | 1x10ml/vial | 1x20ml/vial |
| Calibrator | N° 1 vial | N° 5 vials | N° 10 vials |
| Wash buffer concentrate | 1x60ml/vial | 5x60ml/vial | 4x150ml/vial |
| Enzyme conjugate | 1x0.8ml/vial | 1x4ml/vial | 2x4ml/vial |
| Conjugate Diluent | 1x16ml/vial | 2x40ml/vial | 2x80ml/vial |
| Chromogen/Substrate | 1x25ml/vial | 3x42ml/vial | 2x125ml/vial |
| Sulphuric Acid | 1x15ml/vial | 2x40ml/vial | 2x80ml/vial |
| Plate sealing foils | N° 2 | N° 10 | N° 20 |
| Package insert | N° 1 | N° 1 | N° 1 |
| Number of tests | 96 | 480 | 960 |
| Code SAG1ULTRA.CE | 96 | 480 | 960 |

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes (150ul, 100ul and 50ul) and disposable plastic tips.
2. EIA grade water (double distilled or deionised, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.
4. Absorbent paper tissues.
5. Calibrated ELISA microplate thermostatic incubator (dry or wet), capable to provide shaking at 1300 rpm+/-150, set at +37°C.
6. Calibrated ELISA microwell reader with 450nm (reading) and with 620-630nm (blinking) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.
2. When the kit is used for the screening of blood units and blood components, it has to be used in a laboratory certified and qualified by the national authority in that field (Ministry of Health or similar entity) to carry out this type of analysis.
3. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
4. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.
5. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-borne microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen (TMB) from strong light and avoid vibration of the bench surface where the test is undertaken.
6. Upon receipt, store the kit at 2..8°C into a temperature controlled refrigerator or cold room.
7. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.
8. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures for kit replacement.
9. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample. Do not reuse disposable tips.
10. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one. Do not reuse disposable tips.
11. Do not use the kit after the expiration date stated on the external container and internal (vials) labels. A study conducted on an opened kit has not pointed out any relevant loss of activity up to 6 re-use of the device and up to 6 months.
12. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
13. The use of disposable plastic-ware is recommended in the preparation of the liquid components or in transferring components into automated workstations, in order to avoid cross contamination.
14. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated before waste. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..
15. Accidental spills from samples and operations have to be adsorbed with paper tissues soaked with household bleach and then with water. Tissues should then be discarded in proper containers designated for laboratory/hospital waste.
16. The Stop Solution is an irritant. In case of spills, wash the surface with plenty of water
17. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

| | | | | | | | |
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G. SPECIMEN: PREPARATION AND WARNINGS

- Blood is drawn aseptically by venepuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.
- Avoid any addition of preservatives to samples; especially sodium azide as this chemical would affect the enzymatic activity of the conjugate, generating false negative results.
- Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. When the kit is used for the screening of blood units, bar code labeling and electronic reading is strongly recommended.
- Haemolysed (red) and lipemic ("milky") samples have to be discarded as they could generate false results. Samples containing residues of fibrin or heavy particles or microbial filaments and bodies should be discarded as well as they could give rise to false positive results. Specimens with an altered pathway of coagulation, presenting particles after blood collection and preparation of serum/plasma as those coming from hemodialyzed patients, could give origin to false positive results.
- Sera and plasma can be stored at +2°...+8°C in primary collection tubes for up to five days after collection. Do not freeze primary tubes of collection. For longer storage periods, sera and plasma samples, carefully removed from the primary collection tube, can be stored frozen at -20°C for at least 12 months. Any frozen sample should not be frozen/thawed more than once as this may generate particles that could affect the test result.
- If some turbidity is present or presence of microparticles is suspected after thawing, filter the sample on a disposable 0.2-0.8µ filter to clean it up for testing or use the two-steps alternative method.

H. PREPARATION OF COMPONENTS AND WARNINGS

A study conducted on an opened kit has not pointed out any relevant loss of activity up to 6 re-uses of the device and up to 6 months.

1. Microplates:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant has not turned green, indicating a defect in conservation. In this case, call Dia.Pro's customer service. Unused strips have to be placed back inside the aluminum pouch, with the desiccant supplied, firmly zipped and stored at +2°..8°C. After first opening, remaining strips are stable until the humidity indicator inside the desiccant bag turns from yellow to green.

2. Negative Control:

Ready to use. Mix well on vortex before use.

3. Positive Control:

Ready to use. Mix well on vortex before use. The positive control does not contain any infective HBV as it is composed of recombinant synthetic HBsAg.

4. Calibrator:

Add the volume of ELISA grade water, reported on the label, to the lyophilized powder; let fully dissolve and then gently mix on vortex. The solution is not stable. Store the Calibrator frozen in aliquots at -20°C.

5. Wash buffer concentrate:

The 20x concentrated solution has to be diluted with EIA grade water up to 1200 ml and mixed gently end-over-end before use. As some salt crystals may be present into the vial, take care to dissolve all the content when preparing the solution. In the preparation avoid foaming as the presence of bubbles could give origin to a bad washing efficiency.

Note: Once diluted, the wash solution is stable for 1 week at +2..8° C.

6. Enzyme conjugate:

The working solution is prepared by diluting the 20X concentrated reagent into the Conjugate Mix well on vortex before use.

Avoid any contamination of the liquid with oxidizing chemicals, dust or microbes. If this component has to be transferred, use only plastic sterile disposable containers.

Important note: The working solution is not stable. Prepare only the volume necessary for the work of the day. As an example when the kit is used in combination with other instruments or manually, dilute 0.1 ml 20X Conjugate with 1.9 ml Conjugate Diluent into a disposable plastic vial and mix carefully before use.

7. Chromogen/Substrate:

Ready to use. Mix well by end-over-end mixing.

Avoid contamination of the liquid with oxidizing chemicals, air-driven dust or microbes. Do not expose to strong light, oxidizing agents and metallic surfaces.

If this component has to be transferred use only plastic, and if possible, sterile disposable container.

8. Sulphuric Acid:

Ready to use. Mix well by end-over-end mixing.

Attention: Irritant (H315; H319; P280; P302+P352; P332+P313; P305+P351+P338; P337+P313; P362+P363).

Legenda:

Warning H statements:

H315 – Causes skin irritation.

H319 – Causes serious eye irritation.

Precautionary P statements:

P280 – Wear protective gloves/protective clothing/eye protection/face protection.

P302 + P352 – IF ON SKIN: Wash with plenty of soap and water.

P332 + P313 – If skin irritation occurs: Get medical advice/attention.

P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P337 + P313 – If eye irritation persists: Get medical advice/attention.

P362 + P363 - Take off contaminated clothing and wash it before reuse.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

- Micropipettes** have to be calibrated to deliver the correct volume required by the assay and must be submitted to regular decontamination (70% ethanol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample or the components of the kit. They should also be regularly maintained in order to show a precision of 1% and a trueness of ±2%.
- The **ELISA incubator** has to be set at +37°C (tolerance of ±1°C) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.
- In case of **shaking** during incubations, the instrument has to ensure 350 rpm ±150. Amplitude of shaking is very important as a wrong one could give origin to splashes and therefore to some false positive result.
- The **ELISA washer** is extremely important to the overall performances of the assay. The washer must be carefully validated in advance, checked for the delivery of the right dispensation volume and regularly submitted to maintenance according to the manufacturer's instructions for use. In particular the washer, at the end of the daily workload, has to be extensively cleaned out of salts with

| | | | | | | | |
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deionized water. Before use, the washer has to be extensively primed with the diluted Washing Solution.

The instrument weekly has to be submitted to decontamination according to its manual (NaOH 0.1 M decontamination suggested).

5 washing cycles (aspiration + dispensation of 350ul/well of washing solution + 20 sec soaking = 1 cycle) are sufficient to ensure the assay with the declared performances. If soaking is not possible add one more cycle of washing.

An incorrect washing cycle or salt-blocked needles are the major cause of false positive reactions.

5. **Incubation times** have a tolerance of $\pm 5\%$.
6. The **microplate reader** has to be equipped with a reading filter of 450nm and with a second filter of 620-630nm, mandatory for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to ≥ 2.0 ; (c) linearity to ≥ 2.0 ; (d) repeatability $\geq 1\%$. Blanking is carried out on the well identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure that the correct optical density is measured. It should be regularly maintained according to the manufacturer 's instructions.
7. When using **ELISA automated workstations**, all critical steps (dispensation, incubation, washing, reading, shaking, data handling, etc.) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the sections "Internal Quality Control". The assay protocol has to be installed in the operating system of the unit and validated by checking full matching the declared performances of the kit. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set paying particular attention to avoid carry over by the needles used for dispensing samples and for washing. The carry over effect must be studied and controlled to minimize the possibility of contamination of adjacent wells due to strongly reactive samples, leading to false positive results. The use of ELISA automated work stations is recommended for blood screening and when the number of samples to be tested exceed 20-30 units per run.
8. When using automatic devices, in case the vial holder of the instrument does not fit with the vials supplied in the kit, transfer the solution into appropriate containers and label them with the same label peeled out from the original vial. This operation is important in order to avoid mismatching contents of vials, when transferring them. When the test is over, return the secondary labeled containers to $2..8^{\circ}\text{C}$, firmly capped.
9. **Dia.Pro's customer service** offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure full compliance with the essential requirements of the assay. Support is also provided for the installation of new instruments to be used in combination with the kit.

L. PRE ASSAY CONTROLS AND OPERATIONS

1. Check the expiration date of the kit printed on the external label of the kit box. Do not use if expired.
2. Check that the liquid components are not contaminated by naked-eye visible particles or aggregates. Check that the Chromogen/Substrate is colorless or pale blue. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box. Check that the aluminum pouch, containing the microplate, is not punctured or damaged.
3. Dilute all the content of the 20x concentrated Wash Solution as described above.
4. Dilute the 20X concentrated Enzyme Conjugate with its Diluent as reported.
5. Dissolve the Calibrator as described above.
6. Allow all the other components to reach room temperature (about 1 hr) and then mix as described.

7. Set the ELISA incubator at $+37^{\circ}\text{C}$ and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturers instructions. Set the right number of washing cycles as reported in the specific section.
8. Check that the ELISA reader has been turned on at least 20 minutes before reading.
9. If using an automated workstation, turn it on, check settings and be sure to use the right assay protocol.
10. Check that the micropipettes are set to the required volume.
11. Check that all the other equipment is available and ready to use.
12. In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be carried out according to what reported below, taking care to maintain the same incubation time for all the samples in testing.

Automated assay:

In case the test is carried out automatically with an ELISA system, we suggest to make the instrument dispense first 150 ul controls & calibrator, then all the samples and finally 100 ul diluted Enzyme Conjugate.

For the pre-washing step (point 1 of the assay procedure) and all the next operations follow the operative instructions reported below for the Manual Assay.

It is strongly recommended to check that the time lap between the dispensation of the first and the last sample will be calculated by the instrument and taken into consideration by delaying the first washing operation accordingly.

Manual Assay:

1. Place the required number of strips in the plastic holder and wash them once to hydrate wells. Carefully identify the wells for controls, calibrator and samples.

Important note: *Pre washing (1 cycle: dispensation of 350ul/well of washing solution+ aspiration) is fundamental to obtain reliable and specific results both in the manual and in the automatic procedures. Do not omit it !*

2. Leave the A1 well empty for blanking purposes.
3. Pipette 150ul of the Negative Control in triplicate, 150ul of the Calibrator in duplicate and then 150ul of the Positive Control in single followed by 150ul of each of the samples.
4. Check for the presence of samples in wells by naked eye (there is a marked color difference between empty and full wells) or by reading at 450/620nm. (samples show OD values higher than 0.100).
5. Dispense 100ul diluted Enzymatic Conjugate in all wells, except for A1, used for blanking operations.

Important note: *Be careful not to touch the inner surface of the well with the pipette tip when the conjugate is dispensed. Contamination might occur.*

6. Following addition of the conjugate, check that the color of the samples have changed from yellowish to pink/red and then incubate the microplate for **120 min at $+37^{\circ}\text{C}$** .

Important notes:

- a. *Strips have to be sealed with the adhesive sealing foil, only when the test is performed manually. Do not cover strips when using ELISA automatic instruments.*
- b. *If the procedure is carried out on shaking, be sure to deliver the rpm reported for in Section I.3 as otherwise intra-well contamination could occur.*

- When the first incubation is over, wash the microwells as previously described (section I.4)
- Pipette 200 µl Chromogen/Substrate into all the wells, A1 included.

Important note: Do not expose to strong direct light as a high background might be generated.

- Incubate the microplate protected from light at **18-24°C for 30 min**. Wells dispensed with the positive control, the calibrator and positive samples will turn from clear to blue.
- Pipette 100 µl Sulphuric Acid into all the wells to stop the enzymatic reaction, using the same pipetting sequence as in step 8. Addition of the acid solution will turn the positive control, the calibrator and positive samples from blue to yellow/brown.
- Measure the color intensity of the solution in each well, as described in section I.6 using a 450nm filter (reading) and a 620-630nm filter (background subtraction, mandatory), blanking the instrument on A1.

Important general notes:

- Ensure that no fingerprints or dust are present on the external bottom of the microwell before reading. They could generate false positive results on reading.
- Reading should ideally be performed immediately after the addition of the acid solution but definitely no longer than 20 minutes afterwards. Some self-oxidation of the chromogen can occur leading to a higher background.
- When samples to be tested are not surely clean or have been stored frozen, the assay procedure reported below is recommended as long as it is far less sensitive to interferences due to hemolysis, hyperlipaemia, bacterial contamination and fibrin microparticles. The assay is carried out in two-steps at +37°C on shaking at 350 rpm ±150 as follows:
 - dispense 100 µl of controls, calibrator and samples
 - incubate 60 min at +37°C on shaking
 - wash according to instructions (section I.4)
 - dispense 100 µl diluted enzyme tracer
 - incubate 30 min at +37°C on shaking
 - wash
 - dispense 100 µl TMB&H2O2 mix
 - incubate 30 min at r.t. on shaking
 - stop and read

In this procedure the pre-wash can be omitted. This method shows performances similar to the standard one and therefore can be used in alternative.
- The Calibrator (CAL) does not affect the cut-off calculation and therefore the test results calculation. The Calibrator may be used only when a laboratory internal quality control is required by the management.

N. ASSAY SCHEME

| Operations | Procedure |
|----------------------------------|--|
| Pre-Washing step | n° 1 cycle |
| Controls&Calibrator&samples | 150 µl |
| Diluted Enzyme Conjugate | 100 µl |
| 1st incubation | 120 min |
| Temperature | +37°C |
| Washing steps | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| Chromogen/Substrate | 200µl |
| 2nd incubation | 30 min |
| Temperature | room |
| Sulphuric Acid | 100 µl |
| Reading OD | 450nm / 620-630nm |

An example of dispensation scheme is reported in the following section:

Microplate

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|-----|----|---|---|---|---|---|---|---|----|----|----|
| A | BLK | S2 | | | | | | | | | | |
| B | NC | S3 | | | | | | | | | | |
| C | NC | S4 | | | | | | | | | | |
| D | NC | S5 | | | | | | | | | | |
| E | CAL | S6 | | | | | | | | | | |
| F | CAL | S7 | | | | | | | | | | |
| G | PC | S8 | | | | | | | | | | |
| H | S1 | S9 | | | | | | | | | | |

Legenda: BLK = Blank NC = Negative Control
CAL = Calibrator PC = Positive Control S = Sample

O. INTERNAL QUALITY CONTROL

A check is performed on the controls/calibrator any time the kit is used in order to verify whether the expected OD450nm or S/Co values have been matched in the analysis.

Ensure that the following results are met:

| Parameter | Requirements |
|-----------------------|---|
| Blank well | < 0.100 OD450nm value |
| Negative Control (NC) | < 0.050 mean OD450nm value after blanking |
| Calibrator 0.5 IU/ml | S/Co > 2 |
| Positive Control | > 1.000 OD450nm value |

If the results of the test match the requirements stated above, proceed to the next section.

If they do not, do not proceed any further and perform the following checks:

| Problem | Check |
|--|--|
| Blank well > 0.100 OD450nm | 1. that the Chromogen/Substrate solution has not become contaminated during the assay |
| Negative Control (NC) > 0.050 OD450nm after blanking | 1. that the washing procedure and the washer settings are as validated in the pre qualification study; 2. that the proper washing solution has been used and the washer has been primed with it before use; 3. that no mistake has been done in the assay procedure (dispensation of positive control instead of the negative one); 4. that no contamination of the negative control or of the wells where the control was dispensed has occurred due to spills of positive samples or of the enzyme conjugate; 5. that micropipettes have not become contaminated with positive samples or with the enzyme conjugate 6. that the washer needles are not blocked or partially obstructed. |

| | |
|---|--|
| Calibrator S/Co < 2 | <ol style="list-style-type: none"> 1. that the procedure has been correctly performed; 2. that no mistake has occurred during its distribution (ex.: dispensation of negative control instead of calibrator) 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred. |
| Positive Control < 1.000 OD450nm | <ol style="list-style-type: none"> 1. that the procedure has been correctly performed; 2. that no mistake has occurred during the distribution of the control (dispensation of negative control instead of positive control. In this case, the negative control will have an OD450nm value > 0.050). 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the positive control has occurred. |

If any of the above problems have occurred, report the problem to the supervisor for further actions.

Important note:

The analysis must be done proceeding as the reading step described in the section M, point 11.

P. CALCULATION OF THE CUT-OFF

The test results are calculated by means of a cut-off value determined on the mean OD450nm/620-630nm value of the negative control (NC) with the following formula:

$$NC + 0.050 = \text{Cut-Off (Co)}$$

The value found for the test is used for the interpretation of results as described in the next paragraph.

Important note: When the calculation of results is performed by the operating system of an ELISA automated work station, ensure that the proper formulation is used to calculate the cut-off value and generate the correct interpretation of results.

Q. INTERPRETATION OF RESULTS

Test results are interpreted as a ratio of the sample OD450nm/620-630nm (S) and the Cut-Off value (Co), mathematically S/Co, according to the following table:

| S/Co | Interpretation |
|-----------|----------------|
| < 0.9 | Negative |
| 0.9 – 1.1 | Equivocal |
| > 1.1 | Positive |

A negative result indicates that the patient is not infected by HBV and that the blood unit may be transfused.

Any patient showing an equivocal result should be retested on a second sample taken 1-2 weeks after the initial sample; the blood unit should not be transfused.

A positive result is indicative of HBV infection and therefore the patient should be treated accordingly or the blood unit should be discarded.

Important notes:

1. Interpretation of results should be done under the supervision of the laboratory supervisor to reduce the risk of judgment errors and misinterpretations.
2. Any positive result must be confirmed first by repeating the test on the sample, after having filtered it on 0.2-0.8 u filter to remove any microparticles interference. Then, if still positive, the sample has to be submitted to a confirmation test before a diagnosis of viral hepatitis is released.
3. When test results are transmitted from the laboratory to another department, attention must be paid to avoid erroneous data transfer.
4. Diagnosis of viral hepatitis infection has to be taken and released to the patient by a suitably qualified medical doctor.

An example of calculation is reported below (data obtained proceeding as the the reading step described in the section M, point 11):

The following data must not be used instead of real figures obtained by the user.

Negative Control: 0.012 – 0.008 – 0.010 OD450nm
Mean Value: 0.010 OD450nm
Lower than 0.050 – Accepted
Positive Control: 2.489 OD450nm
Higher than 1.000 – Accepted
Cut-Off = 0.010+0.050 = 0.060
Calibrator: 0.350 - 0.370 OD450nm
Mean value: 0.360 OD450nm S/Co = 6.0
S/Co higher than 2.0 – Accepted
Sample 1: 0.028 OD450nm
Sample 2: 1.690 OD450nm
Sample 1 S/Co < 0.9 = negative
Sample 2 S/Co > 1.1 = positive

R. PERFORMANCE CHARACTERISTICS

Evaluation of Performances has been conducted in accordance to what reported in the Common Technical Specifications or CTS (art. 5, Chapter 3 of IVD Directive 98/79/EC). Version ULTRA proved to be at least equivalent to the original design in a study conducted for the validation of the new version.

1. Analytical Sensitivity

The limit of detection of the assay has been calculated on the 2nd WHO international standard, NIBSC code 00/588. In the following table, results are given for three lots (P1, P2 and P3) of the version ULTRA in comparison with the reference device (Ref.):

| WHO IU/ml | Lot # P1 S/Co | Lot # P2 S/Co | Lot # P3 S/Co | Ref. S/Co |
|-----------|---------------|---------------|---------------|-----------|
| 0.4 | 4.6 | 4.8 | 4.6 | 4.6 |
| 0.2 | 2.3 | 2.4 | 2.4 | 2.4 |
| 0.1 | 1.4 | 1.4 | 1.5 | 1.2 |
| 0.05 | 0.8 | 0.8 | 1.0 | 0.7 |
| 0.025 | 0.6 | 0.6 | 0.6 | 0.4 |
| FCS (NC) | 0.3 | 0.2 | 0.3 | 0.1 |

The assay shows an Analytical Sensitivity better than 0.1 WHO IU/ml of HBsAg.

In addition two panels of sensitivity supplied by EFS, France, and by SFTS, France, were tested and gave in the best conditions the following results:

Panel EFS Ag HBs HB1-HB6 lot n° 04

| Sample ID | Characteristics | ng/ml | S/Co |
|-----------|-----------------|-------|------------|
| HB1 | diluent | / | 0,2 |
| HB2 | adw2+ayw3 | 0.05 | 0,6 |
| HB3 | adw2+ayw3 | 0.1 | 1,0 |
| HB4 | adw2+ayw3 | 0.2 | 1,8 |
| HB5 | adw2+ayw3 | 0.3 | 2,4 |
| HB6 | adw2+ayw3 | 0.5 | 4,2 |

Sensitivity panel SFTS, France, Ag HBs 2005

| Sample ID | Characteristics | ng/ml | S/Co |
|-----------|-----------------|-------------|-------------|
| 171 | Adw2 + ayw3 | 2.21 ± 0.15 | 15,4 |
| 172 | Adw2 + ayw3 | 1.18 ± 0.10 | 8,7 |
| 173 | Adw2 + ayw3 | 1.02 ± 0.05 | 6,1 |
| 174 | Adw2 + ayw3 | 0.64 ± 0.04 | 4,0 |
| 175 | Adw2 + ayw3 | 0.49 ± 0.03 | 3,4 |
| 176 | Adw2 + ayw3 | 0.39 ± 0.02 | 2,6 |
| 177 | Adw2 + ayw3 | 0.25 ± 0.02 | 2,0 |
| 178 | Adw2 + ayw3 | 0.11 ± 0.02 | 1,3 |
| 179 | Adw2 + ayw3 | 0.06 ± 0.01 | 0,9 |
| 180 | Adw2 + ayw3 | 0.03 ± 0.01 | 0,8 |
| 181 | Adw2 | 0.5 – 1.0 | 4,7 |
| 182 | Adw4 | 0.5 – 1.0 | 3,6 |
| 183 | Adr | 0.5 – 1.0 | 4,5 |
| 184 | Ayw1 | 0.5 – 1.0 | 5,1 |
| 185 | Ayw2 | 0.5 – 1.0 | 6,4 |
| 186 | Ayw3 | 0.5 – 1.0 | 7,3 |
| 187 | Ayw3 | 0.5 – 1.0 | 5,8 |
| 188 | Ayw4 | 0.5 – 1.0 | 6,9 |
| 189 | Ayr | 0.5 – 1.0 | 6,1 |
| 190 | diluent | / | 0,6 |

The panel # 808, supplied by Boston Biomedical Inc., USA, was also tested to define the limit of sensitivity. Results in the best conditions are as follows :

BBI panel PHA 808

| Sample ID | Characteristics | ng/ml | S/Co |
|-----------|-----------------|-------|-------------|
| 01 | ad | 2,49 | 10,2 |
| 02 | ad | 1,17 | 4,8 |
| 03 | ad | 1,02 | 4,3 |
| 04 | ad | 0,96 | 3,8 |
| 05 | ad | 0,69 | 2,9 |
| 06 | ad | 0,50 | 2,2 |
| 07 | ad | 0,41 | 1,5 |
| 08 | ad | 0,37 | 1,3 |
| 09 | ad | 0,30 | 1,2 |
| 10 | ad | 0,23 | 1,0 |
| 11 | ay | 2,51 | 11,2 |
| 12 | ay | 1,26 | 5,9 |
| 13 | ay | 0,97 | 4,1 |
| 14 | ay | 0,77 | 3,7 |
| 15 | ay | 0,63 | 2,0 |
| 16 | ay | 0,48 | 2,4 |
| 17 | ay | 0,42 | 2,0 |
| 18 | ay | 0,33 | 1,8 |
| 19 | ay | 0,23 | 1,6 |
| 20 | ay | 0,13 | 1,1 |
| 21 | negative | / | 0,6 |

2. Diagnostic Sensitivity:

The diagnostic sensitivity was tested according to what required by Common Technical Specifications (CTS) of the directive 98/79/EC on IVD for HBsAg testing. Positive samples, including HBsAg subtypes and a panel of "s" mutants from most frequent mutations, were collected from

different HBV pathologies (acute, a-symptomatic and chronic hepatitis B) or produced synthetically, and were detected positive in the assay.

All the HBsAg known subtypes, "ay" and "ad", and isoforms "w" and "r", supplied by CNTS, France, were tested in the assay and determined positive by the kit as expected.

An overall value of 100% has been found in a study conducted on a total number of more than 400 samples positive with the original reference IVD code SAG1.CE, CE marked.

A total of 30 sero-conversions were studied, most of them produced by Boston Biomedica Inc., USA.

Results obtained by examining eight panels supplied by Boston Biomedica Inc., USA, are reported below for the version ULTRA in comparison with the reference device code SAG1.CE.

| Panel ID | 1 st sample positive | HBsAg subtype | HBsAg ng/ml | Version ULTRA S/Co | Ref. device S/Co |
|-------------|---------------------------------|---------------|-------------|--------------------|------------------|
| PHM 906 | 02 | ad | 0.5 | 3.7 | 1.4 |
| PHM 907 (M) | 06 | ay | 1.0 | 4.4 | 2.9 |
| PHM 909 | 04 | ad | 0.3 | 1.2 | 0.8 |
| PHM 914 | 04 | ad | 0.5 | 1.1 | 1.1 |
| PHM 918 | 02 | ad | 0.1 | 1.8 | 0.5 |
| PHM 923 | 03 | ay | < 0.2 | 2.2 | 1.2 |
| PHM 925 | 03 | Ind. | n.d. | 1.4 | 0.9 |
| PHM 934 | 01 | ad | n.d. | 1.0 | 0.8 |

3. Diagnostic Specificity:

It is defined as the probability of the assay of scoring negative in the absence of specific analyte. In addition to the first study, where more than 5000 negative samples from blood donors (two blood centers), classified negative with a CE marked device in use at the laboratory of collection were examined, the diagnostic specificity was recently assessed by testing a total of 2288 negative blood donors on seven different lots. A value of specificity of 100% was found.

Both plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and sera have been used to determine the specificity.

No false reactivity due to the method of specimen preparation has been observed.

Frozen specimens have also been tested to check whether samples freezing interferes with the performance of the test. No interference was observed on clean and particle free samples.

Samples derived from patients with different viral (HCV, HAV) and non viral pathologies of the liver that may interfere with the test were examined. No cross reaction were observed.

4. Precision:

It has been calculated for the version ULTRA on two samples examined in 16 replicates in 3 different runs for three lots.

Results are reported in the following tables:

| Average values Total n = 144 | Negative Sample | Calibrator 0.5 IU/ml |
|------------------------------|-----------------|----------------------|
| OD450nm | 0.026 | 0.332 |
| Std.Deviation | 0.004 | 0.027 |
| CV % | 16% | 8% |

The variability shown in the tables did not result in sample misclassification.

| | | | | | | | |
|-------|----------------------|------|--------|-------|---|-------|---------|
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|-------|----------------------|------|--------|-------|---|-------|---------|

S. LIMITATIONS

Repeatable false positive results were assessed on freshly collected specimens in less than 0.1% of the normal population, mostly due to high titers Heterophilic Anti Mouse Antibodies (HAMA).

Interferences in fresh samples were also observed when they were not particles-free or were badly collected (see chapter G). Old or frozen samples, presenting fibrin clots, crioglobulins, lipid-containing micelles or microparticles after storage or thawing, can generate false positive results.

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All the IVD Products manufactured by the company are under the control of a certified Quality Management System approved by an EC Notified Body. Each lot is submitted to a quality control and released into the market only if conforming with the EC technical specifications and acceptance criteria.

Manufacturer:

Dia.Pro Diagnostic Bioprobes S.r.l.
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CE
0318

ВЕКТОР

БЕСТ

Набор реагентов
для иммуноферментного
выявления иммуноглобулинов
класса А к антигенам
Ureaplasma urealyticum

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ

Утверждена 23.10.2009

Приказом Росздравнадзора № 8459-Пр/09

Ureaplasma urealyticum – IgA –
ИФА – БЕСТ

НАБОР РЕАГЕНТОВ
D-2258

1. НАЗНАЧЕНИЕ

1.1. Набор реагентов предназначен для выявления иммуноглобулинов класса А (IgA) к антигенам *Ureaplasma urealyticum* в сыворотке (плазме) крови человека и может быть использован в клинических и эпидемиологических исследованиях.

1.2. Набор реагентов рассчитан на проведение 96 анализов, включая контроли. Возможны 12 независимых постановок ИФА, при каждой из которых 3 лунки используют для постановки контролей.

2. ХАРАКТЕРИСТИКИ НАБОРА

2.1. Принцип действия.

Метод определения основан на твёрдофазном иммуноферментном анализе с применением рекомбинантных антигенов. Во время первой инкубации, при наличии в исследуемых образцах иммуноглобулинов класса А к антигенам *Ureaplasma urealyticum*, происходит их связывание с иммобилизованными на поверхности лунок планшета рекомбинантными антигенами *Ureaplasma urealyticum*. Не связавшийся материал удаляют отмывкой.

На второй стадии антитела к IgA человека, меченные пероксидазой хрена (*конъюгат*), свя-

зываются с комплексом «антиген-антитело». Не связавшийся конъюгат удаляют отмывкой.

Во время третьей инкубации с раствором тетраметилбензидина происходит окрашивание раствора в лунках, содержащих комплексы «антиген-антитело».

Реакцию останавливают добавлением стоп-реагента. Результаты ИФА регистрируют с помощью спектрофотометра, измеряя **оптическую плотность (ОП)** в двухволновом режиме: основной фильтр – 450 нм, референс-фильтр – в диапазоне 620–650 нм. Допустима регистрация результатов только с фильтром 450 нм. Интенсивность жёлтого окрашивания пропорциональна количеству содержащихся в исследуемом образце иммуноглобулинов класса А к антигенам *Ureaplasma urealyticum*.

После измерения ОП раствора в лунках на основании рассчитанного значения $ОП_{крит}$ анализируемые образцы оцениваются как положительные, сомнительные или отрицательные.

2.2. Состав набора:

Набор содержит все необходимые для проведения анализа реагенты, кроме дистиллированной воды:

- планшет разборный с иммобилизованными рекомбинантными антигенами *Ureaplasma urealyticum* – 1 шт.;

- положительный контрольный образец (K^+), инактивированный – 1 фл., 0,5 мл;
- отрицательный контрольный образец (K^-), инактивированный – 1 фл., 1 мл;
- конъюгат – 1 фл.;
- раствор для предварительного разведения (РПР) – 1 фл., 3 мл;
- раствор для разведения конъюгата (РК) – 1 фл., 13 мл.
- раствор для разведения сывороток (РС) – 1 фл., 13 мл;
- концентрат фосфатно-солевого буферного раствора с твином (ФСБ-Тх25) – 1 фл., 28 мл;
- раствор тетраметилбензидина (ТМБ) – 1 фл., 13 мл;
- стоп-реагент – 1 фл., 12 мл;

Набор дополнительно комплектуется:

- плёнками для заклеивания планшета – 3 шт.;
- ванночками для реагентов – 2 шт.;
- наконечниками для пипеток на 4–200 мкл – 16 шт.

3. АНАЛИТИЧЕСКИЕ И ДИАГНОСТИЧЕСКИЕ ХАРАКТЕРИСТИКИ

3.1. Результат качественного определения набором иммуноглобулинов класса А к антигенам *Ureaplasma urealyticum* должен соответствовать требованиям СПП (рег. № 05-2-202 от 27.03.08), включающей образцы сывороток, содержащие специфические IgA к антигенам *Ureaplasma urealyticum*: **чувствительность**

по иммуноглобулинам класса А к антигенам *Ureaplasma urealyticum* – 100%.

3.2. Результат качественного определения набором иммуноглобулинов класса А к антигенам *Ureaplasma urealyticum* должен соответствовать требованиям СПП (рег. № 05-2-202 от 27.03.08), включающей образцы сывороток, не содержащие IgА к антигенам *Ureaplasma urealyticum*: **специфичность** по иммуноглобулинам класса А к антигенам *Ureaplasma urealyticum* – 100%.

4. МЕРЫ ПРЕДОСТОРОЖНОСТИ

Потенциальный риск применения набора – класс 2а (ГОСТ Р 51609-2000).

При подготовке к проведению анализа следует соблюдать меры предосторожности, принятые при работе с потенциально инфекционным материалом:

- работать в резиновых перчатках;
- не пипетировать растворы ртом;
- все использованные материалы дезинфицировать в соответствии с требованиями с СП 1.3.2322-08 и МУ-287-113.

5. ОБОРУДОВАНИЕ И МАТЕРИАЛЫ, НЕОБХОДИМЫЕ ПРИ РАБОТЕ С НАБОРОМ:

- спектрофотометр, позволяющий проводить измерения ОП растворов в лунках планшета при длине волны 450 нм и/или в двухволновом режиме при основной длине волны 450 нм и длине волны сравнения в диапазоне 620–650 нм;
- термостат, поддерживающий температуру (37 ± 1) °С;
- холодильник бытовой;
- пипетки полуавтоматические одноканальные с переменным или фиксированным объёмом со сменными наконечниками, позволяющие отбирать объёмы жидкости от 5 до 1000 мкл;
- пипетка полуавтоматическая многоканальная со сменными наконечниками, позволяющая отбирать объёмы жидкостей от 5 до 300 мкл;
- промывочное устройство для планшета;
- перчатки резиновые хирургические;
- бумага фильтровальная лабораторная;
- цилиндр вместимостью 1000 мл;
- вода дистиллированная;
- дезинфицирующий раствор.

6. АНАЛИЗИРУЕМЫЕ ОБРАЗЦЫ

Допускается использование образцов, хранившихся не более 5 суток при (2–8) °С, либо при минус (20±3) °С, если необходимо более длительное хранение.

Сыворотки, содержащие взвешенные частицы, могут дать неправильный результат. Такие образцы перед использованием следует центрифугировать при 3000 об/мин 10–15 минут.

Нельзя использовать проросшие, гемолизированные, гиперлипидные сыворотки или подвергавшиеся многократному замораживанию и оттаиванию.

7. ПРОВЕДЕНИЕ ИММУНОФЕРМЕНТНОГО АНАЛИЗА

7.1. ВНИМАНИЕ! Тщательное соблюдение описанных ниже требований позволит избежать искажения результатов ИФА.

- Перед постановкой реакции все компоненты набора необходимо выдержать при температуре (18–25) °С не менее 30 минут.
- Для приготовления растворов и проведения ИФА следует использовать чистую мерную посуду и автоматические пипетки с погрешностью измерения объёмов не более 5%.
- Лиофилизированные компоненты должны

быть восстановлены, как минимум, за 15 минут до их использования.

- После отбора необходимого количества стрипов оставшиеся сразу упаковать в пакет с осушителем. Упакованные стрипы, плотно закрытые флаконы с исходными компонентами хранить при (2–8) °С.
- Раствор конъюгата в рабочем разведении готовить непосредственно перед использованием.
- Раствор ТМБ готов для использования. Необходимо исключить воздействие прямого света на раствор ТМБ.
- При промывке лунки (*стрипа, планшета*) заполнять полностью, не допуская переливания промывочного раствора через края лунок, и не касаясь лунок наконечником пипетки. Время между заполнением и опорожнением лунок должно быть не менее 30 секунд.
- При использовании автоматического или ручного промывателя необходимо следить за состоянием ёмкости для промывочного раствора и соединительных шлангов: в них не должно быть «заростов». Раз в неделю желательно ёмкость для промывочного раствора и шланги промывать 70% спиртом.
- Не допускать высыхания лунок планшета между отдельными операциями.

- При постановке ИФА нельзя использовать компоненты из наборов разных серий или смешивать их при приготовлении растворов, кроме неспецифических компонентов (*ФСБ-Т×25, раствор ТМБ, стоп-реагент*), которые взаимозаменяемы в наборах АО «Вектор-Бест».
- При приготовлении растворов и проведении ИФА следует использовать **одноразовые** наконечники для дозаторов.
- Посуду (*ванночки*), используемые для работы с растворами конъюгата и ТМБ, не обрабатывать дезинфицирующими растворами и моющими средствами.
- В случае повторного использования посуду (*ванночки*) для раствора конъюгата промыть проточной водой и тщательно ополоснуть дистиллированной водой, посуду (*ванночки*) для раствора ТМБ сразу после работы необходимо промыть 50% раствором этилового спирта, а затем дистиллированной водой.
- Для дезинфекции посуды и материалов, контактирующих с исследуемыми и контрольными образцами, рекомендуем использовать дезинфицирующие средства, не оказывающие негативного воздействия на качество ИФА, не содержащие активный кислород и

хлор, например, комбинированные средства на основе ЧАС (*четвертичных аммониевых соединений*), спиртов, третичных аминов.

- Пипетки и рабочие поверхности обрабатывать только 70% раствором этилового спирта. Не использовать перекись водорода, хлорамин и т.д.

7.2. Приготовление реагентов.

7.2.1. Промывочный раствор.

Взболтать содержимое флакона с ФСБ-Т×25. При выпадении осадка солей в концентрате прогреть его перед разведением до полного растворения осадка.

В соответствии с числом используемых стрипов отобрать необходимое количество ФСБ-Т×25 (*см. таблицу*) и развести дистиллированной водой до указанного в таблице объема или содержимое 1 флакона – до **700 мл**.

Хранение: при температуре (2–8) °С до 72 часов.

7.2.2. Контрольные образцы.

Контрольные образцы (K^+ и K^-) готовы к использованию.

Хранение: при температуре (2–8) °С в течение всего срока годности набора.

Таблица расхода реагентов

| | Количество используемых стрипов | | | | | | | | | | | |
|---|---------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Промывочный раствор | | | | | | | | | | | | |
| ФСБ-Т×25, мл | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 |
| Дистиллированная вода, мл | до 50 | до 100 | до 150 | до 200 | до 250 | до 300 | до 350 | до 400 | до 450 | до 500 | до 550 | до 600 |
| Раствор конъюгата в рабочем разведении | | | | | | | | | | | | |
| Конъюгат (концентрат), мкл | α^* | 2× α | 3× α | 4× α | 5× α | 6× α | 7× α | 8× α | 9× α | 10× α | 11× α | 12× α |
| РК, мл | 1,0 | 2,0 | 3,0 | 4,0 | 5,0 | 6,0 | 7,0 | 8,0 | 9,0 | 10,0 | 11,0 | 12,0 |
| Раствор ТМБ | | | | | | | | | | | | |
| Раствор ТМБ, мл | 1,0 | 2,0 | 3,0 | 4,0 | 5,0 | 6,0 | 7,0 | 8,0 | 9,0 | 10,0 | 11,0 | 12,0 |

$\alpha = \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle$

7.2.3. Растворы конъюгата.

Внимание! Для работы с конъюгатом рекомендуем использовать одноразовые наконечники для пипеток.

Приготовить концентрированный раствор конъюгата путём растворения содержимого флакона с конъюгатом в **1,0 мл РПР**.

Хранение: концентрированный раствор конъюгата при температуре (2–8) °С до 1 месяца.

Внимание! Раствор конъюгата в рабочем разведении готовить в пластиковой ванночке, входящей в состав набора, непосредственно перед использованием!

Перед приготовлением раствора конъюгата в рабочем разведении необходимо аккуратно перемешать, не допуская вспенивания, содержимое флаконов с концентратом конъюгата и с РК.

В пластиковую ванночку отобрать необходимое количество (см. таблицу) концентрированного раствора конъюгата, добавить соответствующее количество РК и аккуратно перемешать пипетированием до получения равномерного окрашивания.

7.2.4. Раствор ТМБ.

Внимание! Раствор ТМБ готов к применению.

Необходимо исключить воздействие света на раствор ТМБ.

В пластиковую ванночку отобрать только необходимое в соответствии с числом используемых стрипов количество раствора ТМБ (см. таблицу). Остатки раствора ТМБ из ванночки утилизировать (*не сливать во флакон с исходным раствором ТМБ*).

7.3. Проведение анализа

7.3.1. Подготовить необходимое количество стрипов к работе. Оставшиеся – сразу упаковать во избежание губительного воздействия влаги. Для этого стрипы поместить в цефленовый пакет с влагопоглотителем, тщательно закрыть пакет пластиковой застёжкой. Упакованные таким образом стрипы хранить при (2–8) °С до конца срока годности набора.

Приготовить промывочный раствор (п. 7.2.1), концентрированный раствор конъюгата (п. 7.2.3).

Внимание! Концентрированный раствор конъюгата должен быть приготовлен, как минимум, за 15 минут до постановки ИФА и выдержан при температуре (18–25) °С.

7.3.2. Перед постановкой ИФА лунки стрипов промыть один раз промывочным раствором, заливая в каждую лунку по 400 мкл промывочного раствора. По истечении 5 минут

раствор аккуратно удалить в сосуд с дезинфицирующим раствором.

По окончании промывки необходимо тщательно удалить влагу из лунок, постукивая перевёрнутыми стрипами по сложенной в несколько слоёв фильтровальной бумаге. Не допускать высыхания лунок стрипов между отдельными операциями при постановке реакции.

7.3.3. Во все лунки стрипов внести по **80 мкл РС**. В одну лунку внести **20 мкл K^+** , в две другие лунки по **20 мкл K^-** , в остальные лунки – по **20 мкл исследуемых образцов**, получая таким образом, разведение 1:5. Внесение образцов должно сопровождаться аккуратным перемешиванием (*пипетирование не менее 4 раз*). Не допускать вспенивания и касания наконечником дна и стенок лунки.

Лунки заклеить плёнкой и инкубировать при температуре (37 ± 1) °C **30 минут**.

За 5 минут до окончания инкубации приготовить раствор конъюгата в рабочем разведении.

7.3.4. По окончании инкубации содержимое лунок собрать в сосуд с дезинфицирующим раствором, промыть лунки стрипов 5 раз промывочным раствором и тщательно удалить влагу.

Внимание! Каждую лунку при промывке необходимо заполнять полностью (**400 мкл**

промывочного раствора). Необходимо добиваться полного опорожнения лунок после каждого их заполнения. Время между заполнением и опорожнением лунок должно быть не менее 30 секунд.

7.3.5. Во все лунки планшета внести по **100 мкл раствора конъюгата в рабочем разведении.**

Внимание! Для внесения раствора конъюгата использовать пластиковую ванночку и одноразовые наконечники, входящие в состав набора.

Заклеить лунки плёнкой и инкубировать при температуре $(37\pm 1)^\circ\text{C}$ **30 минут.**

По окончании инкубации содержимое лунок собрать в сосуд с дезинфицирующим раствором, лунки промыть 5 раз промывочным раствором и удалить влагу, как описано выше.

7.3.6. Во все лунки внести по **100 мкл раствора ТМБ.**

Внимание! Для внесения раствора ТМБ использовать пластиковую ванночку и одноразовые наконечники, входящие в состав набора.

Стрипы поместить в защищённое от света место при температуре $(18-25)^\circ\text{C}$ на **30 минут.**

7.3.7. Остановить реакцию добавлением в каждую лунку по **100 мкл стоп-реагента** и через 2–3 минуты измерить ОП.

Следует избегать попадания стоп-реагента на одежду и открытые участки тела. При попадании – промыть большим количеством воды.

8. РЕГИСТРАЦИЯ РЕЗУЛЬТАТОВ

Результаты ИФА регистрировать с помощью спектрофотометра, измеряя ОП в двухволновом режиме: основной фильтр – 450 нм, референс-фильтр – в диапазоне 620–650 нм. Допускается регистрация результатов только с фильтром 450 нм.

Выведение спектрофотометра на нулевой уровень («бланк») осуществлять по воздуху.

9. УЧЁТ РЕЗУЛЬТАТОВ АНАЛИЗА

9.1. Результаты исследований учитывать только при соблюдении следующих условий:

– среднее значение ОП в лунках с K^- не более 0,25 ($ОП_{ср}K^- \leq 0,25$);

– значение ОП в лунке с K^+ не менее 0,6 ($ОПК^+ \geq 0,60$).

Вычислить критическое значение ОП ($ОП_{крит}$) по формуле:

$$ОП_{крит} = ОП_{ср}(K^-) + 0,25,$$

где $ОП_{ср}K^-$ – среднее значение ОП для отрицательного контрольного образца.

Исследуемый образец оценить как:

– **отрицательный**, т.е. не содержащий IgA к антигенам *Ureaplasma urealyticum*, если полученное для него значение $ОП_{обр} \leq ОП_{крит} - 0,05$;

– **положительный**, т.е. содержащий IgA к антигенам *Ureaplasma urealyticum*, если значение $ОП_{обр} \geq ОП_{крит} + 0,05$;

– **сомнительный**, если $ОП_{крит} - 0,05 < ОП_{обр} < ОП_{крит} + 0,05$.

Пациентам с сомнительными и положительными результатами рекомендуется дополнительное обследование (*выявление возбудителя, обследование парных сывороток*). Все клинические и лабораторные данные должны быть рассмотрены в совокупности.

10. УСЛОВИЯ ХРАНЕНИЯ И ЭКСПЛУАТАЦИИ НАБОРА

10.1. Транспортирование набора должно проводиться при температуре (2–8) °С. Допускается транспортирование при температуре до 25 °С не более 10 суток. Замораживание не допускается.

10.2. Хранение набора в упаковке предприятия-изготовителя должно производиться при температуре (2–8) °С. Замораживание не допускается.

10.3. Срок годности набора реагентов – 12 месяцев со дня выпуска.

По вопросам, касающимся качества набора, обращаться в АО «Вектор-Бест» по адресу:

630559, Новосибирская область, Новосибирский район, п. Кольцово, а/я 121;

тел.: (383) 332-92-49, 227-60-30;

тел./факс: (383) 332-94-47, 332-94-44;

E-mail: plkobtk@vector-best.ru

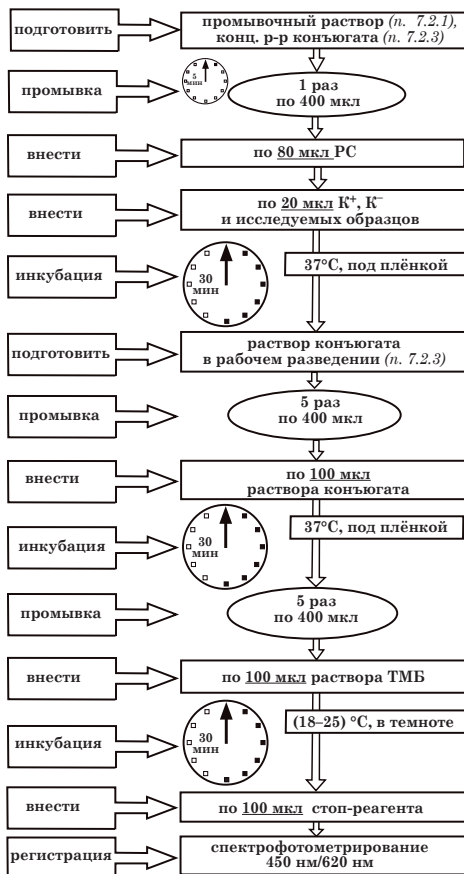
и в Институт стандартизации и контроля лекарственных средств ФГУ «НЦ ЭСМП» Росздравнадзора по адресу: 117246, Москва, Научный проезд, д. 14А, тел. (495) 120-60-95; 120-60-96.

ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ ДЛЯ ПОТРЕБИТЕЛЕЙ:








- Набор реагентов предназначен для профессионального применения и должен использоваться обученным персоналом;
- При использовании набора образуются отходы классов А, Б и Г, которые классифицируются и уничтожаются (*утилизируются*) в соответствии с СанПиН 2.1.7.2790-10 «Санитарно-эпидемиологические требования к обращению с медицинскими отходами». Дезинфекцию наборов следует проводить по МУ-287-113 «Методические указания по дезинфекции, предстерилизационной очистке и стерилизации изделий медицинского назначения»;

- Требования безопасности к медицинским лабораториям приведены в ГОСТ Р 52905-2007;
- Не применять набор реагентов по назначению после окончания срока годности;
- Транспортирование должно проводиться всеми видами крытого транспорта в соответствии с правилами перевозок, действующими на транспорте данного вида.
- Производитель гарантирует соответствие выпускаемых изделий требованиям нормативной и технической документации;
- Безопасность и качество изделия гарантируются в течение всего срока годности;
- Производитель отвечает за недостатки изделия, за исключением дефектов, возникших вследствие нарушения правил пользования, условий транспортирования и хранения, либо действия третьих лиц, либо непреодолимой силы.
- Производитель обязуется за свой счёт заменить изделие, технические и функциональные характеристики (*потребительские свойства*) которого не соответствуют нормативной и технической документации, если указанные недостатки явились следствием скрытого дефекта материалов или некачественного изготовления изделия производителем.

Схема анализа D-2258



ГРАФИЧЕСКИЕ СИМВОЛЫ

| | | | |
|---|---|---|---|
|  | Номер по каталогу |  | Медицинское изделие для диагностики <i>in vitro</i> |
|  | Содержимого достаточно для проведения n количества тестов |  | Не стерильно |
|  | Код партии |  | Температурный диапазон |
|  | Дата изготовления: XXXX-XX-XX Формат даты: год-месяц-число |  | Изготовитель |
|  | Использовать до: XXXX-XX-XX Формат даты: год-месяц-число |  | Обратитесь к Инструкции по применению |
|  | Осторожно! Обратитесь к Инструкции по применению | | |

Консультацию специалиста по работе с набором можно получить по тел.: (383) 332-81-44.

20.04.16

**АКЦИОНЕРНОЕ ОБЩЕСТВО
«ВЕКТОР-БЕСТ»**

Международный сертификат
ISO 13485

Наш адрес: 630117, Новосибирск-117, а/я 492

Тел.: (383) 332-37-58, 332-37-10, 332-36-34,
332-67-49, 332-67-52

Тел./факс: (383) 227-73-60 (многоканальный)

E-mail: vbmarket@vector-best.ru

Internet: www.vector-best.ru

ВЕКТОР

БЕСТ

Набор реагентов
для иммуноферментного
выявления иммуноглобулинов
класса G к антигенам
Ureaplasma urealyticum

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ

Утверждена 23.10.2009
Приказом Росздравнадзора № 8458-Пр/09

Ureaplasma urealyticum – IgG –
ИФА – БЕСТ

НАБОР РЕАГЕНТОВ

D-2254

1. НАЗНАЧЕНИЕ

1.1. Набор реагентов предназначен для выявления иммуноглобулинов класса G (IgG) к антигенам *Ureaplasma urealyticum* в сыворотке (плазме) крови человека и может быть использован в клинических и эпидемиологических исследованиях.

1.2. Набор реагентов рассчитан на проведение 96 анализов, включая контрольные образцы. Возможны 12 независимых постановок ИФА, при каждой из которых 3 лунки используют для постановки контролей.

2. ХАРАКТЕРИСТИКИ НАБОРА

2.1. Принцип действия.

Метод определения основан на твёрдофазном иммуноферментном анализе с применением рекомбинантных антигенов. Во время первой инкубации, при наличии в исследуемых образцах иммуноглобулинов класса G к антигенам *Ureaplasma urealyticum*, происходит их связывание с иммобилизованными на поверхности лунок планшета рекомбинантными антигенами *Ureaplasma urealyticum*. Не связавшийся материал удаляют отмывкой.

На второй стадии антитела к IgG человека, меченные пероксидазой хрена (*конъюгат*), свя-

зываются с комплексом «антиген-антитело». Не связавшийся конъюгат удаляют отмывкой.

Во время третьей инкубации с раствором тетраметилбензидина происходит окрашивание раствора в лунках, содержащих комплексы «антиген-антитело».

Реакцию останавливают добавлением стоп-реагента. Результаты ИФА регистрируют с помощью спектрофотометра, измеряя **оптическую плотность (ОП)** в двухволновом режиме: основной фильтр – 450 нм, референс-фильтр – в диапазоне 620–650 нм. Допустима регистрация результатов только с фильтром 450 нм. Интенсивность жёлтого окрашивания пропорциональна количеству содержащихся в исследуемом образце иммуноглобулинов класса G к антигенам *Ureaplasma urealyticum*.

После измерения ОП раствора в лунках на основании рассчитанного значения $ОП_{крит}$ анализируемые образцы оцениваются как положительные, сомнительные или отрицательные.

2.2. Состав набора.

Набор содержит все необходимые для проведения анализа реагенты, кроме дистиллированной воды:

- планшет разборный с иммобилизованными рекомбинантными антигенами *Ureaplasma urealyticum* – 1 шт.;
- положительный контрольный образец (K^+), инактивированный – 1 фл., 0,5 мл;
- отрицательный контрольный образец (K^-), инактивированный – 1 фл., 1 мл;
- конъюгат – 1 фл.;
- раствор для предварительного разведения (РПР) – 1 фл., 3 мл;
- раствор для разведения конъюгата (РК) – 1 фл., 13 мл.
- разводящий буфер для сывороток (РБС) – 1 фл., 13 мл;
- концентрат фосфатно-солевого буферного раствора с твином (ФСБ-Тх25) – 1 фл., 28 мл;
- раствор тетраметилбензидаина (ТМБ) – 1 фл., 13 мл;
- стоп-реагент – 1 фл., 12 мл;

Набор дополнительно комплектуется:

- плёнками для заклеивания планшета – 3 шт.;
- ванночками для реагентов – 2 шт.;
- наконечниками для пипеток на 4–200 мкл – 16 шт.

3. АНАЛИТИЧЕСКИЕ И ДИАГНОСТИЧЕСКИЕ ХАРАКТЕРИСТИКИ

3.1. Результат качественного определения набором иммуноглобулинов класса G к антигенам *Ureaplasma urealyticum* должен соответствовать требованиям СПП (рег. № 05-2-107 от 29.05.08), включающей образцы сывороток, содержащие специфические IgG к антигенам *Ureaplasma urealyticum*: **чувствительность** по иммуноглобулинам класса G к антигенам *Ureaplasma urealyticum* – 100%.

3.2. Результат качественного определения набором иммуноглобулинов класса G к антигенам *Ureaplasma urealyticum* должен соответствовать требованиям СПП (рег. № 05-2-107 от 29.05.08), включающей образцы сывороток, не содержащие IgG к антигенам *Ureaplasma urealyticum*: **специфичность** по иммуноглобулинам класса G к антигенам *Ureaplasma urealyticum* – 100%.

4. МЕРЫ ПРЕДОСТОРОЖНОСТИ

Потенциальный риск применения набора – класс 2а (ГОСТ Р 51609-2000).

При подготовке к проведению анализа следует соблюдать меры предосторожности, принятые при работе с потенциально инфекционным материалом:

- * работать в резиновых перчатках;
- * не пипетировать растворы ртом;
- * все использованные материалы дезинфицировать в соответствии с требованиями с СП 1.3.2322-08 и МУ-287-113.

5. ОБОРУДОВАНИЕ И МАТЕРИАЛЫ, НЕОБХОДИМЫЕ ПРИ РАБОТЕ С НАБОРОМ:

- Спектрофотометр, позволяющий проводить измерения оптической плотности растворов в лунках планшета при длине волны 450 нм и/или в двухволновом режиме при основной длине волны 450 нм и длине волны сравнения в диапазоне 620–650 нм;
- термостат, поддерживающий температуру (37 ± 1) °С;
- холодильник бытовой;
- пипетки полуавтоматические одноканальные с переменным или фиксированным объёмом со сменными наконечниками, позволяющие отбирать объёмы жидкости от 5 до 1000 мкл;
- пипетка полуавтоматическая многоканальная со сменными наконечниками, позволяющая отбирать объёмы жидкостей от 5 до 300 мкл;
- промывочное устройство для планшета;
- перчатки резиновые хирургические;

- бумага фильтровальная лабораторная;
- цилиндр вместимостью 1000 мл;
- вода дистиллированная;
- дезинфицирующий раствор.

6. АНАЛИЗИРУЕМЫЕ ОБРАЗЦЫ

Допускается использование образцов, хранившихся при (2–8)°С не более 5 суток, либо при минус (20±3) °С, если необходимо более длительное хранение.

Сыворотки, содержащие взвешенные частицы, могут дать неправильный результат. Такие образцы перед использованием следует центрифугировать при 3000 об/мин 10–15 минут.

Нельзя использовать проросшие, гемолизированные, гиперлипидные сыворотки или подвергавшиеся многократному замораживанию и оттаиванию.

7. ПРОВЕДЕНИЕ ИММУНОФЕРМЕНТНОГО АНАЛИЗА

7.1. ВНИМАНИЕ! Тщательное соблюдение описанных ниже требований позволит избежать искажения результатов ИФА.

- Перед постановкой реакции все компоненты набора необходимо выдержать при температуре (18–25) °С не менее 30 минут.
- Для приготовления растворов и проведения ИФА следует использовать чистую мерную посуду и автоматические пипетки с погрешностью измерения объёмов не более 5%.
- Лиофилизированные компоненты должны быть восстановлены, как минимум, за 15 минут до их использования.
- После отбора необходимого количества стрипов оставшиеся сразу упаковать в пакет с осушителем. Упакованные стрипы, плотно закрытые флаконы с исходными компонентами хранить при (2–8) °С.
- Раствор конъюгата в рабочем разведении готовить непосредственно перед использованием.
- Раствор ТМБ готов для использования. Необходимо исключить воздействие прямого света на раствор ТМБ.

- При промывке лунки (*стрипа, планшета*) заполнять полностью, не допуская переливания промывочного раствора через края лунок, и не касаясь лунок наконечником пипетки. Время между заполнением и опорожнением лунок должно быть не менее 30 секунд.
- При использовании автоматического или ручного промывателя необходимо следить за состоянием ёмкости для промывочного раствора и соединительных шлангов: в них не должно быть «заростов». Раз в неделю желательно ёмкость для промывочного раствора и шланги промывать 70% спиртом.
- Не допускать высыхания лунок планшета между отдельными операциями.
- При постановке ИФА нельзя использовать компоненты из наборов разных серий или смешивать их при приготовлении растворов, кроме неспецифических компонентов (*ФСБ-Т×25, раствор ТМБ, стоп-реагент*), которые взаимозаменяемы в наборах АО «Вектор-Бест».
- При приготовлении растворов и проведении ИФА следует использовать **одноразовые** наконечники для дозаторов.
- Посуду (*ванночки*), используемые для работы с растворами конъюгата и ТМБ, не обрабаты-

вать дезинфицирующими растворами и моющими средствами.

- В случае повторного использования посуду (*ванночки*) для раствора конъюгата промыть проточной водой и тщательно ополоснуть дистиллированной водой, посуду (*ванночки*) для раствора ТМБ сразу после работы необходимо промыть 50% раствором этилового спирта, а затем дистиллированной водой.
- Для дезинфекции посуды и материалов, контактирующих с исследуемыми и контрольными образцами, рекомендуем использовать дезинфицирующие средства, не оказывающие негативного воздействия на качество ИФА, не содержащие активный кислород и хлор, например, комбинированные средства на основе ЧАС (*четвертичных аммониевых соединений*), спиртов, третичных аминов.
- Пипетки и рабочие поверхности обрабатывать только 70% раствором этилового спирта. Не использовать перекись водорода, хлорамин и т.д.

7.2. Приготовление реагентов.

7.2.1. Промывочный раствор.

Взболтать содержимое флакона с ФСБ-Т×25. При выпадении осадка солей в концентрате прогреть его перед разведением до полного растворения осадка.

Таблица расхода реагентов

| | | Количество используемых стрипов | | | | | | | | | | | |
|---|------------|---------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Промывочный раствор | | | | | | | | | | | | | |
| ФСБ-Т×25, мл | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 | |
| Дистиллированная вода, мл | до 50 | до 100 | до 150 | до 200 | до 250 | до 300 | до 350 | до 400 | до 450 | до 500 | до 550 | до 600 | |
| Раствор конъюгата в рабочем разведении | | | | | | | | | | | | | |
| Конъюгат (концентрат), мкл | α^* | 2× α | 3× α | 4× α | 5× α | 6× α | 7× α | 8× α | 9× α | 10× α | 11× α | 12× α | |
| РК, мл | 1,0 | 2,0 | 3,0 | 4,0 | 5,0 | 6,0 | 7,0 | 8,0 | 9,0 | 10,0 | 11,0 | 12,0 | |
| Раствор ТМБ | | | | | | | | | | | | | |
| Раствор ТМБ, мл | 1,0 | 2,0 | 3,0 | 4,0 | 5,0 | 6,0 | 7,0 | 8,0 | 9,0 | 10,0 | 11,0 | 12,0 | |

$\alpha = \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle \blacktriangle$ МКЛ

В соответствии с числом используемых стрипов отобрать необходимое количество ФСБ-Т×25 (см. таблицу) и развести дистиллированной водой до указанного в таблице объёма или содержимое 1 флакона – до **700 мл**.

Хранение: при температуре (2–8) °С 72 часа.

7.2.2. Контрольные образцы.

Контрольные образцы (K^+ и K^-) готовы к использованию.

Хранение: при температуре (2–8) °С в течение всего срока годности набора.

7.2.3. Растворы конъюгата.

Внимание! Для работы с конъюгатом рекомендуем использовать одноразовые наколечники для пипеток.

Приготовить концентрированный раствор конъюгата путём растворения содержимого флакона с конъюгатом в **1,0 мл РПР**.

Хранение: концентрированный раствор конъюгата – при температуре (2–8) °С до 1 месяца.

Внимание! Раствор конъюгата в рабочем разведении готовить в пластиковой ванночке, входящей в состав набора, непосредственно перед использованием!

Перед приготовлением раствора конъюгата в рабочем разведении необходимо аккуратно перемешать, не допуская вспенивания, содержимое флаконов с концентратом конъюгата и с РК.

В пластиковую ванночку отобрать необходимое количество (см. таблицу) концентрированного раствора конъюгата, добавить соответствующее количество РК и аккуратно перемешать пипетированием до получения равномерного окрашивания.

7.2.4. Раствор ТМБ.

Внимание! Раствор ТМБ готов к применению.

Необходимо исключить воздействие света на раствор ТМБ.

В пластиковую ванночку отобрать только необходимое в соответствии с числом используемых стрипов количество раствора ТМБ (см. таблицу). Остатки раствора ТМБ из ванночки утилизировать (*не сливать во флакон с исходным раствором ТМБ*).

7.3. Проведение анализа.

7.3.1. Подготовить необходимое количество стрипов к работе. Оставшиеся – сразу упаковать во избежание губительного воздействия влаги. Для этого стрипы поместить в цефленовый пакет с влагопоглотителем, тщательно закрыть

пакет пластиковой застёжкой. Упакованные таким образом стрипы хранить при (2–8)°С до конца срока годности набора.

Приготовить промывочный раствор (п. 7.2.1), концентрированный раствор конъюгата (п. 7.2.3).

Внимание! Концентрированный раствор конъюгата должен быть приготовлен, как минимум, за 15 минут до постановки ИФА и выдержан при температуре (18–25)°С.

7.3.2. Перед постановкой ИФА лунки стрипов промыть один раз промывочным раствором, заливая в каждую лунку по 400 мкл промывочного раствора. По истечении 5 минут раствор аккуратно удалить в сосуд с дезинфицирующим раствором.

По окончании промывки необходимо тщательно удалить влагу из лунок, постукивая перевернутыми стрипами по сложенной в несколько слоёв фильтровальной бумаге. Не допускать высыхания лунок стрипов между отдельными операциями при постановке реакции.

7.3.3. Во все лунки стрипов внести по **80 мкл РБС**. В одну лунку внести **20 мкл K⁺**, в две другие лунки по **20 мкл K⁻**, в остальные лунки – по **20 мкл исследуемых образцов**, получая таким образом, разведение 1:5. Внесение образцов должно сопровождаться аккуратным

перемешиванием (*пипетирование не менее 4 раз*). Не допускать вспенивания и касания наконечником дна и стенок лунки.

Лунки заклеить плёнкой и инкубировать при температуре $(37\pm 1)^\circ\text{C}$ **30 минут**.

За 5 минут до окончания инкубации приготовить раствор конъюгата в рабочем разведении.

7.3.4. По окончании инкубации содержимое лунок собрать в сосуд с дезинфицирующим раствором, промыть лунки стрипов 5 раз промывочным раствором и тщательно удалить влагу.

Внимание! Каждую лунку при промывке необходимо заполнять полностью (**400 мкл промывочного раствора**). Необходимо добиваться полного опорожнения лунок после каждого их заполнения. Время между заполнением и опорожнением лунок должно быть не менее 30 секунд.

7.3.5. Во все лунки планшета внести по **100 мкл раствора конъюгата в рабочем разведении**.

Внимание! Для внесения раствора конъюгата использовать пластиковую ванночку и одноразовые наконечники, входящие в состав набора.

Заклеить лунки плёнкой и инкубировать при температуре $(37\pm 1)^\circ\text{C}$ **30 минут**.

По окончании инкубации содержимое лунок собрать в сосуд с дезинфицирующим раствором, лунки промыть 5 раз промывочным раствором и удалить влагу, как описано выше.

7.3.6. Во все лунки внести по **100 мкл раствора ТМБ**.

Внимание! Для внесения раствора ТМБ использовать пластиковую ванночку и одноразовые наконечники, входящие в состав набора.

Стрипы поместить в защищённое от света место при температуре (18–25) °С на **30 минут**.

7.3.7. Остановить реакцию добавлением в каждую лунку по **100 мкл стоп-реагента** и через 2–3 минуты измерить ОП.

Следует избегать попадания стоп-реагента на одежду и открытые участки тела. При попадании – промыть большим количеством воды.

8. РЕГИСТРАЦИЯ РЕЗУЛЬТАТОВ

Результаты ИФА регистрировать с помощью спектрофотометра, измеряя ОП в двухволновом режиме: основной фильтр – 450 нм, референс-фильтр – в диапазоне 620–650 нм. Допускается регистрация результатов только с фильтром 450 нм.

Выведение спектрофотометра на нулевой уровень («бланк») осуществлять по воздуху.

9. УЧЁТ РЕЗУЛЬТАТОВ АНАЛИЗА

9.1. Результаты исследований учитывать только при соблюдении следующих условий:

– среднее значение ОП в лунках с K^- не более 0,25 ($ОП_{ср} K^- \leq 0,25$);

– значение ОП в лунке с K^+ не менее 0,6 ($ОП K^+ \geq 0,60$).

Вычислить критическое значение ОП ($ОП_{крит}$) по формуле:

$$ОП_{крит} = ОП_{ср} K^- + 0,25,$$

где $ОП_{ср} K^-$ – среднее значение ОП для K^- .

Исследуемый образец оценить как:

– отрицательный, т.е. не содержащий IgG к антигенам *Ureaplasma urealyticum*, если полученное для него значение $ОП_{обр} \leq 0$ $ОП_{крит} - 0,05$;

– положительный, т.е. содержащий IgG к антигенам *Ureaplasma urealyticum*, если значение $ОП_{обр} \geq ОП_{крит} + 0,05$;

– сомнительный, если $ОП_{крит} - 0,05 < ОП_{обр} < ОП_{крит} + 0,05$.

9.2. Интерпретация результатов.

| ОП сыворотки | Результат | Титр IgG |
|--|---------------------|----------|
| $ОП_{обр} \leq ОП_{крит} - 0,05$ | отрицательный | – |
| $ОП_{крит} - 0,05 < ОП_{обр} < ОП_{крит} + 0,05$ | сомнительный | – |
| $ОП_{крит} + 0,05 \leq ОП_{обр} \leq 1,5 \times ОП_{крит}$ | слабоположительный | 1:5 |
| $1,5 \times ОП_{крит} < ОП_{обр} \leq 2 \times ОП_{крит}$ | положительный | 1:10 |
| $2 \times ОП_{крит} < ОП_{обр} \leq 3 \times ОП_{крит}$ | сильноположительный | 1:20 |
| $3 \times ОП_{крит} < ОП_{обр} \leq 4 \times ОП_{крит}$ | сильноположительный | 1:40 |
| $ОП_{обр} > 4 \times ОП_{крит}$ | сильноположительный | 1:80 |

Пациентам с сомнительными и положительными результатами рекомендуется дополнительное обследование (выявление возбудителя, обследование парных сывороток). Все клинические и лабораторные данные должны быть рассмотрены в совокупности.

10. УСЛОВИЯ ХРАНЕНИЯ И ЭКСПЛУАТАЦИИ НАБОРА

10.1. Транспортирование набора должно проводиться при температуре (2–8) °С. Допускается транспортирование при температуре до 25 °С не более 10 суток. Замораживание не допускается.

10.2. Хранение набора в упаковке предприятия-изготовителя должно производиться при температуре (2–8) °С. Замораживание не допускается.

10.3. Срок годности набора реагентов – 12 месяцев со дня выпуска.

По вопросам, касающимся качества набора, обращаться в АО «Вектор-Бест» по адресу:

630559, п. Кольцово, Новосибирской обл, Новосибирского района, а/я 121,

тел.: (383) 332-92-49, 227-60-30;

тел./факс: (383), 332-94-47, 332-94-44.;

E-mail: plkobtk@vector-best.ru

и в Институт стандартизации и контроля лекарственных средств ФГУ «НЦ ЭСМП» Росздравнадзора по адресу: 117246, Москва, Научный проезд, д.14А, тел.: (495) 120-60-95, 120-60-96.

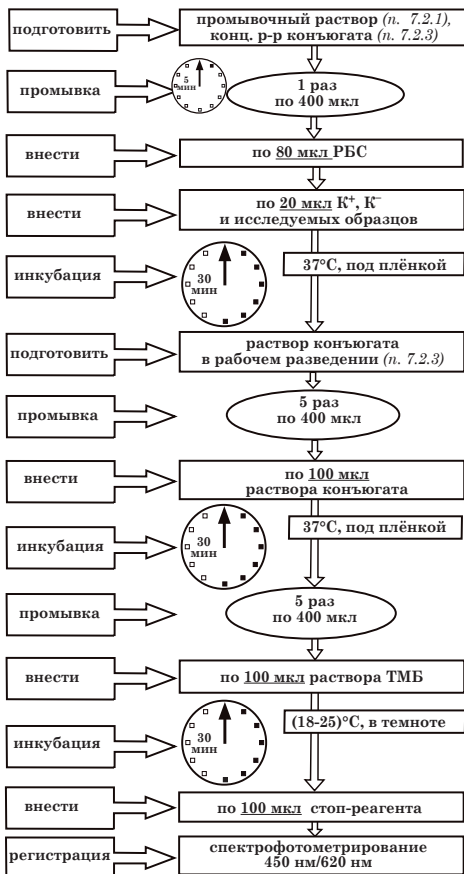
ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ ДЛЯ ПОТРЕБИТЕЛЕЙ:

- Набор реагентов предназначен для профессионального применения и должен использоваться обученным персоналом;
- При использовании набора образуются отходы классов А, Б и Г, которые классифицируются и уничтожаются (*утилизируются*) в соответствии с












СанПиН 2.1.7.2790-10 «Санитарно-эпидемиологические требования к обращению с медицинскими отходами». Дезинфекцию наборов следует проводить по МУ-287-113 «Методические указания по дезинфекции, предстерилизационной очистке и стерилизации изделий медицинского назначения»;

- Требования безопасности к медицинским лабораториям приведены в ГОСТ Р 52905-2007;
- Не применять набор реагентов по назначению после окончания срока годности;
- Транспортирование должно проводиться всеми видами крытого транспорта в соответствии с правилами перевозок, действующими на транспорте данного вида.
- Производитель гарантирует соответствие выпускаемых изделий требованиям нормативной и технической документации;
- Безопасность и качество изделия гарантируются в течение всего срока годности;
- Производитель отвечает за недостатки изделия, за исключением дефектов, возникших вследствие нарушения правил пользования, условий транспортирования и хранения, либо действия третьих лиц, либо непреодолимой силы.
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Схема анализа D-2254



ГРАФИЧЕСКИЕ СИМВОЛЫ

| | | | |
|--|---|---|---|
|  | Номер по каталогу |  | Медицинское изделие для диагностики <i>in vitro</i> |
|  | Содержимого достаточно для проведения n количества тестов |  | Не стерильно |
|  | Код партии |  | Температурный диапазон |
|  | Дата изготовления: XXXX-XX-XX Формат даты: год-месяц-число |  | Изготовитель |
|  | Использовать до: XXXX-XX-XX Формат даты: год-месяц-число |  | Обратитесь к Инструкции по применению |
|  | Осторожно! Обратитесь к Инструкции по применению | | |

Консультацию специалиста по работе с набором можно получить по тел.: (383) 332-81-44.

20.04.16

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Internet: www.vector-best.ru

HBcAb

**Competitive Enzyme Immunoassay for
the determination of antibodies
to Hepatitis B core Antigen
in human serum and plasma**

- for "in vitro" diagnostic use only -



DIA.PRO

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REF. BCAB.CE
96 Tests

HBcAb

A. INTENDED USE

Competitive Enzyme ImmunoAssay (ELISA) for the determination of antibodies to Hepatitis B core Antigen in human plasma and sera.

The kit is intended for the screening of blood units and the follow-up of HBV-infected patients.

For "in vitro" diagnostic use only.

B. INTRODUCTION

The World Health Organization (WHO) defines Hepatitis B as follows:

"Hepatitis B is one of the major diseases of mankind and is a serious global public health problem. Hepatitis means inflammation of the liver, and the most common cause is infection with one of 5 viruses, called hepatitis A,B,C,D, and E. All of these viruses can cause an acute disease with symptoms lasting several weeks including yellowing of the skin and eyes (jaundice); dark urine; extreme fatigue; nausea; vomiting and abdominal pain. It can take several months to a year to feel fit again. Hepatitis B virus can cause chronic infection in which the patient never gets rid of the virus and many years later develops cirrhosis of the liver or liver cancer.

HBV is the most serious type of viral hepatitis and the only type causing chronic hepatitis for which a vaccine is available. Hepatitis B virus is transmitted by contact with blood or body fluids of an infected person in the same way as human immunodeficiency virus (HIV), the virus that causes AIDS. However, HBV is 50 to 100 times more infectious than HIV. The main ways of getting infected with HBV are: (a) perinatal (from mother to baby at the birth); (b) child-to-child transmission; (c) unsafe injections and transfusions; (d) sexual contact.

Worldwide, most infections occur from infected mother to child, from child to child contact in household settings, and from reuse of un-sterilized needles and syringes. In many developing countries, almost all children become infected with the virus. In many industrialized countries (e.g. Western Europe and North America), the pattern of transmission is different. In these countries, mother-to-infant and child-to-child transmission accounted for up to one third of chronic infections before childhood hepatitis B vaccination programmes were implemented. However, the majority of infections in these countries are acquired during young adulthood by sexual activity, and injecting drug use. In addition, hepatitis B virus is the major infectious occupational hazard of health workers, and most health care workers have received hepatitis B vaccine.

Hepatitis B virus is not spread by contaminated food or water, and cannot be spread casually in the workplace. High rates of chronic HBV infection are also found in the southern parts of Eastern and Central Europe. In the Middle East and Indian sub-continent, about 5% are chronically infected. Infection is less common in Western Europe and North America, where less than 1% are chronically infected.

Young children who become infected with HBV are the most likely to develop chronic infection. About 90% of infants infected during the first year of life and 30% to 50% of children infected between 1 to 4 years of age develop chronic

infection. The risk of death from HBV-related liver cancer or cirrhosis is approximately 25% for persons who become chronically infected during childhood.

Chronic hepatitis B in some patients is treated with drugs called *interferon* or *lamivudine*, which can help some patients. Patients with cirrhosis are sometimes given liver transplants, with varying success. It is preferable to prevent this disease with vaccine than to try and cure it.

Hepatitis B vaccine has an outstanding record of safety and effectiveness. Since 1982, over one billion doses of hepatitis B vaccine have been used worldwide. The vaccine is given as a series of three intramuscular doses. Studies have shown that the vaccine is 95% effective in preventing children and adults from developing chronic infection if they have not yet been infected. In many countries where 8% to 15% of children used to become chronically infected with HBV, the rate of chronic infection has been reduced to less than 1% in immunized groups of children. Since 1991, WHO has called for all countries to add hepatitis B vaccine into their national immunization programmes."

Hepatitis B core Antigen (or HBcAg) is the major component of the core particles of HBV.

HBcAg is composed of a single polypeptide of about 17 kD that is released upon disaggregating the core particles; the antigen contains at least one immunological determinant.

Upon primary infection, anti HBcAg antibodies are one of the first markers of HBV hepatitis appearing in the serum of the patient, slightly later than HBsAg, the viral surface antigen.

Anti HBcAg antibodies are produced usually at high titers and their presence is detectable even years after infection. Isolated HBcAb, in absence of other HBV markers, have been observed in infected blood units, suggesting the use of this test for screening HBV, in addition of HBsAg.

The determination of HBcAb has become important for the classification of the viral agent, together with the detection of the other markers of HBV infection, in sera and plasma.

C. PRINCIPLE OF THE TEST

The assay is based on the principle of competition where the antibodies in the sample compete with a monoclonal antibody for a fixed amount of antigen on the solid phase.

A purified recombinant HBcAg is coated to the microwells.

The patient's serum/plasma is added to the microwell together with an additive able to block interferences present in the sample.

In the second incubation after washing, a monoclonal antibody, conjugated with Horseradish Peroxidase (HRP) and specific for HBcAg is added and binds to the free rec-HBcAg coated on the plastic.

After incubation, microwells are washed to remove any unbound conjugate and then the chromogen/substrate is added. In the presence of peroxidase enzyme the colorless substrate is hydrolyzed to a colored end-product.

The color intensity is inversely proportional to the amount of antibodies to HBcAg present in the sample.

D. COMPONENTS

Each kit contains sufficient reagents to perform 96 tests.

1. Microplate MICROPLATE

8x12 microwell strips coated with recombinant HBcAg and sealed into a bag with desiccant. Allow the microplate to reach room temperature before opening; reseal unused strips in the bag with desiccant and store at 2.8°C.

2. Negative Control **CONTROL -**

1x1.0ml/vial. Ready to use. Contains 5% bovine serum albumin, 10 mM phosphate buffer pH 7.4 +/-0.1, 0.09% sodium azide and 0.045% ProClin 300 as preservatives. The negative control is pale yellow color coded.

3. Positive Control **CONTROL +**

1x1.0ml/vial. Ready to use. Contains 5% bovine serum albumin, anti HBcAg antibodies at a concentration of about 10 PEI U/ml, (calibrated on PEI HBc Reference Material 82), 10 mM phosphate buffer pH 7.4 +/-0.1, 0.09% sodium azide and 0.045% ProClin 300 as preservatives. The positive control is green color coded.

4. Calibrator **CAL ...**

n° 1 vial. Lyophilised. To be dissolved with EIA grade water as reported in the label. Contains fetal bovine serum, human antibodies to HBcAg at a concentration of 2 PEI U/ml +/-10% (calibrated on PEI HBc Reference Material 82) and 0.045% ProClin 300 as preservative.

Note: The volume necessary to dissolve the content of the vial may vary from lot to lot. Please use the right volume reported on the label.

5. Wash buffer concentrate **WASHBUF 20X**

1x60ml/bottle. 20x concentrated solution. Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0 +/-0.2, 0.05% Tween 20 and 0.045% ProClin 300.

6. Enzyme Conjugate **CONJ**

1x16ml/vial. Ready-to-use solution. Contains 5% bovine serum albumine, 10 mM tris buffer pH 6.8 +/-0.1, Horseradish peroxidase conjugated mouse monoclonal antibody to HBcAg in presence of 0.3 mg/ml gentamicine sulphate and 0.045% ProClin 300. as preservatives. The component is red colour coded.

7. Chromogen/Substrate **SUBS TMB**

1x16ml/vial. Contains a 50 mM citrate-phosphate buffered solution at pH 3.6 +/-0.1, 0.03% tetra-methyl-benzidine (TMB), 0.02% hydrogen peroxide (H₂O₂) and 4% dimethylsulphoxide

Note: To be stored protected from light as sensitive to strong illumination.

8. Specimen Diluent **DILSPE**

4x3ml/vial. 10 mM tris buffered solution pH 8.0 +/-0.1 containing 0.045% ProClin 300 for the pre-treatment of samples and controls in the plate, blocking interference. The component is blue colour coded.

Note: Use all the content of one vial before opening a second one. The reagent is sensitive to oxidation.

9. Sulphuric Acid **H₂SO₄ 0.3 M**

1x15ml/vial. Contains 0.3 M H₂SO₄ solution. Attention: Irritant (H315; H319; P280; P302+P352; P332+P313; P305+P351+P338; P337+P313; P362+P363)

10. Plate sealing foil n° 2

11. Instruction manual n° 1

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes (100ul and 50ul) and disposable plastic tips.
2. EIA grade water (double distilled or deionised, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.
4. Absorbent paper tissues.

5. Calibrated ELISA microplate thermostatic incubator (dry or wet) set at +37°C.
6. Calibrated ELISA microwell reader with 450nm (reading) and with 620-630nm (blanking) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.
2. When the kit is used for the screening of blood units and blood components, it has to be used in a laboratory certified and qualified by the national authority in that field (Ministry of Health or similar entity) to carry out this type of analysis.
3. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
4. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.
5. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-borne microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen (TMB) from strong light and avoid vibration of the bench surface where the test is undertaken.
6. Upon receipt, store the kit at 2-8°C into a temperature controlled refrigerator or cold room.
7. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.
8. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures.
9. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample. Do not reuse disposable tips.
10. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one. Do not reuse disposable tips.
11. Do not use the kit after the expiration date stated on external (primary container) and internal (vials) labels.
12. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
13. The use of disposable plastic-ware is recommended in the preparation of the washing solution or in transferring components into other containers of automated workstations, in order to avoid contamination.
14. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..
15. Accidental spills have to be adsorbed with paper tissues soaked with household bleach and then with water.

Tissues should then be discarded in proper containers designated for laboratory/hospital waste.

16. The Sulphuric Acid is an irritant. In case of spills, wash the surface with plenty of water.
17. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

G. SPECIMEN: PREPARATION AND RECOMMENDATIONS

1. Blood is drawn aseptically by venepuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.
2. Avoid any addition of preservatives to samples; especially sodium azide as this chemical would affect the enzymatic activity of the conjugate.
3. Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. When the kit is used for the screening of blood units, bar code labeling and electronic reading is strongly recommended.
4. Haemolysed (red) and visibly hyperlipemic ("milky") samples have to be discarded as they could generate false results. Samples containing residues of fibrin or heavy particles or microbial filaments and bodies should be discarded as they could give rise to false results.
5. Sera and plasma can be stored at +2°...+8°C in primary collection tubes for up to five days after collection. Do not freeze primary tubes of collection. For longer storage periods, sera and plasma samples, carefully removed from the primary collection tube, can be stored frozen at -20°C for at least 12 months. Any frozen samples should not be frozen/thawed more than once as this may generate particles that could affect the test result.
6. If particles are present, centrifuge at 2.000 rpm for 20 min or filter using 0.2-0.8µ filters to clean up the sample for testing.

H. PREPARATION OF COMPONENTS AND WARNINGS

A study conducted on an opened kit has not pointed out any relevant loss of activity up to 6 re-uses of the device and up to 6 months.

1. Microplates:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant has not turned dark green, indicating a defect in storage. In this case, call Dia.Pro's customer service. Unused strips have to be placed back inside the aluminum pouch, with the desiccant supplied, firmly zipped and stored at +2°...8°C. After first opening, remaining strips are stable until the humidity indicator inside the desiccant bag turns from yellow to green.

2. Negative Control:

Ready to use. Mix well on vortex before use.

3. Positive Control:

Ready to use. Mix well on vortex before use.

4. Calibrator:

Add the volume of ELISA grade water, reported on the label, to the lyophilised powder; let fully dissolve and then gently mix on vortex.

Note: The dissolved calibrator is not stable. Store it frozen in aliquots at -20°C.

5. Wash buffer concentrate:

The whole content of the concentrated solution has to be diluted 20x with bidistilled water and mixed gently end-over-end before use. During preparation avoid foaming as the presence of bubbles could impact on the efficiency of the washing cycles. **Note:** Once diluted, the wash solution is stable for 1 week at +2..8° C.

6. Enzyme conjugate:

Ready to use. Mix well on vortex before use.

Avoid contamination of the liquid with oxidizing chemicals, dust or microbes. If this component has to be transferred, use only plastic, and if possible, sterile disposable containers.

7. Chromogen/Substrate:

Ready to use. Mix well on vortex before use.

Avoid contamination of the liquid with oxidizing chemicals, air-driven dust or microbes. Do not expose to strong light, oxidizing agents and metallic surfaces.

If this component has to be transferred use only plastic, and if possible, sterile disposable container.

8. Specimen Diluent

Ready to use solution. Mix gently on vortex before use. Use all the content of one vial before opening a second one. The reagent is sensitive to oxidation.

9. Sulphuric Acid:

Ready to use. Mix well on vortex before use.

Attention: Irritant (H315; H319; P280; P302+P352; P332+P313; P305+P351+P338; P337+P313; P362+P363).

Legenda:

Warning H statements:

H315 – Causes skin irritation.

H319 – Causes serious eye irritation.

Precautionary P statements:

P280 – Wear protective gloves/protective clothing/eye protection/face protection.

P302 + P352 – IF ON SKIN: Wash with plenty of soap and water.

P332 + P313 – If skin irritation occurs: Get medical advice/attention.

P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P337 + P313 – If eye irritation persists: Get medical advice/attention.

P362 + P363 – Take off contaminated clothing and wash it before reuse.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

1. Micropipettes have to be calibrated to deliver the correct volume required by the assay and must be submitted to regular decontamination (70% ethanol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample or the components of the kit. They should also be regularly maintained in order to show a precision of 1% and a trueness of ±2%.
2. The ELISA incubator has to be set at +37°C (tolerance of ±0.5°C) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.
3. The **ELISA washer** is extremely important to the overall performances of the assay. The washer must be carefully validated in advance, checked for the delivery of the right

dispensation volume and regularly submitted to maintenance according to the manufacturer's instructions for use. In particular the washer, at the end of the daily workload, has to be extensively cleaned out of salts with deionized water. Before use, the washer has to be extensively primed with the diluted Washing Solution.

The instrument weekly has to be submitted to decontamination according to its manual (NaOH 0.1 M decontamination suggested).

5 washing cycles (aspiration + dispensation of 350ul/well of washing solution + 20 sec soaking = 1 cycle) are sufficient to ensure the assay with the declared performances. If soaking is not possible add one more cycle of washing.

An incorrect washing cycle or salt-blocked needles are the major cause of false positive reactions.

4. Incubation times have a tolerance of $\pm 5\%$.
5. The ELISA microplate reader has to be equipped with a reading filter of 450nm and with a second filter of (620-630nm, mandatory) for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to ≥ 2.0 ; (c) linearity to ≥ 2.0 ; repeatability $\geq 1\%$. Blanking is carried out on the well identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure that the correct optical density is measured. It should be regularly maintained according to the manufacturer's instructions.
6. When using an ELISA automated work station, all critical steps (dispensation, incubation, washing, reading, shaking, data handling) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the sections "Validation of Test" and "Assay Performances". The assay protocol has to be installed in the operating system of the unit and validated as for the washer and the reader. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set. Particular attention must be paid to avoid carry over by the needles used for dispensing samples and for washing. This must be studied and controlled to minimize the possibility of contamination of adjacent wells due to strongly reactive samples, leading to false positive results. The use of ELISA automated work stations is recommended for blood screening and when the number of samples to be tested exceed 20-30 units per run.
7. Dia.Pro's customer service offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure full compliance with the requirements described. Support is also provided for the installation of new instruments to be used with the kit.

L. PRE ASSAY CONTROLS AND OPERATIONS

1. Check the expiration date of the kit printed on the external label (primary container). Do not use if expired.
2. Check that the liquid components are not contaminated by visible particles or aggregates. Check that the Chromogen (TMB) is colourless or pale blue by aspirating a small volume of it with a sterile plastic pipette. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box (primary container). Check that the aluminium pouch, containing the microplate, is not punctured or damaged.
3. Dilute all the content of the 20x concentrated Wash Solution as described above.
4. Dissolve the Calibrator as described above and gently mix.
5. Allow all the other components to reach room temperature (about 1 hr) and then mix gently on vortex all liquid reagents.
6. Set the ELISA incubator at $+37^{\circ}\text{C}$ and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturer's instructions. Set the right number of washing cycles as reported in the specific section.

7. Check that the ELISA reader is turned on or ensure it will be turned on at least 20 minutes before reading.
8. If using an automated work station, turn on, check settings and be sure to use the right assay protocol.
9. Check that the micropipettes are set to the required volume.
10. Check that all the other equipment is available and ready to use.
11. In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be performed according to the procedure given below, taking care to maintain the same incubation time for all the samples being tested.

1. Place the required number of strips in the plastic holder and carefully identify the wells for controls, calibrator and samples.
2. Leave the A1 well empty for blanking purposes.
3. Dispense 50 ul Specimen Diluent into all the control and sample wells.
4. Pipette 50 μl of the Negative Control in triplicate, 50 ul of the Calibrator in duplicate and then 50 ul of the Positive Control in single. Then dispense 50 ul of each of the samples.
5. Incubate the microplate for **60 min at $+37^{\circ}\text{C}$** .
Important note: *Strips have to be sealed with the adhesive sealing foil, only when the test is performed manually. Do not cover strips when using ELISA automatic instruments.*
6. When the first incubation is finished, wash the microwells as previously described (section I.3)
7. Pipette 100 μl Enzyme Conjugate in all the wells, except A1; incubate the microplate for **60 min at $+37^{\circ}\text{C}$** .

Important note: *Be careful not to touch the plastic inner surface of the well with the tip filled with the Enzyme Conjugate. Contamination might occur.*

8. When the second incubation is finished, wash the microwells as previously described (section I.3)
9. Pipette 100 μl Chromogen/Substrate into all the wells, A1 included.

Important note: *Do not expose to strong direct light. as a high background might be generated.*

10. Incubate the microplate protected from light at **room temperature ($18-24^{\circ}\text{C}$) for 20 minutes**. Wells dispensed with negative control and negative samples will turn from clear to blue (competitive method).
11. Pipette 100 μl Sulphuric Acid into all the wells using the same pipetting sequence as in step 9 to stop the enzymatic reaction. Addition of the stop solution will turn the negative control and negative samples from blue to yellow.
12. Measure the colour intensity of the solution in each well, as described in section I.5 using a 450nm filter (reading) and a 620-630nm filter (background subtraction, mandatory), blanking the instrument on A1.

Important notes:

1. *Ensure that no finger prints are present on the bottom of the microwell before reading. Finger prints could generate false positive results on reading.*
2. *Reading has should ideally be performed immediately after the addition of the Stop Solution but definitely no longer than 20 minutes afterwards. Some self oxidation of the chromogen can occur leading to a higher background.*
3. *The Calibrator (CAL) does not affect the cut-off calculation and therefore the test results calculation. The Calibrator*

may be used only when a laboratory internal quality control is required by the management.

N. ASSAY SCHEME

| | |
|----------------------------------|--|
| Specimen Diluent | 50 ul |
| Controls&calibrator and samples | 50 ul |
| 1st incubation | 60 min |
| Temperature | +37°C |
| Wash | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| Enzyme Conjugate | 100 ul |
| 2nd incubation | 60 min |
| Temperature | +37°C |
| Wash | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| TMB/H2O2 mix | 100 ul |
| 3rd incubation | 20 min |
| Temperature | r.t. |
| Sulphuric Acid | 100 ul |
| Reading OD | 450nm / 620-630nm |

| Problem | Check |
|--|---|
| Blank well > 0.050 OD450nm | that the Chromogen/Substrate solution has not become contaminated during the assay |
| Negative Control (NC) < 1.000 OD450nm after blanking coefficient of variation > 20% | 1. that the washing procedure and the washer settings are as validated in the pre qualification study; 2. that the proper washing solution has been used and the washer has been primed with it before use; 3. that no mistake has been done in the assay procedure (dispensation of positive control instead of negative control); 4. that no contamination of the negative control or of the wells where the control was dispensed has occurred due to positive samples, to spills or to the enzyme conjugate; 5. that micropipettes have not become contaminated with positive samples or with the enzyme conjugate 6. that the washer needles are not blocked or partially obstructed. |
| Calibrator Co/S < 1 | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during its distribution (ex.: dispensation of negative control instead of positive control); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred. |
| Positive Control > 0.200 OD450nm | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during the distribution of the control (dispensation of negative control instead of positive control); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the positive control has occurred. |

If any of the above problems have occurred, report the problem to the supervisor for further actions.

An example of dispensation scheme is reported below:

Microplate

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|-----|----|---|---|---|---|---|---|---|----|----|----|
| A | BLK | S2 | | | | | | | | | | |
| B | NC | S3 | | | | | | | | | | |
| C | NC | S4 | | | | | | | | | | |
| D | NC | S5 | | | | | | | | | | |
| E | CAL | S6 | | | | | | | | | | |
| F | CAL | S7 | | | | | | | | | | |
| G | PC | S8 | | | | | | | | | | |
| H | S1 | S9 | | | | | | | | | | |

Legenda: BLK = Blank NC = Negative Control
CAL = Calibrator PC = Positive Control S = Sample

O. INTERNAL QUALITY CONTROL

A check is performed on the controls/calibrator any time the kit is used in order to verify whether the expected OD450nm/620-630nm or Co/S values have been matched in the analysis. Ensure that the following parameters are met:

| Parameter | Requirements |
|----------------------------------|--|
| Blank well | < 0.050 OD450nm value |
| Negative Control (NC) | > 1.000 OD450nm after blanking coefficient of variation < 20% |
| Calibrator (about 2 PEI U/ml) | Co/S > 1 |
| Positive Control | < 0.200 OD450nm |

If the results of the test match the requirements stated above, proceed to the next section.

If they do not, do not proceed any further and perform the following checks:

Important note:

The analysis must be done proceeding as the reading step described in the section M, point 12.

P. RESULTS

The results are calculated by means of a cut-off value determined with the following formula:

$$\text{Cut-Off} = (\text{NC} + \text{PC}) / 5$$

Important note: When the calculation of results is performed by the operating system of an ELISA automated work station, ensure that the proper formulation is used to calculate the cut-off value and generate the correct interpretation of results.

Q. INTERPRETATION OF RESULTS

Results are interpreted as ratio between the cut-off value and the sample OD450nm/620-630nm or Co/S.

Results are interpreted according to the following table:

| Co/S | Interpretation |
|-----------|----------------|
| < 0.9 | Negative |
| 0.9 - 1.1 | Equivocal |
| > 1.1 | Positive |

A negative result indicates that the patient has not been infected by HBV.

Any patient showing an equivocal result should be re-tested on a second sample taken 1-2 weeks after the initial sample.

The blood unit should not be transfused.

A positive result is indicative of HBV infection and therefore the patient should be treated accordingly or the blood unit should be discarded.

Important notes:

1. Interpretation of results should be done under the supervision of the laboratory supervisor to reduce the risk of judgement errors and misinterpretations.
2. When test results are transmitted from the laboratory to another facility, attention must be paid to avoid erroneous data transfer.
3. Diagnosis of viral hepatitis infection has to be taken by and released to the patient by a suitably qualified medical doctor.

An example of calculation is reported below (data obtained proceeding as the the reading step described in the section M, point 12):

The following data must not be used instead of real figures obtained by the user.

Negative Control: 2.000 – 2.200 – 2.000 OD450nm
 Mean Value: 2.100 OD450nm
 Higher than 1.000 – Accepted

Positive Control: 0.100 OD450nm
 Lower than 0.200 – Accepted

Cut-Off = (2.100 + 0.100) / 5 = 0.440

Calibrator: 0.400-0.360 OD450nm
 Mean value: 0.380 OD450nm
 Co/S>1 – Accepted

Sample 1: 0.028 OD450nm
 Sample 2: 1.890 OD450nm
 Sample 1 Co/S > 1.1 positive
 Sample 2 Co/S < 0.9 negative

R. PERFORMANCES

Evaluation of Performances has been conducted in accordance to what reported in the Common Technical Specifications or CTS (art. 5, Chapter 3 of IVD Directive 98/79/EC).

1. LIMIT OF DETECTION:

The sensitivity of the assay has been calculated by means of the reference preparation for HBcAb supplied by Paul Erlich Institute (PEI HBc Reference Material 82). The assay shows a sensitivity of about 1.25 PEI U/ml. The table below reports the Co/S values shown by the PEI standard diluted as suggested by the manufacturer to prepare a limiting dilution curve in Fetal Calf Serum (FCS).

| PEI U/ml | Lot 1001 | Lot 0702 | Lot 0702/2 | Lot 1202 |
|----------|----------|----------|------------|----------|
| 5 | 22.6 | 18.0 | 19.0 | 17.7 |
| 2.5 | 8.0 | 5.5 | 5.4 | 5.0 |
| 1.25 | 1.1 | 1.3 | 1.0 | 1.0 |
| 0.625 | 0.4 | 0.4 | 0.4 | 0.4 |

In addition Accurun 1 – series 3000 – supplied by Boston Biomedica Inc., USA, was tested to determine its Co/S value. Results are reported in the table below:

Accurun 1 – series 3000

| Value | Lot 1001 | Lot 0702 | Lot 1202 |
|-------|----------|----------|----------|
| Co/S | 2.9 | 2.3 | 2.2 |

2. DIAGNOSTIC SPECIFICITY AND SENSITIVITY

The Performance Evaluation of the device was carried out in a trial conducted on more than total 6000 samples.

2.1 Diagnostic Specificity

It is defined as the probability of the assay of scoring negative in the absence of specific analyte. In addition to the first study, where a total of 5179 unselected donors, including 1st time donors, 206 samples from hospitalized patients and 164 potentially interfering specimen were examined, the diagnostic specificity was recently assessed by testing a total of 1498 negative samples on seven different lots. A value of specificity of 100% was observed. In addition to the above population, 189 potentially interfering samples (other liver diseases, pregnant women, hemolized, lipemic, RF positives) have been tested and found negative, confirming a 100% of specificity of the device. Finally, both human plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and human sera have been used to determine the specificity. No false reactivity due to the method of specimen preparation has been observed.

2.2 Diagnostic Sensitivity

It defined as the probability of the assay of scoring positive in the presence of specific analyte. In addition to the first Performance Evaluation Study, in order to further evaluate the diagnostic sensitivity of the device, a total of 262 positive samples were recently evaluated. The respective results, collected from seven different lots of the device show a diagnostic sensitivity of 100%.

3. PRECISION

The mean values obtained from a study conducted on three lots and on two samples of different anti-HBcAg reactivity, examined in 16 replicates in three separate runs is reported below:

BCAB.CE: lot # 1202

Negative Control (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 1.943 | 1.939 | 1.924 | 1.935 |
| Std.Deviation | 0.081 | 0.078 | 0.103 | 0.087 |
| CV % | 4.2 | 4.0 | 5.3 | 4.5 |

Calibrator (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.143 | 0.147 | 0.148 | 0.146 |
| Std.Deviation | 0.014 | 0.017 | 0.018 | 0.016 |
| CV % | 9.8 | 11.4 | 12.1 | 11.1 |
| Co/S | 2.8 | 2.7 | 2.6 | 2.7 |

BCAB.CE: lot # 0702

Negative Control (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 2.163 | 2.110 | 2.106 | 2.126 |
| Std.Deviation | 0.105 | 0.088 | 0.139 | 0.111 |
| CV % | 4.9 | 4.2 | 6.6 | 5.2 |

Calibrator (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.182 | 0.193 | 0.195 | 0.190 |
| Std.Deviation | 0.018 | 0.023 | 0.019 | 0.020 |
| CV % | 10.0 | 12.0 | 9.9 | 10.6 |
| Co/S | 2.5 | 2.2 | 2.3 | 2.3 |

BCAB.CE: lot # 0702/2

Negative Control (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 2.278 | 2.098 | 2.130 | 2.169 |
| Std.Deviation | 0.135 | 0.126 | 0.159 | 0.140 |
| CV % | 5.9 | 6.0 | 7.5 | 6.5 |

Calibrator (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.193 | 0.190 | 0.199 | 0.134 |
| Std.Deviation | 0.023 | 0.023 | 0.027 | 0.025 |
| CV % | 12.1 | 12.3 | 13.5 | 12.6 |
| Co/S | 2.4 | 2.2 | 2.2 | 2.3 |

The variability shown in the tables did not result in sample misclassification.

Important note:

The performance data have been obtained proceeding as the reading step described in the section M, point 12.

S. LIMITATIONS OF THE PROCEDURE

Bacterial contamination or heat inactivation of the specimen may affect the absorbance values of the samples with consequent alteration of the level of the analyte. This test is suitable only for testing single samples and not pooled ones.

Diagnosis of an infectious disease should not be established on the basis of a single test result. The patient's clinical history, symptomatology, as well as other diagnostic data should be considered.

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All the IVD Products manufactured by the company are under the control of a certified Quality Management System approved by an EC Notified Body. Each lot is submitted to a quality control and released into the market only if conforming with the EC technical specifications and acceptance criteria.

Manufacturer:
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CE
0318

HDV Ab

**Competitive Enzyme Immunoassay
for the qualitative determination of
antibodies to Hepatitis Delta Virus
in human serum and plasma**

- for "in vitro" diagnostic use only -



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REF DAB.CE
96 Tests

HDV Ab

A. INTENDED USE

Competitive Enzyme ImmunoAssay (ELISA) for the qualitative determination of antibodies to Hepatitis Delta Virus or HDV in human plasma and sera with a "two-steps" methodology.

The kit is used for the follow-up of patients infected by HDV. For "in vitro" diagnostic use only.

B. INTRODUCTION

The Hepatitis Delta Virus or HDV is a RNA defective virus composed of a core presenting the delta-specific antigen, encapsulated by HBsAg, that requires the helper function of HBV to support its replication.

Infection by HDV occurs in the presence of acute or chronic HBV infection. When acute delta and acute HBV simultaneously occur, the illness becomes severe and clinical and biochemical features may be indistinguishable from those of HBV infection alone. In contrast, a patient with chronic HBV infection can support HDV replication indefinitely, usually with a less severe illness appearing as a clinical exacerbation.

The determination of HDV specific serological markers (HDV Ag, HDV Ab, HDV IgM and HDV IgG) represents in these cases an important tool to the clinician for the classification of the etiological agent, for the follow up of infected patients and their treatment. The detection of HDV total antibodies allows the classification of the illness and the monitoring of the seroconversion event.

C. PRINCIPLE OF THE TEST

Anti-HDV antibodies, if present in the sample, compete with a virus-specific polyclonal IgG, labeled with peroxidase (HRP), for a fixed amount of rec-HDV coated on the microplate. The test is carried out with a two steps incubation competitive system. First the sample is added to the plate and specific anti HDV antibodies bind to the adsorbed antigen. After washing, an enzyme conjugated antibody to HDV is added and binds to the free portion of the antigen coated. After washing a chromogen/substrate mixture is dispensed. The concentration of the bound enzyme on the solid phase becomes inversely proportional to the amount of anti-HDV antibodies in the sample and its activity is detected by the added chromogen/substrate. The concentration of HDV-specific antibodies in the sample is determined by means of a cut-off value that allows for the semi quantitative detection of anti-HDV antibodies.

D. COMPONENTS

Each kit contains sufficient reagents to perform 96 tests.

1. Microplate: MICROPLATE

8x12 microwell strips coated with recombinant HDV-specific antigen and sealed into a bag with desiccant. Allow the microplate to reach room temperature before opening; reseal unused strips in the bag with desiccant and store at 4°C.

2. Negative Control: CONTROL -

1x2.0ml/vial. Ready to use. Contains goat serum proteins, 100 mM Tris-HCl buffer pH 7.4 +/-0.1, 0.09% Sodium Azide and 0.045% ProClin 300 as preservatives. The negative control is colour coded pale yellow.

3. Positive Control: CONTROL +

1x2.0ml/vial. Ready to use. Contains goat serum proteins, high titer anti HDV antibodies, 100 mM Tris-HCl buffer pH 7.4 +/-0.1, 0.09% Sodium Azide and 0.045% ProClin 300 as preservatives. The positive control is colour coded green.

4. Calibrator: CAL ...

n° 1 vial. Lyophilised. To be dissolved with EIA grade water as reported in the label. Contains bovine serum proteins, low titer human antibodies to HDV, 0.2 mg/ml gentamicine sulphate and 0.045% ProClin 300 as preservatives.

Note: The volume necessary to dissolve the content of the vial may vary from lot to lot. Please use the right volume reported on the label.

5. Wash buffer concentrate: WASHBUF 20X

1x60ml/bottle. 20x concentrated solution.

Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0+/-0.2, 0.05% Tween 20 and 0.045% ProClin 300.

6. Enzyme conjugate: CONJ

1x16ml/vial. Ready-to-use solution. Contains 5% bovine serum albumine, 10 mM tris buffer pH 6.8 +/-0.1, Horseradish peroxidase conjugated antibody to HDV in presence of 0.2 mg/ml gentamicine sulphate and 0.045% ProClin 300 as preservatives. The component is colour coded red.

7. Chromogen/Substrate: SUBS TMB

1x16ml/vial. Contains a 50 mM citrate-phosphate buffered solution at pH 3.5-3.8, 4% DMSO, 0.03% tetra-methyl-benzidine or TMB and 0.02% hydrogen peroxide of H₂O₂.

Note: To be stored protected from light as sensitive to strong illumination.

8. Sulphuric Acid: H₂SO₄ 0.3 M

1x15ml/vial. Contains 0.3 M H₂SO₄ solution.

Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+P351+P338, P337+P313, P362+P363).

Plate sealers n° 2

Instructions for Use n° 1

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes in the range 10-1000 ul and disposable plastic tips.
2. EIA grade water (double distilled or deionized, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.
4. Absorbent paper tissues.
5. Calibrated ELISA microplate thermostatic incubator (dry or wet) set at +37°C.
6. Calibrated ELISA microwell reader with 450nm (reading) and with 620-630nm (blanking) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.
2. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
3. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.

4. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-borne microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen/Substrate (TMB/H₂O₂) from strong light and avoid vibration of the bench surface where the test is undertaken.
5. Upon receipt, store the kit at +2..8°C into a temperature controlled refrigerator or cold room.
6. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.
7. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures.
8. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample. Do not reuse disposable tips.
9. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one. Do not reuse disposable tips.
10. Do not use the kit after the expiration date stated on external (primary container) and internal (vials) labels.
11. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
12. The use of disposable plastic labware is recommended in the preparation of the washing solution or in transferring components into other containers of automated workstations, in order to avoid contamination.
13. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..
14. Accidental spills have to be adsorbed with paper tissues soaked with household bleach and then with water. Tissues should then be discarded in proper containers designated for laboratory/hospital waste.
15. The Sulphuric Acid is an irritant. In case of spills, wash the surface with plenty of water.
16. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

G. SPECIMEN: PREPARATION AND RECOMMANDATIONS

1. Blood is drawn aseptically by venepuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.
2. Avoid any addition of preservatives to samples; especially sodium azide as this chemical would affect the enzymatic activity of the conjugate.
3. Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. When the kit is used for the screening of blood units, bar code labeling and electronic reading is strongly recommended.
4. Haemolysed (red) and visibly hyperlipemic ("milky") samples have to be discarded as they could generate false results. Samples containing residues of fibrin or heavy particles or microbial filaments and bodies should be discarded as they could give rise to false results.

5. Sera and plasma can be stored at +2°...+8°C in primary collection tubes for up to five days after collection. Do not freeze primary tubes of collection. For longer storage periods, sera and plasma samples, carefully removed from the primary collection tube, can be stored frozen at -20°C for at least 12 months. Any frozen samples should not be frozen/thawed more than once as this may generate particles that could affect the test result.
6. If particles are present, centrifuge at 2.000 rpm for 20 min or filter using 0.2-0.8u filters to clean up the sample for testing.

H. PREPARATION OF COMPONENTS AND WARNINGS

A study conducted on an opened kit has not pointed out any relevant loss of activity up to 6 re-uses of the device and up to 3 months.

1. Antigen coated microwells:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant has not turned dark green, indicating a defect in manufacturing. In this case, call Dia.Pro's customer service. Unused strips have to be placed back into the aluminium pouch, with the desiccant supplied, firmly zipped and stored at +2°-8°C. When opened the first time, unused strips are stable until the humidity indicator inside the desiccant bag turns from yellow to green.

2. Negative Control:

Ready to use. Mix well on vortex before use.

3. Positive Control:

Ready to use. Mix well on vortex before use.

4. Calibrator:

Low positive control. Add precisely the volume of EIA grade water, reported on its label, to the lyophilized powder; let fully dissolve and then gently mix on vortex.

Note: *The dissolved calibrator is not stable. Store it frozen in aliquots at -20°C. When thawed do not freeze again; discard it.*

5. Wash buffer concentrate:

The whole content of the 20x concentrated solution has to be diluted with EIA grade water up to 1200 ml and mixed gently end-over-end before use. During preparation avoid foaming as the presence of bubbles could impact on the efficiency of the washing cycles.

Note: *Once diluted, the wash solution is stable for 1 week at +2..8° C.*

6. Enzyme conjugate:

Ready to use. Mix well on vortex before use.

Avoid contamination of the liquid with oxidizing chemicals, dust or microbes. If this component has to be transferred, use only plastic, and if possible, sterile disposable containers.

7. Chromogen/Substrate:

Ready to use. Mix well on vortex before use.

Avoid contamination of the liquid with oxidizing chemicals, air-driven dust or microbes. Do not expose to strong light, oxidizing agents and metallic surfaces.

If this component has to be transferred use only plastic, and if possible, sterile disposable container

8. Sulphuric Acid:

Ready to use. Mix well on vortex before use.

Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+P351+P338, P337+P313, P362+P363).

Legenda:

Warning **H statements:**

H315 – Causes skin irritation.

H319 – Causes serious eye irritation.

Precautionary P statements:

P280 – Wear protective gloves/protective clothing/eye protection/face protection.

P302 + P352 – IF ON SKIN: Wash with plenty of soap and water.

P332 + P313 – If skin irritation occurs: Get medical advice/attention.

P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P337 + P313 – If eye irritation persists: Get medical advice/attention.

P362 + P363 – Take off contaminated clothing and wash it before reuse.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

1. Micropipettes have to be calibrated to deliver the correct volume required by the assay and must be submitted to regular decontamination (70% ethanol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample or the components of the kit. They should also be regularly maintained in order to show a precision of 1% and a trueness of $\pm 2\%$.
2. The ELISA incubator has to be set at $+37^{\circ}\text{C}$ (tolerance of $\pm 0.5^{\circ}\text{C}$) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.
3. The **ELISA washer** is extremely important to the overall performances of the assay. The washer must be carefully validated in advance, checked for the delivery of the right dispensation volume and regularly submitted to maintenance according to the manufacturer's instructions for use. In particular the washer, at the end of the daily workload, has to be extensively cleaned out of salts with deionized water. Before use, the washer has to be extensively primed with the diluted Washing Solution. The instrument weekly has to be submitted to decontamination according to its manual (NaOH 0.1 M decontamination suggested).
5 washing cycles (aspiration + dispensation of 350ul/well of washing solution + 20 sec soaking = 1 cycle) are sufficient to ensure the assay with the declared performances. If soaking is not possible add one more cycle of washing.
An incorrect washing cycle or salt-blocked needles are the major cause of false positive reactions.
4. Incubation times have a tolerance of $\pm 5\%$.
5. The ELISA microplate reader has to be equipped with a reading filter of 450nm and with a second filter of 620-630nm, mandatory for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to 4; (c) linearity to 4; repeatability $\geq 1\%$. Blanking is carried out on the well identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure that the correct optical density is measured. It should be regularly maintained according to the manufacturer's instructions.
6. When using an ELISA automated work station, all critical steps (dispensation, incubation, washing, reading, shaking, data handling) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the sections "Validation of Test" and "Assay Performances". The assay protocol has to be installed in the operating system of the unit and validated as for the washer and the reader. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set. Particular attention must be paid to avoid carry over by the needles used for

dispensing samples and for washing. This must be studied and controlled to minimize the possibility of contamination of adjacent wells due to strongly reactive samples, leading to false positive results. The use of ELISA automated work stations is recommended for blood screening and when the number of samples to be tested exceed 20-30 units per run.

7. Dia.Pro's customer service offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure full compliance with the requirements described. Support is also provided for the installation of new instruments to be used with the kit.

L. PRE ASSAY CONTROLS AND OPERATIONS

1. Check the expiration date of the kit printed on the external label (primary container). Do not use if expired.
2. Check that the liquid components are not contaminated by visible particles or aggregates. Check that the Chromogen/Substrate is colorless or pale blue by aspirating a small volume of it with a sterile plastic pipette. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box (primary container). Check that the aluminum pouch, containing the microplate, is not punctured or damaged.
3. Dilute all the content of the 20x concentrated Wash Solution as described above.
4. Dissolve the Calibrator as described above and gently mix.
5. Allow all the other components to reach room temperature (about 1 hr) and then mix gently on vortex all liquid reagents.
6. Set the ELISA incubator at $+37^{\circ}\text{C}$ and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturers instructions. Set the right number of washing cycles as reported in the specific section.
7. Check that the ELISA reader is turned on or ensure it will be turned on at least 20 minutes before reading.
8. If using an automated work station, turn on, check settings and be sure to use the right assay protocol.
9. Check that the micropipettes are set to the required volume.
10. Check that all the other equipment is available and ready to use.
11. In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be carried out according to what reported below, taking care to maintain the same incubation time for all the samples in testing.

1. Place the required number of strips in the microplate holder. Leave A1 well empty for the operation of blanking. Store the other strips into the bag in presence of the desiccant at $+2.8^{\circ}\text{C}$, sealed.
2. Pipette 100 μl of Negative Control in triplicate, 100 μl Positive Control in single and then 100 μl of samples. Check that controls and samples have been correctly added. Then incubate the microplate at **$+37^{\circ}\text{C}$ for 60 min.**
3. Wash the microplate as reported in section I.3.
4. In all the wells except A1, pipette 100 μl Enzyme Conjugate. Check that the reagent has been correctly added. Then incubate the microplate at **$+37^{\circ}\text{C}$ for 60 min.**

Important note: *Be careful not to touch the inner surface of the well with the pipette tip when dispensing the Enzyme Conjugate. Contamination might occur.*

5. Wash the microplate as described.

6. Pipette 100 µl TMB/H₂O₂ mixture in each well, the blank wells included. Check that the reagent has been correctly added. Then incubate the microplate at **room temperature for 20 min.**

Important note: Do not expose to strong direct light as a high background might be generated.

7. Pipette 100 µl Sulphuric Acid into all the wells using the same pipetting sequence as in step n° 6 to stop the enzymatic reaction. Addition of the stop solution will turn the negative control and negative samples from blue to yellow.

8. Measure the colour intensity of the solution in each well, as described in section I.5 using a 450nm filter (reading) and a 620-630nm filter (background subtraction, mandatory), blanking the instrument on A1.

Important notes:

1. Ensure that no finger prints are present on the bottom of the microwell before reading. Finger prints could generate false positive results on reading.
2. Reading has should ideally be performed immediately after the addition of the Stop Solution but definitely no longer than 20 minutes afterwards. Some self oxidation of the chromogen can occur leading to a higher background.
3. The use of the Calibrator, a low positive control, is not mandatory for the assay as the CAL does not enter into the cut-off calculation. The CAL may be used as a low titer positive control when a laboratory internal quality verification is required by the management. When used for such purpose, dispense 100 µl of it, possibly in duplicate.

N. ASSAY SCHEME

| | |
|---------------------------------------|--|
| Controls/Calibrator | 100 µl |
| Samples | 100 µl |
| 1st incubation | 60 min |
| Temperature | +37°C |
| Washing step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| Enzyme Conjugate | 100 µl |
| 2nd incubation | 60 min |
| Temperature | +37°C |
| Washing step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| TMB/H ₂ O ₂ mix | 100 µl |
| 3rd incubation | 20 min |
| Temperature | r.t. |
| Sulphuric Acid | 100 µl |
| Reading OD | 450nm / 620-630nm |

An example of dispensation scheme (including CAL) is reported in the table below:

Microplate

| | | | | | | | | | | | | |
|---|-----|----|---|---|---|---|---|---|---|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | S2 | | | | | | | | | | |
| B | NC | S3 | | | | | | | | | | |
| C | NC | S4 | | | | | | | | | | |
| D | NC | S5 | | | | | | | | | | |
| E | CAL | S6 | | | | | | | | | | |
| F | CAL | S7 | | | | | | | | | | |
| G | PC | S8 | | | | | | | | | | |
| H | S1 | S9 | | | | | | | | | | |

Legenda: BLK = Blank NC = Negative Control
CAL = Calibrator PC = Positive Control S = Sample

O. INTERNAL QUALITY CONTROL

A check is performed on the negative and positive controls any time, and on the Calibrator in addition when the kit is used for the first time, in order to verify whether the expected OD_{450nm} / 620-630nm or Co/S values have been matched in the analysis. Ensure that the following parameters are met:

| Parameter | Requirements |
|-----------------------|--|
| Blank well | < 0.100 OD _{450nm} value |
| Negative Control (NC) | > 1.000 OD _{450nm} after blanking If lower carefully control the washing procedure and decrease the number of cycles or the soaking time coefficient of variation < 30% |
| Positive Control (PC) | OD _{450 nm} < NC/10 |
| Calibrator (CAL) | PC < OD _{450nm} < (NC+PC)/5 |

If the results of the test match the requirements stated above, proceed to the next section.

If they don't, do not proceed any further and perform the following checks:

| Problem | Check |
|--|--|
| Blank well > 0.100 OD _{450nm} | that the Chromogen/Substrate solution has not become contaminated during the assay |
| Negative Control (NC) < 1.000 OD _{450nm} after blanking coefficient of variation > 30% | 1. that the washing procedure and the washer settings are as validated in the pre qualification study; 2. that the proper washing solution has been used and the washer has been primed with it before use; 3. that no mistake has been done in the assay procedure (dispensation of positive control instead of negative control); 4. that no contamination of the negative control or of the wells where the control was dispensed has occurred due to positive samples, to spills or to the enzyme conjugate; 5. that micropipettes have not become contaminated with positive samples or with the enzyme conjugate; 6. that the washer needles are not blocked or partially obstructed. |

| | |
|---|--|
| Calibrator OD450nm Outside the range | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during its distribution (ex.: dispensation of negative control instead of Calibrator); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred. |
| Positive Control OD450nm > NC/10 | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during the distribution of the control (dispensation of negative control instead of positive control). 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the positive control has occurred. |

If any of the above problems have occurred, report the problem to the supervisor for further actions.

Important note:

The analysis must be done proceeding as the reading step described in the section M, point 8.

P. RESULTS

The results are calculated by means of a cut-off value determined with the following formula:

$$\text{Cut-Off} = (\text{NC} + \text{PC}) / 5$$

Important note: When the calculation of results is performed by the operating system of an ELISA automated work station, ensure that the proper formulation is used to calculate the cut-off value and generate the correct interpretation of results.

Q. INTERPRETATION OF RESULTS

Results are interpreted as ratio between the cut-off value and the sample OD450nm / 620-630nm or Co/S. Results are interpreted according to the following table:

| Co/S | Interpretation |
|-----------|----------------|
| < 0.9 | Negative |
| 0.9 – 1.1 | Equivocal |
| > 1.1 | Positive |

A negative result indicates that the patient has not been infected by HDV.

Any patient showing an equivocal result should be re-tested on a second sample taken 1-2 weeks after the initial sample.

A positive result is indicative of HDV infection and therefore the patient should be treated accordingly.

Important notes:

1. Interpretation of results should be done under the supervision of the laboratory supervisor to reduce the risk of judgement errors and misinterpretations.
2. When test results are transmitted from the laboratory to another facility, attention must be paid to avoid erroneous data transfer.
3. Diagnosis of viral hepatitis infection has to be taken by and released to the patient by a suitably qualified medical doctor.

An example of calculation is reported below (data obtained proceeding as the the reading step described in the section M, point 8).

The following data must not be used instead of real figures obtained by the user.

Negative Control: 2.100 – 2.200 – 2.000 OD450nm
Mean Value: 2.100 OD450nm
Higher than 1.000 – Accepted

Positive Control: 0.100 OD450nm
Lower than NC/10 – Accepted

Cut-Off = (2.100 + 0.100) / 5 = 0.440

Calibrator: 0.300-0.260 OD450nm
Mean value: 0.280 OD450nm
Within the range PC ≤ OD450nm < (NC+PC)/5 – Accepted

Sample 1: 0.020 OD450nm
Sample 2: 1.900 OD450nm
Sample 1 Co/S > 1.1 positive
Sample 2 Co/S < 0.9 negative

R. PERFORMANCES

Evaluation of Performances has been conducted in accordance to what reported in the Common Technical Specifications or CTS (art. 5, Chapter 3 of IVD Directive 98/79/EC)

1. LIMIT OF DETECTION:

In absence of an international standard, the sensitivity of the assay has been calculated by means of the product named Accurun n° 127 supplied by Boston Biomedica Inc. – USA .

The table below reports the OD450nm shown by this preparation when diluted in Fetal Calf Serum to prepare a limiting dilution curve, in three different lots.

Co/S values

| Accurun # 127 | DAB.CE Lot # 1102 | | DAB.CE Lot # 0103 | | DAB.CE Lot # 0403 | |
|---------------|-------------------|------------|-------------------|------------|-------------------|------------|
| | OD450 nm | Co/S value | OD450 nm | Co/S value | OD450 nm | Co/S value |
| 1x | 0.171 | 3.0 | 0.163 | 2.9 | 0.156 | 2.8 |
| 2x | 0.187 | 2.7 | 0.176 | 2.6 | 0.179 | 2.5 |
| 4x | 0.230 | 2.2 | 0.220 | 2.1 | 0.202 | 2.2 |
| 8x | 0.298 | 1.7 | 0.285 | 1.6 | 0.271 | 1.6 |
| 16x | 0.417 | 1.2 | 0.405 | 1.1 | 0.402 | 1.1 |
| 32x | 0.514 | 1.0 | 0.490 | 0.9 | 0.482 | 0.9 |
| 64x | 0.717 | 0.7 | 0.700 | 0.7 | 0.705 | 0.6 |
| 128x | 1.063 | 0.5 | 1.006 | 0.5 | 1.015 | 0.4 |
| CTRL (-) | 2.484 | //////// | 2.261 | //////// | 2.114 | //////// |

2. DIAGNOSTIC SPECIFICITY AND SENSITIVITY

The diagnostic performances were evaluated in a clinical trial conducted by the Department of Gastro-Hepatology, Prof. M.Rizzetto, S.Giovanni Battista hospital, Torino, Italy, on more than 400 samples against a reference kit.

Negative, positive and potentially interfering samples were examined in the trial.

Both plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and sera have been used to determine the specificity. No false reactivity due to the method of specimen preparation has been observed.

Results are briefly reported in the tables below:

| | |
|-------------|--------|
| Sensitivity | > 98 % |
| Specificity | > 98 % |

3. PRECISION

The mean values obtained from a study conducted on two samples of different anti-HDV antibody reactivity, examined in 16 replicates in three separate runs for three lots of product, is reported below:

DAB.CE: lot #1102

Negative Control (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 2.342 | 2.428 | 2.433 | 2.401 |
| Std.Deviation | 0.113 | 0.106 | 0.122 | 0.114 |
| CV % | 4.8 | 4.4 | 5.0 | 4.7 |

Calibrator (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.298 | 0.289 | 0.286 | 0.291 |
| Std.Deviation | 0.023 | 0.027 | 0.026 | 0.025 |
| CV % | 7.7 | 9.3 | 9.1 | 8.7 |
| Co/S | 1.6 | 1.7 | 1.7 | 1.7 |

DAB.CE: lot #0103

Negative Control (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 2.208 | 2.237 | 2.246 | 2.230 |
| Std.Deviation | 0.105 | 0.108 | 0.108 | 0.107 |
| CV % | 4.7 | 4.8 | 4.8 | 4.8 |

Calibrator (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.269 | 0.277 | 0.266 | 0.271 |
| Std.Deviation | 0.026 | 0.024 | 0.025 | 0.025 |
| CV % | 9.8 | 8.5 | 9.5 | 9.3 |
| Co/S | 1.7 | 1.7 | 1.7 | 1.7 |

DAB.CE: lot # 0403

Negative Control (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 2.246 | 2.221 | 2.182 | 2.216 |
| Std.Deviation | 0.097 | 0.103 | 0.118 | 0.106 |
| CV % | 4.3 | 4.6 | 5.4 | 4.8 |

Calibrator (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.286 | 0.273 | 0.280 | 0.280 |
| Std.Deviation | 0.027 | 0.023 | 0.026 | 0.025 |
| CV % | 9.3 | 8.5 | 9.1 | 9.0 |
| Co/S | 1.6 | 1.7 | 1.6 | 1.6 |

The variability shown in the tables did not result in sample misclassification.

Important note:

The performance data have been obtained proceeding as the reading step described in the section M, point 8.

S. LIMITATIONS

Bacterial contamination or heat inactivation of the specimen may affect the absorbance values of the samples with consequent alteration of the level of the analyte.

This test is suitable only for testing single samples and not pooled ones.

Diagnosis of an infectious disease should not be established on the basis of a single test result. The patient's clinical history, symptomatology, as well as other diagnostic data should be considered.

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All the IVD Products manufactured by the company are under the control of a certified Quality Management System approved by an EC Notified Body. Each lot is submitted to a quality control and released into the market only if conforming with the EC technical specifications and acceptance criteria.

Manufacturer:
Dia.Pro Diagnostic Bioprobes Srl
Via G. Carducci n° 27 – Sesto San Giovanni (MI) – Italy

CE
0318

HBsAb

**Enzyme Immunoassay for
qualitative/quantitative determination of
antibodies to Hepatitis B surface Antigen
in human serum and plasma**

- for "in vitro" diagnostic use only -



DIA.PRO

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REF SAB.CE
96 Tests

HBs Ab

A. INTENDED USE

Enzyme ImmunoAssay (ELISA) for both the quantitative and qualitative determination of antibodies to the Surface Antigen of Hepatitis B Virus in human plasma and sera.

For "in vitro" diagnostic use only.

B. INTRODUCTION

The World Health Organization (WHO) defines Hepatitis B Virus infection as follows:

"Hepatitis B is one of the major diseases of mankind and is a serious global public health problem. Hepatitis means inflammation of the liver, and the most common cause is infection with one of 5 viruses, called hepatitis A,B,C,D, and E. All of these viruses can cause an acute disease with symptoms lasting several weeks including yellowing of the skin and eyes (jaundice); dark urine; extreme fatigue; nausea; vomiting and abdominal pain. It can take several months to a year to feel fit again. Hepatitis B virus can cause chronic infection in which the patient never gets rid of the virus and many years later develops cirrhosis of the liver or liver cancer.

HBV is the most serious type of viral hepatitis and the only type causing chronic hepatitis for which a vaccine is available. Hepatitis B virus is transmitted by contact with blood or body fluids of an infected person in the same way as human immunodeficiency virus (HIV), the virus that causes AIDS. However, HBV is 50 to 100 times more infectious than HIV. The main ways of getting infected with HBV are: (a) perinatal (from mother to baby at the birth); (b) child-to-child transmission; (c) unsafe injections and transfusions; (d) sexual contact.

Worldwide, most infections occur from infected mother to child, from child to child contact in household settings, and from reuse of un-sterilized needles and syringes. In many developing countries, almost all children become infected with the virus. In many industrialized countries (e.g. Western Europe and North America), the pattern of transmission is different. In these countries, mother-to-infant and child-to-child transmission accounted for up to one third of chronic infections before childhood hepatitis B vaccination programmes were implemented. However, the majority of infections in these countries are acquired during young adulthood by sexual activity, and injecting drug use. In addition, hepatitis B virus is the major infectious occupational hazard of health workers, and most health care workers have received hepatitis B vaccine.

Hepatitis B virus is not spread by contaminated food or water, and cannot be spread casually in the workplace. High rates of chronic HBV infection are also found in the southern parts of Eastern and Central Europe. In the Middle East and Indian sub-continent, about 5% are chronically infected. Infection is less common in Western Europe and North America, where less than 1% are chronically infected.

Young children who become infected with HBV are the most likely to develop chronic infection. About 90% of infants infected during the first year of life and 30% to 50% of children infected between 1 to 4 years of age develop chronic infection. The risk of death from HBV-related liver cancer or

cirrhosis is approximately 25% for persons who become chronically infected during childhood.

Chronic hepatitis B in some patients is treated with drugs called *interferon* or *lamivudine*, which can help some patients. Patients with cirrhosis are sometimes given liver transplants, with varying success. It is preferable to prevent this disease with vaccine than to try and cure it.

Hepatitis B vaccine has an outstanding record of safety and effectiveness. Since 1982, over one billion doses of hepatitis B vaccine have been used worldwide. The vaccine is given as a series of three intramuscular doses. Studies have shown that the vaccine is 95% effective in preventing children and adults from developing chronic infection if they have not yet been infected. In many countries where 8% to 15% of children used to become chronically infected with HBV, the rate of chronic infection has been reduced to less than 1% in immunized groups of children. Since 1991, WHO has called for all countries to add hepatitis B vaccine into their national immunization programmes."

Hepatitis B surface Antigen (HBsAg) is the major structural polypeptide of the envelope of the Hepatitis B Virus (HBV).

This antigen is composed mainly of the type common determinant "a" and the type specific determinants "d" and "y", present only on the specific serotypes.

Upon infection, a strong immunological response develops firstly against the type specific determinants and in a second time against the "a" determinant.

Anti "a" antibodies are however recognised to be most effective in the neutralisation of the virus, protecting the patient from other infections and leading it to convalescence.

The detection of HBsAb has become important for the follow up of patients infected by HBV and the monitoring of recipients upon vaccination with synthetic and natural HBsAg.

C. PRINCIPLE OF THE TEST

Microplates are coated with a preparation of highly purified HBsAg that in the first incubation with sample specifically captures anti HBsAg antibodies to the solid phase.

After washing, captured antibodies are detected by an HBsAg, labelled with peroxidase (HRP), that specifically binds the second available binding site of these antibodies.

The enzyme specifically bound to wells, by acting on the substrate/chromogen mixture, generates an optical signal that is proportional to the amount of HBsAb in the sample and can be detected by an ELISA reader.

The amount of antibodies may be quantitated by means of a standard curve calibrated against the W.H.O reference preparation.

Samples are pre treated in the well with an specimen diluent able to block interference present in vaccinated individuals.

D. COMPONENTS

Each kit contains sufficient reagents to perform 96 tests.

1. Microplate: MICROPLATE

8x12 microwell strips coated with purified heat-inactivated HBsAg of both subtypes (ad and ay) from human origin and sealed into a bag with desiccant.

Allow the microplate to reach room temperature before opening; reseal unused strips in the bag with desiccant and store at 4°C.

2. Calibration Curve: CAL N° ...

5x2.0 ml/vial. Ready to use and colour coded standard curve, derived from HBsAb positive plasma titrated on WHO standard for anti HBsAg (1st reference preparation 1977, lot 17-2-77), ranging: CAL1 = 0 mIU/ml // CAL2 = 10 mIU/ml // CAL3 = 50 mIU/ml // CAL4 = 100 mIU/ml // CAL 5 = 250 mIU/ml. Contains human serum proteins, 5% BSA, 10 mM phosphate buffer pH 7.4+/-0.1, 0.09% sodium azide and 0.045% ProClin 300 as preservatives. Standards are blue coloured.

3. Wash buffer concentrate: WASHBUF 20X

1x60ml/bottle. 20x concentrated solution. Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0+/-0.2, 0.05% Tween 20 and 0.045% ProClin 300.

4. Enzyme conjugate : CONJ

1x16.0 ml/vial. Ready-to-use solution and red color coded. It contains inactivated purified HBsAg of both subtypes ad and ay, labelled with HRP, 5% BSA, 10 mM Tris buffer pH 6.8+/-0.1, 0.3 mg/ml gentamicine sulphate and 0.045% ProClin 300 as preservatives.

5. Chromogen/Substrate: SUBS TMB

1x16ml/vial. Contains a 50 mM citrate-phosphate buffered solution at pH 3.5-3.8, 4% dimethylsulphoxide, 0.03% tetramethyl-benzidine (TMB) and 0.02% hydrogen peroxide (H₂O₂). **Note: To be stored protected from light as sensitive to strong illumination.**

6. Sulphuric Acid: H₂SO₄ 0.3 M

1x15ml/vial. Contains 0.3 M H₂SO₄ solution. Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+P351+P338, P337+P313, P362+P363).

7. Specimen Diluent: DILSPE

1x8ml. 10 mM Tris Buffered solution pH 7.4 +/-0.1, suggested to be used in the follow up of vaccination. It contains 0.09% sodium azide as preservatives.

8. Control Serum: CONTROL ...ml

1 vial. Lyophilized. Contains fetal bovine serum proteins, human anti HBsAg antibodies calibrated at 50 ± 10% WHO mIU/ml. 0.3 mg/ml gentamicine sulphate and 0.045% ProClin 300 as preservatives.

9. Plate sealing foil n° 2

10. Package insert n° 1

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes (100ul and 50ul) and disposable plastic tips.
2. EIA grade water (double distilled or deionised, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.
4. Absorbent paper tissues.
5. Calibrated ELISA microplate thermostatic incubator (dry or wet), set at +37°C (+/-1°C tolerance)..
6. Calibrated ELISA microwell reader with 450nm (reading) and with 620-630nm (blanking, strongly recommended) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.

2. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.

3. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.

4. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-born microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen (TMB) from strong light and avoid vibration of the bench surface where the test is undertaken.

5. Upon receipt, store the kit at 2.8°C into a temperature controlled refrigerator or cold room.

6. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.

7. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures for kit replacement.

8. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample. Do not reuse disposable tips.

9. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one. Do not reuse disposable tips.

10. Do not use the kit after the expiration date stated on the external container and internal (vials) labels. A study conducted on an opened kit did not pointed out any relevant loss of activity up to six 6 uses of the device and up to 6 months.

11. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.

12. The use of disposable plastic-ware is recommended in the preparation of the liquid components or in transferring components into automated workstations, in order to avoid cross contamination.

13. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated before waste. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..

14. Accidental spills from samples and operations have to be adsorbed with paper tissues soaked with household bleach and then with water. Tissues should then be discarded in proper containers designated for laboratory/hospital waste.

15. The Sulphuric Acid is an irritant. In case of spills, wash the surface with plenty of water

16. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

G. SPECIMEN: PREPARATION AND WARNINGS

1. Blood is drawn aseptically by venipuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.

2. Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. Bar code labeling and electronic reading is strongly recommended.

3. Haemolysed ("red") and visibly hyperlipemic ("milky") samples have to be discarded as they could generate false results. Samples containing residues of fibrin or heavy particles or microbial filaments and bodies should be discarded as they could give rise to false results.

4. Sera and plasma can be stored at +2°...+8°C in primary collection tubes for up to five days after collection. Do not freeze primary tubes of collection. For longer storage periods, sera and plasma samples, carefully removed from the primary collection tube, can be stored frozen at -20°C for at least 12 months. Any frozen samples should not be frozen/thawed more than once as this may generate particles that could affect the test result.

5. If particles are present, centrifuge at 2.000 rpm for 20 min or filter using 0.2-0.8µ filters to clean up the sample for testing.

6. Samples whose anti-HBsAg antibody concentration is expected to be higher than 250 mIU/ml should be diluted before use either 1:10 or 1:100 in the Calibrator 0 mIU/ml. Dilutions have to be done in clean disposable tubes by diluting 50 µl of each specimen with 450 µl of Cal 0 (1:10). Then 50 µl of the 1:10 dilution are diluted with 450 µl of the Cal 0 (1:100). Mix tubes thoroughly on vortex when preparing the diluted samples.

H. PREPARATION OF COMPONENTS AND WARNINGS

1. Microplate:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant has not turned green, indicating a defect in conservation. In this case, call Dia.Pro's customer service.

Unused strips have to be placed back into the aluminum pouch, with the desiccant supplied, firmly zipped and stored at +2°-8°C. After first opening, remaining strips are stable until the humidity indicator inside the desiccant bag turns from yellow to green.

2. Calibration Curve

Ready to use. Mix well on vortex before use.

3. Control Serum

Add the volume of ELISA grade water, reported on the label, to the lyophilised powder; let fully dissolve and then gently mix on vortex.

Note: *The control after dissolution is not stable. Store frozen in aliquots at -20°C.*

4. Wash buffer concentrate:

The whole content of the concentrated solution has to be diluted 20x with bidistilled water and mixed gently end-over-end before use. During preparation avoid foaming as the presence of bubbles could impact on the efficiency of the washing cycles.

Note: *Once diluted, the wash solution is stable for 1 week at +2..8° C.*

5. Enzyme conjugate:

Ready to use. Mix well on vortex before use.

Avoid contamination of the liquid with oxidising chemicals, dust or microbes. If this component has to be transferred, use only plastic, and if possible, sterile disposable containers.

6. Specimen Diluent:

Ready to use. Mix well on vortex before use.

7. Chromogen/Substrate:

Ready to use. Mix well on vortex before use.

Avoid contamination of the liquid with oxidising chemicals, air-driven dust or microbes. Do not expose to strong light, oxidising agents and metallic surfaces.

If this component has to be transferred use only plastic, and if possible, sterile disposable container

8. Sulphuric Acid:

Ready to use. Mix well on vortex before use.

Attention: Irritant (H315, H319; P280, P302+P352, P332+P313, P305+P351+P338, P337+P313, P362+P363).

Legenda:

Warning H statements:

H315 – Causes skin irritation.

H319 – Causes serious eye irritation.

Precautionary P statements:

P280 – Wear protective gloves/protective clothing/eye protection/face protection.

P302 + P352 – IF ON SKIN: Wash with plenty of soap and water.

P332 + P313 – If skin irritation occurs: Get medical advice/attention.

P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P337 + P313 – If eye irritation persists: Get medical advice/attention.

P362 + P363 – Take off contaminated clothing and wash it before reuse.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

1. Micropipettes have to be calibrated to deliver the correct volume required by the assay and must be submitted to regular decontamination (70% ethanol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample or the components of the kit. They should also be regularly maintained in order to show a precision of 1% and a trueness of ±2%.

2. The ELISA incubator has to be set at +37°C (tolerance of ±1°C) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.

3. The **ELISA washer** is extremely important to the overall performances of the assay. The washer must be carefully validated in advance, checked for the delivery of the right dispensation volume and regularly submitted to maintenance according to the manufacturer's instructions for use. In particular the washer, at the end of the daily workload, has to be extensively cleaned out of salts with deionized water. Before use, the washer has to be extensively primed with the diluted Washing Solution. The instrument weekly has to be submitted to decontamination according to its manual (NaOH 0.1 M decontamination suggested).

5 washing cycles (aspiration + dispensation of 350µl/well of washing solution + 20 sec soaking = 1 cycle) are sufficient to ensure the assay with the declared performances. If soaking is not possible add one more cycle of washing.

An incorrect washing cycle or salt-blocked needles are the major cause of false positive reactions.

4. Incubation times have a tolerance of ±5%.

5. The ELISA microplate reader has to be equipped with a reading filter of 450nm and with a second filter of 620-630nm, mandatory for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to ≥ 2.0; (c) linearity to ≥ 2.0; repeatability ≥ 1%. Blanking is carried out on the well identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure that the correct optical density is measured. It should be regularly maintained according to the manufacturer 's instructions.

- When using an ELISA automated workstation, all critical steps (dispensation, incubation, washing, reading, shaking, data handling) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the sections "Validation of Test" and "Assay Performances". The assay protocol has to be installed in the operating system of the unit and validated as for the washer and the reader. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set. Particular attention must be paid to avoid carry over by the needles used for dispensing samples and for washing. This must be studied and controlled to minimize the possibility of contamination of adjacent wells due to strongly reactive samples, leading to false positive results. The use of ELISA automated work stations is recommended for blood screening and when the number of samples to be tested exceed 20-30 units per run.
- Dia.Pro's customer service offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure full compliance with the requirements described. Support is also provided for the installation of new instruments to be used with the kit.

L. PRE ASSAY CONTROLS AND OPERATIONS

- Check the expiration date of the kit printed on the external label of the kit box. Do not use if expired.
- Check that the liquid components are not contaminated by naked-eye visible particles or aggregates. Check that the Chromogen/Substrate is colorless or pale blue by aspirating a small volume of it with a sterile transparent plastic pipette. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box. Check that the aluminum pouch, containing the microplate, is not punctured or damaged.
- Dilute all the content of the 20x concentrated Wash Solution as described above.
- Dissolve the Control Serum as described above.
- Allow all the other components to reach room temperature (about 1 hr) and then mix as described.
- Set the ELISA incubator at +37°C and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturers instructions. Set the right number of washing cycles as reported in the specific section.
- Check that the ELISA reader has been turned on at least 20 minutes before reading.
- If using an automated workstation, turn it on, check settings and be sure to use the right assay protocol.
- Check that the micropipettes are set to the required volume.
- Check that all the other equipments are available and ready to use.

In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be carried out according to what reported below, taking care to maintain the same incubation time for all the samples in testing.

Two procedures can be carried out with the device according to the request of the clinician.

M.1 Quantitative analysis

- Place the required number of strips in the microplate holder. Leave A1 and B1 wells empty for the operation of blanking. Store the other strips into the bag in presence of the desiccant at 2..8°C, sealed. Then Dispense in all the wells to be used for the test, except for A1 and B1, 50µl of the Specimen Diluent.

Important note: This additive is added before distributing samples and controls into specific wells and is particularly intended for blocking some substances present in people undergoing vaccination and capable to mask antibodies.

- Pipette 100µl of all the Calibrators, 100µl of Control Serum in duplicate and then 100ul of samples. The Control Serum is used to verify that the whole analytical system works as expected. Check that Calibrators, Control Serum and samples have been correctly added. Then incubate the microplate at **+37°C for 60 min**.

Important note: Strips have to be sealed with the adhesive sealing foil only when the test is performed manually. Do not cover strips when using ELISA automatic instruments.

- Wash the microplate as reported in section I.3.
- In all the wells except A1 and B1, pipette 100 µl Enzyme Conjugate. Check that the reagent has been correctly added. Incubate the microplate at **+37°C for 60 minutes**.

Important notes:

- Be careful not to touch the inner surface of the well with the pipette tip when dispensing the Enzyme Conjugate. Contamination might occur.*
- Mix thoroughly the Enzyme Conjugate on vortex before use.*

- Wash the microplate as described.
- Pipette 100µl TMB/H₂O₂ mixture in each well, the blank wells included. Check that the reagent has been correctly added. Then incubate the microplate at **room temperature for 20 minutes**.

Important note: Do not expose to strong direct light as a high background might be generated.

- Stop the enzymatic reaction by pipette 100µl Sulphuric Acid into each well and using the same pipetting sequence as in step 6. Then measure the colour intensity with a microplate reader at 450nm (reading) and at 620-630nm (blinking, mandatory), blanking the instrument on A1 and B1 wells.

M.2 Qualitative analysis

- Place the required number of strips in the microplate holder. Leave A1 well empty for the operation of blanking. Store the other strips into the bag in presence of the desiccant at 2..8°C, sealed.
- Dispense 50 ul Specimen Diluent in all the wells, except for the blank A1. Then pipette 100µl of the Calibrator 0 mIU/ml in duplicate, 100µl of the Calibrator 10 mIU/ml in duplicate, 100µl of the Calibrator 250 mIU/ml in single, and then 100ul of samples. Check that Calibrators and samples have been correctly added. Then incubate the microplate at **+37°C for 60 min**.
- Wash the microplate as reported in section I.3.
- In all the wells except A1, pipette 100 µl Enzyme Conjugate. Check that the reagent has been correctly added. Incubate the microplate at **+37°C for 60 minutes**.

Important notes:

- Be careful not to touch the inner surface of the well with the pipette tip when dispensing the Enzyme Conjugate. Contamination might occur.*
- Mix thoroughly the Enzyme Conjugate on vortex before use.*

- Wash the microplate as described.
- Pipette 100µl TMB/H₂O₂ mixture in each well, the blank wells included. Check that the reagent has been correctly added. Then incubate the microplate at **room temperature for 20 minutes**.

Important note: Do not expose to strong direct light as a high background might be generated.

7. Stop the enzymatic reaction by pipette 100µl Sulphuric Acid into each well and using the same pipetting sequence as in step 6. Then measure the colour intensity with a microplate reader at 450nm (reading) and at 620-630nm (blinking, mandatory), blanking the instrument on A1 and B1 wells.

Important general notes:

1. Ensure that no finger prints are present on the bottom of the microwell before reading. Finger prints could generate false positive results on reading.
2. Reading has should ideally be performed immediately after the addition of the Stop Solution but definitely no longer than 20 minutes afterwards. Some self oxidation of the chromogen can occur leading to a higher background.
3. The Control Serum (CS) does not affect the cut-off calculation and therefore the test results calculation. The Control Serum may be used only when a laboratory internal quality control is required by the management.

N. ASSAY SCHEME (standard procedure)

| | |
|----------------------------------|--|
| Specimen Diluent | 50 ul |
| Calibrators | 100 ul |
| Control Serum | 100 ul |
| Samples | 100 ul |
| 1st incubation | 60 min |
| Temperature | +37°C |
| Wash step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| Enzyme Conjugate | 100 ul |
| 2nd incubation | 60 min |
| Temperature | +37°C |
| Wash step | n° 5 cycles with 20" of soaking OR n° 6 cycles without soaking |
| TMB/H2O2 mix | 100 ul |
| 3rd incubation | 20 min |
| Temperature | r.t. |
| Sulphuric Acid | 100 ul |
| Reading OD | 450nm / 620-630nm |

An example of dispensation scheme in quantitative assays is reported below:

| | | Microplate | | | | | | | | | | | |
|---|------|------------|-----|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | CAL4 | S3 | | | | | | | | | | |
| B | BLK | CAL4 | S4 | | | | | | | | | | |
| C | CAL1 | CAL5 | S5 | | | | | | | | | | |
| D | CAL1 | CAL5 | S6 | | | | | | | | | | |
| E | CAL2 | CS | S7 | | | | | | | | | | |
| F | CAL2 | CS | S8 | | | | | | | | | | |
| G | CAL3 | S1 | S9 | | | | | | | | | | |
| H | CAL3 | S2 | S10 | | | | | | | | | | |

Legenda: BLK = Blank // CAL = Calibrators // CS = Control Serum // S = Sample

An example of dispensation scheme in qualitative assays is reported below:

| | | Microplate | | | | | | | | | | | |
|---|------|------------|------|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | BLK | S 3 | S 11 | | | | | | | | | | |
| B | CAL1 | S 4 | S 12 | | | | | | | | | | |
| C | CAL1 | S 5 | S 13 | | | | | | | | | | |
| D | CAL2 | S 6 | S 14 | | | | | | | | | | |
| E | CAL2 | S 7 | S 15 | | | | | | | | | | |
| F | CAL5 | S 8 | S 16 | | | | | | | | | | |
| G | S1 | S 9 | S 17 | | | | | | | | | | |
| H | S2 | S 10 | S 18 | | | | | | | | | | |

Legenda: BLK = Blank // CAL = Calibrators // S = Sample

O. INTERNAL QUALITY CONTROL

A validation check is carried out on the controls any time the kit is used in order to verify whether the performances of the assay are as qualified.

Control that the following data are matched:

| Parameters | Requirements |
|------------------------------|---|
| Blank well | < 0.100 OD450nm |
| Calibrator 0 WHO mIU/ml | < 0.200 OD450nm after blanking |
| Calibrator 10 WHO mIU/ml | OD450nm higher than the OD450nm of the Calibrator 0 mIU/ml + 0.100 |
| Calibrator 250 WHO mIU/ml | > 1.500 OD450nm |
| Control Serum | OD450nm = OD450nm CAL 50 mIU/ml ± 10% |
| Coefficient of variation | < 30% for the Calibrator 0 mIU/ml |

If the results of the test match the requirements stated above, proceed to the next section.

If they do not, do not proceed any further and perform the following checks:

| Problem | Check |
|--|---|
| Blank well > 0.100 OD450nm | 1. that the Chromogen/Substrate solution has not become contaminated during the assay |
| Calibrator 0 mIU/ml > 0.200 coefficient of variation > 30% | 1. that the washing procedure and the washer settings are as validated in the pre qualification study; 2. that the proper washing solution has been used and the washer has been primed with it before use; 3. that no mistake has been done in the assay procedure when the dispensation of standards is carried out; 4. that no contamination of the Cal 0 mIU/ml or of the wells where it was dispensed has occurred due to positive samples, to spills or to the enzyme conjugate; 5. that micropipettes have not become contaminated with positive samples or with the enzyme conjugate 6. that the washer needles are not blocked or partially obstructed. |

| | |
|---|---|
| Calibrator 10 mIU/ml OD450nm < Cal 0 + 0.100 | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during its distribution (e.g.: dispensation of a wrong calibrator); 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the standard has occurred. |
| Calibrator 250 mIU/ml < 1.500 OD450nm | 1. that the procedure has been correctly performed; 2. that no mistake has occurred during its distribution; 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the standard has occurred. |
| Control Serum Different from expected value | First verify that: 1. the procedure has been correctly performed; 2. no mistake has occurred during its distribution (e.g.: dispensation of a wrong sample); 3. the washing procedure and the washer settings are correct; 4. no external contamination of the standard has occurred. 5. the Control Serum has been dissolved with the right volume reported on the label. If a mistake has been pointed out, the assay has to be repeated after eliminating the reason of this error. If no mistake has been found, proceed as follows: a) a value up to +/-20% is obtained: the overall Precision of the laboratory might not enable the test to match the expected value +/-10%. Report the problem to the Supervisor for acceptance or refusal of this result. b) a value higher than +/-20% is obtained: in this case the test is invalid and the DiaPro's customer service has to be called. |

Important note:

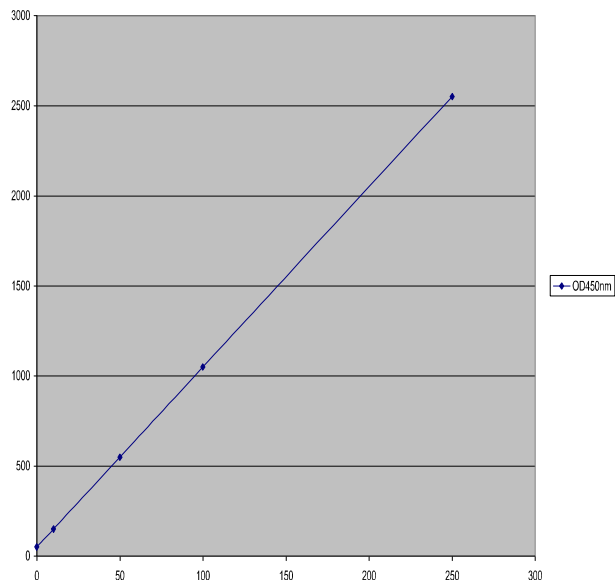
The analysis must be done proceeding as the reading step described in the section M, point 7.

P. RESULTS

P.1 Quantitative method

If the test turns out to be valid, use for the quantitative method an approved curve fitting program to draw the calibration curve from the values obtained by reading at 450nm (4-parameters interpolation is suggested). Then on the calibration curve calculate the concentration of anti HBsAg antibody in samples. An example of Calibration curve is reported in the next page.

Example of Calibration Curve :



Important Note:

Do not use the calibration curve above to make calculations.

P.2 Qualitative method

In the qualitative method, calculate the mean OD450nm/620-630nm values for the Calibrators 0 and 10 mIU/ml and then check that the assay is valid.

Example of calculation (data obtained proceeding as the reading step described in the section M, point 7).

The following data must not be used instead of real figures obtained by the user.

Calibrator 0 mIU/ml: 0.020 – 0.024 OD450nm
 Mean Value: 0.022 OD450nm
 Lower than 0.200 – Accepted

Calibrator 10 mIU/ml: 0.250 – 0.270 OD450nm
 Mean Value: 0.260 OD450nm
 Higher than Cal 0 + 0.100 – Accepted

Calibrator 250 mIU/ml: 2.845 OD450nm
 Higher than 1.500 – Accepted

Q. INTERPRETATION OF RESULTS

Samples with a concentration lower than 10 WHO mIU/ml are considered negative for anti HBsAg antibody by most of the international medical literature. Samples with a concentration higher than 10 WHO mIU/ml are considered positive for anti HBsAg antibody. In the follow up of vaccination recipients, however, the value of 20 WHO mIU/ml is usually accepted by the medical literature as the minimum concentration at which the patient is considered clinically protected against HBV infection.

Important notes:

1. Interpretation of results should be done under the supervision of the laboratory supervisor to reduce the risk of judgement errors and misinterpretations.
2. When test results are transmitted from the laboratory to another facility, attention must be paid to avoid erroneous data transfer.

3. *Diagnosis has to be done and released to the patient by a suitably qualified medical doctor.*

R. PERFORMANCES

Evaluation of Performances has been conducted in accordance to what reported in the Common Technical Specifications or CTS (art. 5, Chapter 3 of IVD Directive 98/79/EC).

1. LIMIT OF DETECTION:

The limit of detection of the assay has been calculated by means of the HBsAb international preparation supplied by CLB on behalf of WHO (1st reference preparation 1977, lot 17-2-77), on which Calibration Curve has been calibrated. HBV negative serum was used as diluent, as recommended by the supplier. Results of Quality Control are given in the following table:

| WHO mIU/ml | SAB.CE Lot # 1002 | SAB.CE Lot # 1001 | SAB.CE Lot # 1002/2 |
|---------------|----------------------|----------------------|------------------------|
| 50 | 0.933 | 0.812 | 0.846 |
| 10 | 0.219 | 0.192 | 0.194 |
| 5 | 0.110 | 0.096 | 0.104 |
| 2.5 | 0.057 | 0.058 | 0.067 |
| Std 0 | 0.021 | 0.015 | 0.023 |

2. DIAGNOSTIC SPECIFICITY AND SENSITIVITY

A Performance Evaluation has been conducted on a total number of more than 700 samples.

2.1 Diagnostic Specificity

It is defined as the probability of the assay of scoring negative in the absence of specific analyte.

More than 500 negative specimens were tested, internally and externally, against a European company.

A diagnostic specificity of 98.8% was assessed.

Moreover, diagnostic specificity was assessed by testing 113 potentially interfering specimens (other infectious diseases, patients affected by non viral hepatic diseases, dialysis patients, pregnant women, hemolized, lipemic, etc.) against the European company. A value of specificity of 100% was assessed.

Finally, both human plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and human sera have been used to determine the specificity.

No false reactivity due to the method of specimen preparation has been observed.

2.2 Diagnostic Sensitivity

It defined as the probability of the assay of scoring positive in the presence of specific analyte.

106 vaccinated patients were evaluated providing a diagnostic sensitivity of 100%.

More than 100 HBV naturally infected patients were tested, internally and externally, against the European company; a diagnostic sensitivity of 100% was found.

3. PRECISION:

The mean values obtained from a study conducted on three samples of different anti-HBsAg reactivity, examined in 16 replicates in three separate runs is reported below:

SAB.CE: lot # 1202

Calibrator 0 mIU/ml (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.038 | 0.038 | 0.039 | 0.039 |
| Std.Deviation | 0.003 | 0.004 | 0.005 | 0.004 |
| CV % | 8.8 | 9.5 | 11.8 | 10.0 |

Calibrator 10 mIU/ml (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.250 | 0.243 | 0.244 | 0.246 |
| Std.Deviation | 0.020 | 0.023 | 0.017 | 0.020 |
| CV % | 8.0 | 9.3 | 7.0 | 8.1 |

Calibrator 250 mIU/ml (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 2.998 | 3.000 | 3.259 | 3.085 |
| Std.Deviation | 0.152 | 0.151 | 0.158 | 0.153 |
| CV % | 5.1 | 5.0 | 4.8 | 5.0 |

SAB.CE: lot # 1002

Calibrator 0 mIU/ml (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.048 | 0.048 | 0.050 | 0.049 |
| Std.Deviation | 0.005 | 0.004 | 0.006 | 0.005 |
| CV % | 9.4 | 8.4 | 11.5 | 9.8 |

Calibrator 10 mIU/ml (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.249 | 0.252 | 0.242 | 0.248 |
| Std.Deviation | 0.021 | 0.020 | 0.023 | 0.021 |
| CV % | 8.3 | 7.9 | 9.6 | 8.6 |

Calibrator 250 mIU/ml (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 3.544 | 3.653 | 3.612 | 3.603 |
| Std.Deviation | 0.153 | 0.176 | 0.138 | 0.156 |
| CV % | 4.3 | 4.8 | 3.8 | 4.3 |

SAB.CE: lot # 1002/2

Calibrator 0 mIU/ml (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.050 | 0.051 | 0.050 | 0.050 |
| Std.Deviation | 0.005 | 0.006 | 0.006 | 0.005 |
| CV % | 10.0 | 10.9 | 11.9 | 10.9 |

Calibrator 10 mIU/ml (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 0.226 | 0.238 | 0.239 | 0.234 |
| Std.Deviation | 0.015 | 0.017 | 0.018 | 0.016 |
| CV % | 6.5 | 7.0 | 7.5 | 7.0 |

Calibrator 250 mIU/ml (N = 16)

| Mean values | 1st run | 2nd run | 3 rd run | Average value |
|---------------|---------|---------|---------------------|---------------|
| OD 450nm | 3.526 | 3.457 | 3.499 | 3.494 |
| Std.Deviation | 0.137 | 0.143 | 0.162 | 0.147 |
| CV % | 3.9 | 4.1 | 4.6 | 4.2 |

The variability shown in the tables did not result in sample misclassification.

4. ACCURACY

The assay accuracy has been checked by the dilution and recovery tests. Any "hook effect", underestimation likely to happen at high doses of analyte, was ruled out up to 10.000 mIU/ml.

Important note:

The performance data have been obtained proceeding as the reading step described in the section M, point 7.

S. LIMITATIONS OF THE PROCEDURE

Bacterial contamination or heat inactivation of the specimen may affect the absorbance values of the samples with consequent alteration of the level of the analyte.

This test is suitable only for testing single samples and not pooled ones.

Diagnosis of an infectious disease should not be established on the basis of a single test result. The patient's clinical history, symptomatology, as well as other diagnostic data should be considered.

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