

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

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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-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 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 ≥ 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
1 st 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
2 nd 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
3 rd 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 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.

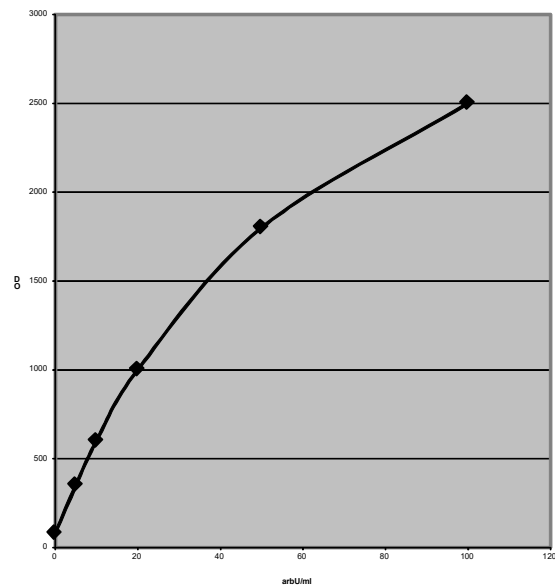
Important note:
The analysis must be done proceeding as the reading step described in the section M, point 11.

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.
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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.

REFERENCES

1. Engvall E. and Perlmann P. J.Immunochimistry 1971 : 8, 871-874.
2. Engvall E. and Perlmann P. J.Immunol. 1971 : 109, 129-135.
3. Remington J.S. and Klein J.O. In "Infectious diseases of the fetus and newborn infant". (1966) Sanders, Philadelphia, London, Toronto.
4. Volk W.A. In "Essential of Medical Microbiology". (1982) Second edition pp 729. G.B.Lippincott Co., Philadelphia, New York, S.Josè, Toronto.
5. Davidsohn I. and Lee C.L. In "The clinical serology of infectious mononucleosis" Infectious mononucleosis (1969). Carter R.L. and Pnman H.G. Edrs, Oxford, Blackwell Scientific Publications, pp 177-200.
6. Evans A.S. et al. N.Engl.J.Med. 1968 : 278, 1121-1127.
7. Henle G. et al. Int.J.Cancer. 1976 : 17, 1-7.
8. Henle G. et al.. J.Infect.Dis.. 1974 : 130, 231-239.
9. Henle G. et al.. Cancer. 1974 : 34, 1368-1374
10. Miller G. et al.. Prog.Med.Virol. 1975 : 20, 84-112.