ElAgen

HCV Ab (v.4) Kit

REF	071067	Σ 96
REF	071064	Σ 192
REF	071068	Σ 480

2°C – 8°C

IVD

CE 0459

Citiți cu atenție prezentul prospect, înainte de efectuarea testului și respectați cu strictețe instrucțiunile din cuprinsul acestuia.
Fiabilitatea rezultatelor este garantată numai cu condiția respectării stricte a acestor instrucțiuni.

Producător:
Adaltis S.r.l
Via Durini, 27
20122 Milano (Italy)
Tel. +39-0774-5791 - Fax +39-0774-353085
www.adaltis.net

ro

SIMBOLURI UTILIZATE PE ETICHETE							
	IVD	REF	LOT				Σ
	Dispozitiv medical pentru diagnostic in vitro	Număr de catalog	Număr de lot	Atenție, citiți instrucțiunile de utilizare	Limite de temperatură	A se utiliza până la data de	Număr de test
				MICROPLATE	CONTROL +	CONTROL -	CAL
Română RO	Producător	A se feri de contactul direct cu razele soarelui	Data fabricației	Microplacă	Control pozitiv	Control negativ	Calibrator
	CONJ	DIL SPE	SUBS TMB	SOLN STOP	WASH BUF 20X	DIL AS	RCNS x mL
	Conjugat	Diluant eșantioane	Substrat TMB	Soluție de stopare (H_2SO_4 0.3M)	Soluție de spălare tampon concentrată 20x	Diluant pentru probe	Se reconstituie cu x mL
	Risc biologic	Pericol	Atenție				

Atenţie:
Soluție de stopare clasificată ca: Skin Corr. 1A

- ***Avertisment:***
  Pericol
- ***Componente periculoase ce necesită etichetare:***
  Acid sulfuric
- ***Indicații de pericol:***
  H314 – Provoacă arsuri grave ale pielii și leziuni oculare grave.
- ***Recomandări de siguranţă:***
  P260 Nu inspirați praful/fumul/gazul/abutiivaporii/spray-ul.
  P303+P361 +P353 ÎN CAZ DE CONTACT CU PIELEA (sau cu părul): scoateți imediat toată îmbrăcămintea contaminată. Clătiţi pielea cu apă/faceţi un duş.
  P305+P351+P338 ÎN CAZ DE CONTACT CU OCHII: Clătiți cu atenție cu apă, timp de mai multe minute. Scoateţi lentilele de contact, dacă este cazul şi dacă acest lucru se poate face cu uşurinţă. Continuaţi să clătiţi.
  P310 Adresați-vă imediat unui CENTRU DE INFORMARE TOXICOLOGICĂ sau unui medic.
  P405 A se depozita sub cheie.
  P501 Eliminați conținutul/recipientul în conformitate cu legislația în vigoare la nivel local/regional/național/internațional.

Atenţie:
Controlul negativ, controlul pozitiv, calibratorul, conjugatul, diluantul pentru eșantioane, diluantul pentru probe și soluție concentrată tampon pentru spălare 20X sunt clasificate ca: Skin Sens. 1

- ***Avertisment:***
  Atenție
- ***Componente periculoase ce necesită etichetare:***
  Amestec de: 5-cloro-2-metil-2H-izotiazolin-3-one [Nr. CE 247-500-7]; 2-metil-2H-izotiazolin-3-one [Nr. CE 220-239-6] (3:1)
- ***Indicații de pericol:***
  H317 Poate provoca o reacție alergică a pielii
- ***Recomandări de siguranţă:***
  P261 Evitați să inspirați praful/fumul/gazul/aburiivaporii/spray-ul.
  P280 Purtați mănuși de protecție/îmbrăcăminte de protecție/ echipament de protecție a ochilor/echipament de protecție a feței.
  P321 Trattament specific (consultați această etichetă).
  P333+P313 În caz de iritare a pielii sau de erupție cutanată: adresați-vă medicului.
  P302+P352 ÎN CAZ DE CONTACT CU PIELEA: Spălați cu apă din abundență.
  P501 Eliminați conținutul/recipientul în conformitate cu legislația în vigoare la nivel local/regional/național/internațional.

Pentru Fișele cu Date de Securitate, consultați site-ul www.adaltis.net.

RO *ROMÂNĂ*

A. UTILIZARE

Test imuno-enzimatic (ELISA) de generația a patra, pentru detectarea anticorpilor la virusul hepatitei C, în probe de ser sau plasmă umană (EDTA, Heparină și Citrat). Trusa poate fi utilizată pentru detectarea anticorpilor din unitățile de sânge recoltate de la pacienți infectați cu virusul HCV.
Numai pentru diagnosticarea in vitro.

B. INTRODUCERE

Organizația Mondială a Sănătății (OMS) definește infecția cu virusul hepatitic C ca fiind:

”Hepatita C este o infecție virală a ficatului, denumită, înainte de 1989, până la identificarea agentului cauzator, hepatită ”non A, non B”, cu mecanism de transmitere parenteral. Descoperirea și caracterizarea virusului hepatitic C (HCV) au permis înțelegerea rolului primordial al acestuia în hepatitele post-transfuzionale și a tendinței acestuia de a induce infecții persistente”.

Virusul HCV este una din cauzele majore ale hepatitei acute şi a bolilor hepatice cronice, printre care ciroză şi cancer la ficat. La nivel global, sunt infectate cu virusul HCV, estimativ, 170 de milioane de persoane, iar între 3 spre 4 milioane de persoane sunt nou infectate in fiecare an. Cele mai frecvente cauze de transmitere a virusului HCV la nivel mondial sunt transfuziile de unități de sânge necontrolate serologic, precum și folosirea, de la o persoană la alta, a acelor și seringilor care nu au fost corect sterilizate. În prezent nu există niciun vaccin disponibil pentru prevenirea hepatitei C, iar tratamentul hepatitelor C cronice este prea costisitor, pentru ca populațiile din țările în curs de dezvoltare să și-l poată permite. Așadar, dintr-o perspectivă globală, cel mai mare impact asupra bolnavilor de hepatită C constă în focalizarea eforturilor asupra reducerii riscurilor de transmitere a virusului HCV pe cale nozocomială (ex.: transfuzii de sânge, injecții nesigure) și asupra reducerii comportamentelor de risc (ex.: injectarea de droguri).

Virusul hepatitei C (HCV) este unul dintre virușii (A, B, C, D și E) ce sunt responsabili de cele mai multe dintre cazurile de hepatită virală. Este un virus ARN încapsulat monocatenar, din familia Flaviviridae, ce are un spectru restrâns de gazde. Oamenii și cimpanzeii reprezintă singurele specii cunoscute ca fiind susceptibile la infecția cu virusul HCV și ambele specii dezvoltă boli similare. O caracteristică importantă a virusului o reprezintă relativa mutabilitate a genomului, legată probabil de o tendință marcată (80%) de a induce infecții cronice. Virusul HCV este reunit în mai multe genotipuri diverse, ce pot fi importante în determinarea gravității bolii și a răspunsului la tratament.

Perioada de incubație a infecției cu virusul HCV, înainte de manifestarea simptomelor clinice, variază de la 15 la 150 de zile. În infecțiile acute, simptomele cele mai frecvente sunt oboseala și icterul; în orice caz, majoritatea cazurilor (un procent cuprins între 60% și 70%), inclusiv cele ce dezvoltă o infecție cronică, sunt asimptomatice. Aproximativ 80% dintre noii pacienți infectați dezvoltă o infecție cronică. Ciroza apare la un procent cuprins aproximativ între 10% și 20% dintre pacienții cu infecție cronică, în timp ce cancerul hepatic apare la un procent cuprins între 1% și 5% dintre persoanele care prezintă o infecție cronică, pe o perioadă de timp cuprinsă între 20 și 30 de ani. Majoritatea pacienților ce suferă de cancer hepatic fără a fi infectați cu virusul hepatitei B, prezintă infecție cu virusul HCV. Mecanismul prin care infecția cu virusul HCV cauzează cancerul hepatic nu este încă foarte clar. Hepatita C accentuează gravitatea bolilor ficatului, atunci când se manifestă concomitent cu alte probleme hepatice. Mai precis, bolile ficatului evoluează mai rapid, la persoanele cu boli hepatice cauzate de consumul de alcool și de infecția cu virusul HCV. Virusul HCV se transmite în principal prin contactul direct cu sângele infectat. Transmiterea virusului HCV prin transfuziile de sânge necontrolate serologic în vederea depistării prezenței virusului, folosirea, de la o persoană la alta, a acelor, seringilor și a altor echipamente medicale care nu au fost corespunzător sterilizate, sau schimbul de ace între consumatorii de droguri, este foarte documentată. Transmiterea se poate produce și pe cale sexuală sau perinatală, însă nu la fel de frecvent. Alte modalități de transmitere, ce țin de practici comportamentale, sociale, culturale (body piercing, circumcizii și tatuaje) sunt de asemenea posibile, dacă se utilizează instrumente care nu au fost corespunzător sterilizate. Virusul HCV nu se transmite pe calea strănutului, prin îmbrățișări, tuse, mâncare sau apă, dacă se folosesc aceleași tacâmuri sau pahare, sau prin contact întâmplător.
Atât în țările dezvoltate, cât și în cele în curs de dezvoltare, grupurile de risc includ consumatorii de droguri injectabile, primitorii de sânge necontrolat serologic, persoanele care suferă de hemofilie, pacienții dializați și persoanele cu numeroși parteneri sexuali, ce practică raporturi sexuale neprotejate. În țările dezvoltate, se estimează că 90% dintre persoanele infectate cu virusul hepatitei C cronice sunt în principal consumatori de droguri injectabile și persoane cărora li s-au administrat transfuzii de sânge necontrolat serologic, sau transfuzii de derivate din sânge. În majoritatea țărilor în curs de dezvoltare, unde se utilizează încă sânge și derivate din sânge neanalizate, principala cale de transmitere a infecției o reprezintă instrumentele pentru injecții nesterilizate și transfuziile de sânge necontrolate serologic. De asemenea, persoanele care practică ritualuri de sacrificare și circumcizii sunt persoane cu risc, dacă folosesc sau refolosesc instrumente metalice nesterilizate.

OMS estimează că aproximativ 170 de milioane de persoane, adică 3% din populația globului, sunt infectate cu virusul HCV și prezintă riscul de a se îmbolnăvi de ciroză și/sau cancer hepatic. Prevalența infecției cu virusul HCV în Africa, Orientul Mijlociu, Asia de Sud-Est și Pacificul de Nord este mult mai mare, față de America de Nord și de Europa.

Testele diagnostice pentru HCV se utilizează pentru a preveni infecțiile prin screening-ul donatorilor de sânge și plasmă, pentru stabilirea diagnosticului clinic și pentru o mai bună luare a deciziilor privind tratamentul administrat unui pacient. Testele diagnostice disponibile în prezent se bazează pe dozări imuno-enzimatice (EIA) pentru detectarea unor anticorpi specifici HCV. Sistemul EIA poate depista peste 95% dintre pacienții cu infecții cronice, dar numai între 50% și 70% dintre infecțiile acute. Analiza RIBA (metoda recombinată de imunoblot) de identificare a anticorpilor care reacționează cu antigene individuale HCV se utilizează adesea ca test suplimentar pentru confirmarea unui rezultat pozitiv obținut prin teste EIA. Teste pentru HCV bazate pe amplificarea acizilor ribonucleici (de ex. PCR, probă cu ADN legat) au fost utilizate atât pentru confirmarea rezultatului serologic, cât și pentru stabilirea eficacităţii tratamentului antiviral folosit. Un rezultat pozitiv indică prezența infecției active și posibilitatea de extindere a

infecției și/sau de dezvoltare a unor boli cronice ale ficatului.
Medicamentele antivirale, cum ar fi interferonul, administrat ca atare sau împreună cu ribavirina, se pot utiliza pentru tratamentul pacienților cu hepatită C cronică, însă acest tratament este foarte costisitor. Tratamentul ce constă doar în administrarea interferonului este eficient la aproximativ 10-20% dintre pacienți. Interferonul administrat împreună cu ribavirina este eficient la 30-50% dintre pacienți. În schimb, se pare că ribavirina, administrată ca atare, nu este eficientă.

Nu există niciun vaccin eficient împotriva virusului HCV. Cercetările continuă, însă mutabilitatea accentuată a genomului virusului HCV îngreunează descoperirea unui vaccin eficient. De asemenea, și lipsa cunoștințelor privind un eventual răspuns imuno-protector, ulterior infecției cu virusul HCV, încetinește descoperirea vaccinului. Nici măcar nu se știe dacă sistemul imunitar este în stare să elimine virusul.

În orice caz, câteva studii au demonstrat prezența unor anticorpi ce neutralizează virusul, la pacienții infectați cu virusul HCV. În lipsa unui vaccin, trebuie adoptate toate măsurile de precauție pentru a preveni infecția, inclusiv (a) teste screening, testele de sânge și a organelor donate; (b) dezactivarea virusului în plasme și produse derivate; (c) dezvoltarea și consolidarea practicilor de control al infecției în protocoalele de acțiune sanitară, precum și o corectă sterilizare a instrumentelor medicale și stomatologice; (d) promovarea unor schimbări în relațiile dintre oamenii de rând și operatorii sanitari, pentru a reduce utilizarea excesivă a injecțiilor și pentru practicarea unor injecții sigure; (e) reducerea riscului pentru persoanele consumatoare de droguri și cele ce utilizează practici sexuale de mare risc".

Genomul codifică pentru componentele structurale, o proteină nucleocapsidică și două glicoproteine de suprafață și componentele funcționale implicate în replicarea virusului și în procesarea proteinelor acestuia. Regiunea de codificare nucleocapsidică pare a fi cea mai conservatoare, dintre probele izolate obținute în întreaga lume.

C. PRINCIPIUL TESTULUI

Microplăcile sunt tapetate cu antigene HCV specifice derivate din regiunile "core" și "ns" de codificare pentru antigenele conservatoare și determinanții antigenici imunodominanți (peptida de bază, NS3 recombinant, peptide NS4 și NS5).
Faza solidă este tratată mai întâi cu eșantionul diluat și, anticorpii HCV, dacă sunt prezenți, se vor lega la antigenele fixate. După etapa de îndepărtare prin spălare a tuturor celorlalte componente ale eșantionului, în cea de-a doua fază de incubare, după legarea anticorpilor HCV, anticorpii IgG și IgM sunt detectați prin adăugarea conjugatului cu anticorpi specifici policlonali anti-IgG&M, marcați cu peroxidază (HRP).
Enzima captată pe faza solidă, reacționând cu amestecul substrat TMB, generează un semnal optic care este proporțional cu cantitatea de anticorpi anti-HCV prezenţi în eșantion. O valoare cut-off permite să se interpreteze densitățile optice în rezultate pozitive și negative de anticorpi HCV.

D. COMPONENTE

Trusa conține reactivi pentru 96 de teste (cod 071067), 192 de teste (cod 071064), sau 480 de teste (cod 071068).

Microplacă	1
Control negativ	1x4 mL/fiolă
Control pozitiv	1x2 mL/fiolă
Calibrator	2 fiole
Soluție de spălare tampon concentrată 20x	1x50 mL/fiolă
Conjugat	1x16 mL/fiolă
Diluant pentru eșantioane	1x50 mL/fiolă
Substrat TMB	1x16 mL/fiolă
Soluție de stopare	1x15 mL/fiolă
Diluant pentru probe	1x8 mL/fiolă
Hârtie de sigilare placă	2
Număr de teste	96
Cod	071067

Microplacă	2
Control negativ	2x4 mL/fiole
Control pozitiv	1x4 mL/fiolă
Calibrator	3 fiole
Soluție de spălare tampon concentrată 20x	2x50 mL/fiole
Conjugat	2x16 mL/fiole
Diluant pentru eșantioane	2x50 mL/fiole
Substrat TMB	2x16 mL/fiole
Soluție de stopare	2x15 mL/fiole
Diluant pentru probe	2x8 mL/fiole
Hârtie de sigilare placă	4
Număr de teste	192
Cod	071064

Microplacă	5
Control negativ	1x20 mL/fiolă
Control pozitiv	1x10 mL/fiolă
Calibrator	7 fiole
Soluție de spălare tampon concentrată 20x	5x50 mL/fiole
Conjugat	2x40 mL/fiole
Diluant pentru eșantioane	5x50 mL/fiole
Substrat TMB	2x40 mL/fiole
Soluție de stopare	2x40 mL/fiole
Diluant pentru probe	1x40 mL/fiolă
Hârtie de sigilare placă	10
Număr de teste	480
Cod	071068

1. Microplacă

12 strip-uri de 8 minigodeuri tapetate cu peptidă Core, antigen recombinant NS3, peptide NS4 și NS5. Plăcile sunt sigilate în folie din aluminiu cu absorbant de umezeală.
Așteptați ca microplaca să ajungă la temperatura mediului ambiant (18…24°C) înainte de a deschide folia. Strip-urile nefolosite trebuie reintroduse la loc în folia cu absorbant de umezeală și trebuie păstrate la o temperatură de 2...8°C.

2. Control negativ

Control gata de utilizare. Conține 10 mM soluție tampon citrat de Na cu pH 6.0 ± 0.1, proteină de bază 2% cazeină și conservant 0.1% Proclin 150. Controlul negativ este colorat în culoarea verde măsliniu.

3. Control pozitiv

Control gata de utilizare. Conține proteine din ser de capră în procent de 1%, anticorpi umani pozitivi la virusul

HCV, 10 mM tampon citrat de Na cu ph 6.0±0.1, 0.5% Tween 20, 0.09% azidă de sodiu și conservant 0.1% Proclin 150. Controlul pozitiv este colorat în culoarea verde închis.

Notă importantă: *Lipsa agenților patogeni vitali în soluția de control pozitiv nu poate fi garantată în totalitate, prin urmare reactivul trebuie tratat ca fiind potențial infectat, în conformitate cu principiile de bună practică de laborator.*

4. Calibrator
Calibrator liofilizat. Se va dizolva în cantitatea de apă distilată cu aviz EIA indicată pe etichetă. Conține proteine din ser de fetus de vițel, anticorpi umani pozitivi la virusul HCV, cu conținut calibrat după codul NIBSC Working Standard 06/188-006, 10mM de tampon citrat de Na cu pH 6.0±0.1, 0.3 mg/mL sulfat de gentamicină și conservant 0.1% Proclin 150.
Notă importantă: *Lipsa agenților patogeni vitali în calibrator nu poate fi garantată în totalitate, prin urmare reactivul trebuie tratat ca fiind potențial infectat, în conformitate cu principiile de bună practică de laborator.*

Note: volumul necesar pentru dizolvarea conținutului fiolei poate varia de la un lot la altul. Vă rugăm să utilizați volumul corespunzător, indicat pe etichetă.

5. Soluție de spălare tamponconcentrată 20x
Soluție concentrată 20X. După diluare, soluția de spălare (tampon de spălare diluat) conține 10 mM tampon fosfat cu pH 7.0 ± 0.2, 0.05% Tween 20 și 0.05% Proclin 150.
După diluare, soluția de spălare rămâne stabilă timp de 1 săptămână, la temperaturi între 2...8°C.

6. Conjugat
Reactiv gata de utilizare, colorat în culoarea roșie. Conține peroxidază de hrean conjugată cu anticorpi policlonali de capră cu IgG și IgM umani, 5% BSA, 10 mM tampon Citrat cu pH 6.4 ± 0.1 și conservanți 0.1% Proclin și 0.05% Tween 20.

7. Substrat TMB
Componentă gata de utilizare. Conține 50 mM soluție tampon citrat-fosfat cu pH 3.5-3.8, 4% dimetil sulfoxid, 0.03% tetrametilbenzidină (TMB) și 0.02% peroxid de hidrogen (H_2O_2). Amestecați ușor, înainte de utilizare.
Notă: A se păstra ferit de lumina directă, deoarece este sensibil la surse de lumină puternice.

8. Diluant pentru probe
Componentă gata de utilizare. Conține ser de capră, 10 mM soluție tris tampon cu pH 8.0±0.1 ce conține 0.1% Proclin 150 și 0.09% azidă de sodiu pentru pre-tratarea eșantioanelor și a soluțiilor de control de pe placă, cu stoparea interferențelor.

9. Soluție de stopare
Componentă gata de utilizare.
Conține o soluție 0.3 M de H_2SO_4. Amestecați ușor, înainte de utilizare.

10. Diluant eșantion
Componentă gata de utilizare, colorată în culoarea verde închis. Conține 1% cazeină, 10 mM tampon citrat de Na cu pH 6.0 ± 0.1 și conservant 0.1% Proclin 150.
A se utiliza pentru diluarea eșantionului.

Notă: Diluantul își schimbă culoarea din verde măsliniu, în verde închis-albastru, în prezența eșantionului.

E. MATERIALE NECESARE, DAR NEINCLUSE ÎN TRUSĂ
1. Micropipete calibrate (200 µL și 10 µL) și vârfuri de unică folosință.
2. Apă distilată cu aviz EIA (bidistilată sau deionizată, tratată cu cărbune activ pentru îndepărtarea oxidanților chimici folosiți ca dezinfectanți).
3. Cronometru cu interval de timp de 60 minute sau mai mult.
4. foi de hârtie absorbantă.
5. Incubator termostatic calibrat pentru microplăci ELISA, ce poate asigura o temperatură de +37°C.
6. Cititor calibrat de microplăci ELISA, cu capacitate de citire la 450 nm, prevăzut dacă este posibil cu filtre de 620-630 nm pentru detectarea blank-ului și filtre de 405 nm.
7. Spălător calibrat pentru microplăci ELISA.
8. Mixer vortex sau alte dispozitive asemănătoare pentru centrifugare.

F. AVERTISMENTE ȘI PRECAUȚII
1. Această trusă poate fi utilizată doar de personal tehnic specializat și corespunzător calificat, sub supravegherea medicului șef de laborator. Citiți cu atenție prezentul prospect, înainte de dozare și respectați cu strictețe instrucțiunile din cuprinsul acestuia.
2. Citiți cu atenție Fișa cu Date de Securitate (SDS), inainte de a efectua dozarea.
3. În cazul utilizării trusei pentru screening-ul unor unități de sânge și componente ale sângelui, acesta va trebui să fie utilizată într-un laborator certificat și autorizat de autoritatea națională responsabilă în domeniu (Ministerul Sănătății sau un organism similar), în vederea efectuării acestui tip de analize.
4. Întreg personalul implicat în executarea probei trebuie să fie echipat cu îmbrăcăminte de protecție de laborator, mănuși din latex fără talc și ochelari de protecție. Utilizarea oricăror dispozitive ascuțite (ace) sau tăioase (lame) este interzisă. Întreg personalul implicat trebuie să fie instruit cu privire la procedurile de siguranță personală, conform recomandărilor Centrului pentru Controlul Bolilor Atlanta, SUA, indicate în publicația Autorității Naționale pentru Sănătate: ”Siguranță personală în Laboratoarele de Microbiologie și Biomedicină”, ediția 1984.
5. Întreg personalul implicat în manipularea eșantioanelor trebuie să fie vaccinat împotriva virusurilor HBV și HAV, pentru care există vaccinuri sigure și eficiente.
6. Încăperea laboratorului trebuie să aibă un mediu controlat, pentru a se evita contaminarea cu praf sau cu agenți microbiologici din aer, în momentul deschiderii fiolelor și al microplăcii din trusă și în momentul efectuării testului. Substrat (TMB) trebuie ferit de lumina puternică. După începerea testului, evitați vibrațiile mesei de lucru.
7. După recepționarea trusei, aceasta trebuie păstrată la o temperatură de 2…8°C, într-un frigider sau într-o cameră rece, cu temperatură controlată.
8. Nu folosiți componente din truse aparținând unor loturi diferite. Nu se recomandă folosirea componentelor din două truse aparținând aceluiași lot.
9. Asigurați-vă că reactivii sunt limpezi și că nu conțin microorganisme sau particule de mari dimensiuni.

Dacă reactivii nu îndeplinesc aceste condiții, anunțați imediat responsabilul de laborator, pentru a demara procedurile necesare în vederea schimbării trusei.

10. Evitați contaminările încrucișate între eșantioane de ser/plasmă, folosind vârfuri de unică folosință, pe care să le înlocuiți la fiecare eșantion.
11. Evitați contaminările încrucișate între reactivii din trusă, folosind vârfuri de unică folosință pe care să le înlocuiți la fiecare componentă în parte.
12. Nu folosiți trusa după expirarea termenului de valabilitate a acesteia, tipărit pe cutie și pe eticheta aplicată pe fiecare fiolă în parte.
13. Toate eșantioanele trebuie considerate ca fiind potențial infectate. Toate serurile umane trebuie manipulate conform prevederilor Nivelului 2 de Bio-Siguranță, urmând recomandările Centrului pentru Controlul Bolilor Atlanta, SUA, precum și cele din cuprinsul publicației Autorității Naționale pentru Sănătate: "Bio-Siguranță în Laboratoarele de Microbiologie și Biomedicină", ediția 1984.
14. Pentru prepararea componentelor lichide, sau pentru componentele mutate pe stațiile de testare automatizate, se recomandă folosirea de recipiente din plastic de unică folosință, în felul acesta evitându-se contaminările încrucișate.
15. Deșeurile rezultate în urma folosirii trusei se vor elimina conform prevederilor legislației în vigoare la nivel național și ale legislației în materie de deșeuri rezultate din substanțe chimice și biologice de laborator. Mai precis, scurgerile de lichide, rezultate în urma procedurii de spălare, resturile de soluții de control și resturile de soluții eșantion trebuie considerate ca fiind potențial infectate și trebuie supuse procedurii de inactivare, înainte de a fi eliminate. Se recomandă procedura de inactivare prin tratarea cu o soluție de hipoclorit de sodiu cu concentrație de 10% timp de 16-18 ore sau dezactivarea la cald, în autoclavă, la 121°C timp de 20 minute.
16. Scurgerile accidentale de soluții eșantion, în timpul efectuării testelor, trebuie absorbite cu foi de hârtie înmuiate în hipoclorit de sodiu, iar apoi trebuie clătite cu apă. Ulterior, respectivele foi de hârtie se vor arunca într-un recipient special pentru deșeuri provenite din materiale biologice.
17. Soluția de stopare conține 0,3 M acid sulfuric. Evitați contactul acesteia cu pielea și ochii. În caz de contact, clătiți imediat și abundent cu apă.
18. Eliminarea soluțiilor reactive ce conțin azidă de sodiu sau thimerosal, drept conservanți, trebuie tratate conform prevederilor și legislației în vigoare în materie, în țara în care se utilizează testul. Eliminarea soluțiilor ce conțin azidă de sodiu prevede utilizarea unor mari cantități de apă de la robinet. Rețineți faptul că azida de sodiu poate forma compuși explozivi, în urma contactului prelungit cu plumbul sau cuprul.
19. Nu fumați, nu mâncați și nu aplicați produse cosmetice în zonele în care sunt manipulate eșantioanele și reactivii.
20. Celelalte deșeuri produse în urma utilizării trusei (de exemplu: vârfurile folosite pentru controale și eșantioane, microplăcile folosite) trebuie să fie manipulate ca și cum ar fi potențial infectate și trebuie colectate conform prevederilor legislației în vigoare la nivel național și ale legislației privind eliminarea deșeurilor de laborator.
21. Nu pipetați substanțele cu gura.

G. EȘANTIOANE: PREPARARE ȘI RECOMANDĂRI

1. Sângele se recoltează din venă prin metode aseptice, iar plasmele și serurile se prepară prin folosirea tehnicilor standard de preparare a eșantioanelor pentru analize clinice de laborator. Nu s-a depistat nicio influență, în cazul preparării eșantionului cu citrat, EDTA sau heparină.
2. Nu adăugați niciun fel de conservanți în eșantioane; evitați mai ales azida de sodiu, deoarece aceasta poate influența activitatea enzimatică a conjugatului, determinând obținerea unor rezultate fals negative.
3. Eșantioanele trebuie să fie clar identificate cu coduri sau nume, pentru a se evita confuziile în interpretarea rezultatelor. În cazul în care trusa se utilizează pentru teste screening ale unor unități de sânge, recomandăm insistent etichetarea acestora cu coduri de bare ce se vor citi cu un cititor electronic.
4. Eșantioanele intens hemolizate (roșii) sau lipemice (lăptoase) trebuie aruncate, deoarece pot duce la obținerea unor rezultate false. Eșantioanele ce conțin resturi de fibrină sau cheaguri și corpuri microbiologice trebuie aruncate, deoarece pot duce la obținerea unor rezultate false.
5. Serurile și plasmele se vor păstra la temperaturi de +2…8°C cel mult cinci zile după recoltare. Pentru conservarea acestora pe perioade mai îndelungate de timp, eșantioanele pot fi congelate la –20°C timp de câteva luni. Niciun eșantion congelat nu poate fi congelat și decongelat decât o singură dată, deoarece acest proces generează particule ce pot compromite rezultatul testului.
6. În cazul în care eșantionul conține particule, centrifugați la o viteză de 2.000 rpm timp de 20 minute, sau filtrați cu filtre de 0.2-0.8um pentru a curăța eșantionul ce trebuie testat.

H. PREPARAREA COMPONENTELOR ȘI AVERTISMENTE

Studiile efectuate pe o trusă deschisă nu au demonstrat nicio pierdere semnificativă de activitate la cel mult 1 reutilizare a aceluiași material, în termen de 6 luni.

1. Microplăci:
Așteptați până când microplaca ajunge la temperatura mediului ambiant (cel puțin 1 oră) înainte de a deschide folia. Verificați dacă absorbantul de umezeală nu și-a schimbat culoarea în verde închis, ceea ce ar indica o conservare deficitară a trusei. În astfel de situații, adresați-vă serviciului clienți din cadrul firmei Adaltis.
Strip-urile nefolosite trebuie introduse la loc în folie, cu tot cu absorbantul de umezeală. Folia se va sigila perfect și se va păstra la temperaturi de 2…8°C. După prima deschidere, strip-urile rămase vor fi stabile până când indicatorul de umezeală din interiorul foliei cu absorbant de umeazeală își va schimba culoarea din galben în verde.

2. Control negativ:
Gata de utilizare. Centrifugați în vortex, înainte de utilizare.

3. Control pozitiv:
Gata de utilizare. Centrifugați în vortex, înainte de utilizare. Această componentă trebuie tratată ca și cum ar fi potențial infectată.

4. Calibrator:
Dizolvați cu atenție conținutul liofilizat al fiolei cu cantitatea de apă distilată cu aviz EIA, indicată pe etichetă. Centrifugați în vortex, înainte de utilizare.
Această componentă trebuie tratată ca și cum ar fi potențial infectată.
***Notă**: După dizolvare, calibratorul nu este stabil. Păstrați în părți egale, la temperaturi de –20°C.*

5. Soluție de spălare concentrată 20x (flacon de 50 mL):
Întreaga cantitate de soluție concentrată 20x se va dizolva cu apă biodistilată, până la 1000 ml (volumul este indicat pe etichetă) și se va amesteca ușor, înainte de utilizare. Deoarece soluția poate să conțină formațiuni cristaline, aveți grijă să dizolvați întreaga cantitate. În timpul preparării, evitați producerea spumei, deoarece prezența bulelor poate compromite eficiența fazei de spălare.
Notă: După diluare, soluția de spălare rămâne stabilă timp de 1 săptămână, la +2..8°C.

6. Conjugat:
Gata de utilizare. Centrifugați în vortex, înainte de utilizare. Aveți grijă să nu contaminați lichidul cu oxidanți chimici, pulberi sau microbi prezenți în aer. Dacă este necesară mutarea acestei componente, folosiți exclusiv recipiente din plastic, pe cât posibil sterilizate.

7. Substrat TMB:
Gata de utilizare. Centrifugați în vortex, înainte de utilizare. Aveți grijă să nu contaminați lichidul cu oxidanți chimici, pulberi sau microbi prezenți în aer. A se feri de lumină puternică, agenți oxidanți și suprafețe metalice. Dacă este necesară mutarea acestei componente, folosiți exclusiv recipiente din plastic, pe cât posibil sterilizate.

8. Diluant pentru probă:
Gata de utilizare. Centrifugați în vortex, înainte de utilizare.

9. Soluție de stopare:
Gata de utilizare. Centrifugați în vortex, înainte de utilizare.

10. Diluant pentru eșantion:
Gata de utilizare. Centrifugați în vortex, înainte de utilizare.

I. INSTRUMENTAR UTILIZAT ÎMPREUNĂ CU TRUSA

1. Micropipetele trebuie să fie gradate, pentru a picura cantitatea corectă necesară pentru probă și este obligatorie o decontaminare regulată (cu spirt medicinal, înălbitor 10%, soluție dezinfectantă de uz spitalicesc) a acelor componente care pot intra accidental în contact cu eșantionul. Acestea trebuie să fie în permanență controlate, pentru a se asigura o precizie de 1% și o corectitudine de ±2%. La intervale regulate de timp, este obligatorie o dezinfectare a stropilor sau reziduurilor de componente din set.
2. Incubatorul ELISA trebuie să fie setat la 37°C (cu o toleranță de ± 0.5°C) și trebuie să fie verificat cu regularitate, pentru a se asigura menținerea unei temperaturi corecte. Pentru incubare se pot utilizat atât incubatoarele pe uscat, cât și băile de apă, dacă dispozitivele sunt omologate pentru incubarea testelor ELISA.
3. Spălătorul ELISA este extrem de important pentru efectuarea cu succes a probei. Spălătorul trebuie să fie omologat și trebuie să fie corect optimizat. De regulă, sunt suficiente 4-5 cicluri de spălare (aspirare + distribuire a unei cantități de 350 µL de soluție de spălare = 1 ciclu) pentru ca proba să permită obținerea unui rezultat corect. Se recomandă un interval de timp de înmuiere de 20-30 secunde, între cicluri. Pentru a stabili corect numărul acestora, se recomandă să se efectueze un test de probă cu soluțiile de control din trusă și cu eșantioane de referință clar stabilite ca fiind pozitive sau negative și să se verifice conformitatea cu valorile indicate mai jos, în secțiunea O ”Control de calitate intern”. Operațiunile de gradare corectă a volumului distribuit și de întreținere a spălătorului (decontaminare și curățare a acelor) se vor efectua conform instrucțiunilor producătorului.
4. Timpii de incubare au o toleranță de ±5%.
   - ✓ Metodă de incubare de scurtă durată (pentru prima/a 2-a incubare, toleranța este cuprinsă între 43 min. și 47 min.; pentru cea de-a 3-a incubare, toleranța este cuprinsă între 14 și 16 min.).
   - ✓ Metodă de incubare standard (pentru prima incubare, toleranța este cuprinsă între 57 min. și 63 min.; pentru cea de-a 2-a și cea de-a 3-a incubare, toleranța este cuprinsă între 29 și 31 min.).
5. Cititorul de microplăci ELISA trebuie să fie prevăzut cu un filtru de citire la 450nm și, pe cât posibil, și cu un al doilea filtru (620-630nm) pentru operațiunile de blank. Densitatea optică la 450 nm mai mare decât liniaritatea cititorului, poate fi citită la 405 nm și înmulțită cu factorul de conversie.
   Performanțele sale standard trebuie să fie (a) amplitudine de bandă ≤ 10nm; (b) interval de absorbție de la 0 la ≥ 2.0; (c) liniaritate ≥ 2.0; (d) repetabilitate ≥ 1%. Blank-ul este determinat în godeul descris în secțiunea ”Procedură de efectuare a probei”. Sistemul optic al cititorului trebuie să fie corect etalonat, pentru a asigura o măsurare corectă a densității optice. Efectuați cu regularitate operațiunile de întreținere, conform instrucțiunilor producătorului.
6. Atunci când se utilizează o stație automată pentru truse ELISA, toate etapele critice (distribuire, incubare, spălare, citire, manipulare a datelor) trebuie să fie atent verificate, etalonate și corect desfășurate, în vederea menținerii conformității cu valorile indicate în secțiunile O ”Control de calitate intern”. Protocolul probei trebuie să fie instalat în sistemul de operare al unității și trebuie să fie validat și pentru spălător și cititor. De asemenea, partea stației ce realizează manipularea componentelor lichide (distribuire și spălare) trebuie să fie validată și corect setată. O atenție deosebită se va acorda evitării transferului prin intermediul acelor utilizate pentru distribuire și spălare. Acesta trebuie să fie studiat și controlat, în vederea minimizării pericolului de contaminare a godeurilor alăturate. Utilizarea unor stații automate ELISA este recomandată pentru testele screening de sânge, atunci când numărul de eșantioane ce trebuie testate este de peste 20-30 unități pe tură.

L. CONTROALE ȘI OPERAȚIUNI PREMERGĂTOARE PROBEI

1. Verificați termenul de valabilitate al trusei, tipărit pe eticheta aplicată pe cutie. Nu folosiți trusa, dacă termenul de valabilitate este expirat.
2. Verificați componentele lichide, acestea nu trebuie să fie contaminate cu particule sau microorganisme vizibile cu ochiul liber. Asigurați-vă că substratul TMB este incolor sau de culoarea bleu pal, aspirând o cantitate mică din acesta cu o pipetă sterilă din plastic transparent. Verificați dacă ambalajul nu s-a rupt în timpul transportului și dacă nu s-au produs scurgeri de lichide în interiorul cutiei. Verificați ca folia de aluminiu, în care se află microplaca, să nu fie găurită sau deteriorată.
3. Diluați întreg conținutul soluției concentrate de spălare 20x, conform instrucțiunilor de mai sus.
4. Dizolvați calibratorul, conform instrucțiunilor de mai sus.
5. Așteptați până când toate componentele trusei ajung la temperatura camerei (aproximativ 1 oră) și apoi amestecați conform instrucțiunilor.
6. Setați incubatorul ELISA la +37°C și pregătiți spălătorul ELISA amorsându-l cu soluția de spălare diluată, conform instrucțiunilor producătorului. Setați numărul corect de cicluri de spălare, conform instrucțiunilor din secțiunea I.3.
7. Asigurați-vă că cititorul ELISA este pornit de cel puțin 20 de minute, înainte de a efectua citirea.
8. Dacă se utilizează o stație automată, porniți stația, verificați setările acesteia și asigurați-vă că utilizați protocolul corect.
9. Controlați dacă micropipetele au fost setate la volumul prevăzut.
10. Asigurați-vă că aveți la îndemână toate instrumentele necesare, gata de a fi utilizate.
11. În cazul sesizării unor probleme, nu continuați derularea testului, ci informați persoana responsabilă.

M. PROCEDURĂ DE EFECTUARE A PROBEI

Proba trebuie efectuată conform instrucțiunilor de de mai jos, având grijă să se păstreze aceeași incubare, pentru toate eșantioanele ce trebuie testate.
Proba se poate efectua prin două proceduri de incubare. Alegeți-o pe cea mai potrivită, conform regulamentelor în vigoare:

1. Incubare standard (prima incubare 60 minute, a 2-a și a 3-a incubare 30 minute)
2. Incubare de scurtă durată (prima și a 2-a incubare 45 minute, a 3-a incubare 15 minute)

1. Incubare standard - Probă manuală:

1. Introduceți numărul corect de godeuri în suportul respectiv. Lăsați primul godeu gol, pentru blank.
2. Adăugați 200 µL de control negativ în trei godeuri, 200 µL de calibrator în două și 200 µL de control pozitiv într-un singur godeu. Nu diluați controalele și calibratorul, deoarece sunt deja diluate și gata de utilizare!
3. Adăugați 200 µL de diluant pentru eșantioane în toate godeurile eșantioanelor; adăugați apoi 10 µL de eșantion în fiecare godeu corespunzător identificat. Agitați ușor placa, având grijă să evitați revărsarea și contaminarea godeurilor alăturate, pentru a dizolva complet eșantionul în diluantul acestuia.

Notă importantă: *Asigurați-vă că diluantul pentru eșantion, după adăugarea eșantionului, își schimbă culoarea din verde deschis în verde-albastru închis, pentru a semnala adăugarea eșantionului.*

4. Adăugați 50 µL de diluant pentru probă în toate godeurile cu soluții de control/calibrator și cu eșantioane. Verificați dacă eșantioanele își schimbă culoarea în albastru închis.
5. Incubați microplaca timp de **60 min la +37°C.**
   Notă importantă: Strip-urile trebuie să fie sigilate cu hârtia adezivă specială din dotare, numai atunci când testul este efectuat manual. Nu acoperiți strip-urile, dacă se folosește un dispozitiv ELISA automat.
6. Spălați microplaca într-un spălător automat, distribuind și aspirând 350 µL/godeu de soluție de spălare diluată conform instrucțiunilor din secțiunea I.3.
7. Pipetați 100 µL de conjugat enzimatic în toate godeurile, cu excepția celui pentru blank și apoi sigilați cu hârtie adezivă. Asigurați-vă că ați adăugat această componentă de culoare roșie în toate godeurile, cu excepția A1.

Notă importantă: *Aveți grijă să nu loviți peretele intern din plastic al godeului, cu vârful plin cu conjugat. Se pot produce contaminări.*

8. Incubați microplaca timp de **30 min la +37°C.**
9. Spălați godeurile, urmând instrucțiunile din secțiunea I.3.
10. Pipetați 100 µL de amestec substrat TMB în fiecare godeu, inclusiv în cel pentru Blank. Incubați microplaca **la temperatura mediului ambiant (18-24°C) timp de 30 minute.**

Notă importantă: *Amestecul trebuie ferit de lumina directă puternică. Lumina puternică poate genera fundaluri accentuate.*

11. Pipetați 100 µL de soluție de stopare în fiecare godeu, folosind aceeași ordine de pipetare descrisă la punctul 10, pentru a bloca reacția enzimatică. La adăugarea soluției de stopare, controlul pozitiv și eșantioanele pozitive își vor schimba culoarea, din albastru în galben.
12. Măsurați intensitatea culorii soluției din fiecare godeu, conform instrucțiunilor din secțiunea 1.5, cu un filtru de citire optică la 450 nm și dacă este posibil cu un filtru de citire optică la 620-630 nm pentru blank-ul din godeul A1 de pe microplacă.

Note importante:

1. *Dacă nu aveți la dispoziție cel de-al doilea filtru de citire optică, asigurați-vă că nu există amprente digitale pe fundalul microplăcii, înainte de citirea optică la 450 nm. Astfel de amprente pot determina obținerea unor rezultate fals pozitive.*
2. *Citirea optică trebuie efectuată imediat după adăugarea soluției de stopare și, în orice caz, în maxim 20 de minute de la adăugarea acesteia. Este posibil să apară o ușoară auto-oxidare a substratului, cu generarea unui rezultat cu fundal accentuat.*
3. *Centrifugarea la 350 ± 150 rpm în timpul incubării determină o creștere a sensibilității de dozare, cu circa 20%.*

2. Incubare de scurtă durată - Probă manuală:

1. Introduceți numărul corect de godeuri în suportul respectiv. Lăsați primul godeu gol, pentru blank.
2. Adăugați 200 µL de control negativ în trei godeuri, 200 µL de calibrator în două și 200 µL de control pozitiv într-un singur godeu. Nu diluați controalele și calibratorul, deoarece sunt deja diluate și gata de utilizare!
3. Adăugați 200 µL de diluant pentru eșantioane în toate godeurile eșantioanelor; adăugați apoi 10 µL de eșantion în fiecare godeu corespunzător identificat. Agitați ușor placa, având grijă să evitați revărsarea și contaminarea godeurilor alăturate, pentru a dizolva complet eșantionul în diluantul acestuia.

Notă importantă: *Asigurați-vă că diluantul pentru eșantion, după adăugarea eșantionului, își schimbă culoarea din verde deschis în verde-albastru închis, pentru a semnala adăugarea eșantionului.*

4. Adăugați 50 µL de diluant pentru probă în toate godeurile cu soluții de control/calibrator și cu eșantioane. Verificați dacă eșantioanele își schimbă culoarea în albastru închis.
5. Incubați microplaca timp de **45 min la +37°C.**
   Notă importantă: Strip-urile trebuie să fie sigilate cu hârtia adezivă specială din dotare, numai atunci când testul este efectuat manual. Nu acoperiți strip-urile, dacă se folosește un dispozitiv ELISA automat.
6. Spălați microplaca într-un spălător automat, distribuind și aspirând 350 µL/godeu de soluție de spălare diluată conform instrucțiunilor din secțiunea I.3.
7. Pipetați 100 µL de conjugat enzimatic în toate godeurile, cu excepția celui pentru blank și apoi sigilați cu hârtie adezivă. Asigurați-vă că ați adăugat această componentă de culoare roșie în toate godeurile, cu excepția A1.

Notă importantă: *Aveți grijă să nu loviți peretele intern din plastic al godeului, cu vârful plin cu conjugat. Se pot produce contaminări.*

8. Incubați microplaca timp de **45 min la +37°C.**
9. Spălați godeurile, urmând instrucțiunile din secțiunea I.3.
10. Pipetați 100 µL de amestec substrat TMB în fiecare godeu, inclusiv în cel pentru Blank. Incubați microplaca la temperatura mediului ambiant (18-24°C) timp de **15 minute.**

Notă importantă: *Amestecul trebuie ferit de lumina directă puternică. Lumina puternică poate genera fundaluri accentuate.*

11. Pipetați 100 µL de soluție de stopare în fiecare godeu, folosind aceeași ordine de pipetare descrisă la punctul 10, pentru a bloca reacția enzimatică. La adăugarea soluției de stopare, controlul pozitiv și eșantioanele pozitive își vor schimba culoarea, din albastru în galben.
12. Măsurați intensitatea culorii soluției din fiecare godeu, conform instrucțiunilor din secțiunea 1.5, cu un filtru de citire optică la 450 nm și dacă este posibil cu un filtru de citire optică la 620-630 nm pentru blank-ul din godeul A1 de pe microplacă.

Note importante:

1. *Dacă nu aveți la dispoziție cel de-al doilea filtru de citire optică, asigurați-vă că nu există amprente digitale pe fundalul microplăcii, înainte de citirea optică la 450 nm. Astfel de amprente pot determina obținerea unor rezultate fals pozitive.*
2. *Citirea optică trebuie efectuată imediat după adăugarea soluției de stopare și, în orice caz, în maxim 20 de minute de la adăugarea acesteia. Este posibil să apară o ușoară auto-oxidare a substratului, cu generarea unui rezultat cu fundal accentuat.*
3. *Centrifugarea la 350 ± 150 rpm în timpul incubării determină o creștere a sensibilității de dozare, cu circa 20%.*

N. SCHEMĂ PROBĂ

Metodă	**Operațiuni (Incubare Standard)**	**Operațiuni (Incubare de scurtă durată)**
Soluții de control & Calibrator	200 µL	200 µL
Diluant pentru eșantioane și Eșantion	200 µL diluant+ 10 µL eșantion	200 µL diluant+ 10 µL eșantion
Diluant pentru probe	50 µL	50 µL
Prima incubare	**60 min (± 3)**	**45 min (± 2)**
Temperatură	+37°C	+37°C
Spălare	4-5 cicluri	4-5 cicluri
Conjugat enzimatic	100 µL	100 µL
A 2-a incubare	**30 min (± 1)**	**45 min (± 2)**
Temperatură	+37°C	+37°C
Spălare	4-5 cicluri	4-5 cicluri
Substrat TMB	100 µL	100 µL
A 3-a incubare	**30 min (± 1)**	**15 min (± 1)**
Temperatură	Temperatură mediu ambiant (18…24°C)	Temperatură mediu ambiant (18…24°C)
Soluție de stopare	100 µL	100 µL
Citire DO	450/620nm	450/620nm

Mai jos vă prezentăm un exemplu de schemă de distribuire (valabil pentru ambele proceduri de incubare):

Microplacă

	1	2	3	4	5	6	7	8	9	10	11	12
A	BLK	E2										
B	CN	E3										
C	CN	E4										
D	CN	E5										
E	CAL	E6										
F	CAL	E7										
G	CP	E8										
H	E1	S9										

Legendă: BLK = Blank CN = Control Negativ
CAL = Calibrator CP = Control Pozitiv E = Eșantion

O. CONTROL DE CALITATE INTERN

Se va efectua un control de validare asupra soluțiilor de control și calibratorului, ori de câte ori se utilizează trusa, pentru a se verifica dacă performanțele probei sunt în conformitate atât cu valorile de DO 450/620nm, cât și cu valorile așteptate, indicate în tabelul de mai jos:

Verificați	**Cerințe**
Godeu blank	< 0.100 DO 450/620nm valoare
Control negativ (CN)	< 0.050 valoare medie DO450/620nm după extragerea blank-ului
Calibrator	S/Co >1.1
Control pozitiv	>1.000 DO450/620nm valoare

Dacă rezultatele testului corespund cerințelor de mai sus, treceți la secțiunea următoare.
În caz contrar, nu treceți mai departe și efectuați următoarele verificări:

Probleme	Verificați
Godeu blank > 0.100 DO450nm	1. dacă soluția substrat nu s-a contaminat în timpul probei
Control Negativ (CN) > 0.050 DO450nm după extragerea blank-ului	1. dacă procedura de spălare și setările spălătorului au fost setate conform studiilor de precalificare; 2. dacă s-a utilizat soluția corectă de spălare și dacă spălătorul a fost amorsat înainte de utilizare; 3. dacă nu s-a comis vreo eroare în procedura de efectuare a probei (adăugarea de soluție de control pozitiv, în locul celei de control negativ); 4. dacă nu s-a produs vreo contaminare a soluției de control negativ sau a godeurilor acestuia, din cauza unor stropi de soluție de control pozitiv sau de conjugat enzimatic; 5. dacă micropipetele nu s-au contaminat cu eșantioane pozitive sau cu conjugat enzimatic; 6. dacă acele spălătorului nu sunt blocate sau parțial înfundate.
Calibrator S/Co < 1.1	1. dacă procedurile au fost executate corect; 2. dacă nu a apărut nicio eroare în timpul adăugării acestuia (de ex. adăugarea de soluție de control negativ în locul calibratorului); 3. dacă procedura de spălare și setările spălătorului au fost setate conform studiilor de precalificare; 4. dacă nu s-a produs nicio contaminare externă a calibratorului.
Control pozitiv <1.000 DO450nm	1. dacă procedurile au fost executate corect; 2. dacă nu s-a comis nicio eroare în timpul adăugării controlului (adăugare de soluție de control negativ, în locul controlului pozitiv). În astfel de situații, controlul negativ va indica o DO 450nm > 0.150 3. dacă procedura de spălare și setările spălătorului au fost setate conform studiilor de precalificare; 4. dacă nu s-a produs nicio contaminare externă a controlului pozitiv

În cazul în care a apărut una dintre problemele de mai sus, anunțati responsabilul, pentru a se decide modul de acțiune.

P. REZULTATE
Rezultatele testului sunt calculate pe baza unei valori medii de cut-off stabilită cu ajutorul formulei de mai jos:

Cut-Off (Co) = valoare absorbantă medie CN (control negativ) + 0.350

Valoarea determinată pentru test se va utiliza pentru interpretarea rezultatelor, conform instrucțiunilor din paragraful următor.

Q. INTERPRETAREA REZULTATELOR
Rezultatele testului se vor interpreta ca raport dintre valoarea DO 450 nm a eșantionului și valoarea Cutt-off (sau S/Co), pe baza următorului tabel:

S/Co	Interpretare
< 0.9	Negativ
0.9 - 1.1	Invalid
> 1.1	Pozitiv

Un rezultat negativ indică faptul că pacientul nu este infectat cu virusul HCV, sau că unitatea de sânge poate fi utilizată pentru transfuzie.
Pentru pacienții în cazul cărora rezultatul testului este invalid, va fi necesară repetarea testului, cu un eșantion prelevat după 1-2 săptămâni. Unitatea de sânge nu va putea fi utilizată pentru transfuzie.
Un rezultat pozitiv indică prezența infecției cu virusul HCV, prin urmare pacientul trebuie să fie supus tratamentului aferent, iar unitatea de sânge trebuie distrusă.

Note importante:
1. *Interpretarea rezultatelor se va face exclusiv sub supravegherea șefului de laborator, pentru a se reduce riscul unor erori de analiză.*
2. *Orice rezultat pozitiv trebuie să fie confirmat printr-o metodă alternativă, în măsură să detecteze anticorpii IgG și IgM (teste de confirmare), înainte de pronunțarea unui diagnostic de hepatită virală.*
3. *După cum am indicat în evaluarea performanțelor produsului, această analiză este în măsură să detecteze seroconversia la anticorpi anti-HCV core, înaintea unor alte truse din comerț. Așadar, un rezultat pozitiv, neconfirmat, obținut cu aceste truse din comerț, nu trebuie să fie exclus, ca rezultat fals pozitiv! În orice caz, eșantionul trebuie supus și unui test de confirmare.*
4. *Din moment ce proba este în măsură să determine și anticorpii de clasă IgM, este posibil să apară neconcordanțe cu alte produse din comerț, pentru detectarea anticorpilor anti-HCV, ce nu conțin conjugat anti IgM. Pozitivitatea reală a eșantionului pentru anticorpii HCV trebuie să fie confirmată ulterior, examinându-se și reactivitatea IgM, importantă pentru diagnosticarea infecției cu virusul HCV.*
5. *Atunci când rezultatele sunt transmise de la laborator către un sistem electronic, aveți grijă să nu transmiteți date greșite.*
6. *Diagnosticul de hepatită virală trebuie să fie stabilit și comunicat pacientului doar de personal medical calificat.*

În continuare vă prezentăm un exemplu de calcul:
Datele de mai jos nu trebuie folosite în locul datelor reale, obținute de către utilizator.
Control negativ: 0.019 – 0.020 – 0.021 DO450nm
Valoare medie: 0.020 DO450nm Mai mică de 0.050 – Acceptat

Control pozitiv: 2.189 DO450nm
Peste 1.000 – Acceptat

Cut-Off = 0.020+0.350 = 0.370
Calibrator: 0.550 - 0.530 DO450nm
Valoare medie: 0.540 DO450nm S/Co = 1.4
S/Co peste 1.1 – Acceptat

Eșantion 1: 0.070 DO450nm
Eșantion 2: 1.690 DO450nm
Eșantion 1 S/Co < 0.9 = negativ
Eșantion 2 S/Co > 1.1 = pozitiv

R. PERFORMANȚELE TESTULUI
Evaluarea performanțelor testului s-a realizat conform prevederilor Specificațiilor Tehnice Comune (CTS) (art. 5, Capitolul 3 din Directiva 98/79/CE) și s-a efectuat pentru ambele proceduri de incubare (standard și de scurtă durată).

1. LIMITE DE DETECTARE
Limita de detectare a probei a fost calculată folosindu-se procedura de incubare de scurtă durată, conform prevederilor Standardului de Lucru Britanic pentru detectarea anticorpilor anti-HCV, NIBSC cod 06/188-006. Tabelul de mai jos cuprinde valorile medii de DO450nm prevăzute de acest standard, diluat în plasmă negativă și apoi analizat.

Diluare	Lot#1	Lot#2	Lot#3
Factor	S/Co	S/Co	S/Co
1 X	3,50	4,00	4,30
2 X	2,10	2,60	2,60
4 X	1,3	1,40	1,30
Plasmă Negativă	0,25	0,20	0,20

De asemenea, s-a analizat ”in toto” eșantionul codificat Accurun 1 - seria 3000 – pus la dispoziție de Boston Biomedica Inc., USA și s-au obținut următoarele rezultate:

Accurun 1 series	Lot#1	Lot#2	Lot#3
Factor	S/Co	S/Co	S/Co
1 X	2,90	3,04	3,40

2. SPECIFICITATE ȘI SENSIBILITATE DE DIAGNOSTIC
Analiza performanței trusei s-a realizat printr-o testare externă, efectuată pe un număr de peste 5000 de eșantioane.
2.1 Specificitatea diagnosticului
Reprezintă probabilitatea ca proba să dea un rezultat negativ, în lipsa unei probe de analizat specifice. Au fost examinați peste 5000 de donatori aleatori, inclusiv donatori pentru prima dată.
Specificitatea diagnosticului a fost verificată cu un test omologat US FDA.
Au fost testați 5043 donatori și s-a obținut o specificitate de 99.5%.
210 pacienți spitalizați au fost testați pentru HCV; s-a obținut o specificitate a diagnosticului de 99.5%. De asemenea, specificitatea diagnosticului a fost verificată și prin testarea unui număr de 162 eșantioane potențial interferente (cu alte boli infecțioase, anticorpi pozitivi E.coli, pacienți cu boli hepatice nevirale, pacienți supuși dializei, femei însărcinate, eșantioane intens hemolizate, lipemice etc.). S-a obținut o valoare a specificității de 100%.
Nu s-a observat nicio falsă reactivitate determinată de metoda de preparare a eșantioanelor. Atât plasmele, derivate prin diferite tehnici standard de preparare (citrat, EDTA și heparină), cât și serurile au fost utilizate pentru stabilirea valorilor de specificitate. Au fost testate eșantioane congelate, pentru a se verifica eventualele interferențe determinate de recoltare și conservare. Nu s-a depistat nicio interferență.

2.2 Sensibilitate de diagnostic
Reprezintă probabilitatea ca proba să dea un rezultat pozitiv, în lipsa unei probe de analizat specifice. Sensibilitatea de diagnostic a fost verificată extern, pe un număr total de 348 eșantioane; s-a obținut o sensibilitate de diagnostic de 100%. Intern, au fost testate peste 50 de eșantioane pozitive, obținându-se și de această dată o sensibilitate de diagnostic de 100%.
Au fost testate eșantioane pozitive la infecții provocate de alte genotipuri decât HCV.

Mai mult de atât, s-au studiat majoritatea panelurilor de sero-conversie puse la dispoziție de Boston Biomedica Inc., USA, (PHV) și Zeptometrix, USA, (HCV).

Mai jos vă prezentăm rezultatele pentru unele dintre acestea.

Panel	Nr. eșantioane	Adaltis [1]	Ortho [1, 2]
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

Notă:
1. Eșantioane pozitive
2. HCV v.3.0

De asemenea, produsul a fost testat pe panelul EFS Ac HCV, lot nr. 06.140817, produs de Etablissement Francais Du Sang (EFS), Franța, obținându-se următoarele rezultate:

Panel EFS Ac HCV

Eșantion	Lot#1 S/Co	Lot#2 S/Co	Lot#3 S/Co	Rezultate așteptate
HCV 1	0,53	0,52	0,55	**Negativ**
HCV 2	3,28	5,91	3,04	**Pozitiv**
HCV 3	2,17	3,18	2,56	**Pozitiv**
HCV 4	2,26	2,23	2,35	**Pozitiv**
HCV 5	6,10	7,06	6,90	**Pozitiv**
HCV 6	1,66	1,77	1,67	**Pozitiv**

3. PRECIZIE

A fost calculată pe cinci eșantioane, unul negativ și patru pozitive, examinate prin 4 replicări, fiecare în șase runde separate.

S-au obținut următoarele rezultate:

Rezultate în cadrul aceluiași lot: Trusă ElAgen HCV Ab (v.4) -

Primul lot (procedură incubare de scurtă durată)

		Precizie - %CV		
Eșantion	**S/Co Medie**	**În interiorul Probei**	**Între Probe**	**Total**
Negativ	0.03	6.66	10.56	12.48
Pozitive	1.20	8.52	8.49	12.03
	1.51	7.69	12.22	14.44
	3.57	7.43	11.82	13.97
	11.87	3.42	9.32	9.92

Rezultate în cadrul aceluiași lot: Trusă ElAgen HCV Ab (v.4) -

Primul lot (procedură incubare de lungă durată)

		Precizie - %CV		
Eșantion	**S/Co Medie**	**În interiorul Probei**	**Între probe**	**Total**
Negativ	0.04	4.67	12.34	13.19
Pozitive	1.47	9.62	11.40	14.92
	1.82	8.92	12.77	15.58
	4.31	4.59	12.88	13.67
	13.78	2.42	8.96	9.26

Rezultate între loturi: Trusă ElAgen HCV Ab (v.4) -
Primul, al 2-lea și al 3-lea lot (procedură incubare de scurtă durată)

	Precizie - %CV		
Eșantion	**Lot 1**	**Lot 2**	**Lot 3**
Negativ	8,65	8,29	6,13
Calibrator	4,98	4,44	5,38
Pozitiv	4,11	3,11	1,37

Variabilitatea indicată în tabele nu s-a soldat cu erori de clasificare a eșantioanelor.

S. SUGESTII PENTRU SOLUȚIONAREA PROBLEMELOR

Respectarea strictă a procedurii și a specificațiilor, precum și o corectă utilizare a reactivilor și o distribuire corectă permit e

vitarea următoarelor tipuri de erori:

EROARE	CAUZE POSIBILE / SUGESTII
DO foarte diferite (± 50%) față de cele indicate în CC	-reactivi aplicați în cantități eronate (sugestie: verificați conformitatea dintre cantitatea setată în pipete și cea prevăzută de test, etalonați din nou) -temperatură eronată sau timp de incubare eronat (sugestie: o întreținere mai atentă a incubatorului, notați ora de începere a incubării) -eroare în executarea fazelor de spălare și de citire fotometrică (sugestie: verificați corecta funcționare sau setările respectivelor dispozitive) -contaminarea substratului sau a conjugatului (sugestie: folosiți numai recipiente curate din plastic de unică folosință)
Repetabilitate redusă a rezultatelor	-reactivii și eșantioanele au fost aplicați în cantități care nu sunt constante (sugestie: verificați precizia pipetelor și conformitatea dintre cantitatea aplicată și cea prevăzută de test; etalonați din nou) -eroare în executarea fazelor de spălare sau de citire (sugestie: verificați corecta funcționare sau setările respectivelor dispozitive) -contaminarea substratului (sugestie: folosiți numai recipiente curate din plastic de unică folosință) -murdărirea sau degradarea reactivilor (sugestie: folosiți vârfuri adecvate, recipiente curate din plastic de unică folosință și apă distilată sau un produs echivalent)
Nicio reacție colorimetrică, după adăugarea substratului	-unii reactivi nu au fost adăugați -contaminare accentuată a conjugatului sau a substratului -executare greșită a procedurii de testare (de ex. aplicare accidentală a reactivilor într-o ordine greșită, sau din recipientul greșit etc.)
Reacție prea puțin intensă (DO prea mici)	-timp de incubare prea scurt, temperatură de incubare prea joasă -diluare eronată a conjugatului
Reacție prea intensă (DO prea mari)	-diluare eronată a conjugatului -timp de incubare prea lung, temperatură de incubare prea ridicată -calitate proastă a apei folosite pentru soluția de spălare (grad redus de deionizare) -spălare insuficientă (conjugatele nu au fost corect îndepărtate)
Rezultate inexplicabile	-contaminarea pipetelor, a vârfurilor sau a recipientelor -spălarea nu este constantă sau nu este suficientă (conjugatele nu au fost corect îndepărtate)
%CV în interiorul probei prea ridicat	-reactivii și/sau strip-urile nu au ajuns la temperatura camerei, înainte de utilizare - spălătorul pentru microplăci nu spală corect (sugestie: curățați capul spălătorului)
%CV între probe prea ridicat	-condițiile de incubare nu sunt constante (durată, temperatură) -controalele și eșantioanele nu au fost adăugate în același timp (cu aceleași pauze) (verificați ordinea de adăugare) -modificări cauzate de personalul operator

T. AUTOMATIZARE

Procedura descrisă în prezentul prospect cu instrucțiuni de utilizare se referă exclusiv la testul efectuat prin metoda manuală. În cazul utilizării unor sisteme de analiză automate, se vor urma instrucțiunile din cuprinsul manualelor de utilizare ale respectivelor dispozitive. Fiecare laborator trebuie să respecte propriile proceduri de validare internă, pentru a atesta conformitatea cu sistemele automatizate.

U. RESTRICȚII

Procentul de repetabilitate a unor rezultate fals pozitive, neconfirmate de analiza RIBA de confirmare, sau de alte metode similare, a fost stabilit ca fiind de sub 0,1% din populația normală.

Eșantioanele congelate ce conțin particule de fibrină sau cheaguri după congelare au dus la obținerea unor rezultate fals pozitive.

BIBLIOGRAFIE

1. CDC. Public Health Service inter-agency guidelines for screening donors of blood, plasma, organs, tissues, and semen for evidence of hepatitis B and hepatitis C. MMWR 1991;40(No. RR-4):1-17.
2. Alter MJ. Epidemiology of hepatitis C. Hepatology 1997;26:62S-5S.
3. McQuillan GM, Alter MJ, Moyer LA, Lambert SB, Margolis HS. A population based serologic study of hepatitis C virus infection in the United States. In Rizzetto M, Purcell RH, Gerin JL, Verme G, eds. Viral Hepatitis and Liver Disease, Edizioni Minerva Medica, Turin, 1997, 267-70.
4. Dufour MC. Chronic liver disease and cirrhosis. In Everhart JE, ed. Digestive diseases in the United States: epidemiology and impact. US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases. Washington, DC: US Government Printing Office, 1994; NIH publication no. 94-1447, 615-45.
5. Alter MJ, Hadler SC, Judson FN, et al. Risk factors for acute non-A, non-B hepatitis in the United States and association with hepatitis C virus infection. JAMA 1990;264:2231-35.
6. Alter HJ, Holland PV, Purcell RH, et al. Posttransfusion hepatitis after exclusion of commercial and hepatitis-B antigen-positive donors. Ann Intern Med 1972;77:691-9.
7. Alter HJ, Purcell RH, Holland PV, Feinstone SM, Morrow AG, Moritsugu Y. Clinical and serological analysis of transfusionassociated hepatitis. Lancet 1975;2:838-41.
8. Seeff LB, Wright EC, Zimmerman HJ, McCollum RW, VA Cooperative Studies Group. VA cooperative study of post-transfusion hepatitis and responsible risk factors. Am J Med Sci 1975;270:355-62.
9. Feinstone SM, Kapikian AZ, Purcell RH, Alter HJ, Holland PV. Transfusion-associated hepatitis not due to viral hepatitis type A or B. N Engl J Med 1975;292:767-70.
10. Choo QL, Kuo G, Weiner AJ, Overby LR, Bradley DW. Isolation of a cDNA clone derived from a blood-borne non-A, non-B viral hepatitis genome. Science 1989;244:359-62.
11. Kuo G, Choo QL, Alter HJ, et al. An assay for circulating antibodies to a major etiologic virus of human non-A, non-B hepatitis. Science 1989;244:362-4.
12. Alter HJ, Purcell RH, Shih JW, et al. Detection of antibody to hepatitis C virus in prospectively followed transfusion recipients with acute and chronic non-A, non-B hepatitis. N Engl J Med 1989;321:1494-1500.
13. Aach RD, Stevens CE, Hollinger FB, et al. Hepatitis C virus infection in post-transfusion hepatitis. An analysis with first- and secondgeneration assays. N Engl J Med 1991;325:1325-9.
14. Alter MJ, Margolis HS, Krawczynski K, Judson, FN, Mares A, Alexander WJ, et al. The natural history of community-acquired hepatitis C in the United States. N Engl J Med 1992;327:1899-1905.
15. Alter, MJ. Epidemiology of hepatitis C in the west. Semin Liver Dis 1995;15:5-14.
16. Donahue JG, Nelson KE, Muåoz A, et al. Antibody to hepatitis C virus among cardiac surgery patients, homosexual men, and intravenous drug users in Baltimore, Maryland. Am J Epidemiol 1991;134:1206-11.
17. Zeldis JB, Jain S, Kuramoto IK, et al. Seroepidemiology of viral infections among intravenous drug users in northern California. West J Med 1992;156:30-5.
18. Fingerhood MI, Jasinski DR, Sullivan JT. Prevalence of hepatitis C in a chemically dependent population. Arch Intern Med 1993;153:2025-30.
19. Garfein RS, Vlahov D, Galai N, Doherty, MC, Nelson, KE. Viral infections in short-term injection drug users: the prevalence of the hepatitis C, hepatitis B, human immunodeficiency, and human Tlymphotropic viruses. Am J Pub Health 1996;86:655-61.
20. Brettler DB, Alter HJ, Deinstag JL, Forsberg AD, Levine PH. Prevalence of hepatitis C virus antibody in a cohort of hemophilia patients. Blood 1990;76:254-6.
21. Troisi CL, Hollinger FB, Hoots WK, et al. A multicenter study of viral hepatitis in a United States hemophilic population. Blood 1993;81:412-8.
22. Kumar A, Kulkarni R, Murray DL, et al. Serologic markers of viral hepatitis A, B, C, and D in patients with hemophilia. J Med Virology 1993;41:205-9.
23. Tokars JI, Miller ER, Alter MJ, Arduino MJ. National surveillance of dialysis associated diseases in the United States, 1995. ASAIO Journal 1998;44:98-107.
24. Osmond DH, Charlebois E, Sheppard HW, et al. Comparison of risk factors for hepatitis C and hepatitis B virus infection in homosexual men. J Infect Dis 1993;167:66-71.
25. Weinstock HS, Bolan G, Reingold AL, Polish LB: Hepatitis C virus infection among patients attending a clinic for sexually transmitted diseases. JAMA 1993;269:392-4.
26. Thomas DL, Cannon RO, Shapiro CN, Hook EW III, Alter MJ. Hepatitis C, hepatitis B, and human immunodeficiency virus infections among non-intravenous drug-using patients attending clinics for sexually transmitted diseases. J Infect Dis 1994;169:990-5.
27. Buchbinder SP, Katz MH, Hessol NA, Liu J, O'Malley PM, Alter, MJ. Hepatitis C virus infection in sexually active homosexual men. J Infect 1994;29:263-9.
28. Thomas DL, Zenilman JM, Alter HJ, et al. Sexual transmission of hepatitis C virus among patients attending sexually transmitted diseases clinics in Baltimore--an analysis of 309 sex partnerships. J Infect Dis 1995;171:768-75.
29. Thomas DL, Factor SH, Kelen GD, Washington AS, Taylor E Jr, Quinn TC. Viral hepatitis in health care personnel at The Johns Hopkins Hospital. Arch Intern Med 1993;153:1705-12.
30. Cooper BW, Krusell A, Tilton RC, Goodwin R, Levitz RE. Seroprevalence of antibodies to hepatitis C virus in high-risk hospital personnel. Infect Control Hosp Epidemiol 1992;13:82-5.
31. Abdel-Hamid, M., M. El-Day, S. El-Kafrawy, N. Mikhail,G.T. Strickland, and A.D. Fix. 2002. Comparison ofsecond- and third-generation enzyme immunoassays fordetecting antibodies to hepatitis C virus. J. Clin.Microbiol. 40:1656-1659.
32. Dusheiko, G., H. Schlimovitz-Weiss, D. Brown, F. McOmish, P.-L. Yap, S. Sherlock, N. McIntyre, and P. Simmonds. 1994. Hepatitis C virus genotypes: an investigation of type-specific differences in geographic origin and disease. Hepatology 19:13-18.
33. Gretch, D. Diagnostic tests for hepatitis C. The article can be found at: http://www.hepnet.com/nih/gretch.html. It was written as part of a National Institute of Health Conference on Hepatitis C, held from March 24-26, 1997 in Bethesda Maryland
34. Mondelli, M.U., A. Cerino, F. Bono, A. Cividini, A. Maccabruni, M. Aricò, A. Malfitano, G. Barbarini, V. Piaza, L. Minoli, and E. Silini. 1994. Hepatitis C virus (HCV) core serotype in chronic HCV infection. J. Clin. Microbiol. 32:2523-2527.
35. Ohno, T., M. Mizokami, R.-R. Wu, M.G. Saleh, K.-I. Ohba, E. Orito, M. Mukaide, R. Williams, and J.Y.N. Lau. 1997. New hepatitis C virus (HCV) genotyping system that allows for the identification of HCV genotype 1a, 1b, 2a, 2b, 3a, 3b, 4, 5a, and 6a. J. Clin. Microbiol. 35:201-207.
36. Takada, N., S. Takase, N. Enomoto, A. Takada, and T. Date. 1992. Clinical backgrounds of the patients having different types of hepatitis C virus genome. J. Hepatol. 14:35-40.
37. Yoshioka, K., S. Kakumu, T. Wakita, T. Ishikawa, Y. Itoh, M. Takayanagi, Y. Higashi, M. Shibata, and T. Morishima. 1992. Detection of hepatitis C virus by polymerase chain reaction and response to interferon-α therapy: relationships to genotypes of hepatitis C virus. Hepatology 16:293-299.

Atlas Medical CE

ATLAS SLE SLIDE TEST

IVD For *in vitro* diagnostic and professional use only

2°C 8°C Store at 2°-8°C

INTENDED USE

Atlas SLE Slide Test is a slide agglutination assay for the qualitative and semi quantitative detection of anti-deoxyribonucleoprotein (anti-DNP) in human serum. No initial dilution of patient samples is required for this test. These materials are intended to be acquired, possessed and used only by health professionals.

INTRODUCTION

The detection of antinuclear antibodies, by such laboratory methods as immunofluorescence, LE cell test, and agglutination of coated particles, can aid in the diagnosis of such autoimmune diseases as systemic lupus erythematosus (SLE). The antibodies most associated with SLE are those directed against DNP. These antibodies are believed to cause the formation of the LE cell *in vitro*, occurring in 75-80% of patients diagnosed as having SLE. Given that 20-25% of SLE patients do not exhibit the formation of LE cells, other methods can be used to detect antinuclear antibodies.

PRINCIPLE

Atlas SLE Slide Test provides a means of detecting anti-DNP in human serum. SLE Slide reagent is a stabilized buffered suspension of polystyrene latex particles that have been coated with DNP. When the latex reagent is mixed with the serum containing antibodies to DNP, agglutination occurs. Using dilutions of a reactive patient sample, the anti-DNP titer can be determined.

MATERIALS

MATERIALS PROVIDED

- SLE Latex Reagent: Suspended inert latex particles coated with DNP, with 0.1% sodium azide as preservative.
- SLE Positive Human serum or defibrinated plasma (liquid), with 0.1% sodium azide as preservative.
- SLE Negative Control: Non-reactive buffer containing BSA and 0.1% sodium azide.
- Stirring sticks.
- Glass slide.
- Package insert.

MATERIALS NEEDED BUT NOT PROVIDED

- Timing device.
- 13 x 75 mm test tubes
- Volumetric pipet to deliver 0.25 ml
- Saline (0.9% NaCl solution)
- Mechanical rotator (optional)

PACKAGING CONTENTS

REF **8.00.11.0.0025 (1x1 mL Latex, 1x0.5 mL Positive Control, 1x0.5 mL Negative Control)**

REF **8.00.11.0.0050 (1x2 mL Latex, 1x0.5 mL Positive Control, 1x0.5 mL Negative Control)**

REF **8.00.11.0.0100 (1x4 mL Latex, 1x1 mL Positive Control, 1x1 mL Negative Control)**

PRECAUTIONS

- For *in vitro* diagnostic use.
- Latex reagent and controls contain sodium azide. Azides in contact with lead and copper plumbing may react to form highly explosive metal azides. When disposing of reagents containing azide, flush down the drain with large quantities of water to prevent azide build-up.
- The controls contain human serum or plasma which has been tested at the donor level for HBsAg and for HIV-1, HIV-2 and HCV antibodies and found to be nonreactive. As no known test offers complete assurance that infectious agents are absent, the controls should be considered potentially infectious and universal precautions should be used.
- Do not pipet by mouth.
- Do not smoke, eat, drink or apply cosmetics in areas where plasma/serum samples are handled.
- Any cuts, abrasions or other skin lesions should be suitably protected.
- In order to obtain reliable and consistent results, the instructions in the package insert must be strictly
- followed. Do not modify the handling and storage conditions for reagents or samples.
- Do not use past the expiration date indicated on the kit.
- Do not interchange components of one kit with those of another kit.
- Turbidity or precipitation in controls is indicative of deterioration and the component should not be used.
- Bacterial contamination of reagents or specimens may cause false positive results.

STORAGE & STABILITY

- Store all reagents at 2-8°C in an upright position when not in use.
- Do not freeze reagents.

SPECIMEN COLLECTION and STORAGE

- Use only serum that is free from contamination. Test samples should not be heat-inactivated.
- It is preferable to test samples on the day of their collection. If samples cannot be tested immediately, maintain them in their original tubes at 2-8°C and test within 48 hours.
- Serum samples stored longer than 48 hours should be stored at -20°C or below until testing. Avoid repeated freezing and thawing of specimens.
- If necessary before testing, centrifuge the specimens at a force sufficient to sediment cellular components.
- Samples to be sent out for testing should be placed on ice packs and packaged like any other biohazardous material that could potentially transmit infection.

REAGENT PREPARATION

- Allow all reagents and samples to warm to room temperature (20-30°C) before use. Do not heat reagents in a water bath.
- All reagents are ready for use as supplied. Gently mix the reagents before use; avoid foaming.
- Gently mix the latex reagent before each use to ensure homogeneity.

PROCEDURES

A. Method I (Qualitative)

1. Dispense (35 µL) of each serum sample onto a separate circle on the test slide. Add one drop of Positive and negative controls from the dropper vials supplied onto a separate circle on the test slide.
2. Dispense one drop of latex reagent (35 µL) to each serum specimen and to each control.
3. Using the flat end of the stirring sticks, mix each specimen and control serum with the latex reagent, in a circular manner, over the entire area in the circles of the card.

4. Gently tilt and rotate the card for one (1) minute and observe for agglutination. All test results should be compared to both positive and negative controls.

INTERPRETATION OF RESULTS (QUALITATIVE)

Agglutination indicates a reactive SLE sample. Sera that elicit a reactive result should be retested and tittered using the "Semi quantitative Assay Protocol".

B. Method II (Semi-Quantitative)

1. Prepare serial dilutions of patient serum, in saline, in test tubes as follows:

Tube	Dilution	Composition
1	1:2	0.25 ml of serum + 0.25 ml saline.
2	1:4	0.25 ml from tube 1 + 0.25 ml saline.
3	1:8	0.25 ml from tube 2 + 0.25 ml saline.
4	1:16	0.25 ml from tube 3 + 0.25 ml saline.
5	1:32	0.25 ml from tube 4 + 0.25 ml saline.
6	1:64	0.25 ml from tube 5 + 0.25 ml saline.

Note: Testing on additional dilutions should be performed as needed.

2. Using each dilution as a separate test specimen, apply the samples to the slide as described in Step 1 of the "Qualitative method" and proceed with Steps 2 through 4 of the "Qualitative method". Include undiluted sample if not tested previously on that day with the same lot of latex reagent.

INTERPRETATION OF RESULTS (SEMI-QUANTITATIVE)

The highest dilution in which visible agglutination occurs is considered the endpoint titer.

QUALITY CONTROL

Quality Control requirements must be performed in accordance with applicable local, state and/or federal regulations or accreditation requirements and your laboratory's standard Quality Control Procedures. Controls with graded reactivity should be included. If control samples do not yield the expected response, the assay should be considered invalid and the assay repeated. If the repeat assay does not elicit the expected results for the control samples, discontinue use of the kit and contact your local distributer.

EXPECTED VALUES

Serum samples from 155 individuals were tested using the **SLE Slide Test**. Of the 155 individuals, 29 had active SLE, 23 had clinically inactive SLE, 8 had connective tissue diseases and the remaining 95 were either clinically normal or had some nonrelated disease (including anemia, infectious mononucleosis and rheumatic heart disease) and were used as controls. Results from testing with the **SLE Slide Test** were compared with the results from testing of the samples using a standard LE cell preparation assay and a fluorescent ANA assay.

Of the 29 active SLE patients, 82% were positive using the SLE Slide Test, 86% were positive by the LE cell prep, and 82% positive by the ANA test. For the 23 clinically inactive SLE patients, 19% were positive by both the SLE Slide Test SLE and the LE cell prep; and 71% were positive by the ANA test. None of the 8 patients having connective tissue disease tested positive with the SLE Latex Test, whereas 17% and 50% tested positive by the LE cell prep and the ANA procedures, respectively. Of the controls, 1% tested positive by both the SLE Latex Test and the LE cell prep, while 6% tested positive by the ANA assay.

LIMITATION

1. Serum from patients with scleroderma, rheumatoid arthritis, dermatomyositis, and a variety of connective tissue diseases may elicit agglutination in the SLE slide test.
2. Because extremely high levels of antibodies might affect the degree of agglutination, positive samples should be reassayed using the semi quantitative procedure.
3. Contaminated, lipemic, or grossly hemolyzed sera should not be used because of the possibility of nonspecific results.
4. Plasma samples should not be used because of the possibility of nonspecific results.
5. Samples yielding indeterminate results may be resolved by repeating the test utilizing a two (2) minute slide rotation period. Reaction times longer than two minutes might cause false positive results due to a drying effect.
6. Drugs such as hydralazine, isoniazid, procainamide and a number of anticonvulsant drugs can induce an SLE syndrome.
7. In accord with all diagnostic methods, a final diagnosis should not be made on the result of a single test, but should be based on a correlation of test results with other clinical findings.

REFERENCES

1. Christian CL, Mendez-Bryan R, Larson DL. 1958. *Proc Exp Biol Med*, **98**:820-823.
2. Friou GJ, Finch SC, Detre KD. 1958. *J Immunol*, **80**:324-329.
3. Hargraves MM, Richmond H, Morton R. 1948. *Proc Mayo Clin*, **23**:25-28.
4. Holman HR, Kunkel HG. 1957. *Science*, **126**:163.
5. Miescher PA, Strassel R. 1957. *Vox Sang*, **2**:283-287.
6. Miescher PA, Rothfield N, Miescher A. 1966. Lupus Erythematosus, EL Dubois, Ed., Blakiston Co., New York.
7. Rothfield NF, Phythyon JJ, McEwan C., Miescher P. 1961. *Arth Rheum*, **4**:223-229.

ATLAS Medical GmbH
Ludwig-Erhard Ring 3
15827 Blankenfelde-Mahlow
Germany
Tel: +49 - 33708 – 3550 30
Email: Info@atlas-medical.com
Website: www.atlas-medical.com

PPI2339A01
Rev B (22.06.2023)

REF	Catalogue Number		Temperature limit
IVD	*In Vitro* diagnostic medical device		Caution
Σ	Contains sufficient for <n> tests and Relative size		Consult instructions for use (IFU)
LOT	Batch code		Manufacturer
	Fragile, handle with care		Use-by date
	Manufacturer fax number		Do not use if package is damaged
	Manufacturer telephone number		Date of Manufacture
	Keep away from sunlight		Keep dry
CONTROL +	Positive control	CONTROL -	Negative control

Atlas Medical CE

RPR SYPHILIS CARD TEST

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

2°C 8°C Store at 2 to 8 °C

INTRODUCTION

Syphilis is a disease caused by infection with the spirochete Treponema pallidum. The infection is systemic and the disease is characterized by periods of latency. These features, together with the fact that T pallidum cannot be isolated in culture, mean that serologic techniques play a major role in the diagnosis and follow-up of treatment for syphilis.

Syphilis is categorized by an early primary infection in which patients may have non-specific symptoms, and potentially, genital lesions. Patients tested by serology during the primary phase may be negative for antibodies, especially if testing is performed during the first 1 to 2 weeks after symptom onset. As the disease progresses into the secondary phase, antibodies to T pallidum reach peak titers, and may persist indefinitely regardless of the disease state or prior therapy. Therefore, detection of antibodies to nontreponemal antigens, such as cardiolipin (a lipoidal antigen released by host cells damaged by T pallidum) may help to differentiate between active and past syphilis infection. Nontreponemal antibodies are detected by the rapid plasma reagin (RPR) assay, which is typically positive during current infection and negative following treatment or during late/latent forms of syphilis.

PRINCIPLE

RPR utilises carbon particles coated with cardiolipin antigen to detect reagin antibodies present in serum or plasma of syphilitic persons.

Specimens that contain reagin cause aggregation of the carbon particles which appear as dark clumps against a white background. The aggregation can be read macroscopically. Non-reactive samples typically appear as a smooth non-aggregated pattern which may form buttons in the centre of the test area.

MATERIALS

MATERIALS PROVIDED

- **RPR carbon antigen reagent**:Contains less than 0.1% sodium azide.
- **Positive Control** : Contains less than 0.1% sodium azide.
- **Negative control**: Contains less than 0.1% sodium azide
- **RPR test cards (Optional).**
- **Plastic sticks.**
- **Package insert.**

NOTE: This package insert is also used for individually

MATERIALS NEEDED BUT NOT PROVIDED

- Rotator (100rpm).
- Timer.
- Pipettes.

PACKAGING CONTENT

REF **8.00.18.0.0100 (2mL Latex, 1x0.5ml Positive Control, 1x0.5mL Negative Control)**

REF **8.00.18.0.0500 (10mL Latex, 1x1ml Positive Control, 1x1mL Negative Control)**

SAMPLES

Fresh serum or plasma. The samples with presence of fibrin should be centrifuged before testing. Do not use highly hemolized or lipemic samples.

PRECAUTIONS

- For professional in vitro diagnostic use only. Do not use after expiration date.
- Do not eat, drink or smoke in the area where the specimens or kits are handled.
- Always use a fresh pipette tip for every test.
- Handle all negative and positive in the manner as patient specimens .
- Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
- The used test should be discarded according to local regulations.
- Components of different human origin have been tested and found to be negative for the presence of antibodies anti- HIV 1+2 and anti-HCV, as well as for HBsAg. However, the controls should be handled cautiously as potentially infectious.

STORAGE AND STABILITY

All components of the kit are stable until the expiration date on the label when stored tightly closed at 2-8°C.

PROCEDURES

QUALITATIVE PROCEDURE

- **Mix well the RPR reagent before use.**

1. Bring the reagents and samples to room temperature.
2. Dispense **50 µL of each sample** into a separate circle on the card. Use a separate tip for each sample.
3. Dispense **1 drop of each of positive and negative controls** into two additional circles.
4. Gently shake the dispensing vial and slightly press to remove air bubbles from the needle and the drop obtained is correct.
5. Dispense **1 drop (17.5 µl) of RPR antigen** to each circle next to the sample to be tested.
6. Place the card on a mechanical rotator and rotate at 100 r.p.m. for 8 minutes.
7. Observe macroscopically for agglutination within a minute after removing the card from the rotator.

SEMI-QUANTITATIVE PROCEDURE

- **Mix well the RPR reagent before use**.

1. Make doubling dilutions from Undiluted to 1:16 normal saline.
2. Place 50 µl of each dilution in to a separate circle on the test card.
3. Spread each dilution evenly over the test circle.
4. Continue as from Qualitative procedure .

The titer of the sample is expressed as the final dilution which shows aggregation of the carbon particles.

PERFORMANCE CHARACTERISTICS

1. **Sensitivity:** 100%.
2. **Specificity:** 100%.

INTERPRETATION OF TEST RESULTS

1. **Strong Reactive:** Large clumps of carbon particles with a clear background.

2. **Reactive:** Large clumps of carbon particles somewhat more disperse than Strong Reactive pattern.

3. **Weak Reactive:** Small clumps of carbon particles with light grey background.

4. **Trace Reactive:** Slight clumping of carbon particles typically seen as a button of aggregates in the centre of the test circle or dispersed around the edge of the test circle.

5. **Non-Reactive:** Typically a smooth grey pattern or a button of non-aggregated carbon particles in the centre of the test circle.

REFERENCES

- Falcone V.H., Stout G.W. and Moore M.B. Jr., PHR 79: 491-495, 1964.

ATLAS Medical GmbH
Ludwig-Erhard Ring 3
15827 Blankenfelde-Mahlow
Germany
Tel: +49 - 33708 – 3550 30
Email: Info@atlas-medical.com
Website: www.atlas-medical.com

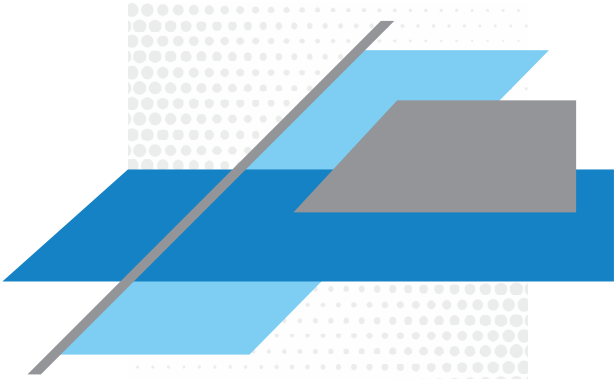
PPI2280A01
Rev B (06.05.2023)

REF	Catalogue Number		Temperature limit
IVD	*In Vitro* diagnostic medical device		Caution
	Contains sufficient for <n> tests and Relative size		Consult instructions for use (IFU)
LOT	Batch code		Manufacturer
	Fragile, handle with care		Use-by date
	Manufacturer fax number		Do not use if package is damaged
	Manufacturer telephone number		Date of Manufacture
	Keep away from sunlight		Keep dry

HAV IgM

ELISA kit for the qualitative detection of IgM antibodies to hepatitis A virus

Instruction for use



IVD

REF EI-031

Σ 96 tests

CE

EQUI HAV IgM

ELISA kit for the qualitative detection
of IgM antibodies to hepatitis A virus

1. INTENDED USE

The «EQUI HAV IgM» is ELISA kit intended for the qualitative detection of IgM antibodies to hepatitis A virus in human serum or plasma by enzyme-linked immunosorbent assay (ELISA) to diagnose acute hepatitis A. The testing procedure is designed for both manual arrangement with automatic pipettes and standard equipment, and for automated «open» immunoassay analysers.

Target group: blood or organ donors; pregnant women and children born to infected mothers; patients with symptoms of liver disease.

Usage: ELISA kit is used in clinical diagnostic laboratories, blood transfusion stations, as well as in other institutions working in the field of *in vitro* diagnostics.

2. CLINICAL SIGNIFICANCE

One of the most common foodborne infections is hepatitis A. The hepatitis A virus (HAV) causes acute liver disease, which can be mild or severe. Unlike hepatitis B and C, this hepatitis does not become chronic, but can lead to acute liver failure, which is characterized by high mortality.

Hepatitis A virus is a small shellless RNA virus from the *Picornaviridae* family. It is characterized by being highly stable in different environments and can be stored at + 4 ° C for several months, but becomes inactive after 5 minutes at 100 ° C. The virus replicates in liver cells, and then is released through the bile into the environment with the fecal masses of the infected person. The cellular immune response to HAV infection leads to the destruction of hepatocytes, liver dysfunction and the development of symptoms, typical for other types of hepatitis.

Acute hepatitis A, even with the clinical manifestations, does not differ from other viral hepatitis. Therefore, serological markers of infection are used for diagnosis, namely the detection of specific antibodies to HAV antigens. IgM antibodies are detected in the serum 1-2 weeks after infection, with the onset of symptoms or a few days before. In the maximum titer of anti-CAA IgM are detected in the jaundice period, after that their level gradually decreases. In most patients, specific IgM ceases to be detected after 6 months, and may occasionally circulate in the blood for more than a year. IgG antibodies to HAV antigens begin to be released shortly after IgM antibodies and stay in the blood throughout life. Also, specific IgG is produced after a vaccination. Detection of IgG antibodies to CAA indicates the formation of a stable immunity due to infection or immunization.

3. ANALYSIS PRINCIPLE

Detection of specific IgM antibodies to hepatitis A virus in the «EQUI HAV IgM» ELISA kit is based on the principle of «IgM capture» of solid-phase ELISA in a two-stage incubation. Monoclonal antibodies specific for human IgM immunoglobulins are adsorbed into the wells of the plate. During the first step of incubation of the

test samples in the wells of the ELISA plate, IgM immunoglobulins, if present in the samples, bind to monoclonal antibodies in the solid phase. The wells are washed to remove unbound components, leaving only specific antibody-antibody complexes. A mixture of HAV antigen and peroxidase conjugate of HAV-specific antibodies that bind to solid-phase immune complexes is then added. Unbound components are removed during washing. Immune complexes are detected by adding a solution of chromogen 3,3', 5,5'-tetramethylbenzidine (TMB) with hydrogen peroxide. After a 30-minute incubation, the reaction is halted by adding a stop solution. Optical density (OG) in the wells is determined on a spectrophotometer at a wavelength of 450 / 620-695 nm. The intensity of the yellow color is proportional to the number of antibodies in the sample.

4. MATERIALS AND EQUIPMENT

4.1. Contents of the ELISA kit

STRIPS	1 x 96 wells	**Microplate** Each plate well is coated with monoclonal antibodies specific for human IgM immunoglobulins. The wells are detachable. After the first opening, store unused strips in the package at 2-8 °C for a maximum of 6 months
CONTROL +	1 x 0,25 ml	**Positive control** The solution of human IgM immunoglobulins crosslinked with monoclonal antibodies specific for horseradish peroxidase, with a preservative (pink). Store at 2-8 °C
CONTROL -	1 x 0,6 ml	**Negative control** Negative human serum with a preservative (yellow). Store at 2-8 °C
DIL SAMPLE	1 x 13 ml	**Serum dilution solution** Buffer solution with monoclonal antibodies to human IgG, milk extract, detergent and preservative (brown). Store at 2-8 °C
CONJ 11x	1 x 1,3 ml	**Conjugate (11x concentrated)** 11-fold concentrate of conjugate of antibodies to hepatitis A virus with horseradish peroxidase in buffer solution with stabilizers (purple). Dilute the conjugate (11x) 1:11 with the conjugate dilution solution before use (eg 100 µl concentrate + 1 ml conjugate dilution solution, enough for 8 wells). Diluted solution should be stored at 2-8 ° C for no more than 1 day
DIL CONJ	1 x 13 ml	**Conjugate dilution solution** Buffer solution of inactivated hepatitis A virus antigen with detergent and preservative (yellow). Store at 2-8 °C
SOLN TMB	1 x 13 ml	**TMB solution (ready to use)** TMB solution, H_2O_2, a stabilizer, a preservative (colourless). Store at 2-8 °C

TWEEN WASH 20x	1 x 50 ml	**Washing solution TWEEN (20x concentrated)** 20-fold phosphate buffer concentrate with Tween-20 (colourless). Dilute TWEEN detergent (20x) at 1:20 with distilled or deionized water (e. g., 5 mL of concentrate + 95 mL of water for 8 wells) before use. Store the diluted solution at 2-8 °C for a maximum of 7 days
SOLN STOP	1 x 13 ml	**Stop Solution (ready to use)** 0.5 mol H_2SO_4 solution (colourless). Store at 2-8 °C

The ELISA kit also includes adhesive films (2 items), sample application plan (1 item), checklist, and instruction for use.

4.2. Optional reagents, materials and equipment

Automatic single and multichannel pipettes 10–1000 µL, tips, volumetric laboratory glassware (10–1,000 mL), deionized or distilled water, thermostat at 37 °C, automatic or semi-automatic plate washer, spectrophotometer (reader) for microplates at 450/620-695 nm, appropriate containers for potentially contaminated waste, timer, filter paper, disposable powder-free gloves, disinfectants.

5. PRECAUTIONS AND SAFETY

5.1. Precautions

Be sure to read the instructions for use carefully before the test. The validity of the test results depends on strict following of the test procedure.

– do not use the ELISA kit components after the expiry date;
– do not use for analysis or mix components of different batches, components of kits for different nosologies, or reagents from other manufacturers with the «EQUI HAV IgM» ELISA kit;
– do not freeze the ELISA kit or its contents;
– after using a reagent, close each vial with its cap;
– when washing, control filling and complete aspiration of solution from the wells;
– use a new pipette tip each time you add samples or reagents;
– prevent direct sunlight from reaching the reagents from the ELISA kit;
– SOLN TMB solution must be colourless before use. Do not use the solution if its colour is blue or yellow. Avoid contact of SOLN TMB with metals or metal ions. Use only clean glassware thoroughly rinsed with distilled water;
– do not use reagents with colour not in line with para. 4.1;
– under no circumstances should the same glassware be used for conjugate solution and SOLN TMB;
– do not evaluate the test results visually (without a reader);
– any optional equipment that is in direct contact with biological material or kit components should be considered contaminated and requires cleaning and decontamination;
– the ELISA kit includes materials for 96 tests. Dispose of the used components as well as any remaining unused components.

5.2. Safety requirements

– all reagents in the ELISA kit are for laboratory professional use for *in vitro* diagnosis only and may only be used by qualified personnel;
– conduct the tests in disposable powder-free gloves and goggles only;
– do not eat, drink, smoke, or apply make-up in the test room;
– do not mouth-pipette the solutions;
– controls from the «EQUI HAV IgM» ELISA kit have been tested and found to be for anti-HIV1/2, anti-HCV and anti-*Treponema pallidum* antibodies and HBsAg negative; however, controls and test samples should be handled as potentially hazardous infectious materials;
– some of the kit components contain low concentrations of harmful substances and can damage skin or mucoga. In case of contact of SOLN TMB, SOLN STOP and conjugate solution with mucous membranes or skin, immediately wash the affected area with plenty of water;
– in case of spillage of acid-free solutions, e. g. sera, treat the surface with a disinfectant solution and then wipe dry with filter paper. Otherwise first neutralize acid with sodium bicarbonate solution and then wipe the surface dry as described above.

5.3. Waste inactivation and disposal

– the liquid waste must be inactivated, for example, with hydrogen peroxide solution at the final concentration of 6% for 3 hours at room temperature, or with sodium hypochlorite at the final concentration of 5% for 30 minutes, or with other approved disinfectants;
– the solid waste must be inactivated by autoclaving at a temperature not less than 132°C;
– do not autoclave the solutions that contain sodium azide or sodium hypochlorite;
– disposal of inactivated waste must be conducted due to national laws and regulations.

6. STORAGE AND STABILITY

ELISA kit is stable up to the expiry date stated on the label when stored at 2-8°C. The kit should be transported at 2-8°C. Single transportation at a temperature up to 23°C for two days is possible.

7. SAMPLE COLLECTION, TRANSPORTATION AND STORAGE GUIDELINES

Collect blood from the vein into the sterile test tube. Test tube must be marked with patient ID and date of sample collecting. Blood before serum separation can be stored at 2-8 ºC for 24 hours, avoiding freezing.

Serum or plasma can be stored at 2-8 °C for maximum 3 days. Frozen serum can be stored for longer periods of time at -20 °C or -70 °C. Thaw frozen samples and keep them at room temperature for 30 minutes before use. After thawing, the stir samples to achieve homogeneity. Avoid repeated freezing-thawing cycles for test samples. If serum (or plasma) is turbid, remove insoluble inclusions by

centrifugation at 3000 rpm for 10-15 minutes. Do not use serum samples with hyperlipidemia, hemolysis, and bacterial growth.

Transport serum samples in insulated containers. To do that, put closed labelled tubes in a plastic bag, tightly seal it and place in the centre of an insulated container.Put the frozen cold packs on the bottom, along the side walls of the insulated container and on top of the serum samples.

8. REAGENT PREPARATION

NOTE! It is very important to keep all ELISA kit components for at least 30 min at room temperature 18-25 ºC before the assay!

8.1. Microplate preparation

To prevent water condensation in the wells, keep the STRIPS for 30 minutes at a room temperature before opening. Open the vacuum pack, detach the appropriate number of wells, and carefully pack the remaining wells with a desiccant and store tightly zip-locked at 2-8 °C. Storing the packed plate this way ensures its stability for 6 months.

8.2. Washing solution preparation

To prepare detergent, dilute TWEEN WASH 20x at 1:20 (1+19) with distilled or deionized water and stir. E. g., 5 mL of concentrate + 95 mL of water, which is enough for 8 wells. If there are crystals present in the detergent concentrate, heat the vial at 37 °C until the crystals dissolve completely (15–20 minutes). Store the diluted solution at 2-8 °C for a maximum of 7 days.

8.3. Conjugate solution preparation

Working dilution of the conjugate is prepared as follows: dilute CONJ 11x (purple) in a clean vial of solution DIL CONJ (yelow) in the ratio 1:11 (ie, 1 + 10), the solution turns green. For example, for 8 well analysis add to 1 ml DIL CONJ 100 µl CONJ 11x. The solution of the conjugate in the working dilution is stable during the day when stored at 2-8 °C.

9. ASSAY PROCEDURE

9.1. Prepare the necessary number of wells (four wells for controls and a necessary number of wells for test samples) and insert them into the ELISA plate frame. Be sure to add control wells in every test run.

9.2. Fill in the sample application plan.

9.3. Prepare the detergent as per para. 8.2.

9.4. Add 90 µL of DIL SAMPLE into each plate well.

9.5. Add 10 µL of controls and test samples into the wells:
CONTROL + – into well A1,
CONTROL - – into wells B1, C1 and D1,
and test samples into the remaining wells.
At the time of adding, the solution changes its colour from brown to blue. Pipette the mix in the wells carefully to avoid foaming.

9.6. Cover the strips up with adhesive film and incubate for **30 minutes at 37 °C**.

9.7. Remove and discard the adhesive film and wash all wells 5 times with automatic washer or 8-channel pipette as follows:
– aspirate the content of all wells into a liquid waste container;
– add a minimum of 300 µl of diluted washing solution to each well, soak each well for30 seconds;
– aspirate the content of all wells again. The residual volume after every aspiration should be less than 5 µl;
– repeat the washing step 4 more times;
– after the final aspiration, eliminate extra moisture by tapping the plate against a piece of filter paper.

9.8. Prepare conjugate solution as per para. 8.3.

9.9. Add 100 µL of conjugate solution into each well. Cover the strips with a new piece of adhesive film and incubate for **60 minutes at 37 °C**.

9.10. Following incubation, remove the film carefully and wash the wells five times as described in para. 9.7.

9.11. Add 100 µL of SOLN TMB into the wells; do not touch the bottom and the walls of the plate wells.

9.12. Incubate the strips for **30 minutes** in a dark place at a room temperature of 18-25 °C. Do not use adhesive film at this stage.

9.13. Add 100 µL of SOLN STOP into each strip well to stop the enzymatic reaction; adhere to the same sequence of actions as when adding SOLN TMB. At the time of adding,the solution colour changes from blue to yellow, and clear solution slightly changes its shade.

9.14. Measure the optical density (OD) of the wells at 450/620-695 nm wavelength using an ELISA microplate reader within 5 minutes after stopping the reaction. Pay attention to the cleanness of the plate bottom and the absence of bubbles in the wells before reading.

Measurement at the single wavelength of 450 nm is possible, in that case, it is needed to leave one well for blank (only SOLN TMB and SOLN STOP must be added in blank well).

10. CALCULATION AND INTERPRETATION OF RESULTS

10.1. Calculation of results

Calculate the average OD of the negative control ($\overline{Nc}$), Cut off (CO) and a sample positivity index (IP_{sample}).

$$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3; \quad CO = \overline{Nc} + 0,3$$

$$IP_{sample} = OD_{sample}/CO, \text{ where } OD_{sample} \text{ is the OD sample.}$$

10.2. Quality control (assay validation)

The test results are considered valid if they meet the following requirements:

CONTROL +	OD ≥ 1,2	
CONTROL -	OD ≤ 0,150	
CONTROL -	$\overline{Nc} \times 0,5 \leq Ncn \leq \overline{Nc} \times 2,0$	where Ncn is the OD for each Nc run

If any of the OD values for the negative control is beyond the above interval, it should be discarded, and $\overline{Nc}$ is calculated based on the remaining OD values for the negative control. If several OD values for the negative control fail to meet the above requirements, the test is considered invalid and requires a new run.

10.3. Interpretation of results

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE*
$IP_{sample} < 0,9$	NEGATIVE

* Uncertain samples are recommended to be re-examined in two wells of the ELISA kit. If the results are again uncertain, a new sample should be selected and analyzed in 2-4 weeks. In case of repeated indeterminate results, such samples shall be considered negative.

11. PERFORMANCE CHARACTERISTICS

11.1. Analytical performance characteristics

Precision of measurement

Intra assay repeatability

The coefficient of variation (CV) for two sera with different levels of specific antibodies was evaluated in 32 replicates on one series of ELISA kits.

Sample No.	OD_{av}	IP_{av}	CV, %
37s/2	1,576	4,85	5,3
24s	2,462	7,57	4,3

Inter assay reproducibility

The coefficient of variation (CV) for two sera with different levels of specific antibodies was evaluated for 4 days in 4 sets of analysis, 8 replicates in each analysis.

Sample No.	OD_{av}	IP_{av}	CV, %
37s/2	1,600	4,78	6,3
24s	2,463	7,36	7,1

Analytical specificity

The test results are not affected by bilirubin at up to 0.21 mg/mL (361.8 µmol/L), haemoglobin at up to 10 mg/mL and triglycerides at up to 10 mg/mL (11.3 mmol/l) present in the sample.

11.2. Diagnostic characteristics

The diagnostic characteristics of the ELISA kit were evaluated by examining a set of 30 samples containing IgM antibodies to hepatitis A virus, a set of donor serum samples (188 samples) and samples of PHT202 Anti-Hepatitis A Virus (HAVed) panel. Performance Panel (contains 8 positive and 13 negative samples) - a total of 239 samples - was compared to similar commercial kits. For this set (239 samples) the relative sensitivity of the «EQUI HAV IgM» ELISA kit is 100%, the relative specificity - 100%, the percentage of coincidence - 100%.

12. LIMITATIONS OF ASSAY

A positive result in the «EQUI HAV IgM» ELISA kit is the evidence that the patient has IgM antibodies specific for hepatitis A virus. Anti-CAA specific IgM antibodies are usually markers of active replication of hepatitis A virus.

In order to counteract the false-positive results caused by the presence of autoantibodies specific for class G immunoglobulins (rheumatoid factor) in human serum samples, the kit uses a special block component that prevents the formation of immune complexes with anti-human antibodies in the solid phase.

The final diagnosis cannot be established solely on the basis of serological test results. When making a diagnosis the results of a set of laboratory and instrumental studies, as well as clinical manifestations of the disease should all be taken into account.

13. DIFFICULTIES THAT CAN OCCUR DURING THE ASSAY PROCEDURE

Possible reasons	Solution
High background in all wells	
Contaminated washer	Clean the washer head and rinse according to the instructions for use
Poor quality or contaminated water	Use purified water with specific resistance ≥ 10 MΩ · cm
Use of poorly washed glassware	Use chemically clean utensils
Use of chlorinated disinfectants	Do not use chlorine disinfectants
Use of contaminated tips	Use new tips
Increased incubation times or change in the temperature conditions	Adhere to the incubation regime according to the instructions for use
High background in a row of wells	
Repeat application of TMB solution	TMB solution should be applied once
Contamination of the automatic pipette nozzle with conjugate solution	Clean the pipette and dial carefully liquid
Contamination of one of the washer's channel	Clean the flush channel, rinse washer

Received OD of the positive control is below the border value	
One of the reagents (conjugate solution or TMB solution) was not prepared in a correct way or was not added	Re-conduct ELISA, pay attention to the correctness of the introduction of these reagents
Reduced incubation times at any stage	Incubate according to instructions for use
The colour density of the wells fails to meet the obtained optical density value	
This may suggest that the optical beam has been displaced	Check the correct operation of the reader

14. TECHNICAL ASSISTANCE AND CUSTOMER SERVICE

In case of technical problems, you can obtain assistance by contacting the manufacturer.

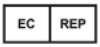
REFERENCES

1. CDC. Hepatitis A - General Information // https://www.cdc.gov/hepatitis/hav/pdfs/hepageneralfact-sheet.pdf.
2. Cuthbert J.A. Hepatitis A: Old and New // Clinical Microbiology Reviews. - 2001. - Vol.14, No.1. - P. 38–58.
3. ECDC (European Centre for Disease Prevention and Control). Factsheet about hepatitis A // https://ecdc.europa.eu/en/hepatitis-A/facts.
4. Franco E., Meleleo C. et al. Hepatitis A: Epidemiology and prevention in developing countries // World Journal of Hepatology. - 2012. - Vol. 4(3). - P. 68–73.
5. Koff R.S. Hepatitis A // Lancet. - 1998. - Vol 351. - P. 1643–1649.
6. Lima L.R., De Almeida A.J. et al. Evidence of Hepatitis A Virus Person-to-Person Transmission in Household Outbreaks // PLoS One. - 2014. - Vol. 9(7). - P. e102925.
7. Wang C.H., Tschen S.Y. et al. Immune response to hepatitis A virus capsid proteins after infection // Journal of Clinical Microbiology. - 1996. - Vol. 34, No. 3. - P. 707–713.
8. WHO Fact sheets. Hepatitis A // http://www.who.int/news-room/fact-sheets/detail/hepatitis-a.
9. Wu D., Guo C-Y. Epidemiology and prevention of hepatitis A in travelers // Journal of Travel Medicine. - 2013. - Vol.20(6). - P. 394–399.
10. Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU.
11. Закон України «Про відходи» // Відомості Верховної Ради України. - 1998. - №36-37.
12. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
13. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
14. Hanna Tolonen, Kari Kuulasmaa, Tiina Laatikainen, Hermann Wolf and the European Health Risk Monitoring Project. Recommendation for indicators, international collaboration, protocol and manual of operations for chronic disease risk factor surveys Part 4.Storage and transfer of serum/plasma samples// Finnish National Public Health Institute 2002// https://thl.fi/publications/ehrm/product2/part_iii4.htm
15. Surveillance Guidelines for Measles, Rubella and Congenital Rubella Syndrome in the WHO European Region. Annex 3.Collection, storage and shipment of specimens for laboratory diagnosis and interpretation of results// Geneva: World Health Organization; 2012 Dec.

	Manufacturer
	Authorized Representative in the European Community
	In vitro diagnostic medical device
	Catalogue number
	Date of manufacture
	Use by date
	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Non-Sterile
	Consult instructions for use
	Keep away from sunlight
	Keep dry
CE	Compliance with EU safety requirements

Edition 6, 01.11.2021

For questions and suggestions regarding the ELISA kit contact:



Obelis s.a.
Bd Général Wahis 53
1030 Brussels
Belgium
Tel: +(32)2 732-59-54
Fax: +(32)2 732-60-03
mail@obelis.net

Ekvitestlab LLC
Velyka Vasylkivska St. 114, Kyiv, Ukraine, 03150
Tel: 0(800)31-89-87, +38 (044)334-89-87,
e-mail: info@equitest.com.ua, www.equitest.com.ua

ASSAY PROCEDURE SCHEME

Keep all reagents for 30 min at temperature18-25°C before use
Dispense 90 µl [DIL SAMPLE] into the wells (brown)
Add to 10 µl of controls and samples into the wells: A1 – [CONTROL +], B1, C1, D1 – [CONTROL –], other wells – examined samples (change of colour from brown to blue)
Cover strips with an adhesive film, incubate for **30 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of prepared 1:11 (1+10) conjugate solution into all wells (green)
Cover strips with an adhesive film, incubate for **60 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of [SOLN TMB] into all wells
Incubate for **30 min in the dark at 18-25°C**
Add 100 µl of [SOLN STOP] into all wells (change of colour from blue to yellow)
Measure the optical density (OD) with an ELISA microplate reader at 450/620-695 nm

CALCULATION OF RESULTS

$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3;$

$CO = \overline{Nc} + 0,3;$

$IP_{sample} = OD_{sample}/CO$

$\overline{Nc}$ - the average value of OD 3-x [CONTROL –]

CO - Cut off

IP_{sample} - sample positivity index

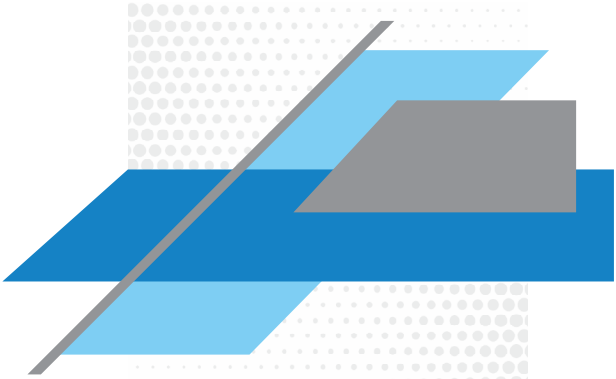
INTERPRETATION OF RESULTS

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE
$IP_{sample} < 0,9$	NEGATIVE

Ascaris lumbricoides IgG

ELISA kit for the qualitative detection of IgG antibodies to *Ascaris lumbricoides*

Instructions for use



IVD

REF EI-601

Σ 96 tests

CE

EQUI Ascaris lumbricoides IgG

ELISA kit for the qualitative detection of
IgG antibodies to *Ascaris lumbricoides*

1. INTENDED USE

The «EQUI Ascaris lumbricoides IgG» is ELISA kit intended to qualitatively detect anti-*Ascaris lumbricoides* IgG in human serum or plasma by enzyme-linked immunosorbent assay (ELISA) in order to diagnose lumbricosis. The testing procedure is designed for both manual arrangement with automatic pipettes and standard equipment, and for automated «open» immunoassay analysers.

Target group: children, rural people, summer visitors.

Usage: ELISA kit is used in clinical diagnostic laboratories and other institutions engaged in *in vitro* diagnostics.

2. CLINICAL SIGNIFICANCE

Ascaris lumbricoides is a human parasite resulting in lumbricosis — one of the most common helminthiases in the world. By some estimates, over a milliard of people infested with acaricides are on earth.

Human ascaris belongs to *Nematoda* roundworms infesting the small intestine of a man who is its exclusive host. *Ascaris lumbricoides* eggs are excreted in the environment with faeces of the infested man. In a warm, wet soil, ascaris larvae develops in the eggs, therefore eggs become invasive only after a maturation period (2 to 3 weeks at 25–30 °C, lower temperatures require longer term). After infestation, larvae leave eggs in the human intestine, penetrates blood circulation and migrate to the liver and lungs with blood flow. The larvae move to the pharynx from the lungs, and here they are re-ingested and further enter the small intestine. In 2 to 3 months, adult ascaris able to propagate develops from larvae in the small intestine.

The helminths are transferred by faecal-oral route upon injection of mature eggs of *Ascaris lumbricoides* with soil-contaminated vegetables, fruits, water, as well as through dirty hands after contact with soil. Lumbricosis is conditionally divided into the early stage (migration of larvae) and late stage (parasitism of adults in the intestine). Invasion is asymptomatic in most cases. Primary feeling of being unwell occurs as early as several days after infestation and is accompanied by weakness, abdominal pain, nausea. Migration of larvae to the lungs may manifest as rales and cough. In some cases, intense invasion may result in pneumonia and liver damage. However, the most common symptom of early lumbricosis are allergic reactions due to hypersensitivity to metabolic products of larvae.

Late stage manifests as decreases appetite, abdominal pain, vomiting, diarrhoea, constipation. Massive ascaris invasion may result in the intestinal obstruction with a lump of helminths or rupture of the walls with peritonitis. When ascarides penetrate other organs, complications may develop such as

hepatitis, cholangitis, pancreatitis and even asphyxia. Cases of neurological disorders sometimes develop in lumbricosis, namely: headache, irritability, sleep impairment, inattention, etc. If no timely treatment is started for intense invasion, it may lead to death, especially in younger children.

Strong immune response to *Ascaris lumbricoides* invasion develops as early as at the early stage. It includes cellular and humoral immunity. Antigens of ascaris larvae stimulate secretion of all-class specific immunoglobulins, however, the level of specific and total IgE antibodies is the highest. The intensity of the immune response (including increased IgG titres) correlates with the massiveness of the invasion.

For diagnosis of lumbricosis, parasitologic stool test for presence of ascaris larvae and eggs is the most common. X-ray imaging of the lungs is additionally applied at the early stage of invasion. Complete blood count (eosinophilia develops in lumbricosis) and detection of serum anti-*Ascaris lumbricoides* antibodies also is included in the set of exams. The presence of specific anti-ascaris antibodies may suggest asymptomatic invasion, and allows initiation of treatment before complications develop in conjunction with other diagnostic instruments.

3. ANALYSIS PRINCIPLE

The procedure of testing for anti-*Ascaris lumbricoides* IgG in «EQUI Ascaris lumbricoides IgG» ELISA kit is based on «indirect» solid-phase ELISA with a two-stage incubation. Antigens of *Ascaris lumbricoides* larvae are entrapped in the wells. During the first step of incubation of ELISA plate wells with test samples, specific anti-*Ascaris lumbricoides* antibodies (if present in the samples) bind to the solid-phase antigens. The wells are washed to remove unbound antibodies and have only specific antigen-antibody complexes left. Then, a conjugate of anti-species IgG monoclonal antibodies with horseradish peroxidase is added, which binds to solid-phase immune complexes. Unbound components are removed by washing. Antigen-antibody complexes are detected by adding a solution of chromogen 3,3',5,5'-tetramethylbenzidine (TMB) with hydrogen peroxide. After 30-minute incubation, the reaction is stopped by adding the stop solution. The optical density (OD) in the wells is determined using a spectrophotometer at 450/620-695 nm. The intensity of the yellow colour is proportional to the level of antibodies in the sample.

4. MATERIALS AND EQUIPMENT

4.1. Contents of the ELISA kit

STRIPS	1 x 96 wells	**Microplate** Each plate well is coated with *Ascaris lumbricoides* antigen. The wells are detachable. After the first opening, store unused strips in the package at 2-8 °C for a maximum of 6 months

CONTROL +	1 x 0,25 ml	**Positive control** Conjugated specific monoclonal antibody solution with preservative (pink). Store at 2-8 °C
CONTROL -	1 x 0,6 ml	**Negative control** Negative human serum with a preservative (yellow). Store at 2-8 °C
DIL SAMPLE	1 x 13 ml	**Serum dilution solution** Buffer solution with a milk extract, a detergent and a preservative (brown). Store at 2-8 °C
SOLN CONJ	1 x 13 ml	**Conjugate solution (ready to use)** Buffer solution of monoclonal antibodies to human IgG, conjugated with horseradish peroxidase, with stabilizers and preservative (green). Store at 2-8 °C
SOLN TMB	1 x 13 ml	**TMB solution (ready to use)** TMB solution, H_2O_2, a stabilizer, a preservative (colourless). Store at 2-8 °C
TWEEN WASH 20x	1 x 50 ml	**Washing solution TWEEN (20x concentrated)** 20-fold phosphate buffer concentrate with Tween-20 (colourless). Dilute TWEEN detergent (20x) at 1:20 with distilled or deionized water (e. g., 5 mL of concentrate + 95 mL of water for 8 wells) before use. Store the diluted solution at 2-8 °C for a maximum of 7 days
SOLN STOP	1 x 13 ml	**Stop Solution (ready to use)** 0.5 mol H_2SO_4 solution (colourless). Store at 2-8 °C

The ELISA kit also includes adhesive films (2 items), sample application plan (1 item), checklist, and instruction for use.

4.2. Optional reagents, materials and equipment

Automatic single and multichannel pipettes 10–1000 µL, tips, volumetric laboratory glassware (10–1,000 mL), deionized or distilled water, thermostat at 37 °C, automatic or semi-automatic plate washer, spectrophotometer (reader) for microplates at 450/620-695 nm, appropriate containers for potentially contaminated waste, timer, filter paper, disposable powder-free gloves, disinfectants.

5. PRECAUTIONS AND SAFETY

5.1. Precautions

Be sure to read the instructions for use carefully before the test. The validity of the test results depends on strict following of the test procedure.

– do not use the ELISA kit components after the expiry date;
– do not use for analysis or mix components of different batches, components of kits for different nosologies, or reagents from other manufacturers with the «EQUI Ascaris lumbricoides IgG» ELISA kit;
– do not freeze the ELISA kit or its contents;
– after using a reagent, close each vial with its cap;

– when washing, control filling and complete aspiration of solution from the wells;
– use a new pipette tip each time you add samples or reagents;
– prevent direct sunlight from reaching the reagents from the ELISA kit;
– SOLN TMB solution must be colourless before use. Do not use the solution if its colour is blue or yellow. Avoid contact of SOLN TMB with metals or metal ions. Use only clean glassware thoroughly rinsed with distilled water;
– do not use reagents with colour not in line with para. 4.1;
– under no circumstances should the same glassware be used for SOLN CONJ and SOLN TMB;
– do not evaluate the test results visually (without a reader);
– any optional equipment that is in direct contact with biological material or kit components should be considered contaminated and requires cleaning and decontamination;
– the ELISA kit includes materials for 96 tests. Dispose of the used components as well as any remaining unused components.

5.2. Safety requirements

– all reagents in the ELISA kit are for laboratory professional use for *in vitro* diagnosis only and may only be used by qualified personnel;
– conduct the tests in disposable powder-free gloves and goggles only;
– do not eat, drink, smoke, or apply make-up in the test room;
– do not mouth-pipette the solutions;
– controls from the «EQUI Ascaris lumbricoides IgG» ELISA kit have been tested and found to be for anti-HIV1/2, anti-HCV and anti-*Treponema pallidum* antibodies and HBsAg negative; however, controls and test samples should be handled as potentially hazardous infectious materials;
– some of the kit components contain low concentrations of harmful substances and can damage skin or mucoga. In case of contact of SOLN TMB, SOLN STOP and SOLN CONJ with mucous membranes or skin, immediately wash the affected area with plenty of water;
– in case of spillage of acid-free solutions, e. g. sera, treat the surface with a disinfectant solution and then wipe dry with filter paper. Otherwise first neutralize acid with sodium bicarbonate solution and then wipe the surface dry as described above.

5.3. Waste inactivation and disposal

– the liquid waste must be inactivated, for example, with hydrogen peroxide solution at the final concentration of 6% for 3 hours at room temperature, or with sodium hypochlorite at the final concentration of 5% for 30 minutes, or with other approved disinfectants;
– the solid waste must be inactivated by autoclaving at a temperature not less than 132°C;

– do not autoclave the solutions that contain sodium azide or sodium hypochlorite;
– disposal of inactivated waste must be conducted due to national laws and regulations.

6. STORAGE AND STABILITY

ELISA kit is stable up to the expiry date stated on the label when stored at 2-8°C. The kit should be transported at 2-8°C. Single transportation at a temperature up to 23°C for two days is possible.

7. SAMPLE COLLECTION, TRANSPORTATION AND STORAGE GUIDELINES

Collect blood from the vein into the sterile test tube. Test tube must be marked with patient ID and date of sample collecting. Blood before serum separation can be stored at 2-8 ºC for 24 hours, avoiding freezing.

Serum or plasma can be stored at 2-8 °C for maximum 3 days. Frozen serum can be stored for longer periods of time at -20 °C or -70 °C. Thaw frozen samples and keep them at room temperature for 30 minutes before use. After thawing, the stir samples to achieve homogeneity. Avoid repeated freezing-thawing cycles for test samples. If serum (or plasma) is turbid, remove insoluble inclusions by centrifugation at 3000 rpm for 10-15 minutes. Do not use serum samples with hyperlipidemia, hemolysis, and bacterial growth.

Transport serum samples in insulated containers. To do that, put closed labelled tubes in a plastic bag, tightly seal it and place in the centre of an insulated container.Put the frozen cold packs on the bottom, along the side walls of the insulated container and on top of the serum samples.

8. REAGENT PREPARATION

NOTE! It is very important to keep all ELISA kit components for at least 30 min at room temperature 18-25 ºC before the assay!

8.1. Microplate preparation

To prevent water condensation in the wells, keep the STRIPS for 30 minutes at a room temperature before opening. Open the vacuum pack, detach the appropriate number of wells, and carefully pack the remaining wells with a desiccant and store tightly zip-locked at 2-8 °C. Storing the packed plate this way ensures its stability for 6 months.

8.2. Washing solution preparation

To prepare detergent, dilute TWEEN WASH 20x at 1:20 (1+19) with distilled or deionized water and stir. E. g., 5 mL of concentrate + 95 mL of water, which is enough for 8 wells. If there are crystals present in the detergent concentrate, heat the vial at 37 °C until the crystals dissolve completely (15–20 minutes). Store the diluted solution at 2-8 °C for a maximum of 7 days.

9. ASSAY PROCEDURE

9.1. Prepare the necessary number of wells (four wells for controls and a necessary number of wells for test samples) and insert them into the ELISA plate frame. Be sure to add control wells in every test run.

9.2. Fill in the sample application plan.

9.3. Prepare the detergent as per para. 8.2.

9.4. Add 90 µL of DIL SAMPLE into each plate well.

9.5. Add 10 µL of controls and test samples into the wells:
CONTROL + – into well A1,
CONTROL - – into wells B1, C1 and D1,
and test samples into the remaining wells.
At the time of adding, the solution changes its colour from brown to blue. Pipette the mix in the wells carefully to avoid foaming.

9.6. Cover the strips up with adhesive film and incubate for **30 minutes at 37 °C**.

9.7. Remove and discard the adhesive film and wash all wells 5 times with automatic washer or 8-channel pipette as follows:
– aspirate the content of all wells into a liquid waste container;
– add a minimum of 300 µl of diluted washing solution to each well, soak each well for 30 seconds;
– aspirate the content of all wells again. The residual volume after every aspiration should be less than 5 µl;
– repeat the washing step 4 more times;
– after the final aspiration, eliminate extra moisture by tapping the plate against a piece of filter paper.

9.8. Add 100 µL of SOLN CONJ into each well. Cover the strips with a new piece of adhesive film and incubate for **30 minutes at 37 °C**.

9.9. Following incubation, remove the film carefully and wash the wells five times as described in para. 9.7.

9.10. Add 100 µL of SOLN TMB into the wells; do not touch the bottom and the walls of the plate wells.

9.11. Incubate the strips for **30 minutes** in a dark place at a room temperature of 18-25 °C. Do not use adhesive film at this stage.

9.12. Add 100 µL of SOLN STOP into each strip well to stop the enzymatic reaction; adhere to the same sequence of actions as when adding SOLN TMB. At the time of adding, the solution colour changes from blue to yellow, and clear solution slightly changes its shade.

9.13. Measure the optical density (OD) of the wells at 450/620-695 nm wavelength using an ELISA microplate reader within 5 minutes after stopping the reaction. Pay attention to the cleanness of the plate bottom and the absence of bubbles in the wells before reading.

Measurement at the single wavelength of 450 nm is possible, in that case, it is needed to leave one well for blank (only SOLN TMB and SOLN STOP must be added

in blank well).

10. CALCULATION AND INTERPRETATION OF RESULTS

10.1. Calculation of results

Calculate the average OD for the negative control ($\overline{Nc}$), Cut off (CO) and a sample positivity index (IP_{sample}).

$$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3; \quad CO = \overline{Nc} + 0,3$$

$$IP_{sample} = OD_{sample}/CO, \text{ where } OD_{sample} \text{ is the OD sample.}$$

10.2. Quality control (assay validation)

The test results are considered valid if they meet the following requirements:

CONTROL + OD ≥ 1,0

CONTROL - OD ≤ 0,150

CONTROL - $\overline{Nc} \times 0,5 \leq Ncn \leq \overline{Nc} \times 2,0$ where Ncn is the OD for each Nc run

If any of the OD values for the negative control is beyond the above interval, it should be discarded, and $\overline{Nc}$ is calculated based on the remaining OD values for the negative control. If several OD values for the negative control fail to meet the above requirements, the test is considered invalid and requires a new run.

10.3. Interpretation of results

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE*
$IP_{sample} < 0,9$	NEGATIVE

* Uncertain samples are recommended to be re-examined in two wells of the ELISA kit. If the results are again uncertain, a new sample should be selected and analyzed in 2-4 weeks. In case of repeated indeterminate results, such samples shall be considered negative.

11. PERFORMANCE CHARACTERISTICS

11.1. Analytical performance characteristics

Precision of measurement

Intra assay repeatability

The coefficient of variation (CV) for three sera with different levels of specific antibodies was evaluated in 24 replicates on one series of ELISA kits.

Sample No.	OD_{av}	IP_{av}	CV, %
547	0,504	1,43	2,9
671	0,753	2,13	3,6
413	1,165	3,30	3,1

Inter assay reproducibility

The coefficient of variation (CV) for three sera with different levels of specific antibodies was evaluated for 4 days in 4 sets of analysis, 8 replicates in each analysis.

Sample No.	OD_{av}	IP_{av}	CV, %
547	0,534	1,55	5,0
671	0,750	2,17	4,6
413	1,159	3,36	3,6

Analytical specificity

The test results are not affected by bilirubin at up to 0.21 mg/mL (361.8 μmol/L), haemoglobin at up to 10 mg/mL and triglycerides at up to 10 mg/mL (11.3 mmol/l) present in the sample.

11.2. Diagnostic characteristics

To evaluate clinical sensitivity and specificity of «EQUI Ascaris lumbricoides IgG» ELISA kits, 55 serum samples from patients with clinical symptoms typical for lumbricosis and 60 serum samples from patients without clinical manifestations (seronegative in terms of *Ascaris lumbricoides*) were used. Clinical sensitivity of «EQUI Ascaris lumbricoides IgG» ELISA kits was 94.55 % and clinical specificity — 93.3 %.

Method characteristics in comparison with equal commercial ELISA kit was studied in target paediatric population (160 samples) and population of donors (346 samples). For paediatric population serum, relative specificity of «EQUI Ascaris lumbricoides IgG» ELISA kits was established at the level of 97.92 % and percent agreement was 95.51 %. For donor population serum, relative specificity of was 89.74 %, relative specificity — 96.30 % and percent agreement was 95.47 %.

12. LIMITATIONS OF ASSAY

Positive result in «EQUI Ascaris lumbricoides IgG» ELISA kit supports presence of anti-*Ascaris lumbricoides* specific IgG antibodies. Presence of this class antibodies in newborns is not an evidence of *Ascaris lumbricoides* invasion.

Inconclusive results may suggest a history of *Ascaris lumbricoides* invasion.

Negative result of «EQUI Ascaris lumbricoides IgG» ELISA kit supports the absence of anti- *Ascaris lumbricoides* IgG specific antibodies in the test sample or concentration of specific antibodies is below the sensitivity limit of the assay.

The results of serological test only are not the basis for final diagnosis. When establishing the diagnosis, the results of complex laboratory and instrumental tests, as well as clinical manifestations should be considered. Cross-reactions with antibodies to antigens of other helminths cannot be fully ruled out.

13. DIFFICULTIES THAT CAN OCCUR DURING THE ASSAY PROCEDURE

Possible reasons	Solution
High background in all wells	
Contaminated washer	Clean the washer head and rinse according to the instructions for use
Poor quality or contaminated water	Use purified water with specific resistance ≥ 10 MΩ · cm
Use of poorly washed glassware	Use chemically clean utensils
Use of chlorinated disinfectants	Do not use chlorine disinfectants
Use of contaminated tips	Use new tips
Increased incubation times or change in the temperature conditions	Adhere to the incubation regime according to the instructions for use
High background in a row of wells	
Repeat application of TMB solution	TMB solution should be applied once
Contamination of the automatic pipette nozzle with conjugate solution	Clean the pipette and dial carefully liquid
Contamination of one of the washer's channel	Clean the flush channel, rinse washer
Received OD of the positive control is below the border value	
One of the reagents (conjugate solution or TMB solution) was not prepared in a correct way or was not added	Re-conduct ELISA, pay attention to the correctness of the introduction of these reagents
Reduced incubation times at any stage	Incubate according to instructions for use
The colour density of the wells fails to meet the obtained optical density value	
This may suggest that the optical beam has been displaced	Check the correct operation of the reader

14. TECHNICAL ASSISTANCE AND CUSTOMER SERVICE

In case of technical problems, you can obtain assistance by contacting the manufacturer.

REFERENCES

1. CDC - Ascariasis // https://www.cdc.gov/parasites/ascariasis/index.html.
2. Cooper P. J., Chico M. E. et al. Human Infection with Ascaris lumbricoides Is Associated with a Polarized Cytokine Response // The Journal of Infectious Diseases. - 2003. - Vol. 182 (4). - P. 1207–1213.
3. Gupta S., Kumar S. et al. Ascaris lumbricoides: an unusual aetiology of gastric perforation // Journal of Surgical Case Reports. - 2012. - Vol. 2012. - rjs008.
4. Li Q., Zhao D. et al. Life-threatening complications of ascariasis in trauma patients: a review of the literature // World Journal of Emergency Medicine. - 2014. - Vol. 5 (3). - P. 165–170.
5. McSharry C., Xia Y. et al. Natural Immunity to Ascaris lumbricoides Associated with Immunoglobulin E Antibody to ABA-1 Allergen and Inflammation Indicators in Children // Infection and Immunity. - 1999. - Vol. 67(2). - P. 484–489.
6. Palmer L. J., Celedón J. C. et al. Ascaris lumbricoides Infection Is Associated with Increased Risk of Childhood Asthma and Atopy in Rural China // American Journal of Respiratory and Critical Care Medicine. - 2002. - Vol. 165, No. 11. - P. 1489–1493.
7. Shalaby N. Effect of Ascaris lumbricoides infection on T helper cell type 2 in rural Egyptian children // Therapeutics and Clinical Risk Management. - 2016. - Vol. 12. - P. 379–385.
8. WHO. Water related diseases: ascariasis. 2013 // http://www.who.int/water_sanitation_health/ diseases/ascariasis/en/.
9. Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU.
10. Закон України «Про відходи» // Відомості Верховної Ради України. - 1998. - №36-37.
11. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
12. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
13. Hanna Tolonen, Kari Kuulasmaa, Tiina Laatikainen, Hermann Wolf and the European Health Risk Monitoring Project. Recommendation for indicators, international collaboration, protocol and manual of operations for chronic disease risk factor surveys Part 4.Storage and transfer of serum/plasma samples// Finnish National Public Health Institute 2002// https://thl.fi/publications/ehrm/product2/part_iii4.htm
14. Surveillance Guidelines for Measles, Rubella and Congenital Rubella Syndrome in the WHO European Region. Annex 3.Collection, storage and shipment of specimens for laboratory diagnosis and interpretation of results// Geneva: World Health Organization; 2012 Dec.

	Manufacturer
	Authorized Representative in the European Community
	In vitro diagnostic medical device
	Catalogue number
	Date of manufacture
	Use by date
	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Non-Sterile
	Consult instructions for use
	Keep away from sunlight
	Keep dry
	Compliance with EU safety requirements

Edition 8, 10.02.2022

For questions and suggestions regarding the ELISA kit contact:

Obelis s.a.
Bd Général Wahis 53
1030 Brussels
Belgium
Tel: +(32)2 732-59-54
Fax: +(32)2 732-60-03
mail@obelis.net

Ekvitestlab LLC
Velyka Vasylkivska St. 114, Kyiv, Ukraine, 03150
Tel: 0(800)31-89-87, +38 (044)334-89-87,
e-mail: info@equitest.com.ua, www.equitest.com.ua

ASSAY PROCEDURE SCHEME

Keep all reagents for 30 min at temperature18-25°C before use
Dispense 90 µl DIL SAMPLE into the wells (brown)
Add to 10 µl of controls and samples into the wells: A1 – CONTROL +, B1, C1, D1 – CONTROL –, other wells – examined samples (change of colour from brown to blue)
Cover strips with an adhesive film, incubate for **30 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of SOLN CONJ into all wells (green)
Cover strips with an adhesive film, incubate for **30 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of SOLN TMB into all wells
Incubate for **30 min** in the dark at **18-25°C**
Add 100 µl of SOLN STOP into all wells (change of colour from blue to yellow)
Measure the optical density (OD) with an ELISA microplate reader at 450/620-695 nm

CALCULATION OF RESULTS

$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3;$

$CO = \overline{Nc} + 0,3;$

$IP_{sample} = OD_{sample}/CO$

$\overline{Nc}$ - the average value of OD 3-x CONTROL –

CO - Cut off

IP_{sample} - sample positivity index

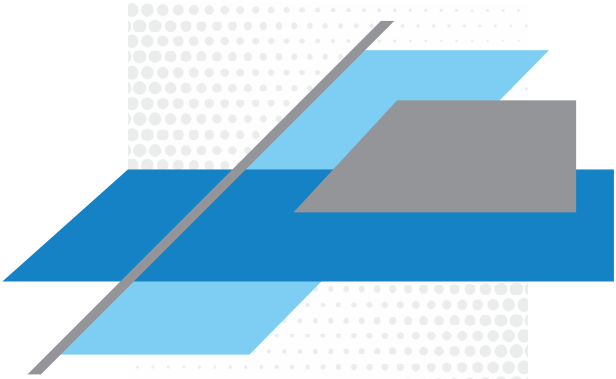
INTERPRETATION OF RESULTS

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE
$IP_{sample} < 0,9$	NEGATIVE

Toxocara canis IgG

ELISA kit for the qualitative detection of IgG antibodies to *Toxocara canis*

Instructions for use



IVD

REF EI-603

Σ 96 tests

CE

EQUI Toxocara canis IgG

ELISA kit for the qualitative detection of
IgG antibodies to *Toxocara canis*

1. INTENDED USE

The «EQUI Toxocara canis IgG» is ELISA kit intended to qualitatively detect anti-*Toxocara canis* IgG in human serum or plasma by enzyme-linked immunosorbent assay (ELISA) in order to diagnose toxocariasis. The testing procedure is designed for both manual arrangement with automatic pipettes and standard equipment, and for automated «open» immunoassay analysers.

Target group: children, pet owners, rural people, summer visitors, forest guards, veterinarians.

Usage: ELISA kit is used in clinical diagnostic laboratories and other institutions engaged in *in vitro* diagnostics.

2. CLINICAL SIGNIFICANCE

Toxocariasis is a common disease induced by *Toxocara* helminth which is transmitted from animals to human. Toxocariasis is spread throughout the world, however, it is more common in depressed areas with poor hygienic conditions. In some regions, up to 90 % of puppies and up to 10 % of adult domesticated dogs are infested with toxocara. The risk of infestation is higher for owners of cats and dogs and for children due to playing in the sandpits and on the playgrounds contaminated with animal faeces.

Toxocara are threadworms belonging to *Nematoda*. Human conditions are mostly caused by *Toxocara canis*, which infested canids, rare - *Toxocara cati*, which is more common in felids. Adult toxocara in the body of infested animals reaches 5–15 cm in length; their propagation takes place here. Female helminths lay about 200 thous eggs daily, which are excreted in the environment with faeces. If conditions are favourable, following several weeks of maturation in the soil they become invasive — a larva is developed in the eggs. In the paratenic host (mice, poultry, cows, pigs, etc.). larva develops without propagation. If the conditions are unfavourable, larvae are encapsulated and may maintain viability for a long time (up to 10 years). They may also be the source of invasion.

People are infested through faecal-oral route when ingesting *Toxocara canis* mature eggs with soil-contaminated vegetables, fruits, berries, via dirty hands or when consuming meat of paratenic hosts. In the small intestine, larvae leave their cover and penetrates blood circulation through the intestinal walls. The larvae migrate to other organs and tissues with blood, namely: liver, lungs, muscles, eyes, CNS, etc. In the most of the infested, toxocariasis is asymptomatic. Clinical manifestations of this disease are associated with the site of larvae migration and depend on the intensity of invasion and age of the host. Visceral syndrome larva migrans is typical after infestation of the internal organs with *Toxocara canis* and ocular

toxocariasis, when eye and optic nerve are involved. Symptoms of visceral toxocariasis: fever, fatigue, abdominal pain, anorexia, hepatomegaly, cough and others. Heart and respiratory failure may develop in severe cases. Due to a strong immune response to larvae antigens, immediate and delayed hypersensitivity reactions develop. Granulomatosis in occular toxocariasis may result in retinal detachment and loss of vision.

Diagnosis of toxocariasis is complicated due to the lack of specific manifestations of the disease, even upon intense invasion. Furthermore, a man is an intermediate host of *Toxocara canis* and does not excrete parasites in the environment, whereas it is difficult to localise larvae in certain organs via non-invasive methods. Eosinophilia may appear in blood tests, however, serological tests are more common to detect toxocariasis (immunofluorescence reaction, ELISA and immunoblotting). Detection of specific anti-*Toxocara canis* IgG to larvae antigens may suggest current or previous invasion. High titter of IgE antibodies is also typical for active invasion. However, the combination of clinical manifestations and laboratory findings are necessary for diagnosis.

3. ANALYSIS PRINCIPLE

The procedure of testing for anti-*Toxocara canis* IgG in «EQUI Toxocara canis IgG» ELISA kit is based on «indirect» solid-phase ELISA with a two-stage incubation. Antigens of *Toxocara canis* larvae are entrapped in the wells. During the first step of incubation of ELISA plate wells with test samples, specific anti-*Toxocara canis* antibodies (if present in the samples) bind to the solid-phase antigens. The wells are washed to remove unbound antibodies and have only specific antigen-antibody complexes left. Then, a conjugate of anti-species IgG monoclonal antibodies with horseradish peroxidase is added, which binds to solid-phase immune complexes. Unbound components are removed by washing. Antigen-antibody complexes are detected by adding a solution of chromogen 3,3',5,5'-tetramethylbenzidine (TMB) with hydrogen peroxide. After 30-minute incubation, the reaction is stopped by adding the stop solution. The optical density (OD) in the wells is determined using a spectrophotometer at 450/620-695 nm. The intensity of the yellow colour is proportional to the level of antibodies in the sample.

4. MATERIALS AND EQUIPMENT

4.1. Contents of the ELISA kit

STRIPS	1 x 96 wells	**Microplate** Each plate well is coated with *Toxocara canis* larval antigens. The wells are detachable. After the first opening, store unused strips in the package at 2-8 °C for a maximum of 6 months

CONTROL +	1 x 0,25 ml	**Positive control** Conjugated specific monoclonal antibody solution with preservative (pink). Store at 2-8 °C
CONTROL -	1 x 0,6 ml	**Negative control** Negative human serum with a preservative (yellow). Store at 2-8 °C
DIL SAMPLE	1 x 13 ml	**Serum dilution solution** Buffer solution with a milk extract, a detergent and a preservative (brown). Store at 2-8 °C
SOLN CONJ	1 x 13 ml	**Conjugate solution (ready to use)** Buffer solution of monoclonal antibodies to human IgG, conjugated with horseradish peroxidase, with stabilizers and preservative (green). Store at 2-8 °C
SOLN TMB	1 x 13 ml	**TMB solution (ready to use)** TMB solution, H_2O_2, a stabilizer, a preservative (colourless). Store at 2-8 °C
TWEEN WASH 20x	1 x 50 ml	**Washing solution TWEEN (20x concentrated)** 20-fold phosphate buffer concentrate with Tween-20 (colourless). Dilute TWEEN detergent (20x) at 1:20 with distilled or deionized water (e. g., 5 mL of concentrate + 95 mL of water for 8 wells) before use. Store the diluted solution at 2-8 °C for a maximum of 7 days
SOLN STOP	1 x 13 ml	**Stop Solution (ready to use)** 0.5 mol H_2SO_4 solution (colourless). Store at 2-8 °C

The ELISA kit also includes adhesive films (2 items), sample application plan (1 item), checklist, and instruction for use.

4.2. Optional reagents, materials and equipment

Automatic single and multichannel pipettes 10–1000 µL, tips, volumetric laboratory glassware (10–1,000 mL), deionized or distilled water, thermostat at 37 °C, automatic or semi-automatic plate washer, spectrophotometer (reader) for microplates at 450/620-695 nm, appropriate containers for potentially contaminated waste, timer, filter paper, disposable powder-free gloves, disinfectants.

5. PRECAUTIONS AND SAFETY

5.1. Precautions

Be sure to read the instructions for use carefully before the test. The validity of the test results depends on strict following of the test procedure.

– do not use the ELISA kit components after the expiry date;
– do not use for analysis or mix components of different batches, components of kits for different nosologies, or reagents from other manufacturers with the «EQUI Toxocara canis IgG» ELISA kit;

– do not freeze the ELISA kit or its contents;
– after using a reagent, close each vial with its cap;
– when washing, control filling and complete aspiration of solution from the wells;
– use a new pipette tip each time you add samples or reagents;
– prevent direct sunlight from reaching the reagents from the ELISA kit;
– SOLN|TMB solution must be colourless before use. Do not use the solution if its colour is blue or yellow. Avoid contact of SOLN|TMB with metals or metal ions. Use only clean glassware thoroughly rinsed with distilled water;
– do not use reagents with colour not in line with para. 4.1;
– under no circumstances should the same glassware be used for SOLN|CONJ and SOLN|TMB;
– do not evaluate the test results visually (without a reader);
– any optional equipment that is in direct contact with biological material or kit components should be considered contaminated and requires cleaning and decontamination;
– the ELISA kit includes materials for 96 tests. Dispose of the used components as well as any remaining unused components.

5.2. Safety requirements

– all reagents in the ELISA kit are for laboratory professional use for *in vitro* diagnosis only and may only be used by qualified personnel;
– conduct the tests in disposable powder-free gloves and goggles only;
– do not eat, drink, smoke, or apply make-up in the test room;
– do not mouth-pipette the solutions;
– controls from the «EQUI Toxocara canis IgG» ELISA kit have been tested and found to be for anti-HIV1/2, anti-HCV and anti-*Treponema pallidum* antibodies and HBsAg negative; however, controls and test samples should be handled as potentially hazardous infectious materials;
– some of the kit components contain low concentrations of harmful substances and can damage skin or mucoga. In case of contact of SOLN|TMB, SOLN|STOP and SOLN|CONJ with mucous membranes or skin, immediately wash the affected area with plenty of water;
– in case of spillage of acid-free solutions, e. g. sera, treat the surface with a disinfectant solution and then wipe dry with filter paper. Otherwise first neutralize acid with sodium bicarbonate solution and then wipe the surface dry as described above.

5.3. Waste inactivation and disposal

– the liquid waste must be inactivated, for example, with hydrogen peroxide solution at the final concentration of 6% for 3 hours at room temperature, or with sodium hypochlorite at the final concentration of 5% for 30 minutes, or with other approved disinfectants;

– the solid waste must be inactivated by autoclaving at a temperature not less than 132°C;
– do not autoclave the solutions that contain sodium azide or sodium hypochlorite;
– disposal of inactivated waste must be conducted due to national laws and regulations.

6. STORAGE AND STABILITY

ELISA kit is stable up to the expiry date stated on the label when stored at 2-8°C. The kit should be transported at 2-8°C. Single transportation at a temperature up to 23°C for two days is possible.

7. SAMPLE COLLECTION, TRANSPORTATION AND STORAGE GUIDELINES

Collect blood from the vein into the sterile test tube. Test tube must be marked with patient ID and date of sample collecting. Blood before serum separation can be stored at 2-8 ºC for 24 hours, avoiding freezing.

Serum or plasma can be stored at 2-8 °C for maximum 3 days. Frozen serum can be stored for longer periods of time at -20 °C or -70 °C. Thaw frozen samples and keep them at room temperature for 30 minutes before use. After thawing, the stir samples to achieve homogeneity. Avoid repeated freezing-thawing cycles for test samples. If serum (or plasma) is turbid, remove insoluble inclusions by centrifugation at 3000 rpm for 10-15 minutes. Do not use serum samples with hyperlipidemia, hemolysis, and bacterial growth.

Transport serum samples in insulated containers. To do that, put closed labelled tubes in a plastic bag, tightly seal it and place in the centre of an insulated container.Put the frozen cold packs on the bottom, along the side walls of the insulated container and on top of the serum samples.

8. REAGENT PREPARATION

NOTE! It is very important to keep all ELISA kit components for at least 30 min at room temperature 18-25 ºC before the assay!

8.1. Microplate preparation

To prevent water condensation in the wells, keep the STRIPS for 30 minutes at a room temperature before opening. Open the vacuum pack, detach the appropriate number of wells, and carefully pack the remaining wells with a desiccant and store tightly zip-locked at 2-8 °C. Storing the packed plate this way ensures its stability for 6 months.

8.2. Washing solution preparation

To prepare detergent, dilute TWEEN WASH 20x at 1:20 (1+19) with distilled or deionized water and stir. E. g., 5 mL of concentrate + 95 mL of water, which is enough for 8 wells. If there are crystals present in the detergent concentrate, heat the vial at 37 °C until the crystals dissolve completely (15–20 minutes). Store the diluted solution at 2-8 °C for a maximum of 7 days.

9. ASSAY PROCEDURE

9.1. Prepare the necessary number of wells (four wells for controls and a necessary number of wells for test samples) and insert them into the ELISA plate frame. Be sure to add control wells in every test run.

9.2. Fill in the sample application plan.

9.3. Prepare the detergent as per para. 8.2.

9.4. Add 90 µL of DIL SAMPLE into each plate well.

9.5. Add 10 µL of controls and test samples into the wells:
CONTROL + – into well A1,
CONTROL - – into wells B1, C1 and D1,
and test samples into the remaining wells.
At the time of adding, the solution changes its colour from brown to blue. Pipette the mix in the wells carefully to avoid foaming.

9.6. Cover the strips up with adhesive film and incubate for **30 minutes at 37 °C**.

9.7. Remove and discard the adhesive film and wash all wells 5 times with automatic washer or 8-channel pipette as follows:
– aspirate the content of all wells into a liquid waste container;
– add a minimum of 300 µl of diluted washing solution to each well, soak each well for 30 seconds;
– aspirate the content of all wells again. The residual volume after every aspiration should be less than 5 µl;
– repeat the washing step 4 more times;
– after the final aspiration, eliminate extra moisture by tapping the plate against a piece of filter paper.

9.8. Add 100 µL of SOLN CONJ into each well. Cover the strips with a new piece of adhesive film and incubate for **30 minutes at 37 °C**.

9.9. Following incubation, remove the film carefully and wash the wells five times as described in para. 9.7.

9.10. Add 100 µL of SOLN TMB into the wells; do not touch the bottom and the walls of the plate wells.

9.11. Incubate the strips for **30 minutes** in a dark place at a room temperature of 18-25 °C. Do not use adhesive film at this stage.

9.12. Add 100 µL of SOLN STOP into each strip well to stop the enzymatic reaction; adhere to the same sequence of actions as when adding SOLN TMB. At the time of adding, the solution colour changes from blue to yellow, and clear solution slightly changes its shade.

9.13. Measure the optical density (OD) of the wells at 450/620-695 nm wavelength using an ELISA microplate reader within 5 minutes after stopping the reaction. Pay attention to the cleanness of the plate bottom and the absence of bubbles in the wells before reading.

Measurement at the single wavelength of 450 nm is possible, in that case, it is needed to leave one well for blank (only SOLN TMB and SOLN STOP must be added

in blank well).

10. CALCULATION AND INTERPRETATION OF RESULTS

10.1. Calculation of results

Calculate the average OD for the negative control ($\overline{Nc}$), Cut off (CO) and a sample positivity index (IP_{sample}).

$$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3; \quad CO = \overline{Nc} + 0,3$$

$IP_{sample} = OD_{sample}/CO$, where: OD_{sample} is the OD sample.

10.2. Quality control (assay validation)

The test results are considered valid if they meet the following requirements:

CONTROL + $OD \geq 1,0$

CONTROL - $OD \leq 0,150$

CONTROL - $\overline{Nc} \times 0,5 \leq Ncn \leq \overline{Nc} \times 2,0$ where Ncn is the OD for each Nc run

If any of the OD values for the negative control is beyond the above interval, it should be discarded, and $\overline{Nc}$ is calculated based on the remaining OD values for the negative control. If several OD values for the negative control fail to meet the above requirements, the test is considered invalid and requires a new run.

10.3. Interpretation of results

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE*
$IP_{sample} < 0,9$	NEGATIVE

* Uncertain samples are recommended to be re-examined in two wells of the ELISA kit. If the results are again uncertain, a new sample should be selected and analyzed in 2-4 weeks. In case of repeated indeterminate results, such samples shall be considered negative.

11. PERFORMANCE CHARACTERISTICS

11.1. Analytical performance characteristics

Precision of measurement

Intra assay repeatability

The coefficient of variation (CV) for three sera with different levels of specific antibodies was evaluated in 24 replicates on one series of ELISA kits.

Sample No.	OD_{av}	IP_{av}	CV, %
669	0,927	2,81	4,8
544	1,503	4,56	1,4
666	1,694	5,14	4,5

Inter assay reproducibility

The coefficient of variation (CV) for three sera with different levels of specific antibodies was evaluated for 4 days in 4 sets of analysis, 8 replicates in each analysis.

Sample No.	OD_{av}	IP_{av}	CV, %
669	1,016	3,04	4,7
544	1,516	4,54	1,9
666	1,683	5,04	4,1

Analytical specificity

The test results are not affected by bilirubin at up to 0.21 mg/mL (361.8 μmol/L), haemoglobin at up to 10 mg/mL and triglycerides at up to 10 mg/mL (11.3 mmol/l) present in the sample.

11.2. Diagnostic characteristics

To evaluate diagnostic characteristics of «EQUI Toxocara canis IgG» ELISA kits, 78 serum samples from patients with clinical symptoms typical for toxocariasis and 60 serum samples from patients without clinical manifestations (seronegative in terms of *Toxocara canis*) were used. Clinical sensitivity of «EQUI Toxocara canis IgG» ELISA kits was 98.7 %, clinical specificity — 96.7 %.

Method characteristics in comparison with equal commercial ELISA kit was studied in target paediatric population (160 samples) and population of donors (298 samples). For paediatric population serum, relative specificity of «EQUI Toxocara canis IgG» ELISA kits was established at the level of 99.28 % and percent agreement was 97.45 %. For donor population serum, relative specificity of was 89.19 %, relative specificity — 93.55 % and percent agreement was 91.73 %.

12. LIMITATIONS OF ASSAY

Positive result in «EQUI Toxocara canis IgG» ELISA kit supports presence of anti-*Toxocara canis* specific IgG antibodies. Presence of this class antibodies in newborns is not an evidence of *Toxocara canis* invasion.

Inconclusive results may suggest a history of *Toxocara canis* invasion.

Negative result of «EQUI Toxocara canis IgG» ELISA kit supports the absence of anti-*Toxocara canis* specific IgG antibodies in the test sample or concentration of specific antibodies is below the sensitivity limit of the assay.

The results of serological test only are not the basis for final diagnosis. When establishing the diagnosis, the results of complex laboratory and instrumental tests, as well as clinical manifestations should be considered. Cross-reactions with antibodies to antigens of other helminths cannot be fully ruled out.

13. DIFFICULTIES THAT CAN OCCUR DURING THE ASSAY PROCEDURE

Possible reasons	Solution
High background in all wells	
Contaminated washer	Clean the washer head and rinse according to the instructions for use
Poor quality or contaminated water	Use purified water with specific resistance ≥ 10 MΩ · cm
Use of poorly washed glassware	Use chemically clean utensils
Use of chlorinated disinfectants	Do not use chlorine disinfectants
Use of contaminated tips	Use new tips
Increased incubation times or change in the temperature conditions	Adhere to the incubation regime according to the instructions for use
High background in a row of wells	
Repeat application of TMB solution	TMB solution should be applied once
Contamination of the automatic pipette nozzle with conjugate solution	Clean the pipette and dial carefully liquid
Contamination of one of the washer's channel	Clean the flush channel, rinse washer
Received OD of the positive control is below the border value	
One of the reagents (conjugate solution or TMB solution) was not prepared in a correct way or was not added	Re-conduct ELISA, pay attention to the correctness of the introduction of these reagents
Reduced incubation times at any stage	Incubate according to instructions for use
The colour density of the wells fails to meet the obtained optical density value	
This may suggest that the optical beam has been displaced	Check the correct operation of the reader

14. TECHNICAL ASSISTANCE AND CUSTOMER SERVICE

In case of technical problems, you can obtain assistance by contacting the manufacturer.

REFERENCES

1. Cobzaru R. G., Rîpă C. et al. Correlation between asthma and Toxocara canis infection // Rev Med Chir Soc Med Nat Iasi. - 2012. - Vol. 116(3). - P. 727–730.
2. Despommier D. Toxocariasis: Clinical Aspects, Epidemiology, Medical Ecology, and Molecular Aspects // Clinical Microbiology Reviews. - 2003. - Vol. 16, No. 2. - P. 265–272.
3. Havasiová-Reiterová K., Tomašovicová O. and Dubinský P. Effect of various doses of infective Toxocara canis and Toxocara cati eggs on the humoral response and distribution of larvae in mice // Parasitology Research. - 1995. - Vol. 81. - P. 13–17.
4. Iddawela D., Ehambaram K., and Bandara P. Prevalence of Toxocara antibodies among patients clinically suspected to have ocular toxocariasis: A retrospective descriptive study in Sri Lanka // BMC Ophthalmology. - 2017. - Vol. 17. - 6 p.
5. Maizels R. M. Toxocara canis: Molecular basis of immune recognition and evasion // Veterinary Parasitology. - 2013. - Vol. 193 (4). - P. 365–374.
6. Magnaval J.-F., Glickman L. T. et al. Highlights of human toxocariasis // Korean Journal of Parasitology. - 2001. - Vol. 39 (1). - P. 1–11.
7. McGuinness S. L., Leder K. Global Burden of Toxocariasis: A Common Neglected Infection of Poverty // Current Tropical Medicine Reports. - 2014. - Vol. 1 (1). - P. 52–61.
8. Núñez C. R., Mendoza Martínez G. D. et al. Prevalence and Risk Factors Associated with Toxocara canis Infection in Children // The Scientific World Journal. - Volume 2013. - Article ID 572089. - 4 p.
9. Okulewicz A., Perec-Matysiak A. et al. Toxocara canis, Toxocara cati and Toxascaris leonina in wild and domestic carnivores // Helminthologia. - 2012. - Vol. 49. - P. 3–10.
10. Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU.
11. Закон України «Про відходи» // Відомості Верховної Ради України. - 1998. - №36-37.
12. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
13. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
14. Hanna Tolonen, Kari Kuulasmaa, Tiina Laatikainen, Hermann Wolf and the European Health Risk Monitoring Project. Recommendation for indicators, international collaboration, protocol and manual of operations for chronic disease risk factor surveys Part 4.Storage and transfer of serum/plasma samples// Finnish National Public Health Institute 2002// https://thl.fi/publications/ehrm/product2/part_iii4.htm
15. Surveillance Guidelines for Measles, Rubella and Congenital Rubella Syndrome in the WHO European Region. Annex 3.Collection, storage and shipment of specimens for laboratory diagnosis and interpretation of results//Geneva: World Health Organization; 2012 Dec.

	Manufacturer
EC REP	Authorized Representative in the European Community
IVD	In vitro diagnostic medical device
REF	Catalogue number
	Date of manufacture
	Use by date
LOT	Batch code
	Temperature limit
Σ	Contains sufficient for <n> tests
	Caution
NON STERILE	Non-Sterile
	Consult instructions for use
	Keep away from sunlight
	Keep dry
CE	Compliance with EU safety requirements

Edition 8, 04.04.2022

For questions and suggestions regarding the ELISA kit contact:

EC REP

Obelis s.a.
Bd Général Wahis 53
1030 Brussels
Belgium
Tel: +(32)2 732-59-54
Fax: +(32)2 732-60-03
mail@obelis.net

Ekvitestlab LLC
Velyka Vasylkivska St. 114, Kyiv, Ukraine, 03150
Tel: 0(800)31-89-87, +38 (044)334-89-87,
e-mail: info@equitest.com.ua, www.equitest.com.ua

ASSAY PROCEDURE SCHEME

Keep all reagents for 30 min at temperature18-25°C before use
Dispense 90 µl DIL SAMPLE into the wells (brown)
Add to 10 µl of controls and samples into the wells: A1 – CONTROL +, B1, C1, D1 – CONTROL –, other wells – examined samples (change of colour from brown to blue)
Cover strips with an adhesive film, incubate for **30 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of SOLN CONJ into all wells (green)
Cover strips with an adhesive film, incubate for **30 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of SOLN TMB into all wells
Incubate for **30 min** in the dark at **18-25°C**
Add 100 µl of SOLN STOP into all wells (change of colour from blue to yellow)
Measure the optical density (OD) with an ELISA microplate reader at 450/620-695 nm

CALCULATION OF RESULTS

$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3;$

$CO = \overline{Nc} + 0,3;$

$IP_{sample} = OD_{sample}/CO$

$\overline{Nc}$ - the average value of OD 3-x CONTROL –

CO - Cut off

IP_{sample} - sample positivity index

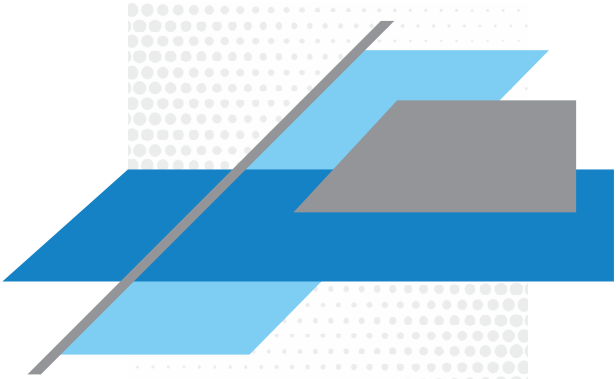
INTERPRETATION OF RESULTS

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE
$IP_{sample} < 0,9$	NEGATIVE

anti-Trichinella spiralis

ELISA kit for the qualitative detection of antibodies to *Trichinella spiralis*

Instructions for use



IVD

REF EI-605

Σ 96 tests

CE

EQUI anti-Trichinella spiralis

ELISA kit for the qualitative detection of antibodies to *Trichinella spiralis*

1. INTENDED USE

The «EQUI anti-Trichinella spiralis» is ELISA kit intended to qualitatively detect anti-*Trichinella spiralis* antibodies in human serum or plasma by enzyme-linked immunosorbent assay (ELISA) in order to diagnose trichinosis. The testing procedure is designed for both manual arrangement with automatic pipettes and standard equipment, and for automated «open» immunoassay analysers.

Target group: villagers, hunters and their families, people whose diet includes meat, particularly pork.

Usage: ELISA kit is used in clinical diagnostic laboratories and other institutions engaged in *in vitro* diagnostics.

2. CLINICAL SIGNIFICANCE

Among helminthiases, which are often caused by meat consumption, trichinosis has a special place. The causative agent of this disease is the *Trichinella spiralis* roundworm, the larvae of which were found even in the mummies of Ancient Egypt. The greatest danger of this helminthiasis is the possibility of severe damage to the central nervous system, which leads to death.

Adult *Trichinella spiralis* have a filamentous body up to 0.5 mm in diameter and 2 mm in length. Trichinella is characterized by live birth – while in the human body, one female can give birth to about one and a half thousand rod-shaped larvae. The larvae actively migrate to other organs, but only settle massively in the striated muscles. Connective tissue capsule with feeding vessels gets formed around the larva after 1-1.5 months. About a year later, the capsule begins to calcify, but the larva inside remains alive and invasive for many years. Most mammals can become infected with trichinosis in the natural environment by eating fresh or deconposed meat that contains Trichinella larvae.

Trichinella enters the human body through the meat infested with encapsulated larvae (pork, horse meat, nutria's meat, wild boar, bear, etc.). Acute (intestinal) trichinosis may be asymptomatic or show symptoms 1-2 days after eating raw or undercooked meat. This stage of the disease is characterized by abdominal pain, nausea or diarrhea. However, the classic symptoms of trichinosis appear at the stage of larval migration about 2 weeks after the invasion and can last up to two months. These include fever, fatigue, muscle aches and pain, swelling of the face and eyes, skin rashes, and more. Trichinella spiralis affects the most active human muscles: diaphragm, intercostal and abdominal muscles, tongue, as well as facial and skeletal muscles. The overall extent of clinical manifestations is directly correlated with the quantity of consumed parasites.

During larval migration, the organism is hyper-sensitized by highly immunogenic products of Trichinella metabolism. Patients have eosinophilia and an increase in IgE antibodies. However, a strong immune response does not lead to the elimination of parasites, although it may be crucial for protection from re-infection.

Thus, recurring cases of trichinosis are much easier to tolerate than the primary ones.

To diagnose this helminthiasis, specific tests are conducted on meat that could be a source of invasion, to test for the presence of encapsulated larvae of Trichinella spiralis. During the early stages of infection, PCR is used to detect Trichinella DNA. A few weeks after the probable invasion, a biopsy of the affected patient's muscle tissue may be performed to detect the parasite. But from the second week of the invasion, serodiagnosis with the detection of specific antibodies to antigens of larvae of the pathogen trichinosis and an increase in the titer of these antibodies in paired sera is particularly useful. 4-5 months after the invasion, the number of specific antibodies decreases, but may remain at a level sufficient for detection for several years. Immunoblotting is used to confirm the positive result of the detection of specific IgG antibodies. However, for a comprehensive diagnosis of trichinosis we should use not only laboratory-generated data but also clinical and epidemiological studies.

3. ANALYSIS PRINCIPLE

The procedure of testing for anti-*Trichinella spiralis* antibodies in «EQUI anti-Trichinella spiralis» ELISA kit is based on «indirect» solid-phase ELISA with a two-stage incubation. Antigens of *Trichinella spiralis* larvae are entrapped in the wells. During the first step of incubation of ELISA plate wells with test samples, specific anti-*Trichinella spiralis* antibodies (if present in the samples) bind to the solid-phase antigens. The wells are washed to remove unbound antibodies and have only specific antigen-antibody complexes left. Then, a conjugate of anti-species (anti-IgG and anti-IgA) monoclonal antibodies with horseradish peroxidase is added, which binds to solid-phase immune complexes. Unbound components are removed by washing. Antigen-antibody complexes are detected by adding a solution of chromogen 3,3',5,5'-tetramethylbenzidine (TMB) with hydrogen peroxide. After 30-minute incubation, the reaction is stopped by adding the stop solution. The optical density (OD) in the wells is determined using a spectrophotometer at 450/620-695 nm. The intensity of the yellow colour is proportional to the level of antibodies in the sample.

4. MATERIALS AND EQUIPMENT

4.1. Contents of the ELISA kit

STRIPS	1 x 96 wells	**Microplate** Each plate well is coated with *Trichinella spiralis* larvae antigens. The wells are detachable. After the first opening, store unused strips in the package at 2-8 °C for a maximum of 6 months
CONTROL +	1 x 0,25 ml	**Positive control** Conjugated specific monoclonal antibody solution with preservative (pink). Store at 2-8 °C

		Negative control
CONTROL -	1 x 0,6 ml	Negative human serum with a preservative (yellow). Store at 2-8 °C
		Serum dilution solution
DIL SAMPLE	1 x 13 ml	Buffer solution with a milk extract, a detergent and a preservative (purple). Store at 2-8 °C
		Conjugate solution (ready to use)
SOLN CONJ	1 x 13 ml	Buffer solution of monoclonal antibodies to human IgG and IgA, conjugated with horseradish peroxidase, with stabilizers and preservative (green). Store at 2-8 °C
		TMB solution (ready to use)
SOLN TMB	1 x 13 ml	TMB solution, H_2O_2, a stabilizer, a preservative (colourless). Store at 2-8 °C
		Washing solution TWEEN (20x concentrated)
TWEEN WASH 20x	1 x 50 ml	20-fold phosphate buffer concentrate with Tween-20 (colourless). Dilute TWEEN detergent (20x) at 1:20 with distilled or deionized water (e. g., 5 mL of concentrate + 95 mL of water for 8 wells) before use. Store the diluted solution at 2-8 °C for a maximum of 7 days
		Stop Solution (ready to use)
SOLN STOP	1 x 13 ml	0.5 mol H_2SO_4 solution (colourless). Store at 2-8 °C

The ELISA kit also includes adhesive films (2 items), sample application plan (1 item), checklist, and instruction for use.

4.2. Optional reagents, materials and equipment

Automatic single and multichannel pipettes 10–1000 µL, tips, volumetric laboratory glassware (10–1,000 mL), deionized or distilled water, thermostat at 37 °C, automatic or semi-automatic plate washer, spectrophotometer (reader) for microplates at 450/620-695 nm, appropriate containers for potentially contaminated waste, timer, filter paper, disposable powder-free gloves, disinfectants.

5. PRECAUTIONS AND SAFETY

5.1. Precautions

Be sure to read the instructions for use carefully before the test. The validity of the test results depends on strict following of the test procedure.

- do not use the ELISA kit components after the expiry date;
- do not use for analysis or mix components of different batches, components of kits for different nosologies, or reagents from other manufacturers with the «EQUI anti-Trichinella spiralis» ELISA kit;
- do not freeze the ELISA kit or its contents;
- after using a reagent, close each vial with its cap;
- when washing, control filling and complete aspiration of solution from the wells;
- use a new pipette tip each time you add samples or reagents;
- prevent direct sunlight from reaching the reagents from the ELISA kit;

– SOLN TMB solution must be colourless before use. Do not use the solution if its colour is blue or yellow. Avoid contact of SOLN TMB with metals or metal ions. Use only clean glassware thoroughly rinsed with distilled water;
– do not use reagents with colour not in line with para. 4.1;
– under no circumstances should the same glassware be used for SOLN CONJ and SOLN TMB;
– do not evaluate the test results visually (without a reader);
– any optional equipment that is in direct contact with biological material or kit components should be considered contaminated and requires cleaning and decontamination;
– the ELISA kit includes materials for 96 tests. Dispose of the used components as well as any remaining unused components.

5.2. Safety requirements

– all reagents in the ELISA kit are for laboratory professional use for *in vitro* diagnosis only and may only be used by qualified personnel;
– conduct the tests in disposable powder-free gloves and goggles only;
– do not eat, drink, smoke, or apply make-up in the test room;
– do not mouth-pipette the solutions;
– controls from the «EQUI anti-Trichinella spiralis» kit have been tested and found to be for anti-HIV1/2, anti-HCV and anti-*Treponema pallidum* antibodies and HBsAg negative; however, controls and test samples should be handled as potentially hazardous infectious materials;
– some of the kit components contain low concentrations of harmful substances and can damage skin or mucoga. In case of contact of SOLN TMB, SOLN STOP and SOLN CONJ with mucous membranes or skin, immediately wash the affected area with plenty of water;
– in case of spillage of acid-free solutions, e. g. sera, treat the surface with a disinfectant solution and then wipe dry with filter paper. Otherwise first neutralize acid with sodium bicarbonate solution and then wipe the surface dry as described above.

5.3. Waste inactivation and disposal

– the liquid waste must be inactivated, for example, with hydrogen peroxide solution at the final concentration of 6% for 3 hours at room temperature, or with sodium hypochlorite at the final concentration of 5% for 30 minutes, or with other approved disinfectants;
– the solid waste must be inactivated by autoclaving at a temperature not less than 132°C;
– do not autoclave the solutions that contain sodium azide or sodium hypochlorite;
– disposal of inactivated waste must be conducted due to national laws and regulations.

6. STORAGE AND STABILITY

ELISA kit is stable up to the expiry date stated on the label when stored at 2-8°C. The kit should be transported at 2-8°C. Single transportation at a temperature up to 23°C for two days is possible.

7. SAMPLE COLLECTION, TRANSPORTATION AND STORAGE GUIDELINES

Collect blood from the vein into the sterile test tube. Test tube must be marked with patient ID and date of sample collecting. Blood before serum separation can be stored at 2-8 ºC for 24 hours, avoiding freezing.

Serum or plasma can be stored at 2-8 °C for maximum 3 days. Frozen serum can be stored for longer periods of time at -20 °C or -70 °C. Thaw frozen samples and keep them at room temperature for 30 minutes before use. After thawing, the stir samples to achieve homogeneity. Avoid repeated freezing-thawing cycles for test samples. If serum (or plasma) is turbid, remove insoluble inclusions by centrifugation at 3000 rpm for 10-15 minutes. Do not use serum samples with hyperlipidemia, hemolysis, and bacterial growth.

Transport serum samples in insulated containers. To do that, put closed labelled tubes in a plastic bag, tightly seal it and place in the centre of an insulated container.Put the frozen cold packs on the bottom, along the side walls of the insulated container and on top of the serum samples.

8. REAGENT PREPARATION

NOTE! It is very important to keep all ELISA kit components for at least 30 min at room temperature 18-25 ºC before the assay!

8.1. Microplate preparation

To prevent water condensation in the wells, keep the STRIPS for 30 minutes at a room temperature before opening. Open the vacuum pack, detach the appropriate number of wells, and carefully pack the remaining wells with a desiccant and store tightly zip-locked at 2-8 °C. Storing the packed plate this way ensures its stability for 6 months.

8.2. Washing solution preparation

To prepare detergent, dilute TWEEN WASH 20x at 1:20 (1+19) with distilled or deionized water and stir. E. g., 5 mL of concentrate + 95 mL of water, which is enough for 8 wells. If there are crystals present in the detergent concentrate, heat the vial at 37 °C until the crystals dissolve completely (15–20 minutes). Store the diluted solution at 2-8 °C for a maximum of 7 days.

9. ASSAY PROCEDURE

9.1. Prepare the necessary number of wells (four wells for controls and a necessary number of wells for test samples) and insert them into the ELISA plate frame. Be sure to add control wells in every test run.

9.2. Fill in the sample application plan.

9.3. Prepare the detergent as per para. 8.2.

9.4. Add 90 µL of DIL SAMPLE into each plate well.

9.5. Add 10 µL of controls and test samples into the wells:
CONTROL + – into well A1,
CONTROL - – into wells B1, C1 and D1,
and test samples into the remaining wells.
At the time of adding, the solution changes its colour from purple to blue. Pipette the mix in the wells carefully to avoid foaming.

9.6. Cover the strips up with adhesive film and incubate for **30 minutes at 37 °C**.

9.7. Remove and discard the adhesive film and wash all wells 5 times with automatic washer or 8-channel pipette as follows:
– aspirate the content of all wells into a liquid waste container;
– add a minimum of 300 µl of diluted washing solution to each well, soak each well for 30 seconds;
– aspirate the content of all wells again. The residual volume after every aspiration should be less than 5 µl;
– repeat the washing step 4 more times;
– after the final aspiration, eliminate extra moisture by tapping the plate against a piece of filter paper.

9.8. Add 100 µL of SOLN CONJ into each well. Cover the strips with a new piece of adhesive film and incubate for **30 minutes at 37 °C**.

9.9. Following incubation, remove the film carefully and wash the wells five times as described in para. 9.7.

9.10. Add 100 µL of SOLN TMB into the wells; do not touch the bottom and the walls of the plate wells.

9.11. Incubate the strips for **30 minutes** in a dark place at a room temperature of 18-25 °C. Do not use adhesive film at this stage.

9.12. Add 100 µL of SOLN STOP into each strip well to stop the enzymatic reaction; adhere to the same sequence of actions as when adding SOLN TMB. At the time of adding, the solution colour changes from blue to yellow, and clear solution slightly changes its shade.

9.13. Measure the optical density (OD) of the wells at 450/620-695 nm wavelength using an ELISA microplate reader within 5 minutes after stopping the reaction. Pay attention to the cleanness of the plate bottom and the absence of bubbles in the wells before reading.

Measurement at the single wavelength of 450 nm is possible, in that case, it is needed to leave one well for blank (only SOLN TMB and SOLN STOP must be added in blank well).

10. CALCULATION AND INTERPRETATION OF RESULTS

10.1. Calculation of results

Calculate the average OD for the negative control ($\overline{Nc}$), Cut off (CO) and a sample positivity index (IP_{sample}).

$$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3; \quad CO = \overline{Nc} + 0,3$$

$IP_{sample} = OD_{sample}/CO$, where OD_{sample} is the OD sample.

10.2. Quality control (assay validation)

The test results are considered valid if they meet the following requirements:

CONTROL + $OD \geq 1,0$

CONTROL - $OD \leq 0,150$

CONTROL - $\overline{Nc} \times 0,5 \leq Ncn \leq \overline{Nc} \times 2,0$ where Ncn is the OD for each Nc run

If any of the OD values for the negative control is beyond the above interval, it should be discarded, and $\overline{Nc}$ is calculated based on the remaining OD values for the negative control. If several OD values for the negative control fail to meet the above requirements, the test is considered invalid and requires a new run.

10.3. Interpretation of results

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE*
$IP_{sample} < 0,9$	NEGATIVE

* Uncertain samples are recommended to be re-examined in two wells of the ELISA kit. If the results are again uncertain, a new sample should be selected and analyzed in 2-4 weeks. In case of repeated indeterminate results, such samples shall be considered negative.

11. PERFORMANCE CHARACTERISTICS

11.1. Analytical performance characteristics

Precision of measurement

Intra assay repeatability

The coefficient of variation (CV) for two sera with different levels of specific antibodies was evaluated in 32 replicates on one series of ELISA kits.

Sample No.	OD_{av}	IP_{av}	CV, %
G12	0,554	1,59	4,1
E5	0,999	2,87	6,5

Inter assay reproducibility

The coefficient of variation (CV) for three sera with different levels of specific antibodies was evaluated for 4 days in 4 sets of analysis, 8 replicates in each analysis.

Sample No.	OD_{av}	IP_{av}	CV, %
G12	0,561	1,56	4,7
E5	1,042	2,89	7,1

Analytical specificity

The test results are not affected by bilirubin at up to 0.21 mg/mL (361.8 μmol/L), haemoglobin at up to 10 mg/mL and triglycerides at up to 10 mg/mL (11.3 mmol/l) present in the sample.

11.2. Diagnostic characteristics

Studies of the characteristics of the method in comparison with a similar commercial ELISA kit were performed on a sample of characterized serum and a sample of donor blood serum. The relative sensitivity of «EQUI anti-Trichinella spiralis» ELISA kits was determined from 24 serum samples that were tested for antibodies to anti-*Trichinella spiralis* and characterized as positive in a commercial ELISA kit. According to the results of the analysis, the relative sensitivity of the sets «EQUI anti-Trichinella spiralis» is 96%. Studies of the relative specificity of ELISA kits were performed on a complex of 260 samples of donor blood serum. According to research, the relative specificity of ELISA kits «EQUI anti-Trichinella spiralis» was 98%. The coincidence percentage is 97.86%.

12. LIMITATIONS OF ASSAY

A positive result in the «EQUI anti-Trichinella spiralis» ELISA kit is an indication that the patient has antibodies of IgG and / or IgA specific to Trichinella spiralis. The presence of IgG antibodies in newborns is not an evidence of Trichinella spiralis invasion.

Uncertain results may indicate a history of Trichinella spiralis invasion. A negative result in the «EQUI anti-Trichinella spiralis» ELISA kit indicates the absence of antibodies specific for Trichinella spiralis in the test sample or the concentration of specific antibodies below the sensitivity limit of the analysis. Specific antibodies may not be detected at the beginning of the clinical manifestations of the invasion. In this case, it is recommended to re-obtain and test serum samples from patients with clinical signs of trichinosis in one or two weeks.

The final diagnosis cannot be established solely on the basis of serological test results. When making a diagnosis the results of a set of laboratory and instrumental studies, should be taken into account as well as clinical manifestations of the disease. Cross-reactions with antibodies to antigens of other helminths cannot be completely ruled out. To exclude a false-positive result, it is recommended to conduct a verification study of positive samples by immunoblotting.

13. DIFFICULTIES THAT CAN OCCUR DURING THE ASSAY PROCEDURE

Possible reasons	Solution
High background in all wells	
Contaminated washer	Clean the washer head and rinse according to the instructions for use
Poor quality or contaminated water	Use purified water with specific resistance ≥ 10 MΩ · cm

Use of poorly washed glassware	Use chemically clean utensils
Use of chlorinated disinfectants	Do not use chlorine disinfectants
Use of contaminated tips	Use new tips
Increased incubation times or change in the temperature conditions	Adhere to the incubation regime according to the instructions for use
High background in a row of wells	
Repeat application of TMB solution	TMB solution should be applied once
Contamination of the automatic pipette nozzle with conjugate solution	Clean the pipette and dial carefully liquid
Contamination of one of the washer's channel	Clean the flush channel, rinse washer
Received OD of the positive control is below the border value	
One of the reagents (conjugate solution or TMB solution) was not prepared in a correct way or was not added	Re-conduct ELISA, pay attention to the correctness of the introduction of these reagents
Reduced incubation times at any stage	Incubate according to instructions for use
The colour density of the wells fails to meet the obtained optical density value	
This may suggest that the optical beam has been displaced	Check the correct operation of the reader

14. TECHNICAL ASSISTANCE AND CUSTOMER SERVICE

In case of technical problems, you can obtain assistance by contacting the manufacturer.

REFERENCES

1. Bruschi F., Murrell K. D. New aspects of human trichinellosis: the impact of new Trichinella species // Postgraduate Medical Journal. - 2002. - Vol. 78. - P. 15–22.
2. CDC. Parasites - Trichinellosis // https://www.cdc.gov/parasites/trichinellosis.
3. Conlan J. V., Vongxay K. et al. Patterns and Risks of Trichinella Infection in Humans and Pigs in Northern Laos // PLoS Neglected Tropical Diseases. - 2014. - Vol. 8(7). - e3034.
4. Gottstein B., Pozio E. and Nöckler K. Epidemiology, Diagnosis, Treatment, and Control of Trichinellosis // Clinical Microbiology Reviews. - 2009. - Vol. 22 (1). - P. 127–145.
5. Gu Y., Wei J. et al. Protective Immunity against Trichinella spiralis Infection Induced by a Multi-Epitope Vaccine in a Murine Model // PLoS ONE. - 2013. - Vol. 8(10). - e77238.
6. Neghina R., Moldovan R. et al. The roots of evil: the amazing history of trichinellosis and Trichinella parasites // Parasitology Research. - 2012. - Vol. 110 (2). - P. 503-508.
7. Sofronic-Milosavljevic L., Ilic N. et al. Secretory Products of Trichinella spiralis Muscle Larvae and Immunomodulation: Implication for Autoimmune Diseases, Allergies, and Malignancies // Journal of Immunology Research. - 2015. - Article ID 523875. - 14 p.
8. Wu Z., Sofronic-Milosavljevic L. et al. Trichinella spiralis: nurse cell formation with emphasis on analogy to muscle cell repair // Parasites & Vectors. - 2008. - Vol. 1:27. - 14.
9. Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU.
10. Закон України «Про відходи» // Відомості Верховної Ради України. - 1998. - №36-37.
11. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
12. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
13. Hanna Tolonen, Kari Kuulasmaa, Tiina Laatikainen, Hermann Wolf and the European Health Risk Monitoring Project. Recommendation for indicators, international collaboration, protocol and manual of operations for chronic disease risk factor surveys Part 4.Storage and transfer of serum/plasma samples// Finnish National Public Health Institute 2002// https://thl.fi/publications/ehrm/product2/part_iii4.htm
14. Surveillance Guidelines for Measles, Rubella and Congenital Rubella Syndrome in the WHO European Region. Annex 3.Collection, storage and shipment of specimens for laboratory diagnosis and interpretation of results// Geneva: World Health Organization; 2012 Dec.

	Manufacturer
	Authorized Representative in the European Community
	In vitro diagnostic medical device
	Catalogue number
	Date of manufacture
	Use by date
	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Non-Sterile
	Consult instructions for use
	Keep away from sunlight
	Keep dry
	Compliance with EU safety requirements

Edition 7, 01.06.2022

For questions and suggestions regarding the ELISA kit contact:

Obelis s.a.
Bd Général Wahis 53
1030 Brussels
Belgium
Tel: +(32)2 732-59-54
Fax: +(32)2 732-60-03
mail@obelis.net

Ekvitestlab LLC
Velyka Vasylkivska St. 114, Kyiv, Ukraine, 03150
Tel: 0(800)31-89-87, +38 (044)334-89-87,
e-mail: info@equitest.com.ua, www.equitest.com.ua

ASSAY PROCEDURE SCHEME

Keep all reagents for 30 min at temperature18-25°C before use
Dispense 90 µl DIL SAMPLE into the wells (purple)
Add to 10 µl of controls and samples into the wells: A1 – CONTROL +, B1, C1, D1 – CONTROL –, other wells – examined samples (change of colour from purple to blue)
Cover strips with an adhesive film, incubate for **30 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of SOLN CONJ into all wells (green)
Cover strips with an adhesive film, incubate for **30 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of SOLN TMB into all wells
Incubate for **30 min** in the dark at **18-25°C**
Add 100 µl of SOLN STOP into all wells (change of colour from blue to yellow)
Measure the optical density (OD) with an ELISA microplate reader at 450/620-695 nm

CALCULATION OF RESULTS

$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3;$

$CO = \overline{Nc} + 0,3;$

$IP_{sample} = OD_{sample}/CO$

$\overline{Nc}$ - the average value of OD 3-x CONTROL –

CO - Cut off

IP_{sample} - sample positivity index

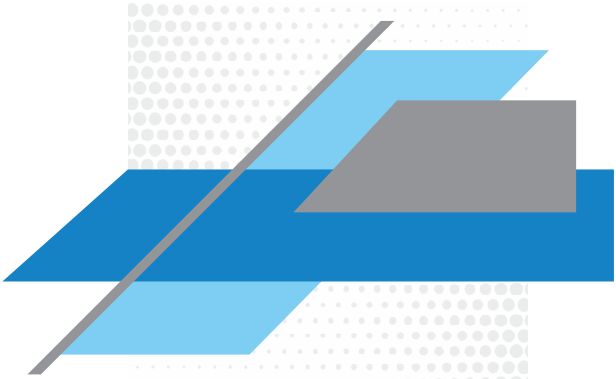
INTERPRETATION OF RESULTS

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE
$IP_{sample} < 0,9$	NEGATIVE

anti-Lamblia

ELISA kit for the qualitative detection of antibodies to *Giardia lamblia (intestinalis)*

Instructions for use



IVD

REF EI-606

Σ 96 tests

CE

EQUI anti-Lamblia

ELISA kit for the qualitative detection of antibodies to
до *Giardia lamblia (intestinalis)*

1. INTENDED USE

The «EQUI anti-Lamblia» is ELISA kit intended to qualitatively detect antibodies to *Giardia lamblia (intestinalis)* in human serum or plasma by enzyme-linked immunosorbent assay (ELISA) to diagnose giardiasis. The testing procedure is designed for both manual arrangement with automatic pipettes and standard equipment, and for automated «open» immunoassay analysers.

Target group: children, pet owners, citizens of rural areas, summer house owners.

Usage: ELISA kit is used in clinical diagnostic laboratories and other institutions engaged in *in vitro* diagnostics.

2. CLINICAL SIGNIFICANCE

Giardiasis is considered one of the most common parasitic diseases of the small intestine in the world. This infection is a major cause of acute and chronic diarrhea, especially in children. The etiological agent of giardiasis is *Giardia lamblia*, which is also called *Giardia intestinalis* or *Giardia duodenalis*.

Giardia lamblia are unicellular flagellate protozoa that parasitize in the intestines of humans and some other mammals. During the life cycle of these parasites, two stages alternate: cysts, resistant to external conditions, and a vegetative form - trophozoites. Infection occurs when cysts enter the human gastrointestinal tract. After experiencing the effects of gastric acid, cysts in the duodenum turn into trophozoites, which parasitize in the upper parts of the small intestine. They absorb nutrients from the intestinal lumen, block parietal digestion and disrupt the motility of the intestine.

Humans get infected via fecal-oral routes through cyst-contaminated food, water, unwashed hands, and so on. Giardia can also be transmitted to humans from infected cats, dogs, and livestock. Giardiasis is especially common in regions with poor sanitation. In addition, human-to-human transmission is common in preschools.

In many cases, the invasion of Giardia occurs without clinical manifestations. In other cases, the first symptoms of giardiasis appear in 1-3 weeks after infection. They are most often manifested by spasms, bloating, nausea and diarrhea, which leads to dehydration and weight loss. The acute form of the disease can last up to two weeks and end in recovery without additional treatment or become chronic. Chronic giardiasis develops when the duration of the invasion is longer than 2 month and the exacerbation of clinical manifestations (diarrhea) is cyclical. *Giardia lamblia* parasitism can lead to malabsorption syndrome, which disrupts the absorption of carbohydrates and fats, as well as the metabolism of vitamins B12, A and C.

Immune response to invasion and non-immune factors are important to control the development of the disease and the severity of clinical manifestations. Both

humoral and cellular immunity play the part in the eradication of the pathogen, the role of which is still subjected to scientific research. In addition, partial resistance to re-infection is formed due to protective mechanisms of the body.

Typically, to diagnose giardiasis, the duodenal contents and feces are examined for trophozoites and cysts of giardiasis. In case of the chronic course of the disease, cysts get excreted periodically, and, considering this, the additional tests should be performed regularly for several weeks. Another method of diagnosing giardiasis is to detect *Giardia lamblia* antigens in the feces. However, serodiagnosis with the detection of specific antibodies to Giardia antigens is an important step in assessing the immune response of patients. Detection of specific IgM antibodies suggests an acute stage of giardiasis. However, the detection of specific IgG and IgA antibodies should be interpreted with caution: in some regions they persist for a long time after infection, while in others their level decreases after eradication of the pathogen.

3. ANALYSIS PRINCIPLE

The procedure of testing for *Giardia lamblia* specific antibodies in «EQUI anti-Lamblia» ELISA kit is based on «indirect» solid-phase ELISA with a two-stage incubation. Recombinant *Giardia lamblia* antigens are entrapped in the wells. During the first step of incubation of the test samples in the wells of the ELISA plate, *Giardia lamblia*-specific antibodies, if present in the samples, bind to the solid phase antigens. The wells are washed to remove unbound antibodies and have only specific antigen-antibody complexes left. Then, a conjugate of anti-species (anti-IgG and anti-IgA) monoclonal antibodies with horseradish peroxidase is added, which binds to solid-phase immune complexes. Unbound components are removed by washing. Antigen-antibody complexes are detected by adding a solution of chromogen 3,3',5,5'-tetramethylbenzidine (TMB) with hydrogen peroxide. After 30-minute incubation, the reaction is stopped by adding the stop solution. The optical density (OD) in the wells is determined using a spectrophotometer at 450/620-695 nm. The intensity of the yellow colour is proportional to the level of antibodies in the sample.

4. MATERIALS AND EQUIPMENT

4.1. Contents of the ELISA kit

		Microplate
STRIPS	1 x 96 wells	Each plate well is coated with *Giardia lamblia* purified antigens. The wells are detachable. After the first opening, store unused strips in the package at 2-8 °C for a maximum of 6 months
		Positive control
CONTROL +	1 x 0,35 ml	Conjugated specific monoclonal antibody solution with preservative (pink). Store at 2-8 °C
		Negative control
CONTROL -	1 x 1,2 ml	Negative human serum with a preservative (yellow). Store at 2-8 °C

DIL SAMPLE	1 x 11 ml	**Serum dilution solution** Buffer solution with a milk extract, a detergent and a preservative (purple). Store at 2-8 °C
SOLN CONJ	1 x 13 ml	**Conjugate solution (ready to use)** Buffer solution of monoclonal antibodies to human IgG and IgA, conjugated with horseradish peroxidase, with stabilizers and preservative (green). Store at 2-8 °C
SOLN TMB	1 x 13 ml	**TMB solution (ready to use)** TMB solution, H_2O_2, a stabilizer, a preservative (colourless). Store at 2-8 °C
TWEEN WASH 20x	1 x 50 ml	**Washing solution TWEEN (20x concentrated)** 20-fold phosphate buffer concentrate with Tween-20 (colourless). Dilute TWEEN detergent (20x) at 1:20 with distilled or deionized water (e. g., 5 mL of concentrate + 95 mL of water for 8 wells) before use. Store the diluted solution at 2-8 °C for a maximum of 7 days
SOLN STOP	1 x 13 ml	**Stop Solution (ready to use)** 0.5 mol H_2SO_4 solution (colourless). Store at 2-8 °C

The ELISA kit also includes adhesive films (2 items), sample application plan (1 item), checklist, and instruction for use.

4.2. Optional reagents, materials and equipment

Automatic single and multichannel pipettes 10–1000 µL, tips, volumetric laboratory glassware (10–1,000 mL), deionized or distilled water, thermostat at 37 °C, automatic or semi-automatic plate washer, spectrophotometer (reader) for microplates at 450/620-695 nm, appropriate containers for potentially contaminated waste, timer, filter paper, disposable powder-free gloves, disinfectants.

5. PRECAUTIONS AND SAFETY

5.1. Precautions

Be sure to read the instructions for use carefully before the test. The validity of the test results depends on strict following of the test procedure.

- do not use the ELISA kit components after the expiry date;
- do not use for analysis or mix components of different batches, components of kits for different nosologies, or reagents from other manufacturers with the «EQUI anti-Lamblia» ELISA kit;
- do not freeze the ELISA kit or its contents;
- after using a reagent, close each vial with its cap;
- when washing, control filling and complete aspiration of solution from the wells;
- use a new pipette tip each time you add samples or reagents;
- prevent direct sunlight from reaching the reagents from the ELISA kit;
- SOLN TMB solution must be colourless before use. Do not use the solution if its colour is blue or yellow. Avoid contact of SOLN TMB with metals or metal ions. Use only clean glassware thoroughly rinsed with distilled water;

– do not use reagents with colour not in line with para. 4.1;
– under no circumstances should the same glassware be used for SOLN|CONJ and SOLN|TMB;
– do not evaluate the test results visually (without a reader);
– any optional equipment that is in direct contact with biological material or kit components should be considered contaminated and requires cleaning and decontamination;
– the ELISA kit includes materials for 96 tests. Dispose of the used components as well as any remaining unused components.

5.2. Safety requirements

– all reagents in the ELISA kit are for laboratory professional use for *in vitro* diagnosis only and may only be used by qualified personnel;
– conduct the tests in disposable powder-free gloves and goggles only;
– do not eat, drink, smoke, or apply make-up in the test room;
– do not mouth-pipette the solutions;
– controls from the «EQUI anti-Lamblia» ELISA kit have been tested and found to be for anti-HIV1/2, anti-HCV and anti-*Treponema pallidum* antibodies and HBsAg negative; however, controls and test samples should be handled as potentially hazardous infectious materials;
– some of the kit components contain low concentrations of harmful substances and can damage skin or mucoga. In case of contact of SOLN|TMB, SOLN|STOP and SOLN|CONJ with mucous membranes or skin, immediately wash the affected area with plenty of water;
– in case of spillage of acid-free solutions, e. g. sera, treat the surface with a disinfectant solution and then wipe dry with filter paper. Otherwise first neutralize acid with sodium bicarbonate solution and then wipe the surface dry as described above.

5.3. Waste inactivation and disposal

– the liquid waste must be inactivated, for example, with hydrogen peroxide solution at the final concentration of 6% for 3 hours at room temperature, or with sodium hypochlorite at the final concentration of 5% for 30 minutes, or with other approved disinfectants;
– the solid waste must be inactivated by autoclaving at a temperature not less than 132°C;
– do not autoclave the solutions that contain sodium azide or sodium hypochlorite;
– disposal of inactivated waste must be conducted due to national laws and regulations.

6. STORAGE AND STABILITY

ELISA kit is stable up to the expiry date stated on the label when stored at 2-8°C. The kit should be transported at 2-8°C. Single transportation at a

temperature up to 23°C for two days is possible.

7. SAMPLE COLLECTION, TRANSPORTATION AND STORAGE GUIDELINES

Collect blood from the vein into the sterile test tube. Test tube must be marked with patient ID and date of sample collecting. Blood before serum separation can be stored at 2-8 ºC for 24 hours, avoiding freezing.

Serum or plasma can be stored at 2-8 °C for maximum 3 days. Frozen serum can be stored for longer periods of time at -20 °C or -70 °C. Thaw frozen samples and keep them at room temperature for 30 minutes before use. After thawing, the stir samples to achieve homogeneity. Avoid repeated freezing-thawing cycles for test samples. If serum (or plasma) is turbid, remove insoluble inclusions by centrifugation at 3000 rpm for 10-15 minutes. Do not use serum samples with hyperlipidemia, hemolysis, and bacterial growth.

Transport serum samples in insulated containers. To do that, put closed labelled tubes in a plastic bag, tightly seal it and place in the centre of an insulated container.Put the frozen cold packs on the bottom, along the side walls of the insulated container and on top of the serum samples.

8. REAGENT PREPARATION

NOTE! It is very important to keep all ELISA kit components for at least 30 min at room temperature 18-25 ºC before the assay!

8.1. Microplate preparation

To prevent water condensation in the wells, keep the STRIPS for 30 minutes at a room temperature before opening. Open the vacuum pack, detach the appropriate number of wells, and carefully pack the remaining wells with a desiccant and store tightly zip-locked at 2-8 °C. Storing the packed plate this way ensures its stability for 6 months.

8.2. Washing solution preparation

To prepare detergent, dilute TWEEN WASH 20x at 1:20 (1+19) with distilled or deionized water and stir. E. g., 5 mL of concentrate + 95 mL of water, which is enough for 8 wells. If there are crystals present in the detergent concentrate, heat the vial at 37 °C until the crystals dissolve completely (15–20 minutes). Store the diluted solution at 2-8 °C for a maximum of 7 days.

9. ASSAY PROCEDURE

9.1. Prepare the necessary number of wells (four wells for controls and a necessary number of wells for test samples) and insert them into the ELISA plate frame. Be sure to add control wells in every test run.

9.2. Fill in the sample application plan.

9.3. Prepare the detergent as per para. 8.2.

9.4. Add 80 µL of DIL SAMPLE into each plate well.

9.5. Add 20 µL of controls and test samples into the wells:
CONTROL + – into well A1,
CONTROL - – into wells B1, C1 and D1,
and test samples into the remaining wells.

At the time of adding, the solution changes its colour from brown to blue. Pipette the mix in the wells carefully to avoid foaming.

9.6. Cover the strips up with adhesive film and incubate for **30 minutes at 37 °C**.

9.7. Remove and discard the adhesive film and wash all wells 5 times with automatic washer or 8-channel pipette as follows:
– aspirate the content of all wells into a liquid waste container;
– add a minimum of 300 µl of diluted washing solution to each well, soak each well for 30 seconds;
– aspirate the content of all wells again. The residual volume after every aspiration should be less than 5 µl;
– repeat the washing step 4 more times;
– after the final aspiration, eliminate extra moisture by tapping the plate against a piece of filter paper.

9.8. Add 100 µL of SOLN CONJ into each well. Cover the strips with a new piece of adhesive film and incubate for **30 minutes at 37 °C**.

9.9. Following incubation, remove the film carefully and wash the wells five times as described in para. 9.7.

9.10. Add 100 µL of SOLN TMB into the wells; do not touch the bottom and the walls of the plate wells.

9.11. Incubate the strips for **30 minutes** in a dark place at a room temperature of 18-25 °C. Do not use adhesive film at this stage.

9.12. Add 100 µL of SOLN STOP into each strip well to stop the enzymatic reaction; adhere to the same sequence of actions as when adding SOLN TMB. At the time of adding, the solution colour changes from blue to yellow, and clear solution slightly changes its shade.

9.13. Measure the optical density (OD) of the wells at 450/620-695 nm wavelength using an ELISA microplate reader within 5 minutes after stopping the reaction. Pay attention to the cleanness of the plate bottom and the absence of bubbles in the wells before reading.

Measurement at the single wavelength of 450 nm is possible, in that case, it is needed to leave one well for blank (only SOLN TMB and SOLN STOP must be added in blank well).

10. CALCULATION AND INTERPRETATION OF RESULTS

10.1. Calculation of results

Calculate the average OD for the negative control ($\overline{Nc}$), Cut off (CO) and a sample positivity index (IP_{sample}).

$$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3; \quad CO = \overline{Nc} + 0{,}25$$

$$IP_{sample} = OD_{sample}/CO, \text{ where } OD_{sample} \text{ is the OD sample.}$$

10.2. Quality control (assay validation)

The test results are considered valid if they meet the following requirements:

CONTROL + OD ≥ 1,0

CONTROL - OD ≤ 0,150

CONTROL - $\overline{Nc} \times 0,5 \leq Ncn \leq \overline{Nc} \times 2,0$ where Ncn is the OD for each Nc run

If any of the OD values for the negative control is beyond the above interval, it should be discarded, and $\overline{Nc}$ is calculated based on the remaining OD values for the negative control. If several OD values for the negative control fail to meet the above requirements, the test is considered invalid and requires a new run.

10.3. Interpretation of results

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE*
$IP_{sample} < 0,9$	NEGATIVE

* Uncertain samples are recommended to be re-examined in two wells of the ELISA kit. If the results are again uncertain, a new sample should be selected and analyzed in 2-4 weeks. In case of repeated indeterminate results, such samples shall be considered negative.

11. PERFORMANCE CHARACTERISTICS

11.1. Analytical performance characteristic

Precision of measurement

Intra assay repeatability

The coefficient of variation (CV) for two sera with different levels of specific antibodies was evaluated in 32 replicates on one series of ELISA kits.

Sample No.	OD_{av}	IP_{av}	CV, %
14L	0,679	2,47	6,5
16L	0,490	1,79	6,6

Inter assay reproducibility

The coefficient of variation (CV) for three sera with different levels of specific antibodies was evaluated for 3 days in 3 sets of analysis, 8 replicates in each analysis.

Sample No.	OD_{av}	IP_{av}	CV, %
14L	0,670	2,39	5,55
16L	0,463	1,65	7,06

Analytical specificity

The test results are not affected by bilirubin at up to 0.21 mg/mL (361.8 µmol/L), haemoglobin at up to 10 mg/mL and triglycerides at up to 10 mg/mL (11.3 mmol/l) present in the sample.

11.2. Diagnostic characteristics

Studies of the characteristics of the method in comparison with a similar commercial ELISA kit were performed on a sample of characterized sera, the target group of children and a group of donors. The relative sensitivity of «EQUI anti-Lamblia» ELISA kits was determined from a group of 23 serum samples that were tested for antibodies to *Giardia lamblia* and characterized as positive in a commercial ELISA kit. All sera were also determined to be positive in «EQUI anti-Lamblia» kits, so the relative sensitivity equals 100%. For 148 serum samples of children that were tested and characterized in commercial analogues, the relative specificity of «EQUI anti-Lamblia» ELISA kits was 92.86%, the percentage of coincidence - 93.24%. According to a similar principle, for 238 serum samples of donor blood, the relative specificity was 97% and the percentage of coincidence was 96.64%.

12. LIMITATIONS OF ASSAY

The final diagnosis cannot be made solely on the basis of serological test results, sunce clinical manifestations of the disease and laboratory data (such as the detection of cysts in faecal samples or trophozoites in duodenal contents; the results of detection of *Giardia lamblia* antigen in faeces) should be taken into account as well.

Addionally, cross-reactions with antibodies to antigens of other parasites cannot be completely ruled out.

Giardia lamblia-specific antibodies may not be detected in case of children with persistent and prolonged giardiasis.

It should be noted that IgG antibodies to *Giardia lamblia* can be detected via ELISA for a long time, even after successful treatment.

13. DIFFICULTIES THAT CAN OCCUR DURING THE ASSAY PROCEDURE

Possible reasons	Solution
High background in all wells	
Contaminated washer	Clean the washer head and rinse according to the instructions for use
Poor quality or contaminated water	Use purified water with specific resistance ≥ 10 MΩ · cm
Use of poorly washed glassware	Use chemically clean utensils
Use of chlorinated disinfectants	Do not use chlorine disinfectants
Use of contaminated tips	Use new tips
Increased incubation times or change in the temperature conditions	Adhere to the incubation regime according to the instructions for use
High background in a row of wells	

Repeat application of TMB solution	TMB solution should be applied once
Contamination of the automatic pipette nozzle with conjugate solution	Clean the pipette and dial carefully liquid
Contamination of one of the washer's channel	Clean the flush channel, rinse washer
Received OD of the positive control is below the border value	
One of the reagents (conjugate solution or TMB solution) was not prepared in a correct way or was not added	Re-conduct ELISA, pay attention to the correctness of the introduction of these reagents
Reduced incubation times at any stage	Incubate according to instructions for use
The colour density of the wells fails to meet the obtained optical density value	
This may suggest that the optical beam has been displaced	Check the correct operation of the reader

14. TECHNICAL ASSISTANCE AND CUSTOMER SERVICE

In case of technical problems, you can obtain assistance by contacting the manufacturer.

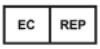
REFERENCES

1. Adam R. D. Biology of Giardia lamblia // Clinical Microbiology Reviews. - 2001. - Vol. 14(3). - P. 447–475.
2. CDC - Giardia // https://www.cdc.gov/parasites/giardia/index.html.
3. Choy S. H., Al-Mekhlafi H. M. et al. Prevalence and Associated Risk Factors of Giardia Infection among Indigenous Communities in Rural Malaysia // Scientific Reports. - 2014. - Vol. 4, Article number: 6909.
4. DuPont H. L. Giardia: both a harmless commensal and a devastating pathogen // Journal of Clinical Investigation. - 2013. - Vol. 123(6). - P. 2352–2354.
5. Faubert G. Immune Response to Giardia duodenalis // Clinical Microbiology Reviews. - 2000. - Vol. 13(1). - P. 35–54.
6. Lopez-Romero G., Quintero J. et al. Host defences against Giardia lamblia // Parasite Immunology. - 2015. -Vol. 37(8). - P. 394-406.
7. Saghaug C. S., Sørnes S. et al. Human Memory CD4+ T Cell Immune Responses against Giardia lamblia // Clinical and Vaccine Immunology. - 2016. - Vol. 23, No. 1. - P. 11-18.
8. Solaymani-Mohammadi S. and Singer S. M. Giardia duodenalis: The Double-edged Sword of Immune Responses in Giardiasis // Experimental Parasitology. - 2010. - Vol. 126 (3). - P. 292–297.
9. Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU.
10. Закон України «Про відходи» // Відомості Верховної Ради України. - 1998. - №36-37.
11. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
12. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
13. Hanna Tolonen, Kari Kuulasmaa, Tiina Laatikainen, Hermann Wolf and the European Health Risk Monitoring Project. Recommendation for indicators, international collaboration, protocol and manual of operations for chronic disease risk factor surveys Part 4.Storage and transfer of serum/plasma samples// Finnish National Public Health Institute 2002// https://thl.fi/publications/ehrm/product2/part_iii4.htm
14. Surveillance Guidelines for Measles, Rubella and Congenital Rubella Syndrome in the WHO European Region. Annex 3.Collection, storage and shipment of specimens for laboratory diagnosis and interpretation of results// Geneva: World Health Organization; 2012 Dec.

	Manufacturer
	Authorized Representative in the European Community
	In vitro diagnostic medical device
	Catalogue number
	Date of manufacture
	Use by date
	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Non-Sterile
	Consult instructions for use
	Keep away from sunlight
	Keep dry
CE	Compliance with EU safety requirements

Edition 7, 18.02.2022

For questions and suggestions regarding the ELISA kit contact:



Obelis s.a.
Bd Général Wahis 53
1030 Brussels
Belgium
Tel: +(32)2 732-59-54
Fax: +(32)2 732-60-03
mail@obelis.net

Ekvitestlab LLC
Velyka Vasylkivska St. 114, Kyiv, Ukraine, 03150
Tel: 0(800)31-89-87, +38 (044)334-89-87,
e-mail: info@equitest.com.ua, www.equitest.com.ua

ASSAY PROCEDURE SCHEME

Keep all reagents for 30 min at temperature18-25°C before use
Dispense 80 µl DIL SAMPLE into the wells (purple)
Add to 20 µl of controls and samples into the wells: A1 – CONTROL +, B1, C1, D1 – CONTROL –, other wells – examined samples (change of colour from purple to blue)
Cover strips with an adhesive film, incubate for **30 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of SOLN CONJ into all wells (green)
Cover strips with an adhesive film, incubate for **30 min at 37°C**
Rinse the wells 5 times with prepared 1:20 (1+19) washing solution TWEEN (300 µl per well)
Add 100 µl of SOLN TMB into all wells
Incubate for **30 min** in the dark at **18-25°C**
Add 100 µl of SOLN STOP into all wells (change of colour from blue to yellow)
Measure the optical density (OD) with an ELISA microplate reader at 450/620-695 nm

CALCULATION OF RESULTS

$\overline{Nc} = (Nc1 + Nc2 + Nc3)/3;$

$CO = \overline{Nc} + 0,25;$

$IP_{sample} = OD_{sample}/CO$

$\overline{Nc}$ - the average value of OD 3-x CONTROL –

CO - Cut off

IP_{sample} - sample positivity index

INTERPRETATION OF RESULTS

$IP_{sample} > 1,1$	POSITIVE
$0,9 \leq IP_{sample} \leq 1,1$	BORDERLINE
$IP_{sample} < 0,9$	NEGATIVE

Fecal Occult Blood Rapid Test Cassette (Feces) CE

INTENDED USE

Fecal Occult Blood Rapid Test Cassette (Feces) is a rapid chromatographic immunoassay for the qualitative detection of human occult blood in feces by professional laboratories or physician's offices. It is useful to detect bleeding caused by a number of gastrointestinal disorders, e.g., diverticulitis, colitis, polyps, and colorectal cancer.
Fecal Occult Blood Rapid Test Cassette (Feces) is recommended for use in1) routine physical examinations, 2) hospital monitoring for bleeding in patients, and 3) screening for colorectal cancer or gastrointestinal bleeding from any source.

INTRODUCTION

Most of diseases can cause hidden blood in the stool. In the early stages, gastrointestinal problems such as colon cancer, ulcers, polyps, colitis, diverticulitis, and fissures may not show any visible symptoms, only occult blood. Traditional guaiac-based method lacks sensitivity and specificity, and has diet-restriction prior to the testing.
Fecal Occult Blood Rapid Test Cassette (Feces) is a rapid test to qualitatively detect low levels of fecal occult blood in feces. The test uses double antibod- sandwich assay to selectively detect as low as 50 ng/mL of hemoglobin or 6 µg hemoglobin/g feces. In addition, unlike the guaiac assays, the accuracy of the test is not affected by the diet of the patients.

PRINCIPLE

Fecal Occult Blood Rapid Test Cassette (Feces) is a lateral flow chromatographic immunoassay based on the principle of the double antibody-sandwich technique. The membrane is pre-coated with anti-hemoglobin antibodies on the test line region of the device. During testing, the specimen reacts with the colloidal gold coated withl anti-hemoglobin antibodies. The mixture migrates upward on the membrane chromatographically by capillary action to react with anti-hemoglobin antibodies on the membrane and generate a colored line. The presence of this colored line in the test region indicates a positive result, while its absence indicates a negative result. To serve as a procedural control, a colored line will always appear in the control line region indicating that proper volume of specimen has been added and membrane wicking has occurred.

MATERIALS PROVIDED

20 Test cassettes
20 Specimen collection tubes with buffer
1 Package insert

MATERIALS REQUIRED BUT NOT PROVIDED

1. Specimen collection containers 2. Clock or timer

STORAGE AND STABILITY

All reagents are ready to use as supplied. Store unused test device unopened at 2°C-30°C. If stored at 2°C-8°C, ensure that the test device is brought to room temperature before opening. The test is not stable out of the expiration date printed on the sealed pouch. Do not freeze the kit or expose the kit over 30°C.

PRECAUTIONS

1. For professional *in vitro* diagnostic use only.
2. This package insert must be read completely before performing the test. Failure to follow the insert gives inaccurate test results.
3. Do not use it if the tube/pouch is damaged or broken.
4. Test is for single use only. Do not re-use under any circumstances.
5. Do not use specimen with visible blood for the testing.
6. Handel all specimens as if they contain infectious agents. Observe established standard procedure for proper disposal of specimens.
7. Specimen extraction buffer contains Sodium Azide (0.1%). Avoid contact with skin or eyes. Do not ingest.
8. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assay.
9. Humidity and temperature can adversely affect results.
10. Do not perform the test in a room with strong air flow, ie. electric fan or strong airconditioning.

PATIENT PREPARATION

1. A specimen should not be collected from a patient with following conditions that may interfere with the test results:

- Menstrual bleeding
- Bleeding hemorrhoids
- Constipating bleeding
- Urinary bleeding.

2. Dietary restrictions are not necessary.
3. Alcohol and certain medications such as aspirin, indomethacin, phenylbutazone, reserpine, cortocosteroids, and nonsteroidal anti-inflammatory drugs may cause gastrointestinal irritation and subsequent bleeding, thus gives positive reactions. On the advice of the physician, such substances should be discontinued at least 48 hours prior to testing.

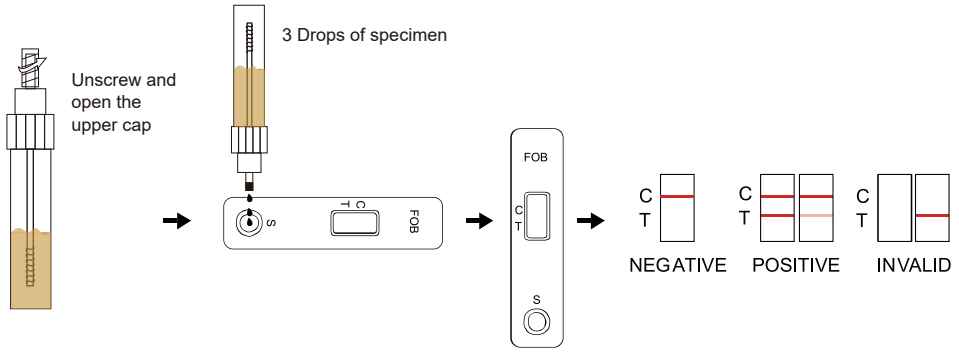
SPECIMEN COLLECTION AND PREPARATION

Consider any materials of human origin as infectious and handle them using standard biosafety procedures.
1. Collect a random sample of feces in a clean, dry receptacle.
2. Unscrew the top of the collection tube and remove the applicator stick.
3. Randomly pierce the fecal specimen in at least five (5) different sites.
4. Remove excess sample off the shaft and outer grooves. Be sure sample remains on inside grooves.
5. Replace the stick in the tube and tighten securely.
6. Shake the specimen collection bottle so that there is proper homogenisation of feces in buffer solution.

Note: Specimens prepared in the specimen collection tube may be stored at room temperature (15-30°C) for 3 days maximum, at 2-8°C for 7 days maximum or at -20°C for 3 months maximum if not tested within 1 hour after preparation.

TEST PROCEDURE

Allow the test cassette, specimen, and/or controls to reach room temperature (15-30°C) prior to testing.
1. Remove the test cassette from the foil pouch and use it as soon as possible. Best results will be obtained if the assay is performed within one hour.
2. Place the test cassette on a clean, flat surface.
3. Shake the specimen collection tube several times.
4. Hold the specimen collection tube upright and then unscrew and open the upper cap.
5. Squeeze 3 drops (~90 µL) of the sample solution in the sample well of the cassette and start the timer.
6. Wait for the colored line(s) to appear. Read results in 5 minutes. Do not interpret the result after 5 minutes.



INTERPRETATION OF RESULTS

(Please refer to the illustration above)
Positive: Two lines appear. One colored line should be in the control line region (C) and another apparent colored line should be in the test line region (T).
Negative: One colored line appears in the control line region(C). No line appears in the test line region (T).
Invalid: Control line fails to appear. The test should be repeated using a new cassette. If the problem persists, discontinue using the test kit immediately and contact your local distributor.
NOTE:
1. The intensity of color in the test region (T) may vary depending on the concentration of analytes present in the specimen. Therefore, any shade of color in the test region should be considered positive. Note that this is a qualitative test only, and

Fecal Occult Blood Rapid Test Cassette (Feces)

cannot determine the concentration of analytes in the specimen.
2. Insufficient specimen volume, incorrect operating procedure or expired tests are the most likely reasons for control band failure.

QUALITY CONTROL

An internal procedural control is included in the test. A colored line appearing in the control line region (C) is an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correctl procedural technique. Control standards are not supplied with this kit; however it is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test performance.

LIMITATIONS

1. This test kit is to be used for the qualitative detection of human hemoglobin in fecal samples. A positive result suggests the presence of human hemoglobin in fecal samples. In addition to intestinal bleeding the presence of blood in stools may have other causes such as hemorrhoids, blood in urine etc.
2. Not all colorectal bleedings are due to precancerous or cancerous polyps. The information obtained by this test should be used in conjunction with other clinical findings and testing methods, such as colonoscopy gathered by the physician.
3. Negative results do not exclude bleeding since some polyps and colorectal region cancers can bleed intermittently or not at all. Additionally, blood may not be uniformly distributed in fecal samples. Colorectal polyps at an early stage may not bleed.
4. Urine and excessive dilution of sample with water from toilet bowl may cause erroneous test results. The use of a receptacle is recommended.
5. Feces specimens should not collect during the menstrual period and not three day before or afterwards, at bleeding due to constipation, bleeding haemorrhoids,or at taking rectally administered medication. It could cause false positive results.
6. This test may be less sensitive for detecting upper g.i. Bleeding because blood degrades as it passes through the g.i. Track.
7. The Fecal Occult Blood Rapid Test Cassette (Feces) is to aid indiagnosis and is not intended to replace other diagnostic procedures such as G.I. fibroscope, endoscopy, colonoscopy, or X-ray analysis. Test results should not be deemed conclusive with respect to the presence or absence of gastrointestinal bleeding or pathology. A positive result should be followed up with additional diagnostic procedures to determine the exact cause and source for the occult blood in the feces.

PERFORMANCE CHARACTERISTICS

1. Sensitivity: 99.6%
Fecal Occult Blood Rapid Test Cassette (Feces) can detect the levels of human occult blood as low as 50 ng/mL hemoglobin or 6 µg hemoglobin/g feces.
2. Prozone Effect:
It is observed that this FOB test can detect 2 mg/mL hemoglobin.
3. Specificity: 99.9%
Fecal Occult Blood Rapid Test Cassette (Feces) is specific to human hemoglobin. Specimen containing the following substances at the standard concentration was tested on both positive and negative controls and showed no effects on test results at standards concentration.

Substances	Concentrations (Diluted with the extraction buffer)
Beef hemoglobin	2 mg/mL
Chicken hemoglobin	0.5 mg/mL
Pig hemoglobin	0.5 mg/mL
Goat hemoglobin	0.5 mg/mL
Horse hemoglobin	20 mg/mL
Rabbit hemoglobin	0.06 mg/mL

REFERENCES

1. Simon J.B. Occult Blood Screening for Colorectal Carcinoma: A Critical Review, Gastroenterology, Vol. 1985;88:820.
2. Blebea J. and Ncpherson RA. False-Positive Guaiac Testing With Iodine, Arch Pathol Lab Med, 1985;109:437-40.

INDEX OF SYMBOLS

	Consult instructions for use		Tests per kit	EC REP	Authorized Representative
IVD	For *in vitro* diagnostic use only		Use by		Do not reuse
30°C 2°C	Store between 2~30°C	LOT	Lot Number	REF	Catalog#

Zhejiang Orient Gene Biotech Co.,Ltd
Address: 3787#, East Yangguang Avenue, Dipu Street,
Anji 313300, Huzhou, Zhejiang, China
Tel: +86-572-5226111 Fax: +86-572-5226222
Website: www.orientgene.com

EC REP Shanghai International Holding Corp. GmbH (Europe)
Add: Eiffestrasse 80, 20537 Hamburg, Germany

REF GEFOB-602b

Revision Date: 2023-04-18
B21056-04

H. pylori Ag Rapid Test Cassette (Feces)

CE

INTENDED USE

H. pylori Ag Rapid Test Cassette (Feces) is a sandwich lateral flow chromatographic immunoassay for the qualitative detection of H.Pylori antigen in feces.It is for professional *in vitro* diagnostic use only.

INTRODUCTION

H.Pylori is associated with a variety of gastrointestinal diseases included non-ulcer dyspepsia, duodenal and gastric ulcer and active, chronic gastritis.[1,2] The prevalence of H.pylori infection could exceed 90% in patients with signs and symptoms of gastrointestinal diseases. Recent studies indicate an association of H. Pylori infection with stomach cancer.[3]H. Pylori colonizing in the gastrointestinal system elicits specific antibody responses[4,5,6] which aids in the diagnosis of H. Pylori infection and in monitoring the prognosis of the treatment of H. Pylori related diseases. Antibiotics in combination with bismuth compounds have been shown to be effective in treating active H. Pylori infection. Successful eradication of H. pylori is associated with clinical improvement in patients with gastrointestinal diseases providing a further evidence.[7]

PRINCIPLE

H. pylori Ag Rapid Test Cassette (Feces) is a lateral flow chromatographic immunoassay based on the principle of the double antibody–sandwich technique. The test cassette consists of: 1) a burgundy colored conjugate pad containing H. Pylori antibodies conjugated with color particles (H. Pylori conjugates. 2) a nitrocellulose membrane strip containing a test band (T band) and a control band (C band). The T band is pre-coated with non-conjugated H. Pylori antibodies.

When an adequate volume of test specimen is dispensed into the sample well of the cassette, the specimen migrates by capillary action across the cassette. The antigen of H. Pylori if present in the specimen will bind to the H. Pylori antibodies conjugates. The immunocomplex is then captured on the membrane by the pre-coated H. Pylori antibodies, forming a burgundy colored T band, indicating a H. Pylori antigen positive test result. To serve as a procedural control, a colored line will always appear in the control line region indicating that proper volume of specimen has been added and membrane wicking has occurred. Otherwise, the test result is invalid and the specimen must be retested with another device.

PRODUCT CONTENTS

H. pylori Ag Rapid Test Cassette (Feces) containing anti- H.pylori antibodies particles and anti-H.pylori antibodies coated on the membrane.

MATERIALS SUPPLIED

20 Sealed pouches each containing a test cassette and a desiccant
20 Specimen collection tubes with extraction buffer, 2.0 mL
1 Package insert

MATERIAL REQUIRED BUT NOT PROVIDED

1. Clock or timer
2. Specimen collection containers.

STORAGE AND STABILITY

All reagents are ready to use as supplied. Store unused test device unopened at 2°C-30°C. If stored at 2°C-8°C, ensure that the test device is brought to room temperature before opening. The test is not stable out off the expiration date printed on the sealed pouch. Do not freeze the kit or expose the kit over 30°C.

WARNINGS AND PRECAUTIONS

1. For professional *in vitro* diagnostic use only.
2. Do not use it if the tube/pouch is damaged or broken.
3. Test is for single use only. Do not re- use under any circumstances.
4. Handle all specimens as if they contain infectious agents. Observe established standard procedure for proper disposal of specimens
5. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assay.
6. Humidity and temperature can adversely affect results

SPECIMEN COLLECTION

Collect sufficient quantity of feces (1-2 mL or 1-2 g) in a clean, dry specimen collection container to obtain maximum antigens (if present). Best results will be obtained if the assay is performed within 6 hours after collection. Specimen collected may be stored for 3 days at 2-8˚C if not tested within 6 hours. For long term storage, specimens should be kept below -20˚C.

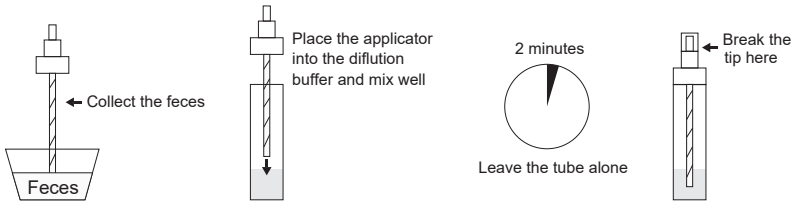
To process fecal specimens:

◦ For Solid Specimens:

Unscrew the cap of the specimen collection tube， then randomly stab the specimen collection applicator into the fecal specimen in at least 3 different sites to collect approximately 50 mg of feces (equivalent to 1/4 of a pea). Do not scoop the fecal specimen.

◦ For Liquid Specimens:

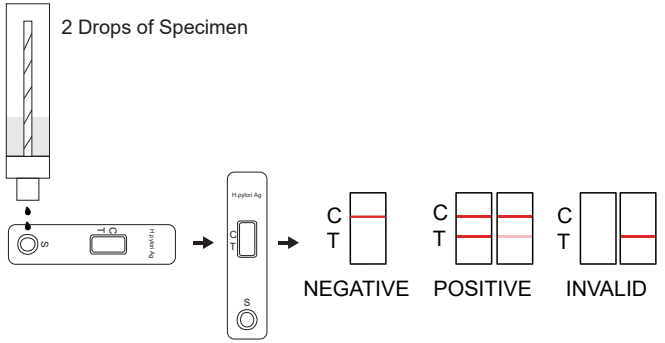
Hold the dropper vertically, aspirate fecal specimens, and then transfer 2 drops (approximately 80 µL) into the specimen collection tube containing the dilution buffer. Screw on and tighten the cap onto the specimen collection tube, then shake the specimen collection tube vigorously to mix the specimen and the dilution buffer. Leave the tube alone for 2 minutes.



TEST PROCEDURE

1. Remove the test device from its foil pouch by tearing along the notch and use it as soon as possible.
2. Specimen collection. See also specimen collection.
3. Holding the sample collection device upright, carefully break off the tip of collection device.
4. Squeeze 2 drops (~80 µL) of the sample solution in the sample well of the cassette, as in the illustration.
5. Read the test results in 10 minutes. It is important that the background is clear before the result is read. Do not read results after 10 minutes. To avoid confusion, discard the test device after interpreting the result.

INTERPRETATION OF RESULTS



H. pylori Ag Rapid Test Cassette (Feces)

Positive: Two lines appear. One colored line should be in the control line region (C) and another apparent colored line should be in the test line region (T).
Negative: One colored line appears in the control line region(C). No line appears in the test line region (T).
Invalid: Control line fails to appear.

QUALITY CONTROL

A procedural control is included in the test. A colored line appearing in the control line region (C) is an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.
Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test performance.

LIMITATIONS

1. The Assay Procedure and the Assay Result Interpretation must be followed closely when testing the presence of H. Pylori antigen in feces from individual subjects. Failure to follow the procedure may give inaccurate results.
2. H. pylori Ag Rapid Test Cassette (Feces) is limited to the qualitative detection of H. Pylori antigen in feces. The intensity of the test band does not have linear correlation with the antigen titer in the specimen.
3. A negative result for an individual subject indicates absence of detectable H. Pylori antigen. However, a negative test result does not preclude the possibility of exposure to or infection with H. Pylori.
4. A negative result can occur if the quantity of the H. Pylori angtigen present in the specimen is below the detection limits of the assay, or the antigen that are detected are not present during the stage of disease in which a sample is collected.
5. The results obtained with this test should only be interpreted in conjunction with other diagnostic procedures and clinical findings.

PERFORMANCE CHARACTERISTICS

A study was performed with 165 patient feces samples including both symptomatic gastrointestinal disorders and samples from non-symptomatic patients and 100 normal feces samples.Comparison for all subjects with H. pylori Ag Rapid Test Cassette (Feces) and reference ELISA kit is showed in the following table:

Method		EIA		Total Results
H.P Test Cassette	Results	Positive	Negative	
	Positive	163	0	163
	Negative	2	100	102
Total Results		165	100	265

Relative sensitivity: 98.8%
Relative specificity: 100%
Accuracy:98.9%

REFERENCE

1. Marshall,B.J.et.al. Pyloric Campylobacter infection and gastroduodenal disease. Med. J. Australia.149:439-44, 1985.
2. Marshall,B.J.et.al. Prospective double-blind trial of duodenal ulcer relapse after eradication of Campylobacter pylori. Lancet. Dec.1437-42,1988.
3. Megraud,F.et.al. Seroepidemiology of Campylobacter pylori infection in virious populations J.Clin.Microbiology. 27:1870-3,1989.
4. Soll,A.H. Pathogenesis of peptic ulcer and implications for therapy. New England J. Med.322:909-916,1990.
5. Parsonnet,J.et.al. Helicobacter pylori infection and the risk of gastric carcinoma. New England J.Med. 325:1127-31,1991.
6. Ansong,R. et.al. Evaluation of techniques for isolation, subcultivation and preservation of Helicobacter pylori. J.Clin.Micro. 29:51-53,1991.
7. Pronovost,A.P.et.al. Evaluation of a new immunodiagnostic assay for Helicobacter pylori antibody detection: Correlation with histopathological and microbiological results. J.Clin.Microbiol.32:46-50,1994.

INDEX OF SYMBOLS

	Consult instructions for use	Σ	Tests per kit	EC REP	Authorized Representative
IVD	For *in vitro* diagnostic use only		Use by		Do not reuse
2°C 30°C	Store between 2~30°C	LOT	Lot Number	REF	Catalog#

Zhejiang Orient Gene Biotech Co.,Ltd
Address: 3787#, East Yangguang Avenue, Dipu Street, Anji 313300, Huzhou, Zhejiang, China.
TEL: +86-572-5226111 FAX: +86-572-5226222
Website: www.orientgene.com

EC REP Shanghai International Holding Corp. GmbH (Europe)
Add: Eiffestrasse 80, 20537 Hamburg, Germany

REF GCHP-602a

Revision Date: 2022-03-08
B20435-03

Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood)

CE

INTENDED USE

The Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood) is a rapid lateral flow chromatographic immunoassay for the simultaneous detection and differentiation of Malaria P.falciparum specific histidine rich protein-2 (Pf HRP-II) and Malaria P.vivax specific lactate dehydrogenase (Pv-LDH) in human blood specimen as an aid in the diagnosis of Malaria infection.It is for *In-Vitro* Diagnostic use only.

INTRODUCTION

Malaria is a serious, sometimes fatal, parasitic disease characterized by fever, chills, and anemia and is caused by a parasite that is transmitted from one human to another by the bite of infected Anopheles mosquitoes. There are four kinds of malaria that can infect humans: Plasmodium falciparum, P. vivax, P. ovale, and P. malariae. In humans, the parasites (called sporozoites) migrate to the liver where they mature and release another form, the merozoites. The disease now occurs in more than 90 countries worldwide, and it is estimated that there are over 500 million clinical cases and 2.7 million malaria-caused deaths per year. At the present, malaria is diagnosed by looking for the parasites in a drop of blood. Blood will be put onto a microscope slide and stained so that the parasites will be visible under a microscope.

PRINCIPLE

The Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood) contains a membrane, which is precoated with mouse monoclonal antibodies specific to HRP-II of P. falciparum on test line Pf region and with mouse monoclonal antibodies specific to lactate dehydrogenase of P.vivax species on test line Pv region respectively. Conjugate pad is dispensed with monoclonal antibodies conjugated to colloidal gold, which are specific to P.falciparum histidine rich protein-2 (Pf HRP-II) and specific to the lactate dehydrogenase of P.vivax.

During the assay, an adequate volume of the blood specimen is dispensed into the sample well (S) of the test cassette, a lysis buffer is added to the buffer well (B). The buffer contains a detergent that lyses the red blood cells and releases various antigens, which migrate by capillary action across the strip held in the cassette. Pv-LDH if presents in the specimen will bind to the Pv-LDH-gold conjugates. The immunocomplex is then captured on the membrane by the pre-coated anti-Pv-LDH antibody, forming a burgundy colored Pv band, indicating a Pv positive test result.

Alternatively, pHRP-II if presents in the specimen will bind to the pHRP-II-gold conjugates. The immunocomplex is then captured on the membrane by the pre-coated anti-pHRP-II antibodies, forming a burgundy colored Pf band, indicating a Pf positive test result.

Absence of any T bands suggests a negative result. The test contains an internal control (C band) which should exhibit a burgundy colored band of the immunocomplex of goat anti- mouse IgG I mouse IgG (anti-Pv-LDH and anti-pHRP-II)-gold conjugates regardless of the color development on any of the T bands. Otherwise, the test result is invalid and the specimen must be retested with another device.

MATERIALS SUPPLIED

25 Sealed pouches each containing a test cassette, a dropper and a desiccant
1 Buffer, 7.0 mL
1 Package insert

MATERIAL REQUIRED BUT NOT PROVIDED

1. Clock or timer
2. Collection by venipuncture: collection tube (containing EDTA, citrate or heparin)
3. Collection using a lancet: sterile lancet

STORAGE AND STABILITY

All reagents are ready to use as supplied. Store unused test device unopened, preferably at 2°C-30°C. Do not expose the kit over 30°C. Do not freeze the kit. Ensure that the test device is brought to room temperature before opening. The test device is stable through the expiration date printed on the sealed pouch if it is stored at 2°C-30°C.

WARNINGS AND PRECAUTIONS

1. For professional *in vitro* diagnostic use only. Do not use after expiration date.
2. The instruction must be followed exactly to get accurate results. Failure to follow the insert gives inaccurate test results.
3. Do not eat, drink or smoke in the area where the specimens or kits are handled.
4. Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout testing and follow the standard procedures for proper disposal of specimens.
5. Hemolized blood may be used for the testing, but do not take precipitants.
6. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are being tested.
7. Humidity and temperature can adversely affect results.
8. Do not perform the test in a room with strong air flow, ie. an electric fan or strong airconditioning.

SPECIMEN COLLECTION

Collection by venipuncture:

1) Collect whole blood into a collection tube (containing EDTA, citrate or heparin) by venipuncture.
2) If specimens are not immediately tested, they should be refrigerated at 2-8°C. For storage periods greater than three days, freezing is recommended. They should be brought to room temperature prior to use. Using the specimen after long-term storage of more than three days can cause non-specific reaction.
3) When stored at 2-8°C, the whole blood sample should be used within three days.

Collection using a lancet:

1) Clean the area to be lanced with an alcohol swab.
2) Squeeze the end of the fingertip and pierce with a sterile lancet.
3) Wipe away the first drop of blood with sterile gauze or cotton.
4) Using the dropper provided, while gently squeezing the tube, immerse the open end in the blood drop and then gently release the pressure to draw blood into the dropper.

TEST PROCEDURE

Allow the test device, specimen, buffer, and/or controls to equilibrate to room temperature (15-30°C) prior to testing.

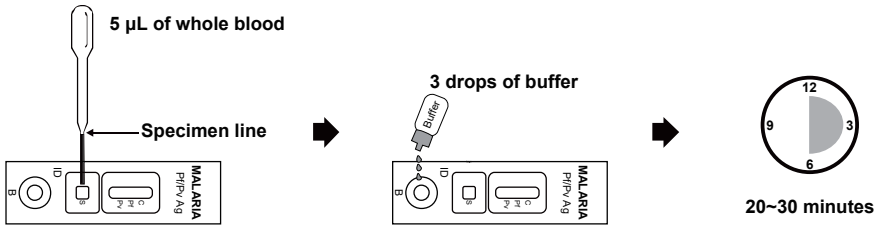
1.Remove the test cassette from the foil pouch and use it as soon as possible. Best results will be obtained if the assay is performed within one hour.
2. Place the test cassette on a clean and level surface. Be sure to label the device with specimen's ID number.
3. With a 5 µL mini plastic dropper provided, draw whole blood specimen to exceed the specimen line as showed in the following image and then transfer drawn whole blood into the sample well (S). Then add 3 drops (about 120 µL) of Lysis Buffer to the buffer well (B) immediately.

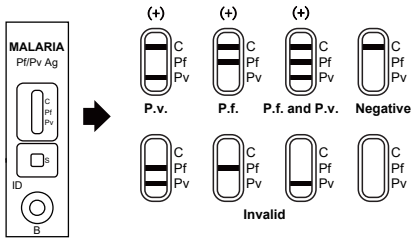
Note: Practice a few times prior to testing if you are not familiar with the mini dropper. For better precision, transfer specimen by pipette capable to deliver 5 µL of volume.

4. Set up timer.

If preferred, after 5 minutes of adding specimen and buffer, you may add one more drop of Lysis Buffer to help the background become clearer.

5. Results can be read in 20 to 30 minutes. It may take more than 20 minutes to have the background become clearer. Don't read results after 30 minutes. To avoid confusion, discard the test cassette after interpreting the result.





Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood)

INTERPRETATION OF RESULTS

(Please refer to the illustration above)
POSITIVE:
P.f Positive: One line appears in the control region, and one line appears in P.f. line region.
P.v Positive: One line appears in the control region and one line appears in Pv line region.
P.f and P.v Positive: One line appears in the control region, one line appears in Pv line region and one line appears in P.f. line region.
NEGATIVE: Only one colored line appears in the control region.
INVALID: Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test device. If the problem persists, discontinue using the test kit immediately and contact your local distributor.

QUALITY CONTROL

Internal procedural controls are included in the test. A colored line appearing in the control region (C) is an internal procedural control. It confirms sufficient specimen volume and correct procedural technique. Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test performance.

LIMITATIONS

1. The Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood) is for in vitro diagnostic use only. This test should be used for the detection of P.f and P.v antigens in whole blood specimens only. Neither the quantitative value nor the rate of increase in P.f and P.v concentration can be determined by this qualitative test.
2. The Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood) will only indicate the presence of antigens of P.f and / or P.v in the specimen and should not be used as the sole criterion for the diagnosis of malaria infection.
3. As known relevant interference, haemolytic samples, rheumatoid factors-contained samples and lipaemic, icteric samples can lead to impair the test results.
4. The test is limited to the detection of antigen to Malaria Plasmodium sp. Although the test is very accurate in detecting HRP-II specific to P.f or pLDH specific to P.v, a low incidence of false results can occur. Other clinically available tests are required if questionable results are obtained.
5. If the test result is negative and clinical symptoms persist, additional testing using other clinical methods is recommended. A negative result does not at any time preclude the possibility of malaria infection.
6. As with all diagnostic tests, a definitive clinical diagnosis should not be based on the results of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.

PERFORMANCE CHARACTERISTICS

1. Clinical Performance for P.f Ag test:
A total of 352 samples from susceptible subjects were tested by the Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood) and by thick blood smear test.

Method		Smear Test		Total Results
Malaria Pf/Pv Ag Rapid Test	Results	Positive	Negative	
	Positive	50	4	54
	Negative	0	298	298
Total Results		50	302	352

Relative Sensitivity: 100%
Relative Specificity: 98.7%
Overall Agreement: 98.9%

2. Clinical Performance for P.v Ag test:
A total of 289 samples from susceptible subjects were tested by the Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood) and by thick blood smear test.

Method		Smear Test		Total Results
Malaria Pf/Pv Ag Rapid Test	Results	Positive	Negative	
	Positive	63	3	66
	Negative	0	223	223
Total Results		63	226	289

Relative Sensitivity: 100%
Relative Specificity: 98.7%
Overall Agreement: 99.0%

3. Precision: Within-run and between-run have been determined by the testing 10 replicates of four specimens: a negative, a low positive, a medium positive and a strong positive. All values were correctly identified 100% of the time.
4. Interference: To evaluate the interference of Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood) with known relevant interfering specimens, the haemolytic samples, rheumatoid factors-contained samples and lipaemic, icteric samples were investigated. In these studies, those specimens did not interfere with the Malaria P.f./P.v. Ag Rapid Test Cassette (Whole Blood).

REFERENCE

1. Leonard K. Basco, Frederique Marquet, Michael M. Makler, and Jacques Le Bras.: Plasmodium falciparum and Plasmodium vivax: Lactate Dehydrogenase Activity and its Application for *in vitro* Drug Susceptibility Assay. Experimental Parasitology 80, 260-271 (1995)
2. David L. Vander Jagt, Lucy A. Hunsaker and John E. Heidrich : Partial Purification and Characterization of Lactate Dehydrogenase from Plasmodium falciparum. Molecular and Biochemical Parasitology, 4 (1981) 255-264
3. David J. Bzik, Barbara A, Fox and Kenneth Gonyer : Expression of Plasmodium falciparum lactate dehydrogenase in Escherichia coli Molecular and Biochemical Parasitology, 59(1993) 155-166
4. Histidine-Rich Protein II: a Novel Approach to Malaria Drug Sensitivity Testing ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, June 2002, p. 1658°©1664 Vol. 46, No. 6

INDEX OF SYMBOLS

	Consult instructions for use		Tests per kit	EC REP	Authorized Representative
IVD	For *in vitro* diagnostic use only		Use by		Do not reuse
2°C 30°C	Store between 2~30°C	LOT	Lot Number	REF	Catalog#

Zhejiang Orient Gene Biotech Co., Ltd
Address: 3787#, East Yangguang Avenue, Dipu Street,
Anji 313300, Huzhou, Zhejiang, China
Tel: +86-572-5226111 Fax: +86-572-5226222
Website: www.orientgene.com

EC REP QARAD BV
Cipalstraat 3, 2440 Geel BELGIUM

REF GCMAL(pf/pv)-402a

Revision Date: 2022-09-26
B20885-03

Vitrotest SARS-CoV-2 IgM

ELISA test kit for the qualitative determination of IgM class antibodies to coronavirus SARS-CoV-2

REF EL034-96

Σ 96

IVD

1. INTENDED USE

The test kit Vitrotest SARS-CoV-2 IgM is an enzyme linked immunosorbent assay (ELISA) for the qualitative determination of IgM class antibodies to N (nucleocapsid) and S (spike) antigens of SARS-CoV-2 coronavirus in human serum or plasma.

The test kit might be applied for the ELISA using both automatic pipettes and standard equipment as well as open system automated ELISA analyzers.

2. CLINICAL VALUE

COVID-19 is an infectious disease caused by a new SARS-CoV-2 coronavirus which had not previously been detected in humans.

The viral infection leads to the development of a respiratory flu-like disease with symptoms such as cough and fever. In more severe cases pneumonia can develop. The average incubation period of the COVID-19 is 6.5 days, but it can range from 3 to 21 days.

Coronavirus SARS-CoV-2 is an RNA-containing virus with a characteristic envelope with spikes in the form of a “corona”. The main structural proteins of the virus include the nucleocapsid protein and transmembrane S (spike) protein with a receptor-binding domain (RBD), which binds to human cell receptors ACE2, causing infection of the mucosal epithelial cells. Both proteins are highly immunogenic antigens for humans.

Specific antibodies (IgM, IgG, IgA) to the SARS-CoV-2 N- and S-proteins appear on the 7-11th day from the moment the virus enters / contacts the body of an infected person. Anti-SARS-CoV-2 IgM and IgA antibodies can be detected as early as 4 days after the first symptoms of the disease. N- and S-specific IgM in not requiring intensive care patients may peak in the second week after COVID-19 symptoms appear. According to the literature, the simultaneous determination of N- and S-specific IgM antibodies makes it possible to identify up to 75 % of patients infected with SARS-CoV-2 in the first week of clinical manifestations.

At the same time, the level of specific IgG continues to grow and can be detected in almost 100 % of patients (except for those with immunosuppression) by the 20th day from the onset of COVID-19 symptoms.

3. PRINCIPLE OF THE TEST

Determination of IgM antibodies specific to SARS-CoV-2 in the test kit Vitrotest SARS-CoV-2 IgM is based on “IgM-capture” solid phase ELISA in a two-step incubation procedure. Microwells are coated with monoclonal antibodies to human IgM. During the first incubation step, IgM antibodies will be bound to the solid phase precoated monoclonal antibodies. The wells are washed to remove unbound components. Recombinant antigens of SARS-CoV-2 (N- and S- antigens), which is conjugated to horseradish peroxidase (HRP), is added next and binds to the specific IgM captured on the solid phase. Unbound components are removed by washing. Antigen-antibody complexes are revealed by addition of chromogen solution containing 3,3',5,5'- tetramethylbenzidine (TMB) and hydrogen peroxide. After 30 minutes the reaction has been stopped, the absorbance values are read using a spectrophotometer at 450/620-695 nm. The colour intensity is proportional to the amount of the specific antibodies present in the sample.

4. MATERIALS AND EQUIPMENT

4.1. Composition of the test kit

ELISA STRIPS	1x96 wells	Microplate (12 strips x 8 wells) Each well is coated with monoclonal antibodies to human IgM. The wells can be separated.
CONTROL +	1x0.5 ml	Positive control Solution of specific monoclonal immunoglobulins with preservative (pink).
CONTROL –	1x0.5 ml	Negative control Buffer solution with detergent and preservative (yellow).
CONTROL CUT-OFF	1x0.5 ml	Cut-off control Solution of specific monoclonal immunoglobulins with preservative (orange).

SAMPLE DILUENT	1x12 ml	**Sample diluent** Buffer solution with detergent and preservative (violet).
CONJUGATE SOLUTION	1x12 ml	**Conjugate solution** Buffer solution of recombinant antigens of SARS-CoV-2 conjugated to HRP with stabilizers and preservative (green), ready to use.
TMB SOLUTION	1x12 ml	**TMB solution** TMB, H_2O_2, stabilizers, preservative (colourless), ready to use.
WASH TWEEN 20X	1x50 ml	**Washing solution Tw20 (20x concentrate)** 20X concentrated of PBS buffer with Tween-20 and NaCl (colourless)
STOP SOLUTION	1x12 ml	**Stop Solution** 0,5 mol/l H_2SO_4 (colourless), ready to use.

Adhesive films (2), sera identification plan (1), instruction for use and certificate of analysis.

4.2. Material required but not provided

- variable volume automatic pipettes (10µl–1000 µl) and disposable pipette tips;
- plate reader (single wavelength 450 nm or dual wavelength 450/620–695 nm);
- volumetric laboratory glassware (10–1000 ml);
- distilled/DI water;
- incubator thermostatically controlled at 37 °C;
- automatic/semiautomatic plate washer;
- appropriate waste containers for potentially contaminated materials;
- timer;
- absorbent paper;
- disposable gloves;
- disinfectants;
- protective clothes.

5. PRECAUTIONS AND SAFETY

5.1. Precautions

The ELISA assays are time and temperature sensitive. Strictly follow the test procedure and do not modify it.

- do not use expired reagents;
- do not use for analyses and do not mix reagents from different lots or from test kits of different nosology as well as other manufacturer's reagents with Vitrotest kits;

Note: it is possible to use WASH TWEEN 20X, TMB SOLUTION *and* STOP SOLUTION *from other Vitrotest ELISA kits.*

- close reagents after use only with appropriate caps;
- control the filling and full aspiration of the solution in the wells;
- use a new tip for each sample and reagent;
- avoid exposure of kit reagents to direct sunlight;
- TMB SOLUTION must be colourless before use. If TMB SOLUTION is blue or yellow it cannot be used. Avoid any contact of TMB SOLUTION with metals or metal ions. Use glassware thoroughly washed and rinsed with distilled/DI water;
- never use the same glassware for CONJUGATE SOLUTION and TMB SOLUTION.

The manufacturer is not responsible or liable for any incorrect results and/or incidents taking place as a result of any violation of the instruction. The manufacturer is not responsible for visual readings of samples (without using a plate reader).

5.2. Safety

- all components of test kit are intendent for *in vitro* diagnostic use only;
- all materials of human or animal origin should be regarded and handled as potentially infectious;
- the ELISA is only designed for qualified personnel;
- disposable gloves and safety glasses must be worn at all times while performing analysis;
- never eat, drink, smoke or apply cosmetics in the assay laboratory;
- never pipette solutions by mouth;
- controls do not contain of human origin components;
- avoid contact with STOP SOLUTION containing 0.5 mol/l H_2SO_4. It may cause skin irritation and burns;
- some components of the test kit contain low concentrations of harmful compounds and could cause irritation of the skin and the mucosa. In the case of contact of TMB SOLUTION, STOP SOLUTION or CONJUGATE SOLUTION with skin or mucosa, the place of contact should be immediately rinsed with large amounts of water;

– in case of spilling of solutions that do not contain acid, e.g. sera, rinse the surface with disinfectant, then dry it with absorbent paper. In other case acid first must be neutralized by sodium bicarbonate and then wiped out as described above;
– for information on hazardous substances included in the kit please refer to Safety Data Sheets. Safety Data Sheets for this product are available upon request.

5.3. Waste treatment

Patient specimens, controls, and incubated microplate strips should be treated as infectious waste, residues of chemicals and preparations are generally considered as hazardous waste. The disposal of this kind of waste is regulated through national and regional laws and regulations. Contact your local authorities or waste management companies which will give advice on how to dispose hazardous waste.

6. STORAGE AND STABILITY

Reagents are stable until stated expiration date on the label when stored refrigerated (2-8 °C). Do not freeze. The kit should be shipped at 2-8 °C. Single transportation at the temperature up to 23 °C for two days is acceptable.

After the first opening of the packaging, the components of the ELISA kits are stable within 3 months, except for those specified in p. 8 of this Instruction.

7. SPECIMEN COLLECTION

The fresh serum or plasma (EDTA, lithium-heparin, sodium citrate) samples can be stored for 3 days at 2-8 °C, or frozen for longer periods at -20 – -70 °C. Frozen samples must be thawed and kept at room temperature for at least 30 min before use. Do not use preheated samples. Mix thawed samples thoroughly to homogeneity. Avoid repeated freezing/thawing. Samples containing aggregates must be clarified by centrifugation (3000 rpm for 10-15 min). Do not use hyperlipeamic, hyperhaemolysed or contaminated by microorganisms serum specimens. The presence of bilirubin up to concentration of 0.21 mg/ml (361.8 µmol/l), haemoglobin up to concentration of 10 mg/ml and triglycerides up to concentration of 10 mg/ml (11.3 mmol/l) are allowed.

8. REAGENT PREPARATION

It is very important to keep all test components for at least 30 min at room temperature (18-25 °C) before the assay!

8.1. ELISA STRIPS preparation

Before opening the bag with ELISA STRIPS, keep it at room temperature for 30 min to avoid water condensation inside the wells. Open the vacuum bag and take out the necessary number of the wells. Once opened the bag with the remaining strips must be ***resealed with zip-lock*** immediately and kept refrigerated at 2-8 °C for no more than 3 months.

8.2. Washing solution preparation

Check the WASH TWEEN 20X for the presence of salt crystals. If crystals have formed, re-solubilise by warming at 37°C, until crystals dissolve (15-20 min). Dilute the WASH TWEEN 20X 1:20 (1+19) with distilled/DI water before use. For example, 4 ml concentrate + 76 ml water is sufficient for 8 wells. Once diluted it is stable at 2-8 °C for 7 days.

9. ASSAY PROCEDURE

9.1. Take out from the protective bag the support frame and the necessary number of the wells ELISA STRIPS (the number of specimens + 4 for controls). Place the wells into the frame. Wells with the controls must be included in every test.
9.2. Complete the sera identification plan.
9.3. Prepare washing solution (see 8.2.).
9.4. Dispense 90 µl of SAMPLE DILUENT into each well ELISA STRIPS.
9.5. Dispense 10 µl of controls and patient samples into the wells in the following order: A1 – CONTROL +, B1, C1 – CONTROL CUT-OFF, and D1 – CONTROL –, other wells – patient samples. Mix gently to avoid foaming. The colour of the sample diluent changes from violet to blue.
9.6. Cover strips with an adhesive film and incubate for 30 min at 37 °C.
9.7. Remove and discard the adhesive film and wash all wells 5 times with automatic washer or 8-channel pipette as follows:
– aspirate the contents of all wells into a liquid waste container and add immediately a minimum of 300 µl of diluted washing solution to each well;
– soak each well for 30 s between each wash cycle;
– aspirate again. The residual volume must be lower than 5 µl;
– repeat the washing step 4 times;
– after the final washing cycle, turn down the plate onto an absorbent paper and tap it to remove any residual buffer.

9.8. Dispense 100 µl of CONJUGATE SOLUTION per well. Cover strips with a new adhesive film, incubate for 30 min at 37 °C.
9.9. Remove and discard the adhesive film and wash all wells five times as described above (see 9.7).
9.10. Dispense 100 µl TMB SOLUTION into all wells. Do not touch the walls and bottoms of the wells to avoid contamination.
9.11. Incubate the strips for 30 min at room temperature (18-25 °C) in the dark. Do not use adhesive film in this step.
9.12. Add 100 µl STOP SOLUTION to each well in the same order and at the same rate as for TMB SOLUTION.
9.13. Read the optical density (OD) of the wells at 450/620-695 nm using a microplate reader within 5 min after adding the STOP SOLUTION. Pay attention to the cleanness of the plate bottom and absence of bubbles in the wells before reading.

Measurement in the single-wave procedure at 450 nm is possible. Reserve blank well to adjust spectrophotometer in such analysis. Only TMB SOLUTION *and* STOP SOLUTION *must be added in blank well.*

10. CALCULATION AND INTERPRETATION OF RESULTS

10.1. Validation of the test

The test run may be considered valid provided the following criteria are met:

CONTROL +	OD ≥ 1.2
CONTROL CUT-OFF	OD in a range 0.25-0.65
CONTROL –	OD ≤ 0.150

If one of the control cut-off absorbances does not match the above criteria, this value should be discarded and a mean value should be calculated using the remaining cut-off value. If both control cut-off absorbance do not meet the criteria, the test is invalid and must be re-tested.

10.2. Calculation of results

The cut-off (CO) is the mean optical density (OD) of the wells containing CONTROL CUT-OFF:

$$CO = (OD_{CONTROL\ CUT\text{-}OFF\ 1} + OD_{CONTROL\ CUT\text{-}OFF\ 2})/2;$$

The sample result is reported as a Ratio:

$$Ratio_{sample} = OD_{sample}/CO, \quad OD_{sample} – \text{optical density of the well containing sample}$$

10.3. Interpretation of results

$Ratio_{sample} > 1.1$	POSITIVE
$0.9 \le Ratio_{sample} \le 1.1$	DOUBTFUL*
$Ratio_{sample} < 0.9$	NEGATIVE

* If the result is doubtful, repeat the test. If it remains doubtful, collect a new serum sample.

11. PERFORMANCE CHARACTERISTICS

11.1. Specificity and sensitivity

To assess the diagnostic characteristics of the Vitrotest SARS-CoV-2 IgM test kit we used Anti-SARSCoV-2 Verification Panel for Serology Assays (manufactured by NIBSC, UK), which contains 23 blood plasma samples from COVID-19 convalescents and 14 negative blood plasma samples. The results obtained in the Vitrotest SARS-CoV-2 IgM test kit completely coincide with the panel passport data.

In a comparative studies of the sensitivity of the Vitrotest SARS-CoV-2 IgM test kit on 85 samples, which were determined as positive in a commercial analogue recommended by the FDA, the percentage of agreement of the obtained results was 96.5 %.

To determine the sensitivity of the Vitrotest SARS-CoV-2 IgM test kit in the early stages of SARS-CoV-2 infection, 1117 blood sera obtained 5-15 days from the onset of clinical manifestations of COVID-19 were tested. Specific IgM antibodies were detected in 972 samples.

The specificity of the Vitrotest SARS-CoV-2 IgM test kit on 706 human blood serum samples obtained during the first half of 2019 (before the start of the COVID-19 pandemic) was 99.4 %.

11.2. Accuracy

Intra assay repeatability

Coefficient of variation (CV) was calculated by measuring 2 samples with various specific antibody levels in 32-replicate determinations using 1 lot of the test kit.

Serum No.	OD	Ratio	CV, %
336	0.755	3.45	2.7
345	2.408	11.02	1.6

Inter assay reproducibility

Coefficient of variation (CV) was calculated by measuring 2 samples with various specific antibody levels in 4 ELISA performances during 4 days, in 8-replicate determinations.

Serum No.	OD	Ratio	CV, %
336	0.758	3.46	2.4
345	2.409	10.99	1.2

12. LIMITATIONS OF THE PROCEDURE

If the test sample was obtained in the first days after infection IgM antibodies may not be detected. Therefore, a negative result of the test for IgM antibodies to SARS-CoV-2 does not exclude the infection of the patient with the virus. In the presence of clinical manifestations of the disease it is recommended to repeat the test at least in 1-2 weeks, for example when using test kits Vitrotest SARS-CoV-2 IgM, Vitrotest SARS-CoV-2 IgG and Vitrotest SARS-CoV-2 Total Ab.

Negative test results in immunosuppressed individuals should also be interpreted with caution.

The final diagnosis cannot be established solely on the basis of serological test results. The diagnosis should take into consideration clinical history, symptomatology, as well as the results of other laboratory tests (including PCR).

13. TROUBLESHOOTING

Possible causes	*Solutions*
High background in all wells	
Contaminated washer	Clean the washer head, then rinse it with 30 % ethanol and distilled water
Low quality water or contaminated water	Use distilled/DI with resistivity ≥ 10 MΩ·cm.
Using contaminated glassware	Use clean glassware
Using chlorine based disinfectants	Use disinfectants without chlorine
Using contaminated tips	Use new tips
Increased time of incubation or temperature regimen was changed	Follow incubation regimen according to instruction for use
High background in a few wells	
TMB solution was added more than once	Add TMB solution once
Pipette shaft was contaminated with conjugate solution	Clean the pipette; pipette the liquids carefully
One the channels of the washer was contaminated	Clean the washer channel, clean the washer
OD of the positive control below normal	
Conjugate solution/tmb solution was prepared improperly or not added	Run ELISA repeatedly, prepared conjugate solution / TMB solution properly
Reduced incubation time in one of the stages	Follow incubation regimen according to the instruction for use
Visual colour intensity of the wells does not correspond to optical density	
The optical beam or another component of the reader is misaligned or malfunctioning	Test the absorbance reader's performance

REFERENCE

1. Baoqing Sun , Ying Feng , Xiaoneng Mo et.al. Kinetics of SARS-CoV-2 specific IgM and IgG responses in COVID-19 patients.// Emerging Microbes & Infections, - 2020 - V.9 – p.940-948.
2. Juanjuan Zhao Jr., Quan Yuan et. al. Antibody responses to SARS-CoV-2 in patients of novel coronavirus disease 2019.// Clinical Infectious Diseases., - 2020 Mar. 20 doi: 10.1093/cid/ciaa344.
3. Laboratory testing for coronavirus disease (COVID-19) in suspected human cases // WHO. Interim guidance 19 March 2020. WHO reference number: WHO/COVID-19/laboratory/2020.5.
4. Marco Cascella ; Michael Rajnik et.al. Features, Evaluation and Treatment Coronavirus (COVID-19). // NCBI Bookshelf. StatPearls Publishing; 2020 – P.16.
5. Patrick C. Y. Woo, Susanna K. P. Lau. et.al. Differential Sensitivities of Severe Acute Respiratory Syndrome (SARS) Coronavirus Spike Polypeptide Enzyme-Linked Immunosorbent Assay (ELISA) and SARS Coronavirus Nucleocapsid Protein ELISA for Serodiagnosis of SARS Coronavirus Pneumonia. // J. Clin. Microbiol., - 2005 – V. 43 N.7 - p. 3054–3058.
6. Quan-Xin Long, Bai-Zhong Liuet et. al. Antibody responses to SARS-CoV-2 in patients with COVID-19.// Nature Medicine., - 2020 April 29 doi: 10.1038/s41591-020-0897-1.
7. Quan-xin Long, Hai-jun Deng et.al. Antibody responses to SARS-CoV-2 in COVID-19 patients: the perspective application of serological tests in clinical practice. // medRxiv preprint doi: https://doi.org/10.1101/2020.03.18.20038018.
8. Shu-Yuan Xiao, Yingjie Wu, Huan Liu. Evolving status of the 2019 novel corona virus infection: Proposal of conventional serologic assays for disease diagnosis and infection monitoring. // J Med Virol., - 2020 - 92(5) – p.464-467. doi: 10.1002/jmv.25702. Epub 2020 Feb 17.
9. Wu, L.-P., Wang, N.-C. et.al. (2007). Duration of Antibody Responses after Severe Acute Respiratory Syndrome. // Emerging Infectious Diseases, - 2007 - 13(10) - p.1562-1564.

Catalogue number


Consult instructions for use

In vitro diagnostic medical device


Manufacturer


Caution


Contains sufficient for <*n*> tests


Temperature limit

Batch code


Use-by date


Date of manufacture


Keep away from sunlight


Signifies European conformity (CE) mark

Inst_SARS-CoV-2_IgM_EL034-96_V01_ENG
Edition 1st, 16.12.2021

Vitrotest Europe Sp. z o.o.
Krakowska str., 139-155, 50-428, Wroclaw, Poland
tel.: +48 882 950 379,
e-mail: info@vitrotest.pl, www.vitrotest.pl

Vitrotest SARS-CoV-2 IgM

ASSAY PROCEDURE

Keep all reagents and specimens for at least 30 min at 18-25 °C before use

Dispense 90 µl of SAMPLE DILUENT into the wells of ELISA STRIPS.
(violet colour)

Dispense 10 µl of controls and samples into the wells in the following order:
A1 – CONTROL +,
B1, C1 – CONTROL CUT-OFF,
D1 – CONTROL –,
E1 and other wells – patient samples
(colour changes from violet to blue)

Cover wells with an adhesive film, incubate for 30 min at 37 °C

Rinse the wells 5 times with diluted 1:20 (1+19) washing solution Tween-20 (300 µl per well)

Add 100 µl of CONJUGATE SOLUTION into the wells
(green colour)

Cover wells with an adhesive film, incubate for 30 min at 37 °C

Rinse the wells 5 times with diluted 1:20 (1+19) washing solution Tween-20 (300 µl per well)

Add 100 µl of TMB SOLUTION into the wells

Incubate for 30 min in the dark at 18-25 °C

Add 100 µl of STOP SOLUTION
(colour changes from blue to yellow)

Determine the optical density (OD) at 450/620-695nm

CALCULATION

$CO = (OD_{CONTROL\ CUT\text{-}OFF\ 1} + OD_{CONTROL\ CUT\text{-}OFF\ 2})/2;$

$Ratio_{sample} = OD_{sample}/CO$

INTERPRETATION

$Ratio_{sample} > 1.1$	POSITIVE
$0.9 \leq Ratio_{sample} \leq 1.1$	DOUBTFUL
$Ratio_{sample} < 0.9$	NEGATIVE

Vitrotest SARS-CoV-2 IgG QuantiSpike

ELISA test kit for the quantitative determination of IgG class antibodies to coronavirus SARS-CoV-2 Spike protein

REF EL040-96

IVD Σ 96

1. INTENDED USE

The test kit Vitrotest SARS-CoV-2 IgG QuantiSpike is an enzyme linked immunosorbent assay (ELISA) for the quantitative determination of IgG class antibodies to SARS-CoV-2 Spike protein synthesized in humans due to the disease or vaccination in serum or plasma.

The test kit might be applied for the ELISA using both automatic pipettes and standard equipment as well as open system automated ELISA analyzers.

2. CLINICAL VALUE

COVID-19 is an infectious disease caused by a new SARS-CoV-2 coronavirus which had not previously been detected in humans.

The viral infection leads to the development of a respiratory flu-like disease with symptoms such as cough and fever. In more severe cases pneumonia can develop. The average incubation period of the COVID-19 is 6.5 days, but it can range from 3 to 21 days.

SARS-CoV-2 is an RNA-virus with a specific envelope with spikes in the form of a “corona”. The main structural proteins of the virus include envelope protein (E), membrane protein (M), spike (S) glycoprotein, and nucleocapsid (N) protein. S protein on the surface of the SARS-CoV-2 virion mediates the receptor recognition and cell membrane fusion with ACE2 molecules, which are mainly expressed on type II pneumocytes, colon and kidney epithelial cells. It contains three fragments, namely the ectodomain, the transmembrane domain and the short intracellular segment. The ectodomain consists of a receptor-binding subunit S1 containing the RBD domain and a fusion subunit (S2). During viral infection, S1 C-terminal domain binds to the extracellular peptidase (PD) domain of ACE2 to ensure that the virus attaches to the surface of the target cell. The S1 N-terminal domain binds to glycans causing the cleavage of S protein between S1 and S2 fragments by cellular proteases, which, in turn, initiates the fusion of viral and cell membranes by the S2 subunit.

Although most viral proteins are able to induce the production of specific antibodies after SARS-CoV-2 infection, and antibodies to N- and S-protein are widely used in the serological diagnosis of COVID-19, antibodies targeting viral S-protein are more noteworthy because they can block SARS-CoV-2 entry into the host cells. And since most vaccines induce antibodies to the spike protein the determination of IgG specific to this antigen also makes it possible to assess the presence of protective antibodies after the disease or vaccination against COVID-19.

3. PRINCIPLE OF THE TEST

Determination of IgG antibodies to S-protein of SARS-CoV-2 in the test kit Vitrotest SARS-CoV-2 IgG QuantiSpike is based on a solid phase, indirect ELISA in a two-step incubation procedure. Microwells are coated with the recombinant antigen, SARS-CoV-2 S-protein analogue. During the first incubation step, the specific antibodies to SARS-CoV-2 S-protein, if present in the sample, will be bound to the solid phase precoated antigens. The wells are washed to remove unbound antibodies. A secondary antibody (anti-IgG), which is conjugated to horseradish peroxidase (HRP), is added next and binds to the immune complexes on the solid phase. Unbound components are removed by washing. Antigen-antibody complexes are revealed by addition of chromogen solution containing 3,3’,5,5’-tetramethylbenzidine (TMB) and hydrogen peroxide. After 15 min the reaction has been stopped, the absorbance values are read using a spectrophotometer at 450/620-695 nm. The colour intensity is proportional to the amount of the antibodies present in the sample.

Internal calibrators of the Vitrotest SARS-CoV-2 IgG QuantiSpike test kit are standardized according to the First WHO International Standard for anti-SARS-CoV-2 immunoglobulin (human) code: 20/136 (NIBSC, UK), which contains 1000 binding antibody units (BAU) per ml.

4. MATERIALS AND EQUIPMENT

4.1. Composition of the test kit

ELISA STRIPS	1x96 wells	Microplate (12 strips x 8 wells) Each well is coated with the recombinant antigens, SARS-CoV-2 S-protein analogues. The wells can be separated.

PREDILUTION PLATE	1x96 wells	Microplate for preliminary dilution of sera
CAL 0	1x0.3 ml	Calibrator 0 Buffer solution with detergent and preservative (yellow).
CAL 25	1x0.3 ml	Calibrator 25 Solution of specific monoclonal immunoglobulins to S-protein (25 BAU/ml) with stabilizers and preservative (green).
CAL 50	1x0.3 ml	Calibrator 50 Solution of specific monoclonal immunoglobulins to S-protein (50 BAU/ml) with stabilizers and preservative (orange).
CAL 100	1x0.3 ml	Calibrator 100 Solution of specific monoclonal immunoglobulins to S-protein (100 BAU/ml) with stabilizers and preservative (pink).
CAL 200	1x0.3 ml	Calibrator 200 Solution of specific monoclonal immunoglobulins to S-protein (200 BAU/ml) with stabilizers and preservative (violet).
CONTROL +	1x0.5 ml	Positive control Solution of specific monoclonal immunoglobulins with a known concentration to S-protein with stabilizers and preservative (red).
SAMPLE PREDILUENT	1x50 ml	Sample prediluent Buffer solution with detergent and preservative (brown-green).
SAMPLE DILUENT	1x12 ml	Sample diluent Buffer solution with detergent and preservative (yellow).
CONJUGATE SOLUTION	1x12 ml	Conjugate solution Buffer solution of monoclonal antibodies to human IgG conjugated to HRP with stabilizers and preservative (violet), ready to use.
TMB SOLUTION	1x12 ml	TMB solution TMB, H_2O_2, stabilizers, preservative (colourless), ready to use.
WASH TWEEN 20X	1x50 ml	Washing solution Tw20 (20x concentrate) 20X concentrated of phosphate buffer with Tween-20 and NaCl (colourless).
STOP SOLUTION	1x12 ml	Stop Solution 0.5 mol/l H_2SO_4 (colourless), ready to use.

Adhesive films (2), sera identification plan (1), blank calibration curve (1), instruction for use and certificate of analysis.

4.2. Material required but not provided

- Variable volume automatic pipettes (10µl–1000 µl) and disposable pipette tips;
- plate reader (single wavelength 450 nm or dual wavelength 450/620–695 nm);
- volumetric laboratory glassware (10–1000 ml);
- distilled/DI water;
- incubator thermostatically controlled at 37 °C;
- automatic/semiautomatic plate washer;
- appropriate waste containers for potentially contaminated materials;
- timer;
- absorbent paper;
- disposable gloves;
- disinfectants;
- protective clothes.

5. PRECAUTIONS AND SAFETY

5.1. Precautions

The ELISA assays are time and temperature sensitive. Strictly follow the test procedure and do not modify it.

- do not use expired reagents;
- do not use for analyses and do not mix reagents from different lots or from test kits of different nosology as well as other manufacturer's reagents with Vitrotest kits;

Note: it is possible to use WASH TWEEN 20X, TMB SOLUTION, STOP SOLUTION *and* SAMPLE PREDILUENT *from other lots.*

- close reagents after use only with appropriate caps;
- control the filling and full aspiration of the solution in the wells;
- use a new tip for each sample and reagent;
- avoid exposure of kit reagents to direct sunlight;
- TMB SOLUTION must be colourless before use. If TMB SOLUTION is blue or yellow it cannot be used. Avoid any contact of TMB SOLUTION with metals or metal ions. Use glassware thoroughly washed and rinsed with distilled/DI water;
- never use the same glassware for CONJUGATE SOLUTION and TMB SOLUTION.

The manufacturer is not responsible or liable for any incorrect results and/or incidents taking place as a result of any violation of the instruction. The manufacturer is not responsible for visual readings of samples (without using a plate reader).

5.2. Safety

- all components of test kit are intendent for *in vitro* diagnostic use only;
- all materials of human or animal origin should be regarded and handled as potentially infectious;
- the ELISA is only designed for qualified personnel;
- disposable gloves and safety glasses must be worn at all times while performing analysis;
- never eat, drink, smoke or apply cosmetics in the assay laboratory;
- never pipette solutions by mouth;
- controls do not contain of human origin components;
- avoid contact with STOP SOLUTION containing 0.5 mol/l H_2SO_4. It may cause skin irritation and burns;
- some components of the test kit contain low concentrations of harmful compounds and could cause irritation of the skin and the mucosa. In the case of contact of TMB SOLUTION, STOP SOLUTION or CONJUGATE SOLUTION with skin or mucosa, the place of contact should be immediately rinsed with large amounts of water;
- in case of spilling of solutions that do not contain acid, e.g. sera, rinse the surface with disinfectant, then dry it with absorbent paper. In other case acid first must be neutralized by sodium bicarbonate and then wiped out as described above;
- for information on hazardous substances included in the kit please refer to Safety Data Sheets. Safety Data Sheets for this product are available upon request.

5.3. Waste treatment

Patient specimens, calibrators, control and incubated microplate strips should be treated as infectious waste, residues of chemicals and preparations are generally considered as hazardous waste. The disposal of this kind of waste is regulated through national and regional laws and regulations. Contact your local authorities or waste management companies which will give advice on how to dispose hazardous waste.

6. STORAGE AND STABILITY

Reagents are stable until stated expiration date on the label when stored refrigerated (2-8 °C). Do not freeze. The kit should be shipped at 2-8 °C. Single transportation at the temperature up to 23 °C for two days is acceptable.

After the first opening of the packaging, the components of the ELISA kits are stable within 3 months, except for those specified in p. 8 of this Instruction.

7. SPECIMEN COLLECTION

The fresh serum or plasma (EDTA, lithium-heparin) samples can be stored for 3 days at 2-8 ºC, or frozen for longer periods at -20 – -70 °C. Frozen samples must be thawed and kept at room temperature for at least 30 minutes before use. Do not use preheated samples. Mix thawed samples thoroughly to homogeneity. Avoid repeated freezing/thawing. Samples containing aggregates must

be clarified by centrifugation (3000 rpm for 10-15 min). Do not use hyperlipeamic, hyperhaemolysed or contaminated by microorganisms serum specimens. The presence of bilirubin up to concentration of 0.21 mg/ml (361.8 µmol/l), haemoglobin up to concentration of 10 mg/ml and triglycerides up to concentration of 10 mg/ml (11.3 mmol/l) are allowed.

8. REAGENT PREPARATION

It is very important to keep all test components for at least 30 min at room temperature (18-25 ºC) before the assay!

8.1. ELISA STRIPS preparation

Before opening the bag with the ELISA STRIPS, keep it at room temperature for 30 min to avoid water condensation inside the wells. Open the vacuum bag and take out the necessary number of wells. Once opened, the bag with the remaining strips and desiccant must be ***resealed with the zip-lock*** immediately and kept refrigerated at 2-8 °C for no more than 3 months.

8.2. Washing solution preparation

Check the WASH TWEEN 20X for the presence of salt crystals. If crystals have formed, re-solubilise them by warming the vial at 37 °C, until crystals have been fully dissolved (15-20 min). Dilute the WASH TWEEN 20X 1:20 (1+19) with distilled/DI water before use. For example, 4ml concentrate + 76 ml water is sufficient for 8 wells. Once diluted it is stable at 2-8 °C for 7 days.

8.3. Predilution of samples, calibrators and positive control

Predilute patient samples, calibrators and positive control 1:10 with SAMPLE PREDILUENT immediately before test. Dispense 90 µl of SAMPLE PREDILUENT in the wells of PREDILUTION PLATE, add 10 µl of samples, calibrators and positive control. Gently mix the content in the wells. After addition of the sample colour of the sample prediluent changes from brown-green to blue.

The procedure for dilution of samples, controls and calibrators should be carried out immediately before analysis.

9. ASSAY PROCEDURE

9.1. Take out from the protective bag the support frame and the necessary number of the wells ELISA STRIPS (the number of specimens, 1 well for the positive control and 5 wells for calibrators). Place the wells into the frame. Wells with calibrators and positive control must be included in every test.
9.2. Complete the sera identification plan.
9.3. Prepare washing solution (see 8.2.).
9.4. Predilute patient samples, calibrators and positive control (see 8.3).
9.5. Dispense 90 µl of SAMPLE DILUENT in the wells of ELISA STRIPS.
9.6. Add 10 µl of prediluted (1:10) calibrators, positive control and patient samples to the wells in the following order: A1– CAL 200, B1 - CAL 100, C1 - CAL 50, D1 - CAL 25, E1 - CAL 0 and F1 – CONTROL + respectively; other wells – patient samples. The final dilution in the wells is 1:100. Pipette gently to avoid foaming. The colour of the sample diluent changes from yellow to green.

Given the technical features of the equipment used for analysis, the order of dispense calibrators can be reversed: A1 - CAL 0, B1 - CAL 25, C1 - CAL 50, D1 - CAL 100, E1 - CAL 200.

9.7. Cover strips with an adhesive film and incubate for 30 min at 37 °C.
9.8. Remove and discard the adhesive film and wash all wells 5 times with automatic washer or 8-channel pipette as follows:
- aspirate the contents of all wells into a liquid waste container and add immediately a minimum of 300 µl of diluted washing solution to each well;
- soak each well for 30 s between each wash cycle;
- aspirate again. The residual volume must be lower than 5 µl;
- repeat the washing step 4 times;
- after the final washing cycle, turn down the plate onto an absorbent paper and tap it to remove any residual buffer.

9.9. Dispense 100 µl CONJUGATE SOLUTION per well. Cover strips with a new adhesive film, incubate for 30 min at 37 °C.
9.10. Remove and discard the adhesive film and wash all wells five times as described above (see 9.8).
9.11 Dispense 100 µl TMB SOLUTION into all wells. Do not touch the walls and bottoms of the wells to avoid contamination.

9.12. Incubate the strips for 15 min at room temperature (18-25 °C) in the dark. Do not use adhesive film in this step.
9.13 Add 100 µ STOP SOLUTION to each well in the same order and at the same rate as for TMB SOLUTION.
9.14. Read the optical density (OD) of the wells at 450/620-695 nm using a microplate reader within 5 min after adding the STOP SOLUTION. Pay attention to the cleanness of the plate bottom and absence of bubbles in the wells before reading.

Measurement in the single-wave procedure at 450 nm is possible. Reserve blank well to adjust spectrophotometer in such analysis. Only TMB SOLUTION *and* STOP SOLUTION *must be added in blank well.*

10. CALCULATION AND INTERPRETATION OF RESULTS

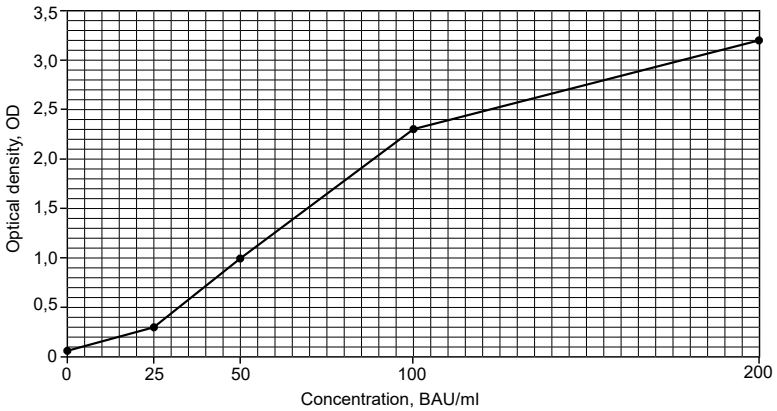
10.1. Validation of the test

The test run may be considered valid provided the following criteria are met:

CAL 0	OD ≤ 0.100
CAL 25	OD ≥ 0.120
CAL 200	OD ≥ 1.500
CONTROL +	Within the concentration range on the tube label and on the certificate of analysis

10.2. Calculation of results

To determine the concentration of specific IgG antibodies in BAU/ml build a calibration curve. Plot the absorbances (OD) for 5 calibrators CAL 0, CAL 25, CAL 50, CAL 100 and CAL 200 on Y axis and their corresponding concentrations in BAU/ml (0, 25, 50, 100 and 200 BAU/ml) respectively, on X axis. Using the absorbance values for each sample and positive control determine the corresponding concentration (BAU/ml) from the calibration curve.



Note that the calibration curve is intended for use only as an example, not for calculation of your results.

In case of OD of patient samples is higher of CAL 200 the test result will be ">200 BAU/ml". Such samples can be retested at a dilution of 1:800. For diluted samples (1:800) multiply calculated results by 8.

final concentration = concentration by the calibration curve × 8

If the optical density of the samples at a dilution of 1:800 is still above the value CAL 200 it is recommended to retest such samples at a dilution of 1:1000 and 1:4000. In this case, the concentration of specific antibodies should be multiplied by the dilution rate of 10 and 40, respectively.

It is recommended to use computer software to read and calculate the obtained results.

10.3 Interpretation of results

Ig G concentration	Interpretation
> 25 BAU/ml	POSITIVE
20 - 25 BAU/ml	DOUBTFUL*
< 20 BAU/ml	NEGATIVE

* If the result is doubtful, repeat the test. If it remains doubtful, collect a new serum sample.

11. PERFORMANCE CHARACTERISTICS

11.1. Specificity and sensitivity

The specificity of the test kit Vitrotest SARS-CoV-2 IgG QuantiSpike using 352 samples of human sera obtained in the first half of 2019 (before the COVID-19 pandemic) was 100 %.

The sensitivity of the test kit Vitrotest SARS-CoV-2 IgG QuantiSpike, using 49 serum samples of COVID-19 convalescents (obtained 2-10 months after the disease), was 100 %. In addition, when testing 18 serum samples of vaccinated individuals all samples contained IgG antibodies to spike protein at a concentration of more than 1000 BAU/ml.

Diagnostic characteristics of the test kit Vitrotest SARS-CoV-2 IgG QuantiSpike were also evaluated on the verification panel Anti-SARSCoV-2 Verification Panel for Serology Assays code: 20/B770 (manufactured by NIBSC, UK), which consists of 23 characterized plasma samples of COVID-19 convalescents containing antibodies to SARS-CoV-2, and 14 characterized blood plasma samples not containing antibodies to SARS-CoV-2. The sensitivity and specificity of the test kit on this panel was 100%.

In the study of samples of the First WHO International Reference Panel for anti-SARS-CoV-2 immunoglobulin code: 20/268 (manufactured by NIBSC, UK) in the test kit Vitrotest SARS-CoV-2 IgG QuantiSpike obtained results matched the panel passport data.

11.2. Accuracy

Intra assay repeatability

Coefficient of variation (CV) was calculated by measuring 2 samples with various specific antibody levels in 32-replicate determinations using 1 lot of the test kit.

Serum No.	OD	Concentration, BAU/ml	CV, %
783	0.671	35.9	5.5
977	2.222	92.3	7.5

Inter assay reproducibility

Coefficient of variation (CV) was calculated by measuring 2 samples with various specific antibody levels in 4 ELISA performances during 4 days, in 8-replicate determinations.

Serum No.	OD	Concentration, BAU/ml	CV, %
783	0.643	34.8	5.3
977	2.143	93.4	6.9

11.3 Analytical sensitivity

The limit of determination (LOD), the lowest concentration of the analyte in the sample, which is detected with the declared probability for the test kit Vitrotest SARS-CoV-2 IgG QuantiSpike is 3.5 BAU/ml.

11.4. Linearity range

The linearity range of the test kit Vitrotest SARS-CoV-2 IgG QuantiSpike is within 10-164 BAU/ml.

11.5. Compliance of the test-kit calibrators with the International Standard

Vitrotest SARS-CoV-2 IgG QuantiSpike calibrators comply with the First WHO International Standard for anti-SARS-CoV-2 immunoglobulin (human) code: 20/136 (NIBSC, UK). The coefficient of determination (R2) is 0.99.

12. LIMITATIONS OF THE PROCEDURE

If the test sample was obtained in the first days after the infection IgG antibodies may not be detected. Therefore a negative result does not exclude the SARS-CoV-2 infection. In the presence of clinical manifestations of the disease it is recommended to repeat the test in 1-2 weeks.

Negative test results in immunosuppressed individuals should also be interpreted with caution.

The diagnosis should take into consideration clinical history, symptomatology, as well as the results of other laboratory tests.

13. TROUBLESHOOTING

Possible causes	*Solutions*
	High background in all wells
Contaminated washer	Clean the washer head, then rinse it with 30 % ethanol and distilled water
Low quality water or contaminated water	Use distilled/DI with resistivity ≥ 10 MΩ·cm.
Using contaminated glassware	Use clean glassware
Using chlorine based disinfectants	Use disinfectants without chlorine
Using contaminated tips	Use new tips
Increased time of incubation or temperature regimen was changed	Follow incubation regimen according to instruction for use
	High background in a few wells
TMB solution was added more than once	Add TMB solution once
Pipette shaft was contaminated with conjugate solution	Clean the pipette; pipette the liquids carefully
One the channels of the washer was contaminated	Clean the washer channel, clean the washer
	OD of the positive control below normal
Conjugate solution/tmb solution was prepared improperly or not added	Run ELISA repeatedly, prepared conjugate solution / TMB solution properly
Reduced incubation time in one of the stages	Follow incubation regimen according to the instruction for use
	Visual colour intensity of the wells does not correspond to optical density
The optical beam or another component of the reader is misaligned or malfunctioning	Test the absorbance reader's performance

REFERENCE

1. Juanjuan Zhao Jr., Quan Yuan et. al. Antibody responses to SARS-CoV-2 in patients of novel coronavirus disease 2019.// Clinical Infectious Diseases., - 2020 Mar. 20 doi: 10.1093/cid/ciaa344.
2. Laboratory testing for coronavirus disease (COVID-19) in suspected human cases // WHO. Interim guidance 19 March 2020. WHO reference number: WHO/COVID-19/laboratory/2020.5.
3. Marco Cascella ; Michael Rajnik et.al. Features, Evaluation and Treatment Coronavirus (COVID-19). // NCBI Bookshelf. StatPearls Publishing; 2020 – P.16.
4. Patrick C. Y. Woo, Susanna K. P. Lau. et.al. Differential Sensitivities of Severe Acute Respiratory Syn- drome (SARS) Coronavirus Spike Polypeptide Enzyme-Linked Immunosorbent Assay (ELISA) and SARS Coronavirus Nucleocapsid Protein ELISA for Serodiagnosis of SARS Coronavirus Pneumonia. // J. Clin. Microbiol., - 2005 – V. 43 N.7 - p. 3054–3058.
5. Quan-Xin Long, Bai-Zhong Liuet et. al. Antibody responses to SARS-CoV-2 in patients with COVID-19.// Nature Medicine., - 2020 April 29 doi: 10.1038/s41591-020-0897-1.
6. Quan-xin Long, Hai-jun Deng et.al. Antibody responses to SARS-CoV-2 in COVID-19 patients: the perspective application of serological tests in clinical practice. // medRxiv preprint doi: https://doi.org/10.1101/2020.03.18.20038018.
7. Shu-Yuan Xiao, Yingjie Wu, Huan Liu. Evolving status of the 2019 novel corona virus infection: Proposal of conventional serologic assays for disease diagnosis and infection monitoring. // J Med Virol., - 2020 - 92(5) – p.464-467. doi: 10.1002/jmv.25702. Epub 2020 Feb 17.
8. Wu, L.-P., Wang, N.-C. et.al. (2007). Duration of Antibody Responses after Severe Acute Respiratory Syndrome. // Emerging Infectious Diseases, - 2007 - 13(10) - p.1562-1564.
9. Bao Y., Ling Y., Chen Y. et. al. Dynamic anti-spike protein antibody profiles in COVID-19 patients.// International Journal of Infectious Diseases,- 103 (2021) - p.540–548.
10. Brochot E., Demey B. et. al. Anti-spike, Anti-nucleocapsid and Neutralizing Antibodies in SARS-CoV-2 Inpatients and Asymptomatic Individuals.// Front. Microbiol., 19 October 2020/https://doi.org/10.3389/fmicb.2020.584251

Catalogue number


Consult instructions for use

In vitro diagnostic medical device


Manufacturer


Caution


Contains sufficient for <*n*> tests


Temperature limit

Batch code


Use-by date


Date of manufacture


Keep away from sunlight


Signifies European conformity (CE) mark

Inst_SARS-CoV-2-IgG_QuantiSpike_IgG_EL040-96_V01_ENG
Edition 1st, 16.12.2021

Vitrotest Europe Sp. z o.o.
Krakowska str., 139-155, 50-428, Wroclaw, Poland
tel.: +48 882 950 379,
e-mail: info@vitrotest.pl, www.vitrotest.pl

CE

Vitrotest SARS-CoV-2 IgG QuantiSpike

ASSAY PROCEDURE

Keep all reagents and specimens for at least 30 min at 18-25 °C before use

Dispense 90 µl of SAMPLE PREDILUENT (brown-green colour) into the wells of PREDILUTION PLATE and add 10 µl of calibrators, positive control and the samples
(colour changes from brown-green to blue)

Dispense 90 µl of SAMPLE DILUENT *(yellow colour)* into the wells of ELISA STRIPS and add 10 µl of prediluted calibrators, positive control and samples into the wells of ELISA STRIPS in the following order:
A1 - CAL 200, B1 - CAL 100, C1 - CAL 50, D1 - CAL 25, E1 - CAL 0 *(or vice versa: A1 - CAL 0, B1 - CAL 25, C1 - CAL 50, D1 - CAL 100, E1 - CAL 200)*, F1 - CONTROL +, G1 and other wells – patient samples
(colour changes from yellow to green)

Cover wells with an adhesive film, incubate for 30 min at 37 °C

Rinse the wells 5 times with diluted 1:20 (1+19) washing solution Tween-20 (300 µl per well)

Add 100 µl of CONJUGATE SOLUTION to each well
(violet colour)

Cover wells with an adhesive film, incubate for 30 min at 37 °C

Rinse the wells 5 times with diluted 1:20 (1+19) washing solution Tween-20 (300 µl per well)

Add 100 µl of TMB SOLUTION to each well

Incubate the plate for 15 min in the dark at 18-25 °C

Stop the reaction by adding 100 µl of STOP SOLUTION
(colour changes from blue to yellow)

Determine the optical density (OD) at 450/620-695 nm

Build a calibration curve, determine the concentration of IgG specific antibodies to SARS-CoV-2 S-protein in the samples and interpret the test results according to the table:

IgG concentration	Interpretation
> 25 BAU/ml	POSITIVE
20-25 BAU/ml	DOUBTFUL
< 20 BAU/ml	NEGATIVE

Instruction for use

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ НАБОРА РЕАГЕНТОВ ДЛЯ ИММУНОФЕРМЕНТНОГО ОПРЕДЕЛЕНИЯ IgG АНТИТЕЛ К АНТИГЕНАМ HERPES SIMPLEX VIRUSES 2 ТИПА (HSV 2) В СЫВОРОТКЕ (ПЛАЗМЕ) КРОВИ

«HSV 2 IgG-ИФА»

A SOLID-PHASE ENZYME IMMUNOASSAY FOR THE QUALITATIVE DETERMINATION OF IgG ANTIBODIES TO HERPES SIMPLEX VIRUSES 2 (HSV 2) IN HUMAN SERUM OR PLASMA

HSV 2 EIA

НОМЕР ПО КАТАЛОГУ REF **K104B**

ТУ № 9398-1042-18619450-2012

РЕГИСТРАЦИОННОЕ УДОСТОВЕРЕНИЕ
№ ФСР 2012/14170 от 21 декабря 2012 г.

Антитела к ВИЧ 1,2, вирусу гепатита С и HBsAg отсутствуют
Контрольные сыворотки, входящие в состав набора, инактивированы.

Σ For 96 determinations /На 96 определений

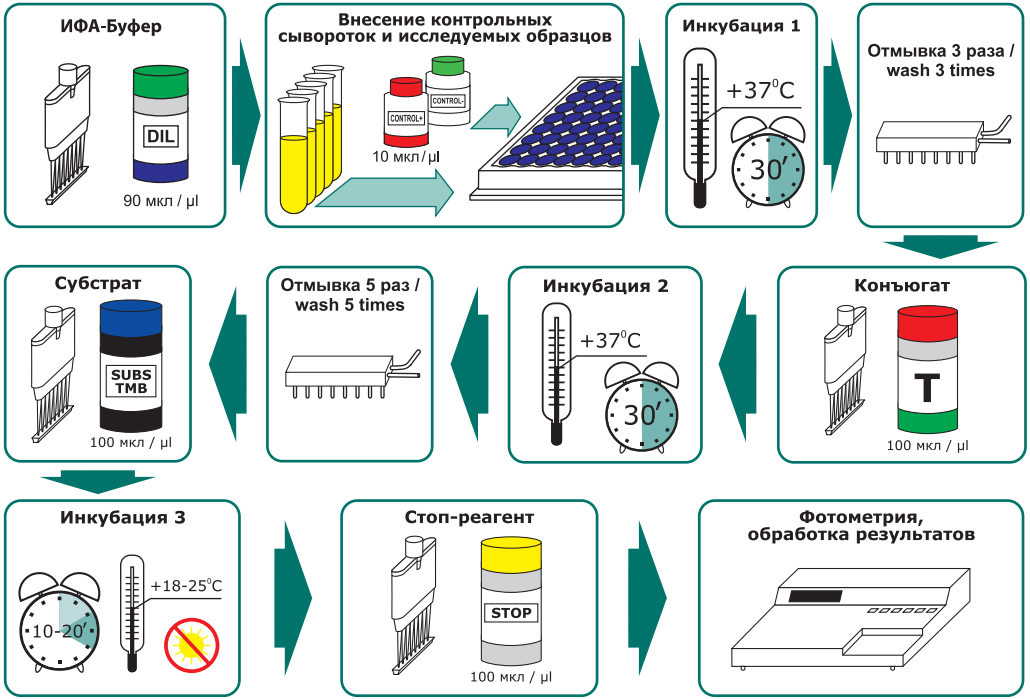
IVD Для *ин витро* диагностики

XEMA Co., Ltd.
The 9th Parkovaya str., 48
105264 Moscow, Russia
Tel./fax: +7(495) 510-57-07
e-mail: redkin@xema-medica.com
internet: www.xema-medica.com

CE EC REP

Authorized Representative in EU:
Polmed.de
Steinacker 20, D-73773
Aichwald, Germany
e-mail: info@polmed.de

Схема проведения анализа / Test procedure



K104B

СОДЕРЖАНИЕ

Инструкция составлена Руководителем службы клиентского сервиса ООО «ХЕМА», к. б. н. Д. С. Кострикиным

«УТВЕРЖДЕНА»
Приказ Росздравнадзора № 4496-Пр/08 от 10 июня 2008 г.
КРД № 10620 от 13.03.2008 г.

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ НАБОРА РЕАГЕНТОВ ДЛЯ ИММУНОФЕРМЕНТНОГО ОПРЕДЕЛЕНИЯ IgG АНТИТЕЛ К АНТИГЕНАМ HERPES SIMPLEX VIRUSES 2 ТИПА (HSV 2) В СЫВОРОТКЕ (ПЛАЗМЕ) КРОВИ «HSV 2 IgG-ИФА»

1. НАЗНАЧЕНИЕ

1.1. Набор реагентов «HSV 2 IgG-ИФА» предназначен для качественного определения концентрации IgG антител к антигенам Herpes Simplex Viruses 2 типа (HSV 2) в сыворотке (плазме) крови методом твердофазного иммуноферментного анализа.

1.2. Инфекции, вызываемые вирусом простого герпеса (ВПГ) относятся к числу наиболее частых заболеваний человека. Проведенные сероэпидемиологические исследования показали, что около 90 % всего населения к 4-й декаде жизни имеют антитела к ВПГ. Передача через инфицированные секреты является основным путем передачи инфекции. Латенция и реактивация очень часто встречаются при ВПГ-инфекции. Антитела к ВПГ играют защитную роль в предотвращении развития заболевания и ограничении латенции, хотя и не обеспечивают полной защиты. Исследование специфических IgG-антител к ВПГ выполняется на ранних сроках беременности для оценки предыдущей экспозиции к вирусу. В случае серонегативности беременной показано ограничение контактов.

2. ПРИНЦИП РАБОТЫ НАБОРА

Определение IgG антител к антигенам Herpes Simplex Viruses 2 типа (HSV 2) основано на использовании непрямого варианта твердофазного иммуноферментного анализа. На внутренней поверхности лунок планшета иммобилизован антиген – Herpes Simplex Viruses 2 типа (HSV 2). Антитела из образца связываются с антигеном на поверхности лунки. Образовавшийся комплекс выявляют с помощью конъюгата – мышиных моноклональных антител к IgG человека с пероксидазой хрена. В результате образуется связанный с пластиком «сэндвич», содержащий пероксидазу. Во время инкубации с раствором субстрата тетраметилбензидина (ТМБ) происходит окрашивание растворов в лунках. Интенсивность окраски прямо пропорциональна содержанию IgG антител к антигенам Herpes Simplex Viruses 2 типа (HSV 2) в исследуемом образце. Индекс позитивности (ИП, %) IgG антител к антигенам Herpes Simplex Viruses 2 типа (HSV 2) в исследуемых образцах рассчитывается по формуле, приведенной в инструкции.

3. АНАЛИТИЧЕСКИЕ ХАРАКТЕРИСТИКИ

3.1. Специфичность. Использование высокоочищенного препарата позволяет достичь высокой специфичности анализа.

3.2. Воспроизводимость.

Коэффициент вариации результатов определения содержания IgG антител к антигенам Herpes Simplex Viruses 2 типа (HSV 2) в одном и том же образце сыворотки (плазмы) крови с использованием Набора «HSV 2 IgG-ИФА» не превышает 8.0%.

Коэффициент вариации (CV) для образцов, измеренных на двух сериях Набора реагентов «HSV 2 IgG-ИФА» (Intra-assay)

образец, №	кол-во повторов	значение, ИП средний	CV1, %	CV2, %
1	32	0.429	4.1	5
2	32	3.4	3.4	3.2

Коэффициент вариации (CV) для образцов, измеренных на одной серии Набора реагентов «HSV 2 IgG-ИФА» в течение трех дней (Inter-assay)

образец, №	кол-во повторов	значение, ИП средний	CV1, %
1	8	0.395	7
2	8	1.4	4.3

4. СОСТАВ НАБОРА

	Код компонента	Символ	Наименование	Кол-во	Ед.	Описание
1	P104BZ	SORB MTP	**Планшет** 96-луночный полистироловый, стрипированный, готов к использованию	1	шт	-
2	CN104BZ CP104BZ	CONTROL- CONTROL +	**Контрольные сыворотки** (отрицательный и положительный контроли) на основе сыворотки крови человека с известным содержанием IgG антител к антигенам Herpes Simplex Viruses 2 типа (HSV 2), готовы к использованию (0.5 мл и 0.2 мл соответственно)	2	шт	прозрачная бесцветная жидкость и прозрачная жидкость красного цвета
3	T104BZ	CONJ HRP	**Конъюгат,** готов к использованию (14 мл)	1	шт	прозрачная жидкость зеленого цвета
4	S014Z	DIL	**ИФА-Буфер**, готов к использованию (14 мл)	1	шт	прозрачная жидкость синего цвета
5	R055Z	SUBS TMB	**Раствор субстрата тетраметилбензидина** (ТМБ), готов к использованию (14 мл)	1	шт	прозрачная бесцветная жидкость
6	S008Z	BUF WASH 26X	**Концентрат отмывочного раствора (**солевой раствор с твин-20 и бензойной кислотой), 26х-кратный (22 мл)	1	шт	прозрачная бесцветная жидкость
7	R050Z	STOP	**Стоп-реагент,** готов к использованию (14 мл)	1	шт	прозрачная бесцветная жидкость
8	N003	-	Бумага для заклеивания планшета	2	шт	-
9	K104BI	-	Инструкция по применениюНабора реагентов «HSV 2 IgG-ИФА»	1	шт	-
10	K104BQ	-	Паспорт контроля качества Набора реагентов «HSV 2 IgG-ИФА»	1	шт	-

5. МЕРЫ ПРЕДОСТОРОЖНОСТИ

5.1. Потенциальный риск применения Набора – класс 2а (ГОСТ Р 51609-2000).

5.2. Все компоненты Набора, за исключением стоп-реагента (5.0% раствор серной кислоты), в используемых концентрациях являются нетоксичными.

Раствор серной кислоты обладает раздражающим действием. Избегать разбрызгивания и попадания на кожу и слизистые. При попадании на кожу и слизистые пораженный участок следует промыть большим количеством проточной воды.

5.3. При работе с Набором следует соблюдать «Правила устройства, техники безопасности, производственной санитарии, противоэпидемического режима и личной гигиены при работе в лабораториях (отделениях, отделах) санитарно-эпидемиологических учреждений системы Министерства здравоохранения СССР» (Москва, 1981 г.).

5.4. При работе с Набором следует надевать одноразовые резиновые или пластиковые перчатки, так как образцы крови человека следует рассматривать как потенциально инфицированный материал, способный длительное время сохранять и передавать ВИЧ, вирус гепатита или любой другой возбудитель вирусной инфекции.

6. ОБОРУДОВАНИЕ И МАТЕРИАЛЫ, НЕОБХОДИМЫЕ ПРИ РАБОТЕ С НАБОРОМ

- фотометр вертикального сканирования, позволяющий измерять оптическую плотность содержимого лунок планшета при длине волны 450 нм;
- термостат, поддерживающий температуру +37 °С ±0.1 °С;
- дозаторы со сменными наконечниками, позволяющие отбирать объемы в диапазоне 10–250 мкл;
- цилиндр мерный вместимостью 1000 мл;
- вода дистиллированная;
- перчатки резиновые или пластиковые;
- бумага фильтровальная.

7. ПОДГОТОВКА РЕАГЕНТОВ ДЛЯ АНАЛИЗА

7.1. Перед проведением анализа компоненты Набора и исследуемые образцы сыворотки (плазмы) крови следует выдержать при комнатной температуре (+18…+25 °С) не менее 30 мин.

7.2. Приготовление планшета.

Вскрыть пакет с планшетом и установить на рамку необходимое количество стрипов. Оставшиеся неиспользованными стрипы, чтобы предотвратить воздействие на них влаги, тщательно заклеить бумагой для заклеивания планшета и хранить при температуре +2…+8 °С в течение всего срока годности Набора.

7.3. Приготовление отмывочного раствора.

Содержимое флакона с концентратом отмывочного раствора (22 мл), перенести в мерный цилиндр вместимостью 1000 мл, добавить 550 мл дистиллированной воды и тщательно перемешать. В случае дробного использования Набора следует отобрать необходимое количество концентрата отмывочного раствора и развести дистиллированной водой в 26 раз (1 мл концентрата отмывочного раствора + 25 мл дистиллированной воды).

8. УСЛОВИЯ ХРАНЕНИЯ И ЭКСПЛУАТАЦИИ НАБОРА

8.1. Набор реагентов «HSV 2 IgG-ИФА» должен храниться в упаковке предприятия-изготовителя при температуре +2...+8 °С в течение всего срока годности, указанного на упаковке Набора.

Допускается хранение (транспортировка) Набора при температуре до +25 °С не более 15 суток. Не допускается замораживание целого набора.

8.2. Набор рассчитан на проведение анализа в дубликатах 46 исследуемых образцов и 2 проб контрольной сыворотки (всего 96 определений).

8.3. В случае дробного использования Набора компоненты следует хранить следующим образом:

- оставшиеся неиспользованными стрипы необходимо тщательно заклеить бумагой для заклеивания планшета и хранить при температуре +2...+8 °С в течение всего срока годности Набора;
- Буфер для разведения образцов, концентрат конъюгата, Буфер для разведения концентрата конъюгата, субстрат, стоп-реагент после вскрытия флаконов следует хранить при температуре +2...+8 °С в течение всего срока годности Набора;
- контрольные сыворотки после вскрытия флаконов следует хранить при температуре +2...+8 °С не более 2 месяцев;
- оставшийся неиспользованным концентрат отмывочного раствора следует хранить при температуре +2…+8 °С в течение всего срока годности Набора. Приготовленный отмывочный раствор следует хранить при комнатной температуре (+18…+25 °С) не более 15 суток или при температуре +2…+8 °С не более 45 суток.

Примечание. После использования реагента немедленно закрывайте крышку флакона. Закрывайте каждый флакон своей крышкой.

8.4. Для проведения анализа не следует использовать гемолизированную, мутную сыворотку (плазму) крови, а также сыворотку (плазму) крови, содержащую азид натрия. Если анализ производится не в день взятия крови, сыворотку (плазму) следует хранить при температуре -20 °С. Повторное замораживание-оттаивание образцов сыворотки (плазмы) крови не допускается. Допускается исследование сывороток, хранение которых с момента забора крови осуществлялось при температуре от +2 ºС до +8 ºС не более 7 суток.

8.5. Исключается использование для анализа образцов сыворотки (плазмы) крови людей, получавших в целях диагностики или терапии препараты, в состав которых входят мышиные антитела.

8.6. Для получения надежных результатов необходимо строгое соблюдение Инструкции по применению Набора.

8.7. Не используйте компоненты из других наборов или из аналогичных наборов других серий.

9. ПРОВЕДЕНИЕ АНАЛИЗА

1	**Поместите в рамку необходимое количество стрипов** – исследуемые образцы в 2 повторах и 4 лунки для контрольных сывороток (Отрицательный контроль 3 лунки, Положительный контроль 1 лунка).
2	**Внесите во все лунки планшета по 90 мкл ИФА-Буфера.**

3	**Внесите в соответствующие лунки в дубликатах по 10 мкл контрольных сывороток.** В остальные лунки внесите в дубликатах **по 10 мкл исследуемых образцов сыворотки (плазмы) крови.** Внесение калибровочных проб, контрольной сыворотки и исследуемых образцов необходимо произвести в течение 15 минут.
4	**ВНИМАНИЕ!** При внесении образцов сыворотки (плазмы) крови происходит изменение цвета раствора.
5	Аккуратно перемешайте содержимое планшета круговыми движениями по горизонтальной поверхности, заклейте планшет бумагой для заклеивания планшета. **Инкубируйте планшет в течение 30 минут при температуре +37 °С.**
6	По окончании инкубации удалите содержимое лунок аспирацией (например, с помощью водоструйного насоса) или декантированием и **отмойте лунки 3 раза**. При каждой отмывке добавьте во все лунки по 250 мкл отмывочного раствора (см. п. 7.3), встряхните планшет круговыми движениями по горизонтальной поверхности с последующей аспирацией или декантированием. Задержка при отмывке (замачивание лунок) не требуется. При каждом декантировании необходимо тщательно удалять остатки жидкости из лунок.
7	**Внесите во все лунки по 100 мкл конъюгата.**
8	Заклейте планшет бумагой для заклеивания планшета и **инкубируйте его в течение 30 минут при температуре +37 °С.**
9	По окончании инкубации удалите содержимое лунок и **отмойте лунки 5 раз.**
10	**Внесите во все лунки по 100 мкл раствора субстрата тетраметилбензидина.** Внесение раствора субстрата тетраметилбензидина в лунки необходимо произвести в течение 2–3 мин. **Инкубируйте планшет в темноте при комнатной температуре (+18...+25 °С) в течение 10–20 минут в зависимости от степени развития синего окрашивания.**
11	**Внесите во все лунки** с той же скоростью и в той же последовательности, как и раствор субстрата тетраметилбензидина, **по 100 мкл стоп-реагента,** при этом содержимое лунок окрашивается в ярко-желтый цвет.
12	**Измерьте величину оптической плотности (ОП)** содержимого лунок планшета на фотометре вертикального сканирования **при длине волны 450 нм.** Измерение ОП содержимого лунок планшета необходимо произвести в течение 15 мин после внесения стоп-реагента. Бланк фотометра выставляйте по воздуху.
	Рассчитайте содержание антител к антигенам в исследуемых образцах. Для этого: 1. Рассчитайте среднее значение ОП Отрицательного контроля: ОП (CN104BZ)Ср = (ОП1 (CN104BZ)+ОП2 (CN104BZ)) /2; Результаты анализа считать достоверными, если - ОП **Положительного контроля** не ниже **0.6 оптических единиц** (ОЕ) - ОП **Отрицательного контроля** не выше **0.15 ОЕ** во всех лунках - ОП каждого значения Отрицательного контроля отличается не более чем в два раза от среднего значения отрицательного контроля, т.е. ОП (CN104BZ)Ср x 0.5 < ОПn (CN104BZ) < ОП (CN104BZ)Ср x 2.0 если одно из значений Отрицательного контроля выходит за пределы этого интервала, то его значение не участвует в расчете ОП (CN104BZ)Ср 2. Рассчитайте уровень граничного значения Cut off, для этого к среднему значению ОП Отрицательного контроля прибавьте 0.25 Cut off = ОП (CN104BZ)Ср + 0.25 3. Рассчитайте Индекс Позитивности (ИП, %) для каждого исследуемого образца, для этого ОП образца разделите на значение Cut off ИП = ОПобразца / Cut off

10. ОЖИДАЕМЫЕ ЗНАЧЕНИЯ И НОРМЫ

10.1. Основываясь на результатах исследований, проведенных ООО «ХЕМА», рекомендуем пользоваться нормами, приведенными ниже. Вместе с тем, в соответствии с правилами *GLP* (Хорошей лабораторной практики), каждая лаборатория должна сама определить параметры нормы, характерные для обследуемой популяции.

Интерпретация результатов:

При **ИП>1.1** образец **положительный**,

при **ИП<0.9** - **отрицательный**.

При значении ИП, лежащем в промежутке от 0.91 до 1.09 - результат в пограничной зоне (+/-). Такие сыворотки рекомендуется исследовать повторно. Если повторный полученный результат будет неопределенным, то следует провести тестирование сыворотки, полученной через 2-4 недели. В случае получения неопределенных результатов такие образцы считать отрицательными.

11. ЛИТЕРАТУРА

1. Исаков В.А., Борисова В.В., Исаков Д.В. Герпес: патогенез и лабораторная диагностика. Руководство для врачей. Лань. - 1999. – 192с.
2. Cherpes T.L., Ashley R.L., Meyn L.A., and Hillier S.L. Longitudinal reliability of focus glycoprotein G-based type-specific enzyme immunoassays for detection of Herpes simplex virus types 1 and 2 in women. J. Clin. Microbiol. – 2003. - V. 41. – № 2. - p.671-674.
3. Cowan F.M., Johnson A.M., Ashley R., Corey I., Mindel A. Relationship between antibodies to herpes simplex virus (HSV) and symptoms of HSV infection. J. Infect. Dis. – 1996. - V. 174. – p.470-475.
4. Munday P.E., Vuddamalay J., Slomka M.J., Brown D.W.G. Role of type specific herpes simplex virus serology in the diagnosis and management of genital herpes. Sex Transm. Inf. – 1998. - V.74. - p.175-178.
5. Nilsen A., Ulvestad E., Marsden H., Langeland N., Myrmel H., Matre R., Haarr L. Performance characteristics of a glycoprotein as assays for detection of anti-HSV-2 antibodies in human sera. J.Virol. Methods. – 2003. – V. 107. – p.21-27.
6. Roest R.W., van der Meijden WI, van Dijk G, Groen J, Mulder P.G., Verjans G.M. et al. Prevalence and association between herpes simplex viruses types 1- and 2-specific antibodies in attendees at a sexually transmitted disease clinic. – Int. Epidemiol. – 2001. – V30. – p.580-588.
7. Whitley R.I. Herpes simplex virus infections. In: Infectious Diseases of the Fetus and Newborn Infants. (Reminington JS, Klein JO, eds). Philadelphia: WB Saunders. – 1990. – p. 282-305.

По вопросам, касающимся качества Набора **«HSV 2 IgG-ИФА»**,
следует обращаться в ООО «ХЕМА» по адресу:
105043, г. Москва, а/я 58
105264, г. Москва, ул. 9-я Парковая, д. 48, 1-й под., 5 этаж,
тел/факс (495) 737-39-36, 737-00-40, 510-57-07 (многоканальный)

электронная почта: info@xema.ru; rqc@xema.ru
интернет: www.xema.ru; www.xema-medica.com

Руководитель службы клиентского сервиса ООО «ХЕМА»,
к. б. н. Д. С. Кострикин

Символ / Symbol	Значение символа / Symbolize
	Производитель / Manufacturer
	Дата производства / Date of manufacture
REF	Номер по каталогу / Catalogue number
LOT	Номер серии / Batch code
 YYYY-MM	Использовать до (год-месяц) / Use By
	Ограничение температуры / Temperature limitation
IVD	Только для ин витро диагностики / In Vitro Diagnostic Medical Device
	Внимание! / Caution, consult accompanying documents
	Не использовать при нарушении целостности упаковки / Do not use if package damaged
SORB MTP	Планшет / EIA strips
CAL	Калибровочные пробы / Calibrator set
CONTROL	Контрольная сыворотка / Control sera
CONJ HRP	Конъюгат / Conjugate
SUBS TMB	Раствор субстрата тетраметилбензидина (ТМБ) / Substrate solution
BUF WASH 26X	Концентрат отмывочного раствора / Washing solution concentrate
STOP	Стоп-реагент / Stop solution
DIL	ИФА-Буфер / EIA buffer

Уважаемый Клиент!
Если в процессе работы с нашими Наборами Вам понадобились пластиковые ванночки для жидких реагентов, одноразовые наконечники для дозаторов или дополнительные объемы реагентов (концентрат отмывочного раствора, ИФА-Буфер, раствор субстрата тетраметилбензидина (ТМБ), стоп-реагент), входящих в состав Набора, просим Вас обратиться к поставщику продукции ООО «ХЕМА» в Вашем регионе.
Все указанные расходные материалы предоставляются бесплатно, в необходимом для проведения анализа количестве.

Перечень Наборов реагентов для диагностики инфекционных заболеваний производства ООО «ХЕМА»

№ по каталогу	Наименование
K101	«Toxoplasma IgG-ИФА»
K101M	«Toxoplasma IgM-ИФА»
K102	«Rubella IgG-ИФА»
K102M	«Rubella IgM-ИФА»
K103	«Cytomegalovirus IgG-ИФА»
K103M	«Cytomegalovirus IgM-ИФА»
K104	«HSV 1,2 IgG-ИФА»
K104M	«HSV 1,2 IgM-ИФА»
K105	«Chlamydia IgG-ИФА»
K106	«Mycoplasma IgG-ИФА»
K111G	«Сифилис IgG-ИФА»
K111	«Сифилис суммарные антитела-ИФА»
K121	«Aspergillus IgG-ИФА»

Номер горячей линии технической поддержки Клиентов:
8 800 505 23 45
Все звонки на номер горячей линии бесплатны для звонящего с любого мобильного или стационарного телефона по всей территории России.

Ждем Ваших отзывов и предложений по адресам:

Центральный офис ООО «ХЕМА»
Адрес для корреспонденции:
105043, г. Москва, а/я 58
105264, г. Москва, ул. 9-я Парковая, д. 48, 1-й под., 5 этаж
тел.: +7 (495) 510-57 07, 737-39-36;
факс: +7 (495) 737-00-40
e-mail: info@xema.ru
www.xema-medica.com

ФООО «Хема», тел.: +7 (812) 271-24-41
191144, Санкт-Петербург, Дегтярный пер., д. 8-10, литер А
e-mail: spb@xema.ru

СП ООО «Хемма-Тест», тел.: (17) 211-80-39
Офис: 220029, Минск, Проспект Машерова, д. 11,
литер А, корп. 8/К, офис 416
e-mail: hemma-test@yandex.ru
ТОВ «Хема», тел.: (044) 422-62-16;
03179, г. Киев, ул. Академика Ефремова, д. 23;
e-mail: info@xema.com.ua

xemahelp
xemahelp@gmail.com

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of total IgE in human serum or plasma

Total IgE EIA

Catalogue number REF **K200**

Σ 96 For 96 determinations

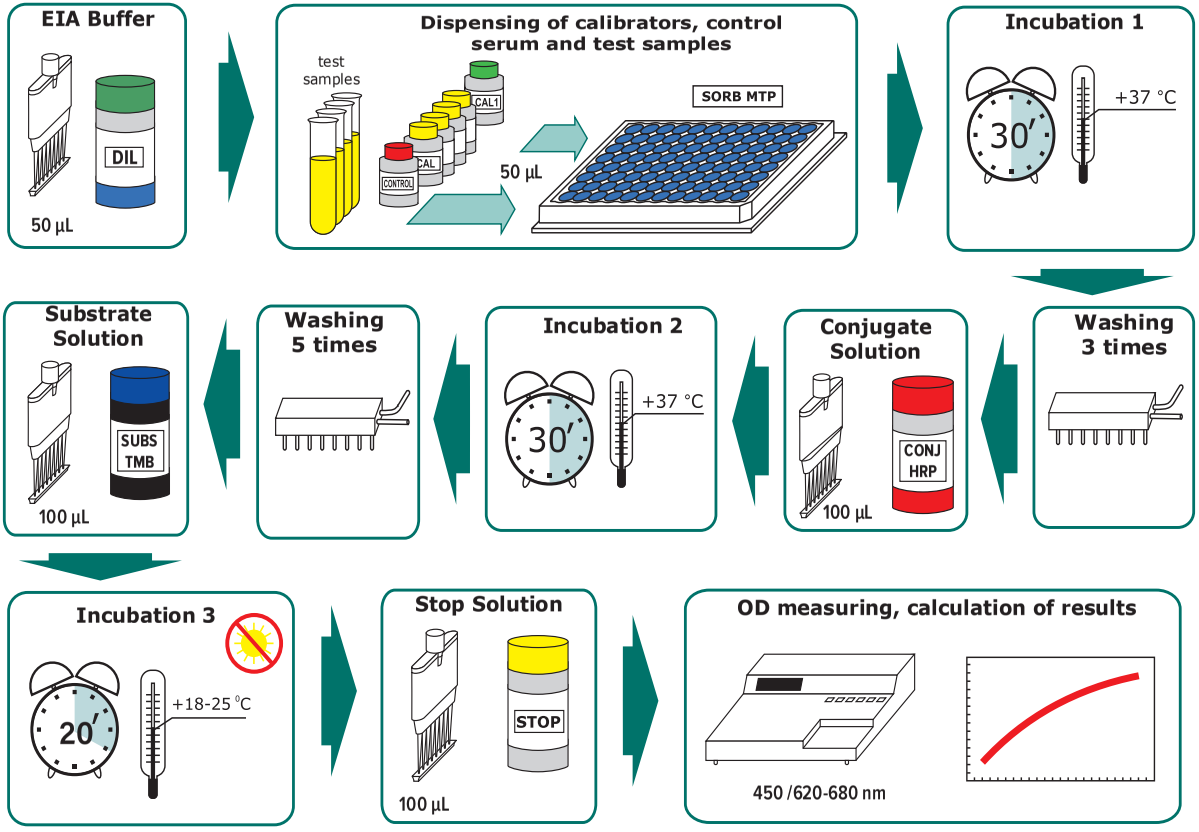
IVD *In vitro* diagnostic medical device

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.com.ua

CE

EC REP Authorized Representative in EU:
Polmed.de Beata Rozwadowska
Fichtenstr. 12A, 90763 Fuerth, Germany
tel.:+ 49 911 931 639 67
E-mail: info@polmed.de
www.polmed.de

ASSAY PROCEDURE



K200

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of total IgE in human serum or plasma
Total IgE EIA

1. INTENDED USE

The Total IgE EIA kit is an enzyme immunoassay, intended for the quantitative determination of total IgE concentration in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

Total immunoglobulin E (IgE) serum level is widely reported as the laboratory marker of atopic diseases such as atopic asthma, atopic dermatitis, and pollenosis. An atopic (IgE-dependent) mechanism can also underlie gastroenterocolitis, urticaria, other forms of vasculitis (including systemic), cholecystitis, vulvovaginitis, and cystitis. Part of the drug allergy (mainly to penicillin and protein drugs) also develops according to the IgE-dependent mechanism. In all of the conditions listed above, the production of high titers of specific IgE antibodies can lead to an increase in the level of total IgE in the serum. A particularly high level of total IgE is characteristic of atopic dermatitis. In addition to atopic diseases, total serum IgE is significantly increased in parasitic infestations and mycoses (especially systemic), rarely in systemic autoimmune diseases and immunodeficiency states (especially in hyper-IgE syndrome), as well as in mastocytosis (mast cell tumor) and extremely rare IgE-myeloma. A decrease in the level of total IgE in serum (below 15 IU/ml in adults) is a rare and little-studied phenomenon described in hypogammaglobulinemia, some autoimmune diseases, ulcerative colitis, and primary biliary cirrhosis.

3. TEST PRINCIPLE

The determination of the total IgE is based on the two-site sandwich enzyme immunoassay principle. On the inner surface of the microplate wells are immobilized specific murine monoclonal antibodies to human IgE. Second antibodies – rabbit polyclonal antibodies to IgE conjugated to the horseradish peroxidase is used as enzyme conjugate. The analysis procedure includes tree stages of incubation:

- during the first stage the total IgE from the specimen is captured by the monoclonal antibodies coated onto the microwell surface;
- during the second stage horseradish peroxidase-conjugated with rabbit polyclonal antibodies bind to free epitopes of immobilized total IgE, fixed in the formed at the previous stage complexes;
- during the third stage, the complexes formed due to the reaction with the chromogen 3,3',5,5'-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is directly related to the quantity of the measured total IgE in the serum specimen (plasma).

The concentration is determined according to the calibration graph of the dependence of the optical density on the content of total IgE in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P200Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to total IgE; ready to use
C200Z	CAL 1	**Calibrator C1**	0.8 mL	1	Solution based on phosphate buffer, free of total IgE, with preservative, ready to use (yellow liquid)
C200Z	CAL 1-5	**Calibrators**	0.8 mL	5	Solutions based on phosphate buffer, containing 50; 200; 500 and 1000 IU/mL of total IgE, ready to use (red liquids)
Q200Z	CONTROL	**Control serum**	0.8 mL	1	Solution based on human serum, containing of known total IgE content, with preservative, ready to use (colourless liquid)
T200Z	CONJ HRP	**Conjugate Solution**	14 mL	1	Solution of rabbit polyclonal antibodies to human total IgE conjugated to the horseradish peroxidase; ready to use (red liquid)
S011Z	DIL	**EIA Buffer**	14 mL	1	Buffer solution with detergent and preservative, ready to use (blue liquid)
R055Z	SUBS TMB	**Substrate Solution**	14 mL	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	30 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	14 mL	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (3 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

- microplate photometer with 450 nm wavelength or 450\620-680 nm;
- dry thermostat for 37 °C±2 °C;
- automatic plate washer (optional);
- micropipettes with variable volume, range volume 5-1000 µL;
- graduated cylinder of 1000 mL capacity;
- distilled or deionized water;
- timer;
- vortex mixer;
- disposable gloves;
- absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below; do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The Total IgE EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The Total IgE EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- strips that remain unused must be carefully sealed with the plate sealing tape and stored at +2...+8°C within 2 months;
- EIA Buffer, Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;
- diluted Washing Solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. Unused strips must be sealed with plate sealing tape to prevent moisture from affecting the plate's holes and placed back in the bag.

9.3. Washing solution preparation

Add the contents of the 30 mL washing solution concentrate vial to 750 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of washing solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the washing solution concentrate, mL	2.5	5	7.5	10	12.5	15	17.5	20	22.5	25	27.5	30
Volume of water, mL	62.5	125	187.5	250	312.5	375	437.5	500	562.5	625	687.5	750

10. ASSAY PROCEDURE

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 12 wells for Calibrators and Control Serum (2 wells for each Calibrator (CAL 1-5) and 2 wells for Control Serum (Q)).

10.2 Dispense **50 µL of EIA Buffer** to all wells.

10.3 Dispense **50 µL of Calibrators and Control Serum as well as 50 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

NOTE: during performing several independent series of tests, Calibrators, and Control Serum should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP3	SAMP3	SAMP11	SAMP11						
B	CAL2	CAL2	SAMP4	SAMP4	SAMP12	SAMP12						
C	CAL3	CAL3	SAMP5	SAMP5	SAMP13	SAMP13						
D	CAL4	CAL4	SAMP6	SAMP6	SAMP14	SAMP14						
E	CAL5	CAL5	SAMP7	SAMP7	SAMP15	SAMP15						
F	Q	Q	SAMP8	SAMP8								
G	SAMP1	SAMP1	SAMP9	SAMP9								
H	SAMP2	SAMP2	SAMP10	SAMP10								

10.4 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **30 minutes at +37 °C**.

10.5 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 3 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the Washing Solution volume can be increased to 350 µL.

10.6 Add **100 µL of Conjugate Solution** to all wells.

10.7 Cover strips with a plate sealing tape and incubate for **30 minutes at +37 °C**.

10.8 At the end of the incubation period, aspirate and wash each well 5 times as described in 10.5.

10.9 Add **100 µL of Substrate Solution** to all wells. The introduction of the Substrate Solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 20 minutes**.

10.10 Add **100 µL of Stop Solution** to all wells in the same order as the Substrate Solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.11 Read the optical density (OD) of the wells at 450nm and reference light filters 620–680 nm using a microplate photometer within 5 minutes of adding the stop solution. Set photometer blank on CAL1.

10.12 Plot a calibration curve in linear coordinates: (x) is the concentration of total IgE in the Calibrators IU/mL, (y) – OD versus concentration of total IgE (OD 450 nm / 620–680 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve.

10.13 Determine the corresponding concentration of total IgE in tested samples from the calibration curve.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 0.15, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

12.1. Therapeutical consequences should not be based on the results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for total IgE. Based on data obtained by XEMA LLC, the following normal range is recommended (see below).

NOTE: values of total IgE concentrations in the tested samples that are below the LoD (3 IU/mL) and also exceed the value of the upper calibrator (1000 IU/mL) should be provided in the following form : «the total IgE concentration of tested sample X is «lower than 3 IU/mL» or «higher than 1000 IU/mL».

12.2. The calibrators concentration values of the Total IgE EIA kit are expressed in IU/mL. To calculate concentrations in ng/mL, the received concentration value in IU/mL shall be multiplied by 2.4.

1 IU/mL = 2.4 ng/mL.

Sex, age	Units, IU/mL		Units alternative, ng/mL	
	Lower limit	Upper limit	Lower limit	Upper limit
< 6 months	-	12	-	28.8
6-12 months	-	30	-	72.0
1-3 yrs	-	45	-	108.0
4-6 yrs	-	70	-	168.0
7-9 yrs	-	90	-	216.0
10-15 yrs	-	120	-	288.0
>15 yrs	-	130	-	312.0

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, IU/mL	CV, %
1	10.6	4.33
2	116.2	5.47

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, IU/mL	CV, %
1	12.5	8.36
2	113.4	1.47

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, IU/mL	Concentration2, IU/mL	Concentration3, IU/mL	CV, %
1	12.7	13.3	12.3	3.66
2	115.5	117.8	115.1	1.25

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known total IgE concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 50-1000 IU/mL ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest total IgE concentration in the serum or plasma sample that is detected by the Total IgE EIA kit is no lower than 3 IU/mL.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for Total IgE EIA kit is 50IU/mL.

13.1.5 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of total IgE with other analytes is shown in the table:

Analyte	Concentration, IU/mL	Cross-reactivity, %
IgA	1000	Not detected
IgM	1000	Not detected
IgG	1000	Not detected

14. REFERENCES

1. Zetterstrom and Hohansson S.G.O. Allergy 1981; 36:537.
2. Buckley R. H. Immunopharmacology of Allergic Disease 1979; 117.
3. Michel f. B., Bousquet J. and Greilier P. J. Allergy Clin. Immunol. 1980; 64:422.
4. Ishizaka T. Ann Allergy 1982; 48: 313.
5. Kulczyski A. Jr. J. Allergy Clin. Immunol. 1981; 68:5.
6. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
7. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
8. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81)

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

XEMA

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
EC REP	Authorized representative in the European Community/European Union
CE	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

qa@xema.com.ua

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

Instruction for use
A solid-phase enzyme immunoassay kit
for the quantitative determination of
triiodothyronine in human serum or plasma

T3 EIA

Catalogue number REF **K211**

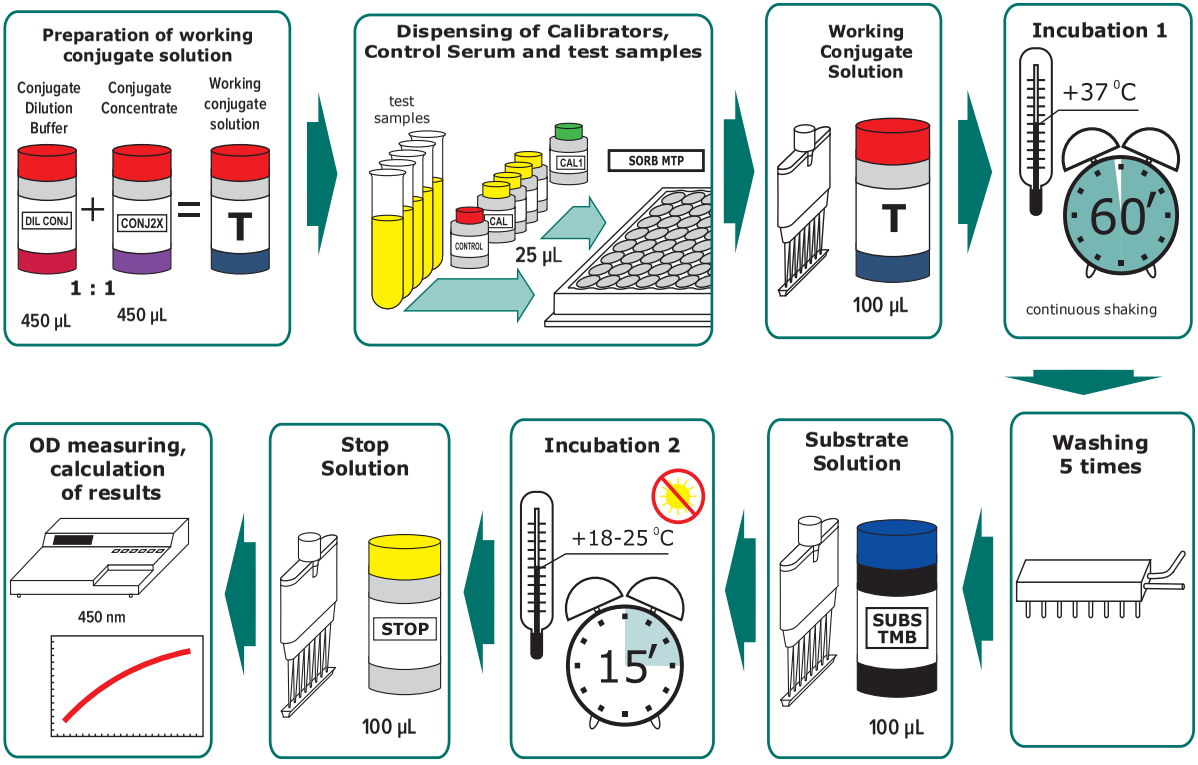
Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.com.ua

EC REP Authorized Representative in EU:
Polmed.de Beata Rozwadowska
Fichtenstr. 12A, 90763 Fuerth, Germany
tel.:+ 49 911 931 639 67
E-mail: info@polmed.de
www.polmed.de

ASSAY PROCEDURE



K211

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of triiodothyronine in human serum or plasma
T3 EIA

1. INTENDED USE

The T3 EIA kit is an enzyme immunoassay, intended for the quantitative determination of triiodothyronine in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

Triiodothyronine (T3) is a hormone with a molecular weight of 651 Da, 58% of which is iodine. Thyroid hormones thyroxin (T4) and 3,5,3′-triiodothyronine (T3) exert regulatory influences on growth, differentiation, cellular metabolism and development of skeletal and organ systems. T4 and T3 in blood are found both in free and bound form – mostly, they are bound to thyroxin binding globulin (TBG). Only free forms of T3 and T4 exert hormonal activity also their percentage is very low – 0.3% for T3 and 0.03% for T4.

The concentration of T3 is much less than that of T4 but its metabolic activity is about 3 times greater. About 80% of T3 is produced in peripheral tissues by deiodination of T4, and only 20% is secreted by thyroid gland. That is why in hypothyroid patients T3 level may for a long time remain on the lower limit of the normal range, because its loss may be compensated by enhanced conversion of T4 into T3.

Determination of T3 level is most useful in T3-hyperthyroidism because 5-10% of such patients do not show significant changes in T4 level while concentration of T3 is highly elevated. Elevated T3 levels are seen in early thyroid hypofunction, after intake of estrogens, oral contraceptives, heroin, methadone, during pregnancy.

Decreased concentrations of T3 are found in initial stage of hyperthyroidism, acute and subacute thyroiditis, after intake of androgens, dexamethasone, salycilates. Decreased concentrations of T3 are found in initial stage of hyperthyroidism, acute and subacute thyroiditis, after intake of androgens, dexamethasone, salycilates.

3. TEST PRINCIPLE

The determination of triiodothyronine is based on the competition principle of the enzyme immunoassay. On the inner surface of the microplate wells are immobilized specific rabbit polyclonal to T3 antibodies. T3 conjugated to the horseradish peroxidase is used as enzyme conjugate. The analysis procedure includes two stages of incubation:

- during the first stage T3 from the specimen competes with the conjugated T3 for coating antibodies. As a result, a complex bounded to the solid phase and containing peroxidase is formed.
- during the second stage, the complexes formed due to the reaction with the chromogen 3,3′,5,5′-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is inversely related to the quantity of the measured T3 in the serum specimen (plasma).

The concentration is determined according to the calibration graph of the dependence of the optical density on the content of T3 in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P211Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with rabbit polyclonal antibodies to T3, ready to use;
C211Z	CAL 1	**Calibrator C1**	0.5 mL	1	Solution based on tris buffer (pH 7.2-7.4), free of T3, with preservative, ready to use (yellow liquid)
C211Z	CAL 2-5	**Calibrators**	0.5 mL	4	Solutions based on tris buffer (pH 7.2-7.4), containing 0,75; 1,5; 7,5 and 15 nmol/L of T3, with preservative, ready to use (blue liquids)
Q211Z	CONTROL	**Control serum**	0.5 mL	1	Solution based on human plasma, containing of known T3 content, with preservative, ready to use (colourless liquid)
T211XZ	CONJ 2X	**Conjugate Concentrate**	7 mL	1	Solution of T3 conjugated to the horseradish peroxidase; 2x concentrate (purple liquid)
ST211Z	DIL CONJ	**Conjugate Dilution Buffer**	7 mL	1	Buffer solution with detergent ready to use (red liquid)
R055Z	SUBS TMB	**Substrate Solution**	14 ml (мл)	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 ml (мл)	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	14 ml (мл)	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (2 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

- microplate photometer with 450 nm wavelength;
- shaker maintaining a speed of 500 rpm for +37 °C±2°C;
- automatic plate washer (optional);
- micropipettes with variable volume, range volume 5-1000 µL;
- graduated cylinder of 1000 mL capacity;
- distilled or deionized water;
- timer;
- vortex mixer;
- disposable gloves;
- absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below; do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The T3 EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The T3 EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- strips that remain unused must be carefully sealed with the plate sealing tape and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Concentrate, Conjugate Dilution Buffer, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;
- diluted Washing Solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. Unused strips must be sealed with plate sealing tape to prevent moisture from affecting the plate's holes and placed back in the bag.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of Washing Solution concentrate and dilute it 26 times with distilled or deionized water.

9.4. Working conjugate solution preparation

Prepare a working conjugate solution by 2 dilutions of Conjugate Concentrate in Conjugate Dilution Buffer (eg, 450 µL of concentrate + 450 µL of Conjugate Dilution Buffer). In the case of partial use of the kit, take the necessary amount of Conjugate Concentrate and dilute it 2 times with Conjugate Dilution Buffer, since the working conjugate solution in a diluted form is not stored for a long time.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550
Volume of Conjugate Concentrate, mL	0.45	0.9	1.35	1.8	2.25	2.7	3.15	3.6	4.05	4.5	4.95	5.4
Volume of Conjugate Dilution Buffer, mL	0.45	0.9	1.35	1.8	2.25	2.7	3.15	3.6	4.05	4.5	4.95	5.4

10. ASSAY PROCEDURE

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 12 wells for Calibrators and Control Serum (2 wells for each calibrator (CAL 1-5) and 2 wells for control serum (Q)).

10.2 Prepare Working conjugate solution as described in 9.4.

10.3 Dispense **25 µL of Calibrators and Control Serum as well as 25 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

Note: during performing several independent series of tests, Calibrators, and Control Sample should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP3	SAMP3	SAMP11	SAMP11						
B	CAL2	CAL2	SAMP4	SAMP4	SAMP12	SAMP12						
C	CAL3	CAL3	SAMP5	SAMP5								
D	CAL4	CAL4	SAMP6	SAMP6								
E	CAL5	CAL5	SAMP7	SAMP7								
F	Q	Q	SAMP8	SAMP8								
G	SAMP1	SAMP1	SAMP9	SAMP9								
H	SAMP2	SAMP2	SAMP10	SAMP10								

10.4 Dispense **100 µL of Working conjugate solution** to all wells.

10.5 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at +37°C with continuous shaking 500 rpm**.

10.6 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 5 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the Washing Solution volume can be increased to 350 µL.

10.7 Add **100 µL of Substrate Solution** to all wells. The introduction of the substrate solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.8 Add **100 µL of Stop Solution** to all wells in the same order as the substrate solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.9 Read the optical density (OD) of the wells at 450nm using a microplate photometer within 5 minutes of adding the Stop Solution.

10.10 Plot a calibration curve in semi-logarithmic coordinates: (x) is the decimal logarithm of the T3 concentration in the calibrators nmol/L, (y) – OD versus T3 concentration (OD 450 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve. Adjust the concentration of CAL1 to an infinitesimally small value, for example, 0.001 nmol/L.

10.11 Determine the corresponding concentration of T3 in tested samples from the calibration curve.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 1.2, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for T3. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered anti-mouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying.

NOTE: values of T3 concentrations in the tested samples that are below the LoD (0.2 nmol/L) and also exceed the value of the upper calibrator (15 nmol/L) should be provided in the following form: «the T3 concentration of tested sample X is «lower than 0.2 nmol/L» or «higher than 15 nmol/L».

The concentration values of the T3 EIA kit calibrators are expressed in nmol/L. To convert the concentration in ng/mL it is necessary to multiply by 0.65 the obtained concentration value in nmol/L.

1 nmol/L = 0.65 ng/mL

Sex, age	Units, nmol/L		Units alternative, ng/mL	
	Lower limit	Upper limit	Lower limit	Upper limit
Healthy donors	1.2	3.2	0.8	2.1

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, nmol/L	CV, %
1	2.32	9.16
2	1.45	9.66

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, nmol/L	CV, %
1	1.38	9.89
2	1.75	8.41

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, nmol/L	Concentration2, nmol/L	Concentration3, nmol/L	CV, %
1	2.12	2.02	2.27	13.9
2	1.56	1.44	1.81	15.6

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known T3 concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 0.75 –15 nmol/L ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest T3 concentration in the serum or plasma sample that is detected by the T3 EIA kit is no lower than 0.2 nmol/L.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for T3 EIA kit is 0.55 nmol/L.

3.1.5 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of T3 with other analytes is shown in the table:

Analyte	Cross-reactivity, %
L-Thyroxin	0.01
D-Thyroxin	0.04

14. REFERENCES

1. Physiology of thyroid hormones. IN: Division of Drugs and Toxicology, American Medical Association: Drug Evaluations Annual 1995. Amer Med Assn, Chicago, 1995, ch 47, pp 1039-1040.
2. Robins J & Rall JE. The Iodine -Containing Hormones. IN Hormones in Blood (2nd ed) 1: 383-490, Gray CH & Bacharach AL (eds) London Academic Press, 1987.
3. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
4. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
5. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81)

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
EC REP	Authorized representative in the European Community/European Union
CE	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

qa@xema.com.ua

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.com.ua

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of thyroxin in human serum or plasma

T4 EIA

Catalogue number REF **K212**

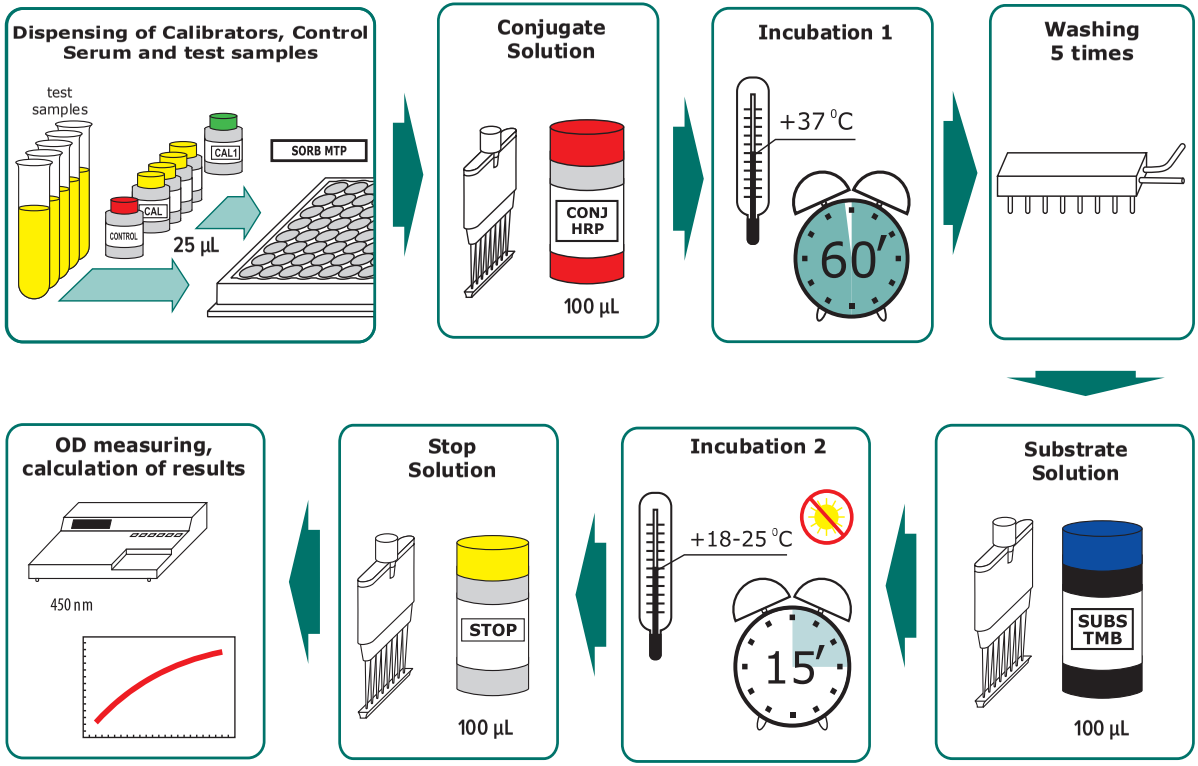
Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

EC REP Authorized Representative in EU:
Polmed.de Beata Rozwadowska
Fichtenstr. 12A, 90763 Fuerth, Germany
tel.:+ 49 911 931 639 67
E-mail: info@polmed.de
www.polmed.de

ASSAY PROCEDURE



K212

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of thyroxin in human serum or plasma
T4 EIA

1. INTENDED USE

The T4 EIA kit is an enzyme immunoassay, intended for the quantitative determination of thyroxin in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

Thyroxine (T4) and triiodothyronine (T3) are hormones that are produced by the thyroid gland and circulate in the blood both free and bound - mainly with thyroxine-binding globulin (TBG). Only free T3 and T4 are characterized by Hormonal activity, but their share is very small: 0.03% of the total content for T4 and 0.3% - for T3. Concentration of T4 in serum blood is the most accepted indicator of thyroid gland function, which allows you to clearly distinguish between hyper-, hypo- and euthyroidism.

Increase of total T4 concentration is observed with hyperthyroidism, with pituitary tumors, with conditions with elevated TSH levels (pregnancy, acute or chronic active hepatitis, estrogen-secreting tumors or estrogen intake, genetically conditional increase), while taking oral contraceptives, heroin, methadone, thyroid drugs, TSH, thyroliberin.

Decrease of total T4 concentration is observed in hypothyroidism, panhypopituitarism, states of low levels of TSH (acromegaly, nephrotic syndrome, hypoproteinemia, chronic liver disease, androgen-secreting tumors, or androgens, genetically determined decrease), hemolysis, exercise, when taking amino salicylic and acetylsalicylic acids, glucocorticoids, sulfonamides, cholestyramine, reserpine, potassium iodide, triiodothyronine.

3. TEST PRINCIPLE

Determination of the thyroxine is based on competition principle of the enzyme immunoassay. Microwells plate is coated with specific murine monoclonal to thyroxine antibodies. Thyroxine conjugated to the horseradish peroxidase is used as enzyme conjugate. The analysis procedure includes two stages of incubation:

- during the first stage thyroxine from the specimen competes with the conjugated thyroxine for coating antibodies. As a result, a complex bounded to the solid phase and containing peroxidase is formed.
- during the second stage, the complexes formed due the reaction with the chromogen 3,3',5,5'-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. Optical density in the microwell is inversely related to the quantity of the measured thyroxine in the specimen of the serum (plasma).

The concentration is determined according to the calibration graph of the dependence of the optical density on the content of thyroxine in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P212Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to T4; ready to use
C212Z	CAL 1	**Calibrator C1**	0.5 mL	1	Solution based on human plasma, free of thyroxin, with preservative, ready to use (yellow liquid)
C212Z	CAL 2-5	**Calibrators**	0.5 mL	4	Solutions based on human plasma, containing 32; 64; 160 and 320 nmol/L of thyroxin, with preservative, ready to use (red liquids)
Q212Z	CONTROL	**Control Serum**	0.5 mL	1	Solution based on human plasma, containing of known thyroxin content, with preservative, ready to use (colourless liquid)
T212XZ	CONJ	**Conjugate Solution**	14 mL	1	Solution of thyroxin conjugated to the horseradish peroxidase; ready to use (red liquid)
R055Z	SUBS TMB	**Substrate Solution**	14 mL	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	14 mL	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (2 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

– microplate photometer with 450 nm wavelength;
– dry thermostat for +37°C±2°C;
– automatic plate washer (optional);
– micropipettes with variable volume, range volume 5-1000 µL;
– graduated cylinder of 1000 mL capacity;
– distilled or deionized water;
– timer;
– vortex mixer;
– disposable gloves;
– absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below, do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The T4 EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The T4 EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- strips that remain unused must be carefully sealed with the plate sealing tape and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;

  NOTE: Single freezing of Calibrators and Control Serum in aliquots is allowed
- diluted washing solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. Unused strips must be sealed with plate sealing tape to prevent moisture from affecting the plate's holes and placed back in the bag.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of washing solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

10. ASSAY PROCEDURE

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 12 wells for Calibrators and Control Serum (2 wells for each calibrator (CAL 1-5) and 2 wells for control serum (Q)).

10.2 Dispense **25 µL of Calibrators and Control Serum as well as 25 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

Note: during performing several independent series of tests, Calibrators, and Control Sample should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP3	SAMP3	SAMP11	SAMP11						
B	CAL2	CAL2	SAMP4	SAMP4	SAMP12	SAMP12						
C	CAL3	CAL3	SAMP5	SAMP5								
D	CAL4	CAL4	SAMP6	SAMP6								
E	CAL5	CAL5	SAMP7	SAMP7								
F	Q	Q	SAMP8	SAMP8								
G	SAMP1	SAMP1	SAMP9	SAMP9								
H	SAMP2	SAMP2	SAMP10	SAMP10								

10.3 Add **100 µL of the Conjugate Solution** to all wells.

10.4 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at +37°C**.

10.5 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 5 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the Washing Solution volume can be increased to 350 µL.

10.6 Add **100 µL of Substrate Solution** to all wells. The introduction of the substrate solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.7 Add **100 µL of Stop Solution** to all wells in the same order as the substrate solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.8 Read the optical density (OD) of the wells at 450nm using a microplate photometer within 5 minutes of adding the Stop Solution.

10.9 Plot a calibration curve in semi-logarithmic coordinates: (x) is the decimal logarithm of the T4 concentration in the calibrators nmol/L, (y) – OD versus T4 concentration (OD 450 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve. Adjust the concentration of CAL1 to an infinitesimally small value, for example, 0.001 nmol/L.

10.10 Determine the corresponding concentration of T4 in tested samples from the calibration curve.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 1.2, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

12.1. Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for T4. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered anti-mouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying

NOTE: values of T4 concentrations in the tested samples that are below the LoD (3.0 nmol/L) and also exceed the value of the upper calibrator (320 nmol/L) should be provided in the following form : «the T4 concentration of tested sample X is «lower than 3.0 nmol/L» or «higher than 320 nmol/L».

12.2. The calibrators concentration values of the T4 EIA kit are expressed in nmol/L. To calculate concentrations in µg/dl, the received concentration value in nmol/L shall be multiplied by 0.0775.

1 nmol/L = 0.0775 µg/dl

Sex, age	Units, nmol/L		Units alternative, µg/dl	
	Lower limit	Upper limit	Lower limit	Upper limit
Healthy donors	60	160	4.7	12.4
Males				
>61 yrs	60	129	4.7	10.0
Females				
>61 yrs	70	135	5.4	10.5
Children				
1-5 yrs	90	190	7.0	14.7
6-10 yrs	83	170	6.4	13.2
>10 yrs	60	160	4.7	12.4

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

3.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, nmol/L	CV, %
1	17.5	4.36
2	110.7	3.67

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, nmol/L	CV, %
1	16.4	1.17
2	111.1	5.43

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, nmol/L	Concentration2, nmol/L	Concentration3, nmol/L	CV, %
1	14.59	13.67	15.39	5.92
2	116.23	114.53	120.13	2.45

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known T4 concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 0.75–15 nmol/L ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest T4 concentration in the serum or plasma sample that is detected by the T4 EIA kit is no lower than 3 nmol/L.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for T4 EIA kit is 32 nmol/L.

13.1.5 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of T4 with other analytes is shown in the table:

Analyte	Cross-reactivity, %
T3	0.5
D-Thyroxin	30

14. REFERENCES

1. Helfand M et al. Screening for thyroid disease. Ann Intern Med 1990; 112:840.
2. Chopra, I.J. et al. A Radioimmunoassay of Thyroxine. J. Clinical EndocrinoL 1971; 33:865.
3. Young, D.S. et al. Effects of Drugs on Clinical Laboratory Tests. Clinical Chemistry 1975; 21: 3660.
4. Sterling, L. Diagnosis and Treatment of Thyroid Disease, Cleveland , CRC Press, P. 19 51 (1975).
5. Surks M.I. et al. American Thyroid Association guidelines for use of laboratory tests in thyroid disorders. JAMA 1990; 263:1529
6. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
7. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
8. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81)

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
EC REP	Authorized representative in the European Community/European Union
CE	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

qa@xema.com.ua

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

Instruction for use
A solid-phase enzyme immunoassay kit
for the quantitative determination of
free triiodothyronine in human serum or plasma

fT3 EIA

Catalogue number REF **K213**

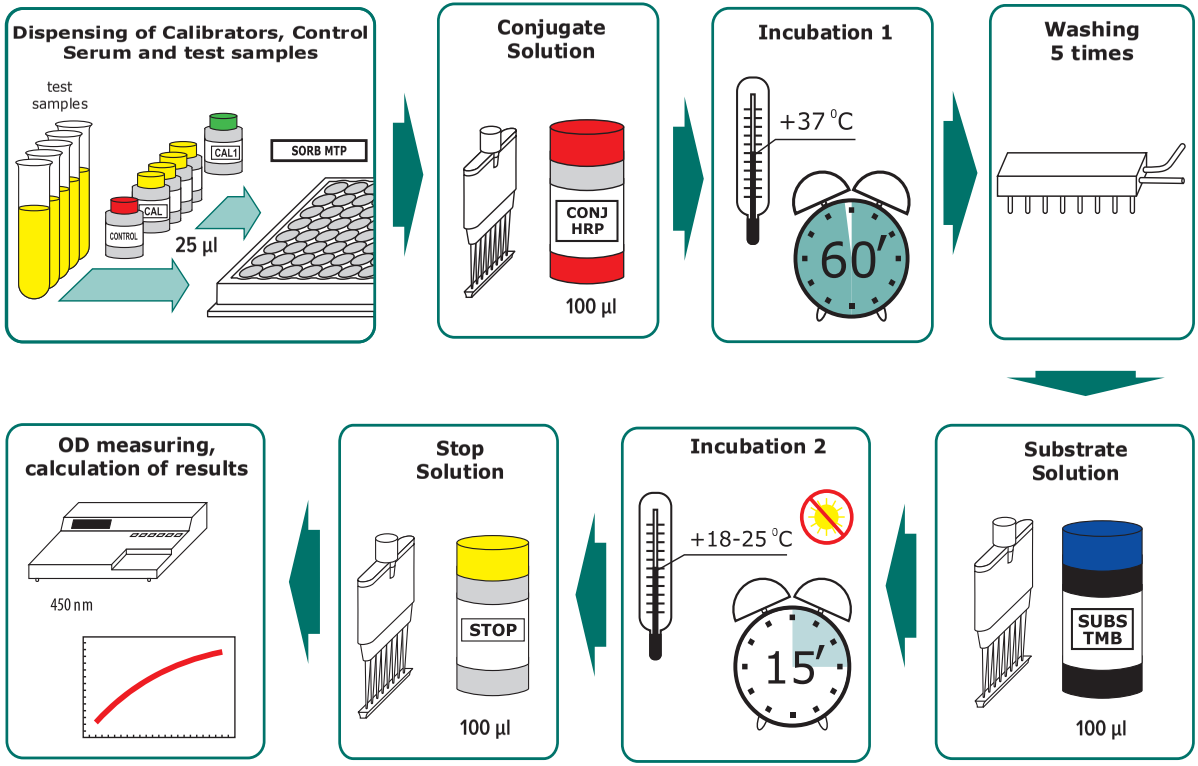
Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

EC REP Authorized Representative in EU:
Polmed.de Beata Rozwadowska
Fichtenstr. 12A, 90763 Fuerth, Germany
tel.:+ 49 911 931 639 67
E-mail: info@polmed.de
www.polmed.de

ASSAY PROCEDURE



K213

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of free triiodothyronine in human serum or plasma
fT3 EIA

1. INTENDED USE

The fT3 EIA kit is an enzyme immunoassay, intended for the quantitative determination of free triiodothyronine in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

Thyroxine (T4) and triiodothyronine (T3) are hormones that are produced by the thyroid gland and circulate in the blood both free and bound - mainly with thyroxine-binding globulin (TBG). Only free T3 and T4 are characterized by Hormonal activity, but their share is very small: 0.03% of the total content for T4 and 0.3% - for T3.

The concentration of T3 is much less than that of T4 but its metabolic activity is about 3 times greater. About 80% of T3 is produced in peripheral tissues by deiodination of T4, and only a small amount of it is secreted by thyroid gland. That is why in hypothyroid patients T3 level may for a long time remain on the lower limit of the normal range, because its loss may be compensated by enhanced conversion of T4 into T3.

The determination of total and free T3 concentration is carried out at the initial stage of hyperthyroidism, in case of recurrence of hyperthyroidism, in the differential diagnosis of hyperthyroidism, in case of a symptomatic increase of the T3 level, in case of acute hyperthyroidism after suppressive therapy with L-thyroxine.

3. TEST PRINCIPLE

Determination of the fT3 is based on competition principle of the enzyme immunoassay. Microwells plate is coated with specific rabbit polyclonal to T3 antibodies. fT3 conjugated to the horseradish peroxidase is used as enzyme conjugate. The analysis procedure includes two stages of incubation:

- during the first stage fT3 from the specimen competes with the conjugated fT3 for coating antibodies. As a result, a complex bounded to the solid phase and containing peroxidase is formed.
- during the second stage, the complexes formed due the reaction with the chromogen 3,3′,5,5′-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. Optical density in the microwell is inversely related to the quantity of the measured fT3 in the specimen of the serum (plasma).

The concentration is determined according to the calibration graph of the dependence of the optical density on the content of fT3 in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P213Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with rabbit polyclonal antibodies to T3; ready to use
C213Z	CAL 1	**Calibrator C1**	0.5 mL	1	Solution based on human plasma, free of fT3, with preservative, ready to use (yellow liquid)
C213Z	CAL 2-6	**Calibrators**	0.5 mL	5	Solutions based on human plasma, containin 2,5; 5; 10; 20 and 40 pmol/L of fT3, with preservative, ready to use (blue liquids)
Q213Z	CONTROL	**Control Serum**	0.5 mL	1	Solution based on human plasma, containing of known fT3 content, with preservative, ready to use (colourless liquid)
T213Z	CONJ HRP	**Conjugate Solution**	14 mL	1	Solution of fT3 conjugated to the horseradish peroxidase; ready to use (blue liquid)
R055Z	SUBS TMB	**Substrate Solution**	14 mL	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	14 mL	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (2 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

– microplate photometer with 450 nm wavelength;
– dry thermostat for +37°C±2°C;
– automatic plate washer (optional);
– micropipettes with variable volume, range volume 5-1000 µL;
– graduated cylinder of 1000 mL capacity;
– distilled or deionized water;
– timer;
– vortex mixer;
– disposable gloves;
– absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below, do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The fT3 EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The fT3 EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- strips that remain unused must be carefully sealed with the plate sealing tape and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;
  NOTE: Single freezing of Calibrators and Control Serum in aliquots is allowed.
- diluted washing solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. Unused strips must be sealed with plate sealing tape to prevent moisture from affecting the plate's holes and placed back in the bag.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of washing solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

10. ASSAY PROCEDURE

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 14 wells for Calibrators and Control Serum (2 wells for each calibrator (CAL 1-6) and 2 wells for control serum (Q)).

10.2 Dispense **25 µL of Calibrators and Control Serum as well as 25 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

Note: during performing several independent series of tests, Calibrators, and Control Sample should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP2	SAMP2	SAMP10	SAMP10						
B	CAL2	CAL2	SAMP3	SAMP3	SAMP11	SAMP11						
C	CAL3	CAL3	SAMP4	SAMP4	SAMP12	SAMP12						
D	CAL4	CAL4	SAMP5	SAMP5								
E	CAL5	CAL5	SAMP6	SAMP6								
F	CAL6	CAL6	SAMP7	SAMP7								
G	Q	Q	SAMP8	SAMP8								
H	SAMP1	SAMP1	SAMP9	SAMP9								

10.3 Add **100 µL of the Conjugate Solution** to all wells.

10.4 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at +37°C**.

10.5 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 5 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the Washing Solution volume can be increased to 350 µL.

10.6 Add **100 µL of Substrate Solution** to all wells. The introduction of the substrate solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.7 Add **100 µL of Stop Solution** to all wells in the same order as the substrate solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.8 Read the optical density (OD) of the wells at 450nm using a microplate photometer within 5 minutes of adding the Stop Solution.

10.9 Plot a calibration curve in semi-logarithmic coordinates: (x) is the decimal logarithm of the fT3 concentration in the calibrators pmol/L, (y) – OD versus fT3 concentration (OD 450 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve. Adjust the concentration of CAL1 to an infinitesimally small value, for example, 0.001 pmol/L.

10.10 Determine the corresponding concentration of fT3 in tested samples from the calibration curve.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 1.2, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for fT3. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered anti-mouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying.

NOTE: values of fT3 concentrations in the tested samples that are below the LoD (0.5 pmol/L) and also exceed the value of the upper calibrator (40 pmol/L) should be provided in the following form: «the fT3 concentration of tested sample X is «lower than 0.5 pmol/L» or «higher than 40pmol/L».

Sex, age	Units, pmol/L	
	Lower limit	Upper limit
Healthy donors	2.5	5.8

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

3.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, pmol/L	CV, %
1	4.32	7.44
2	6.87	5.14

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations..

Sample	Concentration, pmol/L	CV, %
1	2,34	7,12
2	3,83	6,41

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, pmol/L	Concentration2, pmol/L	Concentration3, pmol/L	CV, %
1	5.17	5.42	4.78	6.54
2	3.61	3.78	3.45	9.6

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known fT3 concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 2.5–40 pmol/L ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest fT3 concentration in the serum or plasma sample that is detected by the fT3 EIA kit is no lower than 2.0 pmol/L.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for fT3 EIA kit is 2.25 pmol/L.

13.1.5 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of fT3 with other analytes is shown in the table:

Analyte	Cross-reactivity, %
L-Thyroxin	0,01
D-Thyroxin	0,04

14. REFERENCES

1. Physiology of thyroid hormones. IN: Division of Drugs and Toxicology, American Medical Association: Drug Evaluations Annual 1995. Amer Med Assn, Chicago, 1995, ch 47, pp 1039-1040.
2. Robins J & Rall JE. The Iodine -Containing Hormones. IN Hormones in Blood (2nd ed) 1: 383-490, Gray CH & Bacharach AL (eds) London Academic Press, 1987.
3. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
4. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
5. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81)

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
EC REP	Authorized representative in the European Community/European Union
CE	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

qa@xema.com.ua

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

Instruction for use
A solid-phase enzyme immunoassay kit
for the quantitative determination of
free thyroxin in human serum or plasma

fT4 EIA

Catalogue number REF **K214**

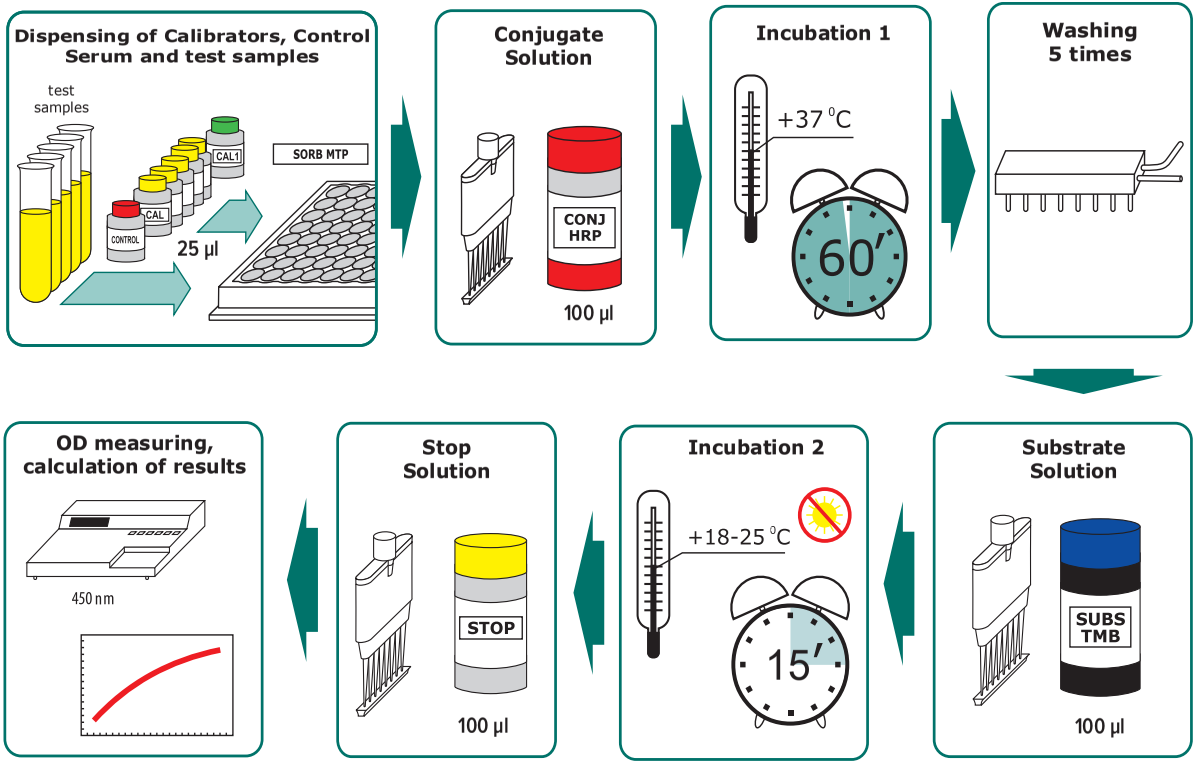
Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

EC REP Authorized Representative in EU:
Polmed.de Beata Rozwadowska
Fichtenstr. 12A, 90763 Fuerth, Germany
tel.:+ 49 911 931 639 67
E-mail: info@polmed.de
www.polmed.de

ASSAY PROCEDURE



K214

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of free thyroxin in human serum or plasma
fT4 EIA

1. INTENDED USE

The fT4 EIA kit is an enzyme immunoassay, intended for the quantitative determination of free thyroxin in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

Thyroid hormones thyroxin (T4) and 3,5,3'-triiodothyronine (T3) exert regulatory influences on growth, differentiation, cellular metabolism and development of skeletal and organ systems. T4 and T3 in blood are found both in free and bound form – mostly, they are bound to thyroxin binding globulin (TBG). Only free forms of T3 and T4 exert hormonal activity also their percentage is very low – 0.3% for T3 and 0.03% for T4.

The concentration of T4 is generally accepted as an index of thyroid function which provide enough information to differentiate between hyper-, hypo- and euthyroidism.

Elevation of total T4 is found in hyperthyroidism, in patients with tumours of pituitary gland, in subjects with elevated TBG level (pregnancy, acute or chronic active hepatitis, estrogen-secreting tumours or estrogen intake, hereditary elevation of TBG), in patients taking oral contraceptives, heroin, methadone, thyroid preparations, TSH, thyroliberin.

Low total T4 is found in hypothyroidism, in patients with panhypopituitarism, in subjects with low TBG level (acromegaly, nephritic syndrome, hypoproteinemia, chronic liver diseases, androgen-secreting tumours, hereditary reduction), in patients taking aminosalicylic and acetylsalicylic acids, cholestyramine, reserpine, potassium iodide, triiodothyronine.

3. TEST PRINCIPLE

Determination of free thyroxin is based on competition principle of the enzyme immunoassay. Microwells plate is coated with specific murine monoclonal antibodies to T4. fT4 conjugated to the horseradish peroxidase is used as enzyme conjugate. The analysis procedure includes two stages of incubation:

- during the first stage fT4 from the specimen competes with the conjugated fT4 for coating antibodies. As a result, a complex bounded to the solid phase and containing peroxidase is formed.
- during the second stage, the complexes formed due the reaction with the chromogen 3,3',5,5'-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. Optical density in the microwell is inversely related to the quantity of the measured fT4 in the specimen of the serum (plasma).

The concentration is determined according to the calibration graph of the dependence of the optical density on the content of fT4 in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P214Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to T4; ready to use
C214Z	CAL 1	**Calibrator C1**	0.5 mL	1	Solution based on human plasma, free of fT4, with preservative, ready to use (yellow liquid)
C214Z	CAL 2-6	**Calibrators**	0.5 ml	5	Solutions based on human plasma, containing 5; 10; 25, 50 and 100 pmol/L of fT4, with preservative, ready to use (red liquids)
Q214Z	CONTROL	**Control Serum**	0.5 ml	1	Solution based on human plasma, containing of known fT4 content, with preservative, ready to use (colourless liquid)
T214Z	CONJ HRP	**Conjugate Solution**	12 ml	1	Solution of fT4 conjugated to the horseradish peroxidase; ready to use (red liquid)
R055Z	SUBS TMB	**Substrate Solution**	12 ml	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 ml	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	12 ml	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (1 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

- microplate photometer with 450 nm wavelength;
- dry thermostat for +37°C±1°C;
- automatic plate washer (optional);
- micropipettes with variable volume, range volume 5-1000 µL;
- graduated cylinder of 1000 mL capacity;
- distilled or deionized water;
- timer;
- vortex mixer;
- disposable gloves;
- absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below; do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The fT4 EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The fT4 EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- the remaining strips should be immediately resealed in the bag along with the silica gel, closed with the zip-lock, and stored at +2...+8°C within 2 months
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;
  NOTE: Single freezing of Calibrators and Control Serum in aliquots is allowed.
- diluted washing solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. The remaining strips should be immediately resealed in the bag along with the silica gel and closed with the zip-lock to prevent moisture from affecting the plate's strips.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of washing solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

10. ASSAY PROCEDURE

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 14 wells for Calibrators and Control Serum (2 wells for each calibrator (CAL 1-6) and 2 wells for control serum (Q)).

10.2 Dispense **25 µL of Calibrators and Control Serum as well as 25 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

Note: during performing several independent series of tests, Calibrators, and Control Sample should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP2	SAMP2	SAMP10	SAMP10						
B	CAL2	CAL2	SAMP3	SAMP3	SAMP11	SAMP11						
C	CAL3	CAL3	SAMP4	SAMP4	SAMP12	SAMP12						
D	CAL4	CAL4	SAMP5	SAMP5								
E	CAL5	CAL5	SAMP6	SAMP6								
F	CAL6	CAL6	SAMP7	SAMP7								
G	Q	Q	SAMP8	SAMP8								
H	SAMP1	SAMP1	SAMP9	SAMP9								

10.3 Add **100 µL of the Conjugate Solution** to all wells.

10.4 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at +37°C**.

10.5 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 5 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the Washing Solution volume can be increased to 350 µL

10.6 Add **100 µL of Substrate Solution** to all wells. The introduction of the substrate solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.7 Add **100 µL of Stop Solution** to all wells in the same order as the substrate solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.8 Read the optical density (OD) of the wells at 450nm using a microplate photometer within 5 minutes of adding the Stop Solution.

10.9 Plot a calibration curve in semi-logarithmic coordinates: (x) is the decimal logarithm of the fT4 concentration in the calibrators pmol/L, (y) – OD versus fT4 concentration (OD 450 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve. Adjust the concentration of CAL1 to an infinitesimally small value, for example, 0.001 pmol/L.

10.10 Determine the corresponding concentration of fT4 in tested samples from the calibration curve.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 1.2, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for fT4. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered anti-mouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying.

NOTE: values of fT4 concentrations in the tested samples that are below the LoD (0.75 pmol/L) and also exceed the value of the upper calibrator (100 pmol/L) should be provided in the following form : «the fT4 concentration of tested sample X is «lower than 0.75 pmol/L» or «higher than 100 pmol/L».

Sex, age	Units, pmol/L	
	Lower limit	Upper limit
Healthy donors		
< 60 yrs	10	25
> 60 yrs	10	21
Pregnancy week		
1st trimester	9	26
2nd trimester	6	21
3rd trimester	6	21

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, pmol/L	CV, %
1	54.4	5.83
2	85.23	3.67

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, pmol/L	CV, %
1	54.36	1.15
2	85.73	3.23

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, pmol/L	Concentration2, pmol/L	Concentration3, pmol/L	CV, %
1	54.59	52.67	60.39	7.19
2	85.23	87.53	85.13	1.58

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known fT4 concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 5-100 pmol/L ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest fT4 concentration in the serum or plasma sample that is detected by the fT4 EIA kit is no lower than 0.75 pmol/L.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for fT4 EIA kit is 5 pmol/L.

13.1.5 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of fT4 with other analytes is shown in the table:

Analyte	Cross-reactivity, %
L-Thyroxin	100
D-Thyroxin	94
3,3′,5′-Triiodo-L-Thyronine (Reverse T3)	86
3,3′,5-Triiodo-L-Thyronine (T3)	3.3
3,3′,5′-Triiodo-D-Thyronine	1.8
3,3′,5′-Triiodothyropropionic acid	0.6

14. REFERENCES

1. Tietz, N. W., Fundamentals of Clinical Chemistry, 2nd Ed., pg. 602, Sauders Press, Phila., 1976.
2. Horworth, P. J. N., Ward, RL., J. Clin Pathol. 1972; 25:259-62.
3. Sati, C., Chattor, A. J., Watts, N. Fundamentals of Clinical Chemistry. Ed. Tietz, N. W. 3rd Ed., pg. 586. Saunders press Phila. 1987.
4. Lundberg, P. A., Jagenburg, R., Lindstedt, G., Nystrom, E., Clin. Chem. 1982, 28:1241.
5. Melmed, S., Geola, F. L., Reed, A. W., Pekary, A. E., Park, J., Hershmen, J. M., Clin Endocrin. Metabol. 1982, 54; 300.
6. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
7. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
8. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81)

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
EC REP	Authorized representative in the European Community/European Union
CE	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

qa@xema.com.ua

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

Instruction for use
A solid-phase enzyme immunoassay kit
for the quantitative determination of
antigen CYFRA 21-1 in human serum or plasma

CYFRA 21-1 EIA

Catalogue number REF **K236**

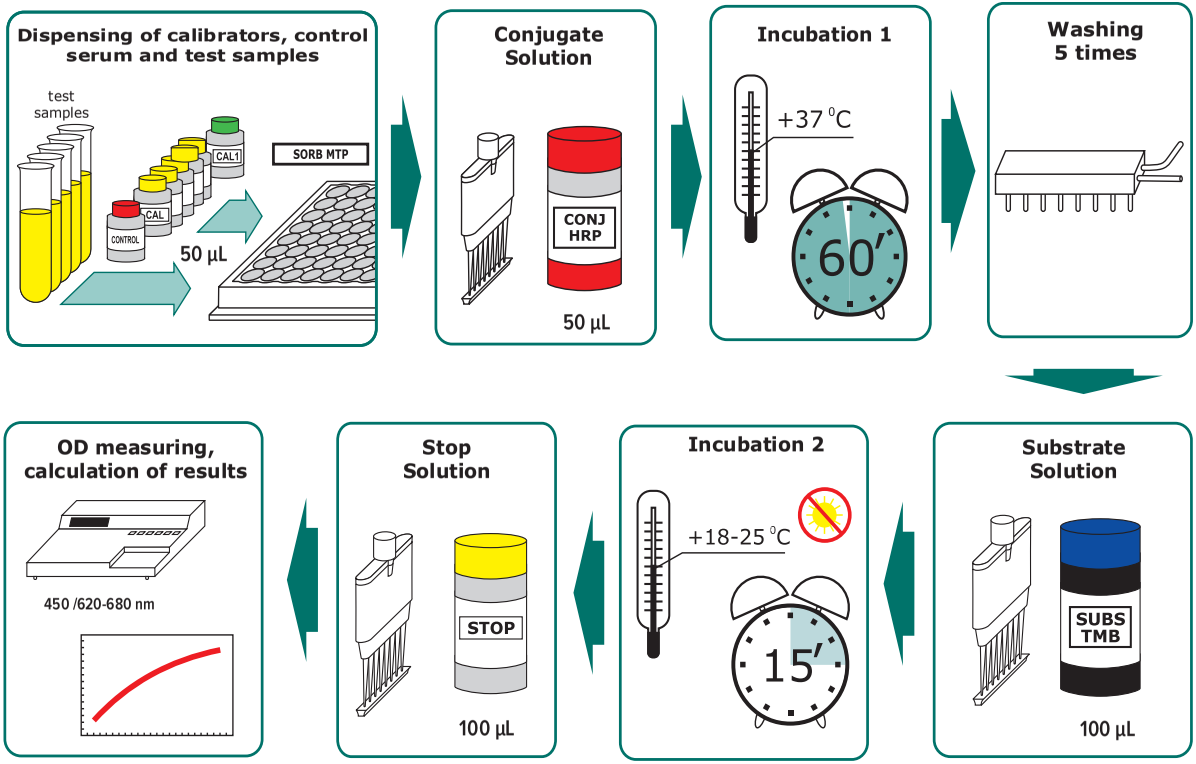
Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 050 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

EC REP Authorized Representative in EU:
Polmed.de Beata Rozwadowska
Fichtenstr. 12A, 90763 Fuerth, Germany
tel.:+ 49 911 931 639 67
E-mail: info@polmed.de
www.polmed.de

ASSAY PROCEDURE



K236

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of antigen CYFRA 21-1 in human serum or plasma
CYFRA 21-1 EIA

1. INTENDED USE

The CYFRA 21-1 EIA kit is an enzyme immunoassay, intended for the quantitative determination of antigen CYFRA 21-1 in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

The CYFRA 21-1 antigen is a fragment of cytokeratin 19, which is formed as a result of proteolysis and, unlike the main cytokeratin structure, is able to change into a soluble form and enter the systemic bloodstream.

The precursor molecule of the CYFRA 21-1 antigen - cytokeratin 19 - is expressed in all normal tissues, but a particularly high level of expression is observed in lung or bladder wall tumor cells.

Increased content of CYFRA 21-1 is observed in the blood of patients with lung tumors (mainly squamous cell carcinoma, less often adenocarcinoma and other histological forms) and bladder tumors. Determination of the level of the CYFRA 21-1 antigen is useful for monitoring the effectiveness of treatment and monitoring the course of these tumors; however, the results of the measurement of the CYFRA 21-1 antigen should always be interpreted in conjunction with the results of other research methods and clinical data.

3. TEST PRINCIPLE

The determination of the CYFRA 21-1 is based on the two-site sandwich enzyme immunoassay principle. On the inner surface of the microplate wells are immobilized specific murine monoclonal antibodies to soluble cytokeratin 8/19 (CYFRA 21-1). Second antibodies – murine monoclonal antibodies to human CYFRA 21-1 conjugated to the horseradish peroxidase is used as enzyme conjugate. The analysis procedure includes two stages of incubation:

- during the first stage CYFRA 21-1 from the specimen is captured by the antibodies coated onto the microwell surface, as well as horseradish peroxidase-conjugated monoclonal antibodies bind to free epitopes of immobilized CYFRA 21-1;
- during the second stage, the complexes formed due to the reaction with the chromogen 3,3',5,5'-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is directly related to the quantity of the measured CYFRA 21-1in the serum specimen (plasma). The concentration is determined according to the calibration graph of the dependence of the optical density on the content of CYFRA 21-1in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P236Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to CYFRA 21-1; ready to use
C236Z	CAL 1	**Calibrator C1**	2 mL	1	Solution based on phosphate buffer (pH 7.2-7.4), free of CYFRA 21-1, with preservative, ready to use (colourless liquid)
C236Z	CAL 2-5	**Calibrators**	0.8 mL	4	Solution based on phosphate buffer (pH 7.2-7.4), containing 3; 10; 25 and 50 ng/mL of CYFRA 21-1, with preservative, ready to use (red liquids)
Q236Z	CONTROL	**Control Serum**	0.8 mL	1	Solution based on human serum, containing of known CYFRA 21-1 content, with preservative, ready to use (colourless liquid)
T236Z	CONJ HRP	**Conjugate Solution**	6 mL	1	Solution of murine monocnoclonal antibodies to CYFRA 21-1 conjugated to the horseradish peroxidase; ready to use (red liquid)
R055Z	SUBS TMB	**Substrate Solution**	14 mL	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	14 mL	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (2 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

– microplate photometer with 450 nm wavelength or 450\620-680 nm;
– dry thermostat for 37 °C±2 °C;
– automatic plate washer (optional);
– micropipettes with variable volume, range volume 5-1000 µL;
– graduated cylinder of 1000 mL capacity;
– distilled or deionized water;
– timer;
– vortex mixer;
– disposable gloves;
– absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below, do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The CYFRA 21-1 EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The CYFRA 21-1 EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- strips that remain unused must be carefully sealed with the plate sealing tape and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;
- diluted Washing Solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. Unused strips must be sealed with plate sealing tape to prevent moisture from affecting the plate's holes and placed back in the bag.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of Washing Solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

9.4. Samples preparation

If suggested analyte concentration in the sample exceeds the 50 ng/mL, additionally dilute this sample accordingly, using (Calibrator C1). Use of other buffers or reagents for sample dilution may lead to incorrect measurement.

NOTE: in order to obtain reliable results, we recommend to use several successive dilutions of the blood serum (plasma) sample

Do not dilute Control Serum and Calibrators!

10. ASSAY PROCEDURE

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 12 wells for Calibrators and Control Serum (2 wells for each Calibrator (CAL 1-5) and 2 wells for Control Serum (Q)).

10.2 If necessary, dilute the test samples as described in 9.4.

10.3 Dispense **50 µL of Calibrators and Control Serum as well as 50 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

NOTE: during performing several independent series of tests, Calibrators, and Control Serum should be used each time.

10.4 Dispense **50 µL of Conjugate Solution** to all wells.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP3	SAMP3	SAMP11	SAMP11						
B	CAL2	CAL2	SAMP4	SAMP4	SAMP12	SAMP12						
C	CAL3	CAL3	SAMP5	SAMP5								
D	CAL4	CAL4	SAMP6	SAMP6								
E	CAL5	CAL5	SAMP7	SAMP7								
F	Q	Q	SAMP8	SAMP8								
G	SAMP1	SAMP1	SAMP9	SAMP9								
H	SAMP2	SAMP2	SAMP10	SAMP10								

10.5 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at +37°C**.

10.6 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 5 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the wash solution volume can be increased to 350 µL.

10.7 Add **100 µL of Substrate Solution** to all wells. The introduction of the Substrate Solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.8 Add **100 µL of Stop Solution** to all wells in the same order as the Substrate Solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.9 Read the optical density (OD) of the wells at 450nm and reference light filters 620–680 nm using a microplate photometer within 5 minutes of adding the Stop Solution. Set photometer blank on CAL1.

10.10 Plot a calibration curve in linear coordinates: (x) is the CYFRA 21-1 concentration in the calibrators ng/mL, (y) – OD versus CYFRA 21-1 concentration (OD 450 nm / 620–680 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve.

10.11 Determine the corresponding concentration of CYFRA 21-1 in tested samples from the calibration curve. In the case of preliminary dilution of the test sample (see 9.4), the obtained result should be multiplied by the dilution factor.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 0.15, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for CYFRA 21-1. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered antimouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying.

NOTE: values of CYFRA 21-1 concentrations in the tested samples that are below the LoD (0.5 ng/mL) and also exceed the value of the upper Calibrator (50 ng/mL) should be provided in the following form : «the CYFRA 21-1 concentration of tested sample X is «lower than 0.5 ng/mL» or «higher than 50 ng/mL».

Sex, age	Units, ng/mL	
	Lower limit	Upper limit
Healthy donors	-	3.0

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, ng/mL	CV, %
1	12.3	6.2
2	25	3.3

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, ng/mL	CV, %
1	12.27	4.3
2	25.89	5.2

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, ng/mL	Concentration2, ng/mL	Concentration3, ng/mL	CV, %
1	12.32	12.02	12.81	5.2
2	25.02	25.6	26.0	2.9

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the mezhurand. The bias was calculated for each sample and it was determined whether it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known CYFRA 21-1 concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 3-25 ng/mL ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest CYFRA 21-1 concentration in the serum or plasma sample that is detected by the CYFRA 21-1 EIA kit is no lower than 0.5 ng/mL.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for CYFRA 21-1 EIA kit is 3 ng/mL.

13.1.5 Hook Effect

Hook effect is absent for all samples up to reasonably foreseen concentrations 50 ng/mL.

13.1.6 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of CYFRA 21-1 with other analytes is shown in the table:

Analyte	Cross-reactivity, %
CA 15-3	<0.1
CA 125	<0.1
CA 19-9	<0.1
AFP	<0.1
PSA	<0.1

14. REFERENCES

1. Petra Stieber CYFRA 21-1 (Cytokeratin-19-Fragment), in: Lothar Thomas, Labor und Diagnose, TH Brooks, Frankfurt, Germany
2. J-L Pujol, O Molinier, W Ebert et al. (2004) British Journal of Cancer 90 (11):2097-2105
3. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
4. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
5. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81)

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

XEMA

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
EC REP	Authorized representative in the European Community/European Union
CE	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

qa@xema.com.ua

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 050 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of carbohydrate antigen 242 in human serum or plasma

CA 242 EIA

Catalogue number REF **K243**

Σ 96 For 96 determinations

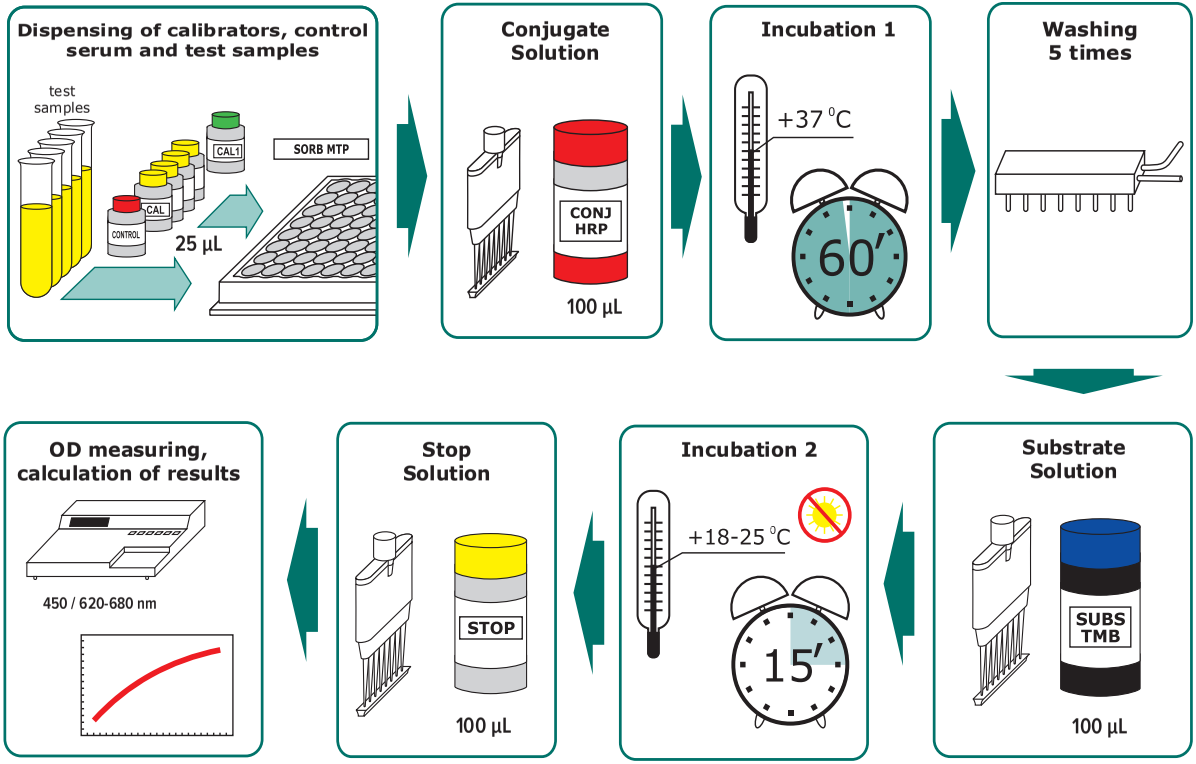
IVD *In vitro* diagnostic medical device

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.com.ua

EC REP

Authorized Representative in EU:
Polmed.de Beata Rozwadowska
Fichtenstr. 12A, 90763 Fuerth, Germany
tel.:+ 49 911 931 639 67
E-mail: info@polmed.de
www.polmed.de

ASSAY PROCEDURE



K243

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of carbohydrate antigen 242 in human serum or plasma
CA 242 EIA

1. INTENDED USE

The CA 242 EIA kit is an enzyme immunoassay, intended for the quantitative determination of carbohydrate antigen 242 in human serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

The carbohydtrate antigen CA 242 is one of the most advanced markers of gastrointestinal cancer. CA 242 is found on cells of colonal mucosa as well as on apical part of cells lining pancreatic ducts.

CA 242 is one of the most important markers used in oncology. For differential diagnostics between pancreatic cancer (PC) and chronic pancreatitis, diagnostic specificity of CA 242 is 1.4 fold higher than that of CA 19-9. In patients with PC, a positive prognostic value of CA 242 determination is higher than that of CA 19-9 at any stage of the disease.

3. TEST PRINCIPLE

The determination of the CA 242 is based on the two-site sandwich enzyme immunoassay principle. On the inner surface of the microplate wells are immobilized specific murine monoclonal antibodies to CA 242/CA 19-9. Second antibodies – murine monoclonal antibodies to human CA 242 conjugated to the horseradish peroxidase is used as enzyme conjugate. The analysis procedure includes two stages of incubation:

- during the first stage CA 242 from the specimen is captured by the antibodies coated onto the microwell surface, as well as horseradish peroxidase-conjugated monoclonal antibodies bind to free epitopes of immobilized CA 242;
- during the second stage, the complexes formed due to the reaction with the chromogen 3,3’,5,5’-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is directly related to the quantity of the measured CA 242 in the serum specimen (plasma). The concentration is determined according to the calibration graph of the dependence of the optical density on the content of CA 242 in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P223Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to CA 242/CA 19-9; ready to use
C243Z	CAL 1	**Calibrator C1**	2 mL	1	Solution based on tris buffer (pH 7.2-7.4), free of CA 242, with preservative, ready to use (colourless liquid)
C243Z	CAL 2-5	**Calibrators**	0.5 mL	4	Solutions based on tris buffer (pH 7.2-7.4), containing 15; 50; 100 and 200 U/mL of CA 242, with preservative, ready to use (blue liquids)
Q243Z	CONTROL	**Control Serum**	0.5 mL	1	Solution based on human serum, containing of known CA 242 content, with preservative, ready to use (colourless liquid)
T243Z	CONJ HRP	**Conjugate Solution**	14 mL	1	Solution of murine monoclonal antibodies to human CA 242 conjugated to the horseradish peroxidase; ready to use (red liquid)
R055Z	SUBS TMB	**Substrate Solution**	14 mL	1	Tetramethylbenzidine (TMB) substrate solution; ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	14 mL	1	5.0% solution of sulphuric acid; ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (2 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

– microplate photometer with 450 nm wavelength or 450\620-680 nm;
– dry thermostat for +37°C±2°C;
– automatic plate washer (optional);
– micropipettes with variable volume, range volume 5-1000 µL;
– graduated cylinder of 1000 mL capacity;
– distilled or deionized water;
– timer;
– vortex mixer;
– disposable gloves;
– absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below, do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The CA 242 EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The CA 242 EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- strips that remain unused must be carefully sealed with the plate sealing tape and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;

  NOTE: Single freezing of Calibrators and Control Serum in aliquots is allowed.
- diluted Washing Solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. Unused strips must be sealed with plate sealing tape to prevent moisture from affecting the plate's holes and placed back in the bag.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of Washing Solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

9.4. Samples preparation

If suggested analyte concentration in the sample exceeds the 200 U/mL, additionally dilute this sample accordingly, using (Calibrator C1). Use of other buffers or reagents for sample dilution may lead to incorrect measurement.

NOTE: in order to obtain reliable results, we recommend to use several successive dilutions of the blood serum (plasma) sample

10. ASSAY PROCEDURE

10.1 Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 12 wells for Calibrators and Control Serum (2 wells for each Calibrator (CAL 1-5) and 2 wells for Control Serum (Q)).

10.2 If necessary, dilute the test samples as described in 9.4.

10.3 Dispense **25 µL of Calibrators and Control Serum as well as 25 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

NOTE: during performing several independent series of tests, Calibrators, and Control Serum should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP3	SAMP3	SAMP11	SAMP11						
B	CAL2	CAL2	SAMP4	SAMP4	SAMP12	SAMP12						
C	CAL3	CAL3	SAMP5	SAMP5								
D	CAL4	CAL4	SAMP6	SAMP6								
E	CAL5	CAL5	SAMP7	SAMP7								
F	Q	Q	SAMP8	SAMP8								
G	SAMP1	SAMP1	SAMP9	SAMP9								
H	SAMP2	SAMP2	SAMP10	SAMP10								

10.4 Dispense **100 µL of Conjugate Solution** to all wells.

10.5 Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at +37°C**.

10.6 At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well 5 times using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the wash solution volume can be increased to 350 µL.

10.9 Add **100 µL of Substrate Solution** to all wells. The introduction of the Substrate Solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.10 Add **100 µL of Stop Solution** to all wells in the same order as the Substrate Solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.11 Read the optical density (OD) of the wells at 450nm and reference light filters 620–680 nm using a microplate photometer within 5 minutes of adding the Stop Solution. Set photometer blank on CAL1.

10.13 Plot a calibration curve in linear coordinates: (x) is the CA 242 concentration in the calibrators U/mL, (y) – OD versus CA 242 concentration (OD 450 nm / 620–680 nm). Manual or computerized data reduction is applicable at this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve.

10.14 Determine the corresponding concentration of CA 242 in tested samples from the calibration curve. In the case of preliminary dilution of the test sample (see 9.4), the obtained result should be multiplied by the dilution factor.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 0.15, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

12.1. Therapeutical consequences should not be based on results of IVD methods alone - all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for CA 242. Based on data obtained by XEMA LLC, the following normal range is recommended (see below).

NOTE: values of CA 242 concentrations in the tested samples that are below the LoD (0.5 U/mL) and also exceed the value of the upper Calibrator (200 U/mL) should be provided in the following form : «the CA 242 concentration of tested sample X is «lower than 0.5 U/mL» or «higher than 200 U/mL».

Sex, age	Units, U/mL	
	Lower limit	Upper limit
Males	-	20
Females	-	20

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1 Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, U/mL	CV, %
1	10.12	3.2
2	53.64	2.8

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, U/mL	CV, %
1	10.27	7.0
2	53.87	6.1

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration1, U/mL	Concentration2, U/mL	Concentration3, U/mL	CV, %
1	10.32	10.02	10.81	3.8
2	53.71	53.56	54.32	0.6

13.1.2 Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the mezhurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3 Linearity

Linearity was determined using sera samples with known CA 242 concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 15-100 U/mL ±10%.

13.1.4 Analytical sensitivity

Limit of detection (LoD) – the lowest CA 242 concentration in the serum or plasma sample that is detected by the CA 242 EIA kit is no lower than 0.5 U/mL.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for CA 242 EIA kit is 15 U/mL.

13.1.5 Hook Effect

Hook effect is absent for all samples up to reasonably foreseen concentrations 200 U/mL.

13.1.6 Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of CA 242 with other analytes is shown in the table:

Analyte	Cross-reactivity, %
CEA	<0.1
CA 15-3	<0.1

14. REFERENCES

1. Rana S, Dutta U, Kochhar R, Rana SV, Gupta R, Pal R, Jain K, Srinivasan R, Nagi B, Nain CK, Singh K. Evaluation of CA 242 as a tumor marker in gallbladder cancer. J Gastrointest Cancer. 2012 Jun;43(2):267-71.
2. Tian SB, Yu JC, Kang WM, Ma ZQ, Ye X, Cao ZJ, Yan C. Combined detection of CEA, CA 19-9, CA 242 and CA 50 in the diagnosis and prognosis of resectable gastric cancer. Asian Pac J Cancer Prev. 2014;15(15):6295-300.
3. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
4. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
5. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81)

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
EC REP	Authorized representative in the European Community/European Union
CE	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

qa@xema.com.ua

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.com.ua

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of carbohydrate antigen 72-4 in human serum or plasma

CA 72-4 EIA

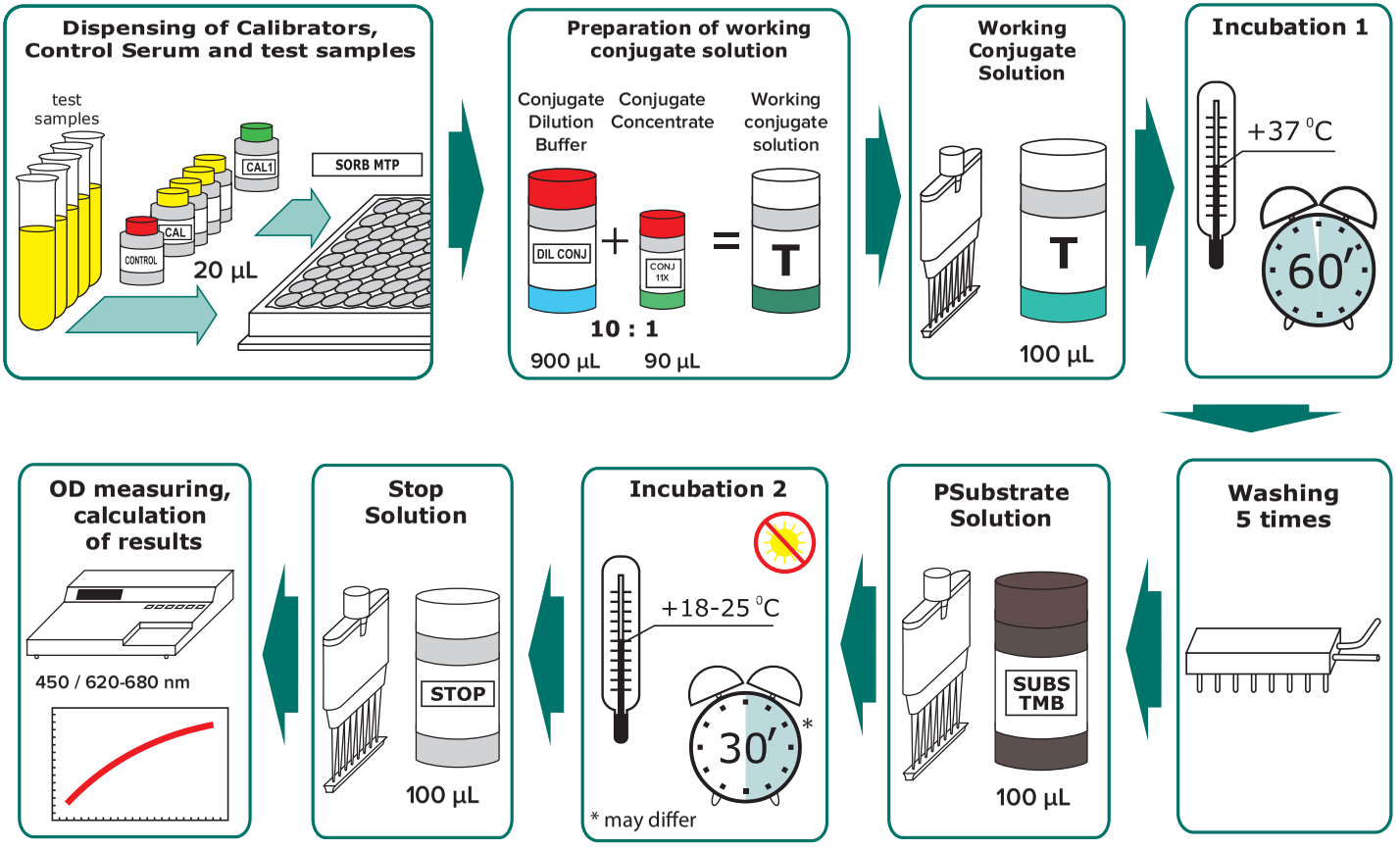
Catalogue number REF **K244**

Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.com.ua

ASSAY PROCEDURE



During performing several independent series of tests, Calibrators, and Control Serum should be used each time.

CONTENT

Instruction for use
A solid-phase enzyme immunoassay kit for the quantitative determination of carbohydrate antigen 72-4 in human serum or plasma
CA 72-4 EIA

1. INTENDED USE

The CA 72-4 EIA kit is an enzyme immunoassay, intended for the quantitative determination of carbohydrate antigen 72-4 in human serum or plasma.

Determination of CA 72-4 antigen concentration in serum (plasma) is used as an auxiliary method of early diagnosis, monitoring the effectiveness of therapy in malignant tumors of glandular tissue, such as gastric carcinoma, colon or ovarian cancer, for all population groups.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

CA 72-4, or a carbohydrate antigen 72-4, is a high MM (230-1000 kD) antigen (epitope) associated to gastric and ovarian cancer as well as some other malignancies and not expressed in noticeable quantities in tissues of healthy adult individuals.

Quantitative determination of CA 72-4 in serum or plasma is helpful (particularly, in combination with CA 19-9 – see XEMA LLC, Cat.# K223) for monitoring of gastric cancer and its therapy, while combined determination of CA 72-4 and CA 125 (see XEMA LLC, Cat.# K222) is used for monitoring of ovarian cancer.

Elevated levels of CA 72-4 are often seen in adenocarcinomas of the gastro-intestinal tract, ovaries (mucinous type) and lungs. Besides, raised CA 72-4 is sometimes also seen in patients with benign pathology (chronic inflammation, cysts, fibrosis). That is why, results of CA 72-4 determination should always be interpreted in conjunction with other laboratory and clinical data.

Functional purpose. Determination of the concentration of CA 72-4 antigen in serum (plasma) is used as an auxiliary method for early diagnosis, monitoring the effectiveness of therapy for malignant glandular tumours, such as gastric carcinoma, colon or ovarian cancer, for all population groups.

3. TEST PRINCIPLE

The determination of carbohydrate antigen 72-4 is based on the two-site sandwich enzyme immunoassay principle. On the inner surface of the microplate wells are immobilized specific murine monoclonal antibodies to human CA 72-4. Second antibodies – murine monoclonal antibodies to human CA 72-4 conjugated to the horseradish peroxidase is used as enzyme conjugate. The analysis procedure includes two stages of incubation:

- during the first stage CA 72-4 from the specimen is captured by the antibodies coated onto the microwell surface, as well as horseradish peroxidase-conjugated monoclonal antibodies bind to free epitopes of immobilized CA 72-4;
- during the second stage, the complexes formed due to the reaction with the chromogen 3,3’,5,5’-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is directly related to the quantity of the measured CA 72-4 in the serum specimen (plasma). The concentration is determined according to the calibration graph of the dependence of the optical density on the content of CA 72-4 in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P244Z	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to human CA 72-4, ready to use
C244Z	CAL 1	**Calibrator C1**	0.5 mL	1	Solution based on human serum, free of CA 72-4, with preservative, ready to use (yellow liquid)
C244Z	CAL 2-5	**Calibrators**	0.5 mL	4	Solutions based on human serum, containing 5; 15; 50 and 200 U/mL of CA 72-4, with preservative, ready to use (blue liquids)
Q244Z	CONTROL	**Control Serum**	0.5 mL	1	Solution based on human serum, containing of known CA 72-4 content, with preservative, ready to use (yellow liquid)
T244XZ	CONJ 11X	**Conjugate Concentrate**	1.2 mL	1	Solution of murine monocnoclonal antibodies to human CA 72-4 conjugated to the horseradish peroxidase, 11x concentrate (green liquid)
ST244Z	DIL CONJ	**Conjugate Dilution Buffer**	12 mL	1	Buffer solution with detergent, ready to use (blue liquid)
R055Z	SUBS TMB	**Substrate Solution**	12 mL	1	Tetramethylbenzidine (TMB) substrate solution, ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	12 mL	1	5.0% solution of sulphuric acid, ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (1 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

- microplate photometer with 450\620-680 nm wavelength;
- dry thermostat for 37°C±1°C;
- automatic plate washer (optional);
- micropipettes with variable volume, range volume 5-1000 µL;
- graduated cylinder of 1000 mL capacity;
- distilled or deionized water;
- timer;
- vortex mixer;
- disposable gloves;
- absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step; immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below; do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The CA 72-4 EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The CA 72-4 EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- the remaining strips should be immediately resealed in the bag along with the silica gel, closed with the zip-lock, and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution, and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Concentrate, Conjugate Dilution Buffer, Calibrators and Control Serum after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;
- diluted Washing Solution can be stored at room temperature (+18…+25°C) for up to 5 days or at +2…+8°C for up to 14 days.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples should be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. The remaining strips should be immediately resealed in the bag along with the silica gel and closed with the zip-lock to prevent moisture from affecting the plate's strips.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of Washing Solution concentrate and dilute it 26 times with distilled or deionized water.

9.4. Working conjugate solution preparation

Prepare in a different container a working conjugate solution by 11 dilutions of Conjugate Concentrate in Conjugate Dilution Buffer (eg, 90 µL of concentrate + 900 µL of Conjugate Dilution Buffer). In the case of partial use of the kit, take the necessary amount of Conjugate Concentrate and dilute it 11 times with Conjugate Dilution Buffer, since the working conjugate solution in a diluted form is not stored for a long time.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550
Volume of Conjugate Concentrate, mL	0.09	0.18	0.27	0.36	0.45	0.54	0.63	0.72	0.81	0.9	0.99	1.08
Volume of Conjugate Dilution Buffer, mL	0.9	1.8	2.7	3.6	4.5	5.4	6.3	7.2	8.1	9	9.9	10.8

10. ASSAY PROCEDURE

10.1. Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 12 wells for Calibrators and Control Serum (2 wells for each Calibrator (CAL 1-5) and 2 wells for Control Serum (Q)).

10.2. Dispense **20 µL of Calibrators and Control Serum as well as 20 µL of test serum/plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

NOTE: during performing several independent series of tests, Calibrators, and Control Serum should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP3	SAMP3	SAMP11	SAMP11						
B	CAL2	CAL2	SAMP4	SAMP4	SAMP12	SAMP12						
C	CAL3	CAL3	SAMP5	SAMP5								
D	CAL4	CAL4	SAMP6	SAMP6								
E	CAL5	CAL5	SAMP7	SAMP7								
F	Q	Q	SAMP8	SAMP8								
G	SAMP1	SAMP1	SAMP9	SAMP9								
H	SAMP2	SAMP2	SAMP10	SAMP10								

10.3. Dispense **100 µL of Working conjugate solution** to all wells (see 9.4).

10.4. Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at +37°C**.

10.5. At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well **5 times** using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the Washing Solution volume can be increased to 350 µL.

10.6. Add **100 µL of Substrate Solution** to all wells. The introduction of the Substrate Solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 30 minutes.**
The incubation time can be varied depending on the intensity of the blue colour development.

10.7. Add **100 µL of Stop Solution** to all wells in the same order as the Substrate Solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.8. Read the optical density (OD) of the wells at 450 nm and reference light filters 620–680 nm using a microplate photometer within 5 minutes of adding the stop solution. Set photometer blank on CAL1.

10.9. Plot a calibration curve in linear coordinates: (x) is the concentration of CA 72-4 in the Calibrators U/mL, (y) – OD versus concentration of CA 72-4 (OD 450 nm / 620–680 nm). Manual or computerized data reduction is applicable at this stage. For the algorithm calculation (approximation) of the calibration curve, using the interval (segment-linear, point-to-point) method is recommended.

10.10. Determine the corresponding concentration of CA 72-4 in tested samples from the calibration curve.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 0.15, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for CA 74-2. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered antimouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying.

NOTE: values of CA 74-2 concentrations in the tested samples that are below the LoD (0.3 U/mL) and also exceed the value of the upper calibrator (200 U/mL) should be provided in the following form : «the CA 74-2 concentration of tested sample X is «lower than 0.3 U/mL» or «higher than 200 U/mL».

Sex, age	Units, U/mL	
	Lower limit	Upper limit
Healthy donors	-	6.0

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1. Precision of Measurement

Reproducibility. The coefficient of variation of determining the content of CA 72-4 in the same sample of blood serum (plasma) using the kit CA 72-4 EIA does not exceed 10%.

13.1.2. Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the mezhurand. The bias was calculated for each sample and it was determined whether it corresponds to the specified limits of ± 10%.

13.1.3. Linearity

Linearity was determined using sera samples with known CA 72-4 concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 5–200 U/mL ±10%.

13.1.4. Analytical sensitivity

Limit of detection (LoD) – the lowest CA 72-4 concentration in the serum or plasma sample that is detected by the CA 72-4 EIA kit is no lower than 0.3 U/mL.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for CA 72-4 EIA kit is 5 U/mL.

13.1.5. Hook Effect

Hook effect is absent for all samples up to reasonably foreseen concentrations 20000 U/mL.

13.1.6. Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

The cross-reactivity of CA 74-2 with other analytes is shown in the table:

Analyte	Cross-reactivity, %
CEA	<0.1
CA 125	<0.1
CA 19-9	<0.1

14. REFERENCES

1. DJ Byrne, MC Browning, and A Cuschieri – CA72-4: a new tumour marker for gastric cancer. Br J Surg, Sep 1990; 77(9): 1010-3.
2. Ian J. Jacobs and Usha Menon – Progress and Challenges in Screening for Early Detection of Ovarian Cancer. Mol. Cell. Proteomics, Apr 2004; 3: 355 – 366.
3. R Hamazoe, M Maeta, T Matsui, S Shibata, S Shiota, and N Kaibara – CA72-4 compared with carcinoembryonic antigen as a tumour marker for gastric cancer. Eur J Cancer, Jan 1992; 28A(8-9): 1351-4
4. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».
5. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».
6. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81).

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

qa@xema.com.ua

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.com.ua

INSTRUCTION FOR USE
A SOLID-PHASE ENZYME IMMUNOASSAY KIT
FOR THE QUANTITATIVE DETERMINATION
OF C-PEPTIDE IN HUMAN SERUM OR PLASMA

C-peptide EIA

Catalogue number REF **K267C**

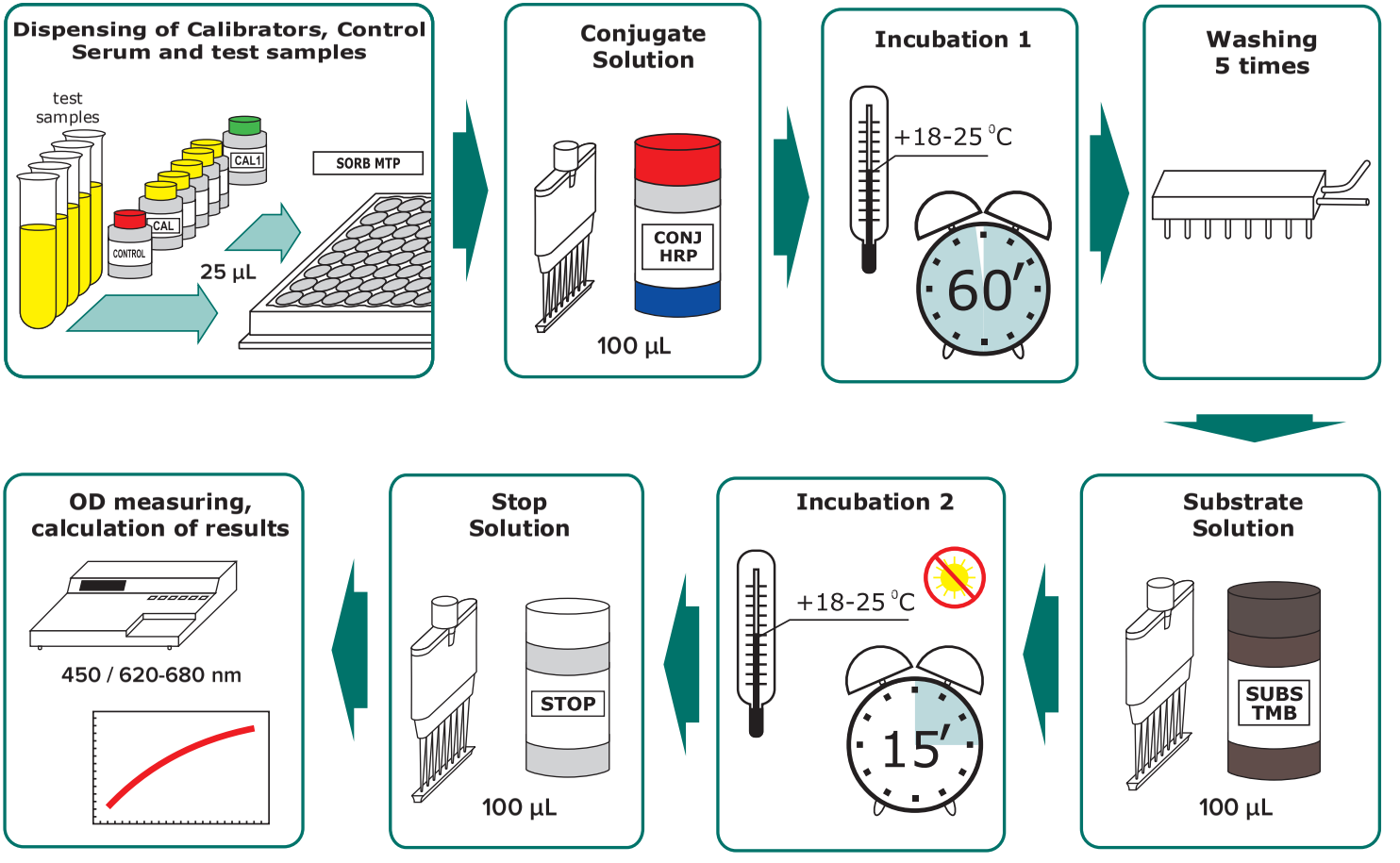
Σ 96 For 96 determinations

IVD *In vitro* diagnostic medical device

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.in.ua

EC REP Authorized Representative in EU:
Polmed.de Beata Rozwadowska
Fichtenstr. 12A, 90763 Fuerth, Germany
tel.:+ 49 911 931 639 67
E-mail: info@polmed.de
www.polmed.de

ASSAY PROCEDURE



K267C

CONTENT

INSTRUCTION FOR USE
A SOLID-PHASE ENZYME IMMUNOASSAY KIT
FOR THE QUANTITATIVE DETERMINATION OF C-PEPTIDE
IN HUMAN SERUM OR PLASMA

C-peptide EIA

1. INTENDED USE

A solid-phase enzyme immunoassay for the quantitative determination of C-peptide in blood serum or plasma.

The field of application is clinical laboratory diagnostics.

2. GENERAL INFORMATION

C-peptide is a component of the endocrine secretion of the pancreas. This protein is necessary for insulin synthesis in pancreatic cells, a multi-step process during which inactive proinsulin is broken down to release active insulin. C-peptide and insulin are secreted in equimolar amounts, so determining the level of C-peptide allows to estimate insulin secretion. It should be noted that although the number of C-peptide and insulin molecules formed during secretion into the bloodstream is the same, the molar concentration of C-peptide in the blood is approximately 5 times higher than the molar concentration of insulin, which is most likely due to the different rates of excretion of these substances from the bloodstream.

C-peptide determination has a number of advantages over insulin determination: the half-life of C-peptide in the bloodstream is longer than that of insulin, so the level of C-peptide is a more stable indicator than the concentration of insulin. In immunoassays, C-peptide does not cross-react with insulin, which makes it possible to measure C-peptide to assess insulin secretion even when taking exogenous insulin and in the presence of autoantibodies to insulin, which is important in the examination of patients with diabetes. The level of C-peptide changes in accordance with fluctuations in insulin levels. The ratio of these indicators may change in case of liver and kidney disease, as insulin is metabolised mainly by the liver, while C-peptide is metabolised and excreted by the kidneys. In this regard, the determination of this indicator can be useful for the correct interpretation of changes in blood insulin levels in case of liver function disorders.

3. TEST PRINCIPLE

The determination of C-peptide is based on the two-site sandwich enzyme immunoassay principle. On the inner surface of the microplate wells are immobilized specific murine monoclonal antibodies to human C-peptide. Second antibodies – murine monoclonal antibodies to human C-peptide conjugated to the horseradish peroxidase is used as enzyme conjugate. The analysis procedure includes two stages of incubation:

- during the first stage C-peptide from the specimen is captured by the antibodies coated onto the microwell surface, as well as horseradish peroxidase-conjugated monoclonal antibodies bind to free epitopes of immobilized C-peptide;
- during the second stage, the complexes formed due to the reaction with the chromogen 3,3’,5,5’-tetramethylbenzidine are visualized.

After stopping the reaction with a stop solution, the intensity of the color of the microwells is measured. The optical density in the microwell is directly related to the quantity of the measured C-peptide in the serum specimen (plasma). The concentration is determined according to the calibration graph of the dependence of the optical density on the content of C-peptide in the calibration samples.

4. KIT COMPONENTS

Code of component	Symbol	Name	Volume	Qty, pcs.	Description
P267CZ	SORB MTP	**Microplate**	-	1	96-well polystyrene strip microplate coated with murine monoclonal antibodies to human C-peptide, ready to use
C267CZ	CAL 1	**Calibrator C1**	0.5 mL	1	Solution based on tris buffer (pH 7.2-7.4), free of human C-peptide, lyophilized
C267CZ	CAL 2-6	**Calibrators**	0.5 mL	5	Solutions based on tris buffer (pH 7.2-7.4), containing 0.3; 0.7; 3; 7 and 30 ng/mL of human C-peptide, contains blue dye, lyophilized Note. Concentrations of C-peptide in Calibrators may differ from the specified values, the exact values are indicated on the component labels
Q267CZ	CONTROL	**Control Serum**	0.5 mL	1	Solution based on human serum, containing of known C-peptide content, with preservative, lyophilized
T267CZ	CONJ HRP	**Conjugate Solution**	12 mL	1	Solution of murine monocnoclonal antibodies to human C-peptide conjugated to the horseradish peroxidase, ready to use (blue liquid)
R055Z	SUBS TMB	**Substrate Solution**	12 mL	1	Tetramethylbenzidine (TMB) substrate solution, ready to use (colourless liquid)
S008Z	BUF WASH 26X	**26x Concentrate Washing Solution**	22 mL	1	Buffer solution with detergent, 26x concentrate (colourless liquid)
R050Z	STOP	**Stop Solution**	12 mL	1	5.0% solution of sulphuric acid, ready to use (colourless liquid)
The kit also includes instruction for use, quality control data sheet and plate sealing tape (2 pcs.)					

5. EQUIPMENT AND MATERIAL REQUIRED BUT NOT PROVIDED

- microplate photometer with 450 nm and 620-680 nm wavelength;
- automatic plate washer (optional);
- micropipettes with variable volume, range volume 5-1000 µL;
- graduated cylinder of 1000 mL capacity;
- distilled or deionized water;
- timer;
- disposable gloves;
- absorbent paper.

6. WARNING AND PRECAUTIONS

In order to prevent incorrect results, strictly follow the recommended order and duration of the analysis procedure.

6.1. The kit is for *in vitro* diagnostic use only. For professional laboratory use.

6.2. Follow the rules mentioned below during the kit using:

- do not use kit beyond expire date;
- do not use the kit if its packaging is damaged;
- in order to avoid contamination, use new tips to pipette samples and reagents;
- use only verified equipment;
- close each vial with its own cap, after using the reagent;
- do not use components of other kits or reagents of other manufacturers;
- do not let wells dry after completing the rinsing step, immediately proceed to the next stage;
- avoid bubbles when adding reagents.

ATTENTION! The TMB substrate solution is light sensitive. Avoid prolonged exposure of the component to light.

6.3. Some kit components, such as stop solution, substrate solution, and washing solution, may cause toxic or irritant effects. If they get on the skin or mucosa, the affected area should be washed with plenty of running water.

6.4. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

6.5. The Calibrators and Control Serum included in the kit are negative for antibodies to HIV 1,2, hepatitis C virus and HBsAg, but the reagents should be considered as potentially infectious material and handled carefully.

6.6. Specimens must not contain any azide compounds, as they inhibit activity of peroxidase.

6.7. Wear protective gloves, protective clothing, eye protection, face protection.

6.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

6.9. Safety Data Sheet for this product is available upon request directly from XEMA LLC.

6.10. Serious incidents related to the kit must be reported to the manufacturer, Authorized Representative, and to the Competent Authority of the EU member state(s) where the incident has occurred.

7. SPECIMEN COLLECTION, TRANSPORTATION AND STORAGE OF SAMPLES

7.1. Blood sampling should be carried out from the cubital vein with a disposable needle using a vacuum blood sampling system. Serum or plasma specimens should be clearly labeled and identified. Serum must be separated from the clot as early as possible to avoid hemolysis of red blood cells. If there are any visible particles in the sample, they should be removed by centrifugation at 3000-5000 rpm for 20 minutes at room temperature or by filtration.

Don't use samples with high lipidemia, hemolysis as they may give false test results.

7.2. Specimen should be stored at +2…+8°C up to 3 days. Specimen held for a longer time, should be placed in a freezer at -15°C or below, do not refreeze/thaw samples.

7.3. For the transportation of samples, it is recommended to use triple packaging. The primary package is the labeled tube containing the sample. Secondary packaging is a polyethylene bag that is hermetically closed with a zip-lock. The outer packaging is a heat-insulating container, while the secondary packaging is placed in the outer packaging for transportation in the center of the thermal container. Frozen refrigerants are placed on the bottom, along the side walls of the thermal container, and cover the samples with them.

8. TRANSPORTATION AND STORAGE TERMS OF KIT, WASTE DISPOSAL

Information about the singularity storage conditions, transportation of the kit, and disposal of waste should be taken into account by all persons who participate in these processes.

8.1. Transportation

The C-peptide EIA kit should be transported in the manufacturer's packaging at +2...+8°C. Single transportation at the temperature up to 25ºC for 5 days is acceptable.

8.2. Storage

The C-peptide EIA kit should be stored in the manufacturer's packaging at +2...+8°C. Do not freeze.

The kit contains reagents sufficient for 96 determinations including Calibrators and Control Serum.

Once opened test-kit is stable for 2 months when stored properly as intended by manufacturer at 2-8°C.

In case of partial use of the kit, the components should be stored in the following way:

- strips that remain unused must be carefully sealed with the plate sealing tape and stored at +2...+8°C within 2 months;
- Substrate Solution, Stop Solution and Washing Solution concentrate after opening the vial, can be stored tightly closed at +2...+8°C until the kit's shelf life;
- Conjugate Solution after opening the vial, can be stored tightly closed at +2...+8°C within 2 months;
- Calibrators and Control Serum after dissolving should be stored frozen in aliquots below **-15°C**.

NOTE: only one freezing/thawing cycle of Calibrators and Control Serum is allowed.

Kits that were stored in violation of the storage condition cannot be used.

8.3. Disposal

Expired kit components, used reagents and materials, as well as residual samples must be inactivated and disposed of in accordance with legal requirements.

9. REAGENTS PREPARATION

9.1. All reagents (including microstrips) and test samples should be allowed to reach room temperature (+18…+25 °C) for at least 30 minutes before use.

9.2. Microplate preparation

Open the package with the microplate and install the required number of strips into the frame. Unused strips must be sealed with plate sealing tape to prevent moisture from affecting the plate's holes and placed back in the bag.

9.3. Washing Solution preparation

Add the contents of the 22 mL Washing Solution concentrate vial to 550 mL of distilled or deionized water and mix thoroughly. In case of partial use of the kit, take the necessary amount of Washing Solution concentrate and dilute it 26 times with distilled or deionized water.

The spending of the components in case of partial use of the kit is given in the table:

Quantity of strips	1	2	3	4	5	6	7	8	9	10	11	12
Volume of the Washing Solution concentrate, mL	1.8	3.6	5.4	7.2	9	10.8	12.6	14.4	16.2	18	19.8	22
Volume of water, mL	45	90	135	180	225	270	315	360	405	450	495	550

9.4.Calibrators and Control Serum preparation

Before first use of the kit dissolve the Calibrators and Control Serum: add 0.5 mL deionized water to each vial and mix thoroughly avoiding foam formation. Liquid Calibrators and Control Serum should be assayed within **72 hours**. For next assays Liquid Calibrators and Control Serum should be aliquoted and stored frozen below -15°C **immediately.**

10. ASSAY PROCEDURE

10.1. Put the desired number of strips into the frame based on the number of test samples in 2 replicates and 14 wells for Calibrators and Control Serum (2 wells for each Calibrator (CAL 1-6) and 2 wells for Control Serum (Q)).

10.2. Prepare Calibrators and Control Serum as described in 9.4.

10.3. Dispense **25 µL of Calibrators and Control Serum as well as 25 µL of test serum/ plasma samples** (SAMP) to the wells of the microplate according to the scheme below. The introduction of Calibrators, Control Serum and test samples should be carried out within 5 minutes to ensure equal incubation time for the first and last samples.

NOTE: during performing several independent series of tests, Calibrators and Control Serum should be used each time.

Scheme of introduction of samples

	1	2	3	4	5	6	7	8	9	10	11	12
A	CAL1	CAL1	SAMP2	SAMP2	SAMP10	SAMP10						
B	CAL2	CAL2	SAMP3	SAMP3	SAMP11	SAMP11						
C	CAL3	CAL3	SAMP4	SAMP4	SAMP12	SAMP12						
D	CAL4	CAL4	SAMP5	SAMP5								
E	CAL5	CAL5	SAMP6	SAMP6								
F	CAL6	CAL6	SAMP7	SAMP7								
G	Q	Q	SAMP8	SAMP8								
H	SAMP1	SAMP1	SAMP9	SAMP9								

10.4. Dispense **100 µL of Conjugate Solution** to all wells.

10.5. Carefully mix the contents of the microplate in a circular motion on a horizontal surface, cover strips with a plate sealing tape and incubate for **60 minutes at room temperature (+18...+25°C)**.

10.6. At the end of the incubation period, remove and discard the plate cover. Aspirate and wash each well **5 times** using an automatic washer or an 8-channel dispenser. For each washing, add 300 µL of Washing Solution (see 9.3) to all wells, then remove the liquid by aspiration or decantation. The residual volume of the Washing Solution after each aspiration or decantation should be no more than 5 µL. After washing, carefully remove the remaining liquid from the wells on the absorbent paper. For the automatic washer/analyzer, the wash solution volume can be increased to 350 µL.

10.7. Add **100 µL of Substrate Solution** to all wells. The introduction of the Substrate Solution into the wells must be carried out within 2-3 minutes. Incubate the microplate in the dark **at room temperature (+18...+25°C) for 15 minutes**.

10.8. Add **100 µL of Stop Solution** to all wells in the same order as the Substrate Solution. After adding the Stop Solution, the contents of the wells turn yellow.

10.9. Read the optical density (OD) of the wells at 450 nm and reference light filters 620–680 nm using a microplate photometer within 5 minutes of adding the Stop Solution.

10.10. Plot a calibration curve in linear coordinates: (x) is the C-peptide concentration in the calibrators ng/mL, (y) – OD versus C-peptide concentration (OD 450 nm / 620–680 nm). Manual or computerized data reduction is applicable at this stage. For the algorithm calculation (approximation) of the calibration curve, using the interval (segment-linear, point-to-point) method is recommended.

10.11. Determine the corresponding concentration of C-peptide in tested samples from the calibration curve.

11. TEST VALIDITY

The test run shall be considered valid if the OD of CAL1 is above 0.15, and the values of the Control Serum fall into the required range (see Quality control Data Sheet).

12. EXPECTED VALUES

Therapeutical consequences should not be based on the results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for C-peptide. Based on data obtained by XEMA LLC, the following normal range is recommended (see below).

NOTE: values of C-peptide concentrations in the tested samples that are below the LoD (0.015 ng/mL) and also exceed the value of the upper Calibrator (30 ng/mL) should be provided in the following form : «the C-peptide concentration of tested sample X is «lower than 0.015 ng/mL» or «higher than 30* ng/mL».*

* - concentration of the C-peptide of the upper calibration sample may slightly differ from the specified value, the exact value is indicated on the component label.

The calibrators concentration values of the C-peptide EIA kit are expressed in ng/mL. To calculate concentrations in pmol/L, the received concentration value in ng/mL shall be multiplied by 331.

1 ng/mL = 331 pmol/L

Sex, age	Units, ng/mL		Units alternative, pmol/L	
	Lower limit	Upper limit	Lower limit	Upper limit
Healthy donors	0.9	5.0	298	1655

13. PERFORMANCE CHARACTERISTICS

13.1. Analytical performance characteristics

13.1.1. Precision of Measurement

Repeatability (Intra assay repeatability) was determined by evaluation the coefficient of variation (CV) for 2 different samples during 1 day in 24 replicates on one series of ELISA kit.

Sample	Concentration, ng/mL	CV, %
1	5.12	3.2
2	3.32	2.8

Reproducibility (Inter assay reproducibility) was determined by evaluating the coefficients of variation for 2 samples during 5 days in 8-replicate determinations.

Sample	Concentration, ng/mL	CV, %
1	5.27	4.0
2	3.87	2.4

Reproducibility between lots was investigated by testing samples for one day on three lots. Each sample was run in 8 replicates.

Sample	Concentration 1, ng/mL	Concentration 2, ng/mL	Concentration 3, ng/mL	CV, %
1	5.32	5.02	5.81	7.2
2	3.71	3.56	3.32	6.6

13.1.2. Trueness

The trueness of measurement is the degree of closeness of the average value obtained from a large number of measurement results to the true value. The bias of the measurement result (bias of measurements) is the difference between the mathematical expectation of the measurement result and the true value of the measurand. The bias was calculated for each sample and it was determined that it corresponds to the specified limits of ± 10%.

13.1.3. Linearity

Linearity was determined using sera samples with known C-peptide concentration (low and high) and mixing them with each other and buffer solution in different proportions. According to the measurements, linear range of kit is 5-20 ng/mL ±10%.

13.1.4. Analytical sensitivity

Limit of detection (LoD) – the lowest C-peptide concentration in the serum or plasma sample that is detected by the C-peptide EIA kit is no lower than 0.015 ng/mL.

Limit of quantification (LoQ) – the lowest concentration of the analyte in the sample that is determined quantitatively with the declared trueness for C-peptide EIA kit is 0.2 ng/mL.

13.1.5. Hook Effect

Hook effect is absent for all samples up to reasonably foreseen concentrations 40 ng/mL.

13.1.6. Analytical specificity

For the analysis result is not affected by the presence in the sample of bilirubin in a concentration of up to 0.21 mg/mL and hemoglobin in a concentration of up to 10 mg/mL.

14. REFERENCES

1. Rui Lv, Yingshan Chen, Nana Xia, Yuxin Liang, Qiyi He, Minyou Li, Zongxian Qi, Yeyu Lu, Suqing Zhao, Development of a double-antibody sandwich ELISA for rapid detection to C-peptide in human urine, J Pharm Biomed Anal. 2019 Jan 5;162:179-184. doi: 10.1016/j.jpba.2018.07.049. Epub 2018 Aug 2.

2. Melanie L Graham, Sarah C Gresch, Sharon K Hardy, Lucas A Mutch, Jody L Janecek, Rebecca L Hegstad-Davies, Evaluation of commercial ELISA and RIA for measuring porcine C-peptide: implications for research, Xenotransplantation. 2015 Jan-Feb;22(1):62-9. doi: 10.1111/xen.12143. Epub 2014 Oct 7.

3. Наказ МОЗ України №325 від 08.06.2015 «Про затвердження Державних санітарно-протиепідемічних правил і норм щодо поводження з медичними відходами».

4. Постанова КМУ від 02 жовтня 2013р. №754 «Про затвердження технічного регламенту щодо медичних виробів для діагностики in vitro».

5. НПАОП 85.14-1.09-81. Правила облаштування, техніки безпеки, виробничої санітарії, протиепідемічного режиму і особистої гігієни при роботі в лабораторіях (відділеннях, відділах) санітарноепідеміологічних установ системи Міністерства охорони здоров`я СРСР (НАОП 9.1.50-1.09-81).

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

SAMPLES IDENTIFICATION PLAN

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

LOT _____ DATE _____

	Manufacturer
IVD	*In vitro* diagnistic medical device
REF	Catalogue number
	Use-by date
LOT	Batch code
	Temperature limit
	Contains sufficient for <n> tests
	Caution
	Consult instructions for use
	Conformity Marking with technical regulations in Ukraine
EC REP	Authorized representative in the European Community/European Union
CE	CE Conformity Marking

For any issues related to operation of the kit and technical support, please contact by telefon number

+38 044 294-69-78

or write to:

qa@xema.com.ua

XEMA LLC
Akademika Yefremova St. 23
03179, Kyiv, Ukraine
tel.:+38 044 422-62-16
tel.:+38 044 294-69-78
E-mail: qa@xema.com.ua
www.xema.com.ua

Instruction for use

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ НАБОРА РЕАГЕНТОВ ДЛЯ ИММУНОФЕРМЕНТНОГО ОПРЕДЕЛЕНИЯ ОБЩЕГО IgG В БИОЛОГИЧЕСКИХ ЖИДКОСТЯХ

«общий IgG-ИФА»

A SOLID-PHASE ENZYME IMMUNOASSAY FOR THE QUANTITATIVE DETERMINATION OF TOTAL IgG IN HUMAN BIOLOGICAL FLUIDS

Total IgG EIA

НОМЕР ПО КАТАЛОГУ REF **K271**

ТУ № 9398-271-18619450-2009

РЕГИСТРАЦИОННОЕ УДОСТОВЕРЕНИЕ
№ ФСР 2009/06104 от 19 ноября 2009 года

Антитела к ВИЧ 1,2, вирусу гепатита С и HBsAg отсутствуют
Контрольные сыворотки, входящие в состав набора, инактивированы.

For 96 determinations/На 96 определений

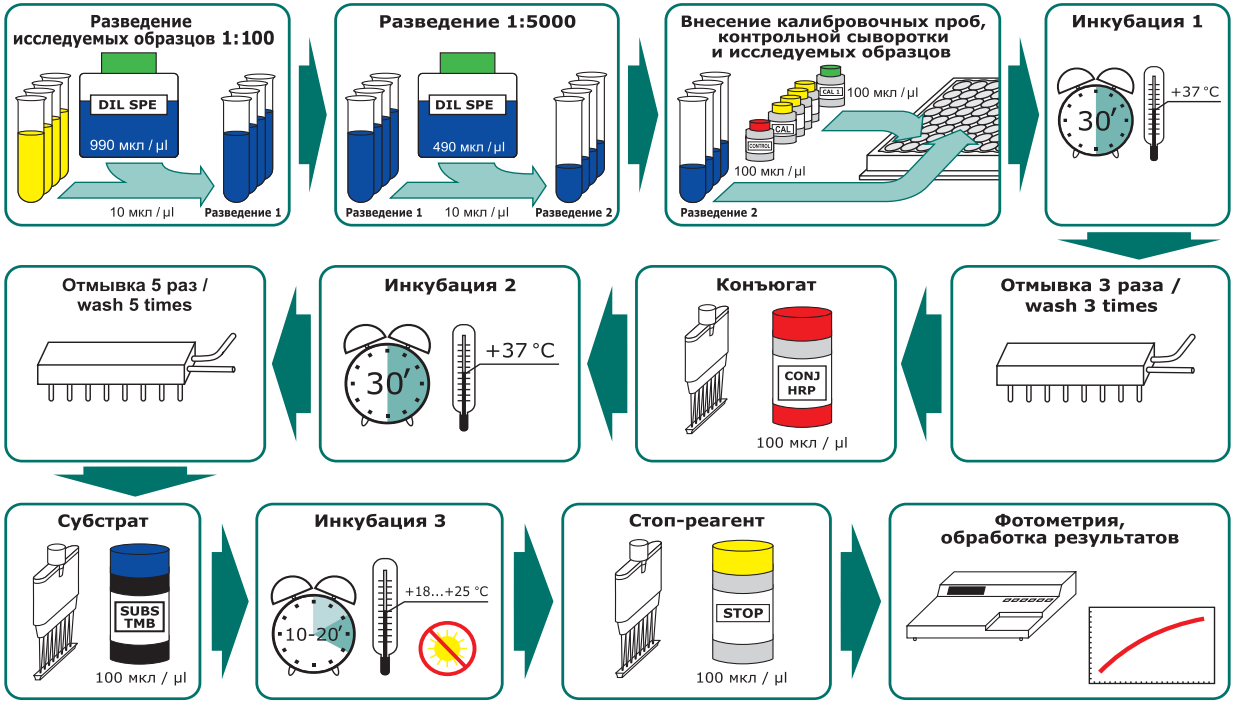
IVD Для *ин витро* диагностики

XEMA Co., Ltd.
The 9th Parkovaya str., 48
105264 Moscow, Russia
Tel./fax: +7(495) 510-57-07
e-mail: redkin@xema-medica.com
internet: www.xema-medica.com

EC REP

Authorized Representative in EU:
Polmed.de
Steinacker 20, D-73773
Aichwald, Germany
e-mail: info@polmed.de

Схема проведения анализа / Test procedure *



K271

* Для сыворотки (плазмы) крови.
Способ разведения для других видов материала приведен в таблице М

* Blood serum or plasma
For other tested materials, see table M.

СОДЕРЖАНИЕ

CONTENT

Инструкция составлена Руководителем службы клиентского сервиса ООО «ХЕМА», к. б. н. Д. С. Кострикиным

«УТВЕРЖДЕНА»
Приказ Росздравнадзора № 9364-Пр/09 от 19 ноября 2009 г.
КРД 68434 от 24.09.2009 г.

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ НАБОРА РЕАГЕНТОВ ДЛЯ ИММУНОФЕРМЕНТНОГО ОПРЕДЕЛЕНИЯ ОБЩЕГО IgG В БИОЛОГИЧЕСКИХ ЖИДКОСТЯХ «общий IgG-ИФА»

1. НАЗНАЧЕНИЕ

1.1. Набор реагентов «общий IgG-ИФА» предназначен для количественного определения концентрации общего IgG в биологических жидкостях (см. таблицу М) методом твердофазного иммуноферментного анализа.

1.2. Антитела класса IgG преобладают в составе фракции γ – глобулинов и являются основным классом антител, присутствующих в сыворотке крови человека. Увеличение концентрации IgG в сыворотке крови является основным признаком зрелого иммунного ответа, а снижение их концентрации ниже 5 г/л свидетельствует о развитии тяжелого иммунодефицита. Определение концентрации IgG в сыворотке крови, как и соотношения содержания IgG/IgA/IgM может служить одним из основных критериев оценки иммунного статуса индивида и использоваться при контроле лечения некоторых инфекционных заболеваний. Резкое повышение концентрации IgG в сыворотке крови наблюдается при миеломной болезни.

2. ПРИНЦИП РАБОТЫ НАБОРА

Определение общего IgG основано на использовании «сэндвич»-варианта твердофазного иммуноферментного анализа. На внутренней поверхности лунок планшета иммобилизованы мышиные моноклональные антитела к общему IgG человека. В лунках планшета, при добавлении исследуемого образца, происходит связывание общего IgG, содержащегося в исследуемом образце, с антителами на твердой фазе. Образовавшийся комплекс выявляют с помощью конъюгата мышиных моноклональных антител к общему IgG с пероксидазой хрена. В результате образуется связанный с пластиком «сэндвич», содержащий пероксидазу. Во время инкубации с раствором субстрата тетраметилбензидина (ТМБ) происходит окрашивание растворов в лунках. Интенсивность окраски прямо пропорциональна концентрации общего IgG в исследуемом образце. Концентрацию общего IgG в исследуемых образцах определяют по калибровочному графику зависимости оптической плотности от содержания общего IgG в калибровочных пробах.

3. АНАЛИТИЧЕСКИЕ ХАРАКТЕРИСТИКИ

3.1. Специфичность. Перекрестная реакция мышиных моноклональных антител к общему IgG с другими аналитами приведена в таблице:

Аналит	Перекрестная реакция, %
IgA	<0.1
IgM	<0.1
IgE	<0.1

3.2. Воспроизводимость.

Коэффициент вариации результатов определения содержания общего IgG в одном и том же образце биологических жидкостей с использованием Набора «общий IgG-ИФА» не превышает 8.0%.

3.3. Линейность.

Зависимость концентрации общего IgG в образцах биологических жидкостей при разведении их биологическими жидкостями, не содержащими общий IgG, имеет линейный характер в диапазоне концентраций 1–25 г/л и составляет ±10.0%.

3.4. Точность.

Данный аналитический параметр проверяется тестом на «открытие» – соответствие измеренной концентрации общего IgG предписанной, полученной путем смешивания равных объемов контрольной сыворотки и калибровочной пробы 5.0 г/л. Процент «открытия» составляет 90–110%.

3.5. Чувствительность.

Минимальная достоверно определяемая Набором «общий IgG-ИФА» концентрация общего IgG в биологических жидкостях не превышает 0.06 г/л.

4. СОСТАВ НАБОРА

	Код компонента	Символ	Наименование	Кол-во	Ед.	Описание
1	P271Z	SORB MTP	**Планшет** 96-луночный полистироловый, стрипированный, готов к использованию	1	шт.	-
2	C271Z	CAL 1–5	**Калибровочные пробы** на основе трис-буфера (pH 7.2-7.4), содержащие известные количества общего IgG – **0**; **1**; **5**; **10**; **25 г/л**, готовы к использованию (по 1 мл каждая)	5	шт.	прозрачные жидкости синего цвета (калибровочная проба 0 – прозрачная бесцветная жидкость)
3	Q271Z	CONTROL	**Контрольная сыворотка** на основе сыворотки крови человека с известным содержанием общего IgG, готова к использованию (1 мл)	1	шт.	прозрачная бесцветная жидкость
4	T271Z	CONJ HRP	**Конъюгат**, готов к использованию (14 мл)	1	шт.	прозрачная жидкость красного цвета
5	SP271Z	DIL SPE	**Буфер для разведения образцов,** готов к использованию (100 мл)	1	шт	прозрачная жидкость синего цвета
6	R055Z	SUBS TMB	**Раствор субстрата тетраметилбензидина** (ТМБ), готов к использованию (14 мл)	1	шт.	прозрачная бесцветная жидкость
7	S008Z	BUF WASH 26X	**Концентрат отмывочного раствора** (солевой раствор с твин-20 и бензойной кислотой), 26х-кратный (22 мл)	1	шт.	прозрачная бесцветная жидкость
8	R050Z	STOP	**Стоп-реагент**, готов к использованию (14 мл)	1	шт.	прозрачная бесцветная жидкость
9	N003	-	Бумага для заклеивания планшета	2	шт.	-
10	K271I	-	Инструкция по применению Набора реагентов «общий IgG-ИФА»	1	шт.	-
11	K271Q	-	Паспорт контроля качества Набора реагентов «общий IgG-ИФА»	1	шт.	-

5. МЕРЫ ПРЕДОСТОРОЖНОСТИ

5.1. Потенциальный риск применения Набора – класс 2а (ГОСТ Р 51609-2000).

5.2. Все компоненты Набора, за исключением стоп-реагента (5.0% раствор серной кислоты), в используемых концентрациях являются нетоксичными.

Раствор серной кислоты обладает раздражающим действием. Избегать разбрызгивания и попадания на кожу и слизистые. При попадании на кожу и слизистые пораженный участок следует промыть большим количеством проточной воды.

5.3. При работе с Набором следует соблюдать «Правила устройства, техники безопасности, производственной санитарии, противоэпидемического режима и личной гигиены при работе в лабораториях (отделениях, отделах) санитарно-эпидемиологических учреждений системы Министерства здравоохранения СССР» (Москва, 1981 г.).

5.4. При работе с Набором следует надевать одноразовые резиновые или пластиковые перчатки, так как образцы крови человека следует рассматривать как потенциально инфицированный материал, способный длительное время сохранять и передавать ВИЧ, вирус гепатита или любой другой возбудитель вирусной инфекции.

6. ОБОРУДОВАНИЕ И МАТЕРИАЛЫ, НЕОБХОДИМЫЕ ПРИ РАБОТЕ С НАБОРОМ

- фотометр вертикального сканирования, позволяющий измерять оптическую плотность содержимого лунок планшета при длине волны 450 нм;
- термостат, поддерживающий температуру +37 °С ±0.1 °С;
- дозаторы со сменными наконечниками, позволяющие отбирать объемы в диапазоне 10–250 мкл;
- цилиндр мерный вместимостью 1000 мл;
- вода дистиллированная;
- перчатки резиновые или пластиковые;
- бумага фильтровальная.

7. ПОДГОТОВКА РЕАГЕНТОВ ДЛЯ АНАЛИЗА

7.1. Перед проведением анализа компоненты Набора и исследуемые образцы сыворотки (плазмы) крови следует выдержать при комнатной температуре (+18...+25 °С) не менее 30 мин.

7.2. Приготовление планшета.

Вскрыть пакет с планшетом и установить на рамку необходимое количество стрипов. Оставшиеся неиспользованными стрипы, чтобы предотвратить воздействие на них влаги, тщательно заклеить бумагой для заклеивания планшета и хранить при температуре +2...+8 °С в течение всего срока годности Набора.

7.3. Приготовление отмывочного раствора.

Содержимое флакона с концентратом отмывочного раствора (22 мл), перенести в мерный цилиндр вместимостью 1000 мл, добавить 550 мл дистиллированной воды и тщательно перемешать. В случае дробного использования Набора следует отобрать необходимое количество концентрата отмывочного раствора и развести дистиллированной водой в 26 раз (1 мл концентрата отмывочного раствора + 25 мл дистиллированной воды).

8. УСЛОВИЯ ХРАНЕНИЯ И ЭКСПЛУАТАЦИИ НАБОРА

8.1. Набор реагентов «общий IgG-ИФА» должен храниться в упаковке предприятия-изготовителя при температуре +2...+8 °С в течение всего срока годности, указанного на упаковке Набора.

Допускается хранение (транспортировка) Набора при температуре до +25 °С не более 15 суток. Не допускается замораживание целого набора.

8.2. Набор рассчитан на проведение анализа в дубликатах 42 исследуемых образцов, 5 калибровочных проб и 1 пробы контрольной сыворотки (всего 96 определений).

8.3. В случае дробного использования Набора компоненты следует хранить следующим образом:

- оставшиеся неиспользованными стрипы необходимо тщательно заклеить бумагой для заклеивания планшета и хранить при температуре +2...+8 °С в течение всего срока годности Набора;
- Буфер для разведения образцов, конъюгат, субстрат, стоп-реагент после вскрытия флаконов следует хранить при температуре +2...+8 °С в течение всего срока годности Набора;
- калибровочные пробы и контрольную сыворотку после вскрытия флаконов следует хранить при температуре +2...+8 °С не более 2 месяцев;
- оставшийся неиспользованным концентрат отмывочного раствора следует хранить при температуре +2…+8 °С в течение всего срока годности Набора. Приготовленный отмывочный раствор следует хранить при комнатной температуре (+18…+25 °С) не более 15 суток или при температуре +2…+8 °С не более 45 суток.

Примечание. После использования реагента немедленно закрывайте крышку флакона. Закрывайте каждый флакон своей крышкой.

8.4. Для проведения анализа не следует использовать гемолизированную, мутную сыворотку (плазму) крови, а также сыворотку (плазму) крови, содержащую азид натрия. Если анализ производится не в день взятия крови, сыворотку (плазму) следует хранить при температуре -20 °С. Повторное замораживание-оттаивание образцов сыворотки (плазмы) крови не допускается. Допускается исследование сывороток, хранение которых с момента забора крови осуществлялось при температуре от +2 ºС до +8 ºС не более 7 суток.

8.5. Исключается использование для анализа образцов сыворотки (плазмы) крови людей, получавших в целях диагностики или терапии препараты, в состав которых входят мышиные антитела.

8.6. При использовании Набора для проведения нескольких независимых серий анализов следует иметь в виду, что для каждого независимого определения необходимо построение нового калибровочного графика; кроме этого, рекомендуется определение концентрации общего IgG в контрольной сыворотке.

8.7. Для получения надежных результатов необходимо строгое соблюдение Инструкции по применению Набора.

8.8. Не используйте компоненты из других наборов или из аналогичных наборов других серий.

9. ПРОВЕДЕНИЕ АНАЛИЗА

1	Поместите в рамку необходимое количество стрипов – исследуемые образцы в 2 повторах и 12 лунок для калибровочных проб и контрольной сыворотки.
2	**Разбавьте образцы сыворотки (плазмы) крови в 5000 раз**, используя Буфер для разведения образцов **(SP271Z)**. Пример: в пробирку Разведение 1 (1:100) добавьте: 10 мкл образца + 990 мкл Буфера для разведения образцов. В другую пробирку Разведение 2 (1:5000) добавьте: 10 мкл Разведения 1 + 490 мкл Буфера для разведения образцов. Разведение 2 (1:5000) следует использовать в анализе. Способ разведения для других видов материала приведен в таблице М. Не разбавляйте калибровочные пробы и контрольную сыворотку.
3	Если предполагаемая концентрация общего IgG в исследуемом образце превышает 25 г/л, его следует дополнительно развести, используя Буфер для разведения образцов (SP271Z). Использование других буферов и реагентов для разбавления образцов может искажать результаты определения! Примечание. Для получения надежных результатов рекомендуется использовать несколько последовательных разведений исследуемого образца биологических жидкостей.
4	**Внесите в соответствующие лунки в дубликатах по 100 мкл каждой калибровочной пробы и контрольной сыворотки**. При исследовании сыворотки (плазмы) крови в лунки, предназначенные для исследуемых образцов, **внесите по 100 мкл разбавленных образцов (Разведение 2)**. При исследовании других видов материала объем вносимого исследуемого образца указан в таблице М. Внесение калибровочных проб, контрольной сыворотки и исследуемых образцов необходимо произвести в течение 15 минут.
5	Аккуратно перемешайте содержимое планшета круговыми движениями по горизонтальной поверхности, заклейте планшет бумагой для заклеивания планшета. **Инкубируйте планшет в течение 30 минут при температуре +37 °С**.
6	По окончании инкубации удалите содержимое лунок аспирацией (например, с помощью водоструйного насоса) или декантированием и **отмойте лунки 3 раза**. При каждой отмывке добавьте во все лунки по 250 мкл отмывочного раствора (см. п. 7.3), встряхните планшет круговыми движениями по горизонтальной поверхности с последующей аспирацией или декантированием. Задержка при отмывке (замачивание лунок) не требуется. При каждом декантировании необходимо тщательно удалять остатки жидкости из лунок.
7	**Внесите во все лунки по 100 мкл конъюгата**.
8	Заклейте планшет бумагой для заклеивания планшета и **инкубируйте** его **в течение 30 минут при температуре +37 °С**.
9	По окончании инкубации удалите содержимое лунок и **отмойте лунки 5 раз**.
10	**Внесите во все лунки по 100 мкл раствора субстрата тетраметилбензидина**. Внесение раствора субстрата тетраметилбензидина в лунки необходимо произвести в течение 2–3 мин. Инкубируйте планшет в темноте при комнатной температуре (+18...+25 °С) в течение 10–20 минут в зависимости от степени развития синего окрашивания.
11	**Внесите во все лунки** с той же скоростью и в той же последовательности, как и раствор субстрата тетраметилбензидина, **по 100 мкл стоп-реагента**, при этом содержимое лунок окрашивается в ярко-желтый цвет.
12	**Измерьте величину оптической плотности (ОП) содержимого лунок планшета на фотометре** вертикального сканирования **при длине волны 450 нм**. Измерение ОП содержимого лунок планшета необходимо произвести в течение 15 мин после внесения стоп-реагента. Бланк фотометра выставляйте по калибровочной пробе С1.

продолжение таблицы на стр. 8

13	Постройте в линейных координатах калибровочный график: ось абсцисс (x) – концентрация общего IgG в калибровочных пробах (г/л), ось ординат (y) – оптическая плотность калибровочных проб (ОП 450 нм). Для алгоритма обсчета (аппроксимации) калибровочного графика используйте интервальный (кусочно-линейный, «от точки к точке») метод.
14	Определите по калибровочному графику содержание общего IgG в исследуемых образцах. Если исследуемый образец предразводили (см. п. 3), умножьте полученный результат на фактор разведения. При анализе различных видов материала необходимо умножить полученные значения на Фактор пересчета, приведенный в таблице М.

Таблица М

Вид материала	Сбор, хранение и обработка материала	Пример разведения	Буфер для разведения образцов лунку, мкл	Образец в лунку, мкл	Фактор пересчета
сыворотка (плазма) крови	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных, хилезных и гемолитических образцов может привести к искажению результатов.	Разведение 1 (1:100): 10 мкл образца + 990 мкл Буфера для разведения образцов. В другую пробирку Разведение 2 (1:5000) добавьте 10 мкл Разведения 1 + 490 мкл Буфера для разведения образцов. Разведение 2 (1:5000) следует использовать в анализе	0	100	1
слюна	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных образцов может привести к искажению результатов.		90	10	0.002
моча	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных образцов может привести к искажению результатов.		50	50	0.0004
спинно-мозговая жидкость	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных образцов может привести к искажению результатов.	10 мкл образца + 500 мкл буфера для разведения образцов	0	100	0.01

10. ОЖИДАЕМЫЕ ЗНАЧЕНИЯ И НОРМЫ

10.1. Основываясь на результатах исследований, проведенных ООО «ХЕМА», рекомендуем пользоваться нормами, приведенными ниже. Вместе с тем, в соответствии с правилами *GLP* (Хорошей лабораторной практики), каждая лаборатория должна сама определить параметры нормы, характерные для обследуемой популяции.

Примечание. Значения концентраций общего IgG в исследуемых образцах, находящиеся ниже границы чувствительности Набора (0.06 г/л), а также превышающие значение верхней калибровочной пробы (25 г/л) следует приводить в следующей форме: в исследуемом образце X концентрация общего IgG ниже 0.06 г/л или выше 25 г/л.

Исследуемая группа	Единицы, г/л	
	Нижний предел	Верхний предел
новорожденные	7.0	15
1-3 месяца	2.7	8.0
4-6 месяцев	1.8	8.5
7-12 месяцев	3.5	12
1-6 лет	6.5	18
7-11 лет	8.5	15
> 11 лет	9.0	20

11. ЛИТЕРАТУРА

1. RG Hamilton – Human IgG subclass measurements in the clinical laboratory. Clin. Chem., Oct 1987; 33: 1707 – 1725.
2. V. A. Semenova, E. Steward-Clark, K. L. Stamey, T. H. Taylor, Jr., D. S. Schmidt, S. K. Martin, N. Marano, and C. P. Quinn – Mass Value Assignment of Total and Subclass Immunoglobulin G in a Human Standard Anthrax Reference Serum. Clin. Diagn. Lab. Immunol., Sep 2004; 11: 919 – 923.

По вопросам, касающимся качества Набора **«общий IgG-ИФА»**,
следует обращаться в ООО «ХЕМА» по адресу:
105043, г. Москва, а/я 58
105264, г. Москва, ул. 9-я Парковая, д. 48, 1-й под., 5 этаж,
тел/факс (495) 737-39-36, 737-00-40, 510-57-07 (многоканальный)

электронная почта: info@xema.ru; rqc@xema.ru
интернет: www.xema.ru; www.xema-medica.com

Руководитель службы клиентского сервиса ООО «ХЕМА»,
к. б. н. Д. С. Кострикин

Instruction for use

A SOLID-PHASE ENZYME IMMUNOASSAY FOR THE QUANTITATIVE DETERMINATION OF TOTAL IgG IN HUMAN BIOLOGICAL FLUIDS

1. INTENDED USE

A solid-phase enzyme immunoassay for the quantitative determination of total IgG in biological fluids.

This kit is designed for measurement of total IgG in biological fluids. For possibility of use with other sample types, please, refer to Application Notes (on request). The kit contains reagents sufficient for 96 determinations and allows to analyze 42 unknown samples in duplicates.

2. SUMMARY AND EXPLANATION

Immunoglobulin G (IgG) is the main part of serum γ – globulin fraction. IgG is secreted during secondary immune response and plays a key role in humoral immunity. Decrease of serum IgG concentration below 5 g/l is a marker of severe life-threatening immunodeficiency. Determination of serum IgG concentration and IgG/IgA/IgM ratios can be used for monitoring of humoral immune status. Marked elevation of serum IgG may be observed in chronic inflammation, autoimmune diseases and myeloma.

3. PRINCIPLE OF THE TEST

This test is based on two-site sandwich enzyme immunoassay principle. Tested specimen is placed into the microwells coated by specific murine monoclonal to human total IgG-antibodies. Antigen from the specimen is captured by the antibodies coated onto the microwell surface. Unbound material is removed by washing procedure. Second antibodies – murine monocnoclonal to human total IgG, labelled with peroxidase enzyme, are then added into the microwells. After subsequent washing procedure, the remaining enzymatic activity bound to the microwell surface is detected and quantified by addition of chromogen-substrate mixture, stop solution and photometry at 450 nm. Optical density in the microwell is directly related to the quantity of the measured analyte in the specimen.

4. WARNINGS AND PRECAUTIONS

4.1. For professional use only.

4.2. This kit is intended for in vitro diagnostic use only.

4.3. INFECTION HAZARD: There is no available test methods that can absolutely assure that Hepatitis B and C viruses, HIV-1/2, or other infectious agents are not present in the reagents of this kit. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

4.4. Avoid contact with stop solution containing 5.0% H_2SO_4. It may cause skin irritation and burns.

4.5. Wear disposable latex gloves when handling specimens and reagents. Microbial contamination of reagents may give false results.

4.6. Do not use the kit beyond the expiration date.

4.7. All indicated volumes have to be performed according to the protocol. Optimal test results are only obtained when using calibrated pipettes and microplate readers.

4.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

4.9. Chemicals and prepared or used reagents have to be treated as hazardous waste according to the national biohazard safety guidelines or regulations.

4.10. Do not mix reagents from different lots.

4.11. Replace caps on reagents immediately. Do not swap caps.

4.12. Do not pipette reagents by mouth.

4.13. Specimens must not contain any AZIDE compounds – they inhibit activity of peroxidase.

4.14. Material Safety Data Sheet for this product is available upon request directly from XEMA Co., Ltd.

4.15. The Material Safety Data Sheet fit the requirements of EU Guideline 91/155 EC.

5. KIT COMPONENTS

5.1. Contents of the Kit

	Symbol	Description		Qty	Units	Colour code	Stability of opened/diluted components
1	SORB MTP	total IgG EIA strips, 8x12 wells	polystyrene microwells coated with murine monoclonal to human total IgG	1	pcs		until exp.date
2	CAL 1–5	Calibrator set, 1 ml each. The set contains 5 calibrators: 0; 1; 5; 10; 25 g/l	human total IgG diluted in tris buffered BSA solution, preservative – 0.01% Bronidox L, 0.01% 2-Methyl-4-isothiazolin-3-one-hydrochloride; also contains blue dye	5	pcs	blue (C1 – colourless)	2 months
3	CONTROL	Control serum (1 ml)	dilution of preselected human serum, with high content of total IgG with BSA solution; preservative – 0.01% Bronidox L, 0.01% 2-Methyl-4-isothiazolin-3-one-hydrochloride, colourless	1	pcs	colourless	2 months
4	CONJ HRP	Conjugate, 14 ml	aqueous solution of murine monocnoclonal to human total IgG coupled with horseradish peroxidase diluted on phosphate buffered solution with casein from bovine milk and detergent (Tween-20), contains 0.1% phenol as preservative and red dye	1	pcs	red	until exp.date
5	DIL SPE	EIA sample buffer 100 ml	phosphate buffered saline with casein from bovine milk and detergent (Tween-20), contains 0.1% phenol as preservative and red dye	1	pcs	blue	until exp.date
6	SUBS TMB	Substrate solution, 14 ml	ready-to-use single-component tetramethylbenzidine (TMB) solution.	1	pcs	colourless	until exp.date
7	BUF WASH 26X	Washing solution concentrate 26X, 22 ml	aqueous solution of sodium chloride and detergent (Tween 20), contains proClin300 as a preservative	1	pcs	colourless	Concentrate – until exp.date Diluted washing solution – 45 days at 2-8 °C or 15 days at RT
8	STOP	Stop solution, 14 ml	5.0% vol/vol solution of sulphuric acid	1	pcs	colourless	until exp.date
9	N003	Plate sealing tape		2	pcs		N/A
10	K271I	Instruction total IgG EIA		1	pcs		N/A
11	K271Q	QC data sheet total IgG EIA		1	pcs		N/A

5.2. Equipment and material required but not provided

- Distilled or deionized water;
- Automatic or semiautomatic multichannel micropipettes, 100–250 µl, is useful but not essential;
- Calibrated micropipettes with variable volume, range volume 10–250 µl;
- Dry thermostat for 37 °C ±0.1 °C
- Calibrated microplate photometer with 450 nm wavelength and OD measuring range 0–3.0

5.3. Storage and stability of the Kit

Store the whole kit at +2...+8 °C upon receipt until the expiration date.

After opening the pouch keep unused microtiter wells TIGHTLY SEALED BY ADHESIVE TAPE (INCLUDED) to minimize exposure to moisture.

6. SPECIMEN COLLECTION AND STORAGE

This kit is intended for use with serum or plasma (ACD- or heparinized). Grossly hemolytic, lipemic, or turbid samples should be avoided.

Specimens may be stored for up to 48 hours at +2...+8 °C before testing.

7. TEST PROCEDURE

7.1. Reagent Preparation

- All reagents (including unsealed microstrips) should be allowed to reach room temperature (+18...+25 °C) before use.
- All reagents should be mixed by gentle inversion or vortexing prior to use. Avoid foam formation.
- It is recommended to spin down shortly the tubes with calibrators on low speed centrifuge.
- Prepare washing solution from the concentrate BUF WASH 26X by 26 dilutions in distilled water.

7.2. Procedural Note:

It is recommended that pipetting of all calibrators and samples should be completed within 3 minutes.

7.3. Assay flowchart

See the example of calibration graphic in Quality Control data sheet.

7.4. Assay procedure

1	Put the desired number of microstrips into the frame; allocate 12 wells for the calibrators CAL 1–5 and control samples CONTROL and two wells for each unknown sample. DO NOT REMOVE ADHESIVE SEALING TAPE FROM UNUSED STRIPS.
2	Dilute samples using buffer DIL SPE (EIA sample buffer) 5000 fold. See table M for dilution modes and factors for different types of analyzed material. Do not dilute control sample and calibrators.
3	If suggested analyte concentration in the sample exceeds the highest calibrator, additionally dilute this sample accordingly, using DIL SPE (EIA sample buffer). Use of other buffers or reagents for sample dilution may lead to incorrect measurement.
4	Pipet 100 µl of calibrators CAL 1-5 and control samples CONTROL into allocated wells. For testing of blood serum or plasma pipet 100 µl of the unknown diluted sample (DILUTION 2) into the allocated wells. See table M for the volumes of other materials. Pipetting should be made within 3 minutes, to ensure an uniform incubation time for all samples. Carefully mix the contents of the wells by short horizontal rotating of the plate for 5-7 seconds and cover the wells by plate adhesive tape (included into the kit).
5	Incubate 30 minutes at +37 °C.
6	Prepare washing solution by 26X dilution of washing solution concentrate BUF WASH 26X by distilled water. Minimal quantity of washing solution should be 250 µl per well. Wash strips 3 times.
7	Dispense 100 µl of CONJ HRP into the wells. Cover the wells by plate adhesive tape.
8	Incubate 30 minutes at +37 °C .
9	Wash the strips 5 times.
10	Dispense 100 µl of SUBS TMB into the wells.
11	Incubate 10-20 minutes at +18...+25 °C.
12	Dispense 100 µl of STOP into the wells.
13	Measure OD (optical density) at 450 nm.
14	Set photometer blank on first calibrator.
15	Apply point-by-point method for data reduction. Use Calculation factor listed in table M to calculate analyte concentration in different material types.

7.5. Sample processing

Material type	Notes on material collection, storage and handling	Sample dilution example	EIA sample buffer into the well, µl	Sample into the well, µl	Calculation factor
blood serum or plasma	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.	10 µl of sample + 990 µl of diluent = DILUTION 1. 10 µl of DILUTION1 + 490 µl of diluent = DILUTION 2	0	100	1
saliva	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.		90	10	0.002
urine	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.		50	50	0.0004
cerebrospinal fluid	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.	10 µl of sample + 500 µl of diluent	0	100	0.01

8. QUALITY CONTROL

It is recommended to use control samples according to state and federal regulations. The use of control samples is advised to assure the day to day validity of results.

The test must be performed exactly as per the manufacturer's instructions for use. Moreover the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or other applicable federal, state, and local standards and/or laws. This is especially relevant for the use of control reagents. It is important to always include, within the test procedure, a sufficient number of controls for validating the accuracy and precision of the test.

The test results are valid only if all controls are within the specified ranges and if all other test parameters are also within the given assay specifications.

9. CALCULATION OF RESULTS

9.1. Calculate the mean absorbance values (OD450) for each pair of calibrators and samples.

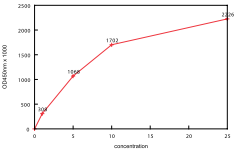
9.2. Plot a calibration curve on graph paper: OD versus total IgG concentration.

9.3. Determine the corresponding concentration of total IgG in unknown samples from the calibration curve. Manual or computerized data reduction is applicable on this stage. Point-by-point or linear data reduction is

recommended due to non-linear shape of curve.

9.4. Below is presented a typical example of a standard curve with the XEMA Co. Not for calculations!

Calibrators	Value	Absorbance Units (450 nm)
CAL 1	0 g/l	0.08
CAL 2	1 g/l	0.38
CAL 3	5 g/l	1.15
CAL 4	10 g/l	1.78
CAL 5	25 g/l	2.30



10. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for total IgG. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered anti-mouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying.

Sex, age	Units, g/l	
	Lower limit	Upper limit
newborn	7.0	15
1-3 month	2.7	8.0
4-6 month	1.8	8.5
7-12 month	3.5	12
1-6 yrs	6.5	18
7-11 yrs	8.5	15
> 11 yrs	9.0	20

11. PERFORMANCE CHARACTERISTICS

11.1. Analytical specificity / Cross reactivity

Analyte	Cross-reactivity, % wt/wt
IgA	<0.1
IgM	<0.1
IgE	<0.1

11.2. Analytical sensitivity. Sensitivity of the assay was assessed as being 0.06 g/l.

11.3. Linearity. Linearity was checked by assaying dilution series of 5 samples with different total IgG concentrations. Linearity percentages obtained ranged within 90 to 110%.

11.4. Recovery. Recovery was estimated by assaying 5 mixed samples with known total IgG concentrations. The recovery percentages ranged from 90 to 110%.

12. LITERATURE

1. RG Hamilton – Human IgG subclass measurements in the clinical laboratory. Clin. Chem., Oct 1987; 33: 1707 – 1725.

2. V. A. Semenova, E. Steward-Clark, K. L. Stamey, T. H. Taylor, Jr., D. S. Schmidt, S. K. Martin, N. Marano, and C. P. Quinn – Mass Value Assignment of Total and Subclass Immunoglobulin G in a Human Standard Anthrax Reference Serum. Clin. Diagn. Lab. Immunol., Sep 2004; 11: 919 – 923.

Символ / Symbol	Значение символа / Symbolize
	Производитель / Manufacturer
	Дата производства / Date of manufacture
REF	Номер по каталогу / Catalogue number
LOT	Номер серии / Batch code
 YYYY-MM	Использовать до (год-месяц) / Use By
	Ограничение температуры / Temperature limitation
IVD	Только для ин витро диагностики / In Vitro Diagnostic Medical Device
	Внимание! / Caution, consult accompanying documents
	Не использовать при нарушении целостности упаковки / Do not use if package damaged
SORB MTP	Планшет / EIA strips
CAL	Калибровочные пробы / Calibrator set
CONTROL	Контрольная сыворотка / Control sera
CONJ HRP	Конъюгат / Conjugate
SUBS TMB	Раствор субстрата тетраметилбензидина (ТМБ) / Substrate solution
BUF WASH 26X	Концентрат отмывочного раствора / Washing solution concentrate
STOP	Стоп-реагент / Stop solution
DIL	ИФА-Буфер / EIA buffer

Уважаемый Клиент!
Если в процессе работы с нашими Наборами Вам понадобились пластиковые ванночки для жидких реагентов, одноразовые наконечники для дозаторов или дополнительные объемы реагентов (концентрат отмывочного раствора, ИФА-Буфер, раствор субстрата тетраметилбензидина (ТМБ), стоп-реагент), входящих в состав Набора, просим Вас обратиться к поставщику продукции ООО «ХЕМА» в Вашем регионе.
Все указанные расходные материалы предоставляются бесплатно, в необходимом для проведения анализа количестве.

Перечень Наборов реагентов для диагностики инфекционных заболеваний производства ООО «ХЕМА»

№ по каталогу	Наименование
K101	«Toxoplasma IgG-ИФА»
K101M	«Toxoplasma IgM-ИФА»
K102	«Rubella IgG-ИФА»
K102M	«Rubella IgM-ИФА»
K103	«Cytomegalovirus IgG-ИФА»
K103M	«Cytomegalovirus IgM-ИФА»
K104	«HSV 1,2 IgG-ИФА»
K104M	«HSV 1,2 IgM-ИФА»
K105	«Chlamydia IgG-ИФА»
K106	«Mycoplasma IgG-ИФА»
K111G	«Сифилис IgG-ИФА»
K111	«Сифилис суммарные антитела-ИФА»
K121	«Aspergillus IgG-ИФА»

Номер горячей линии технической поддержки Клиентов:
8 800 505 23 45
Все звонки на номер горячей линии бесплатны для звонящего с любого мобильного или стационарного телефона по всей территории России.

Ждем Ваших отзывов и предложений по адресам:
Центральный офис ООО «ХЕМА»
Адрес для корреспонденции:
105043, г. Москва, а/я 58
105264, г. Москва, ул. 9-я Парковая, д. 48, 1-й под., 5 этаж
тел.: +7 (495) 510-57 07, 737-39-36;
факс: +7 (495) 737-00-40
e-mail: info@xema.ru
www.xema-medica.com

ФООО «Хема», тел.: +7 (812) 271-24-41
191144, Санкт-Петербург, Дегтярный пер., д. 8-10, литер А
e-mail: spb@xema.ru

СП ООО «Хемма-Тест», тел.: (17) 211-80-39
Офис: 220029, Минск, Проспект Машерова, д. 11,
литер А, корп. 8/К, офис 416
e-mail: hemma-test@yandex.ru

ТОВ «Хема», тел.: (044) 422-62-16;
03179, г. Киев, ул. Академика Ефремова, д. 23;
e-mail: info@xema.com.ua

xemahelp

xemahelp@gmail.com

Instruction for use

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ НАБОРА РЕАГЕНТОВ ДЛЯ ИММУНОФЕРМЕНТНОГО ОПРЕДЕЛЕНИЯ ОБЩЕГО IgA В БИОЛОГИЧЕСКИХ ЖИДКОСТЯХ

«Общий IgA-ИФА»

A SOLID-PHASE ENZYME IMMUNOASSAY FOR THE QUANTITATIVE DETERMINATION OF TOTAL IgA IN HUMAN BIOLOGICAL FLUIDS

Total IgA EIA

НОМЕР ПО КАТАЛОГУ REF **K275**

ТУ № 9398-275-18619450-2009

РЕГИСТРАЦИОННОЕ УДОСТОВЕРЕНИЕ
№ ФСР 2009/06103 от 19 ноября 2009 г.

For 96 determinations/На 96 определений

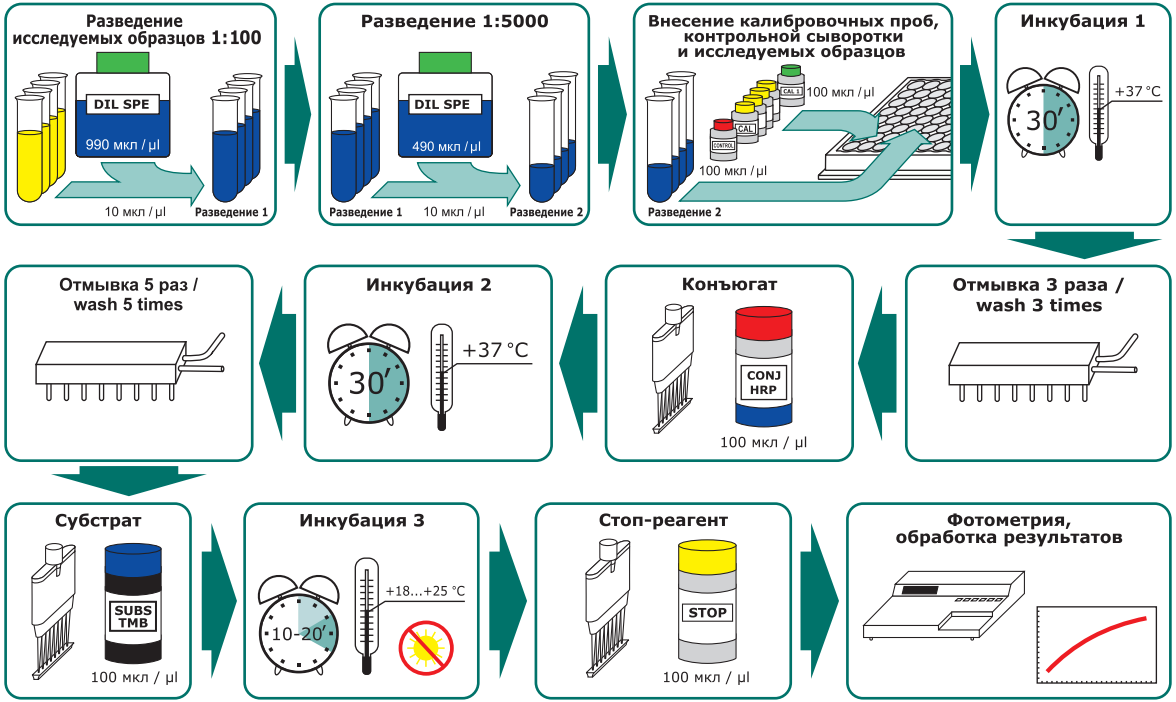
IVD Для *ин витро* диагностики

XEMA Co., Ltd.
The 9th Parkovaya str., 48
105264 Moscow, Russia
Telephone/fax: +7(495) 737-39-36; 737-00-40
e-mail: redkin@xema-medica.com
internet: www.xema-medica.com

EC REP

Authorized Representative in EU:
Polmed.de
Steinacker 20, D-73773
Aichwald, Germany
e-mail: info@polmed.de

Схема проведения анализа / Test procedure *



K271, K274, K275, K277

* Для сыворотки (плазмы) крови.
Способ разведения для других видов материала приведен в таблице М

* Blood serum or plasma
For other tested materials, see table M.

СОДЕРЖАНИЕ

CONTENT

Инструкция составлена Руководителем службы клиентского сервиса ООО «ХЕМА», к. б. н. Д. С. Кострикиным

«УТВЕРЖДЕНА»
Приказ Росздравнадзора № 9363-Пр/09 от 19 ноября 2009 г.
КРД 68431 от 24.09.2009 г.

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ НАБОРА РЕАГЕНТОВ ДЛЯ ИММУНОФЕРМЕНТНОГО ОПРЕДЕЛЕНИЯ ОБЩЕГО IgA В БИОЛОГИЧЕСКИХ ЖИДКОСТЯХ «общий IgA-ИФА»

1. НАЗНАЧЕНИЕ

1.1. Набор реагентов «общий IgA-ИФА» предназначен для количественного определения концентрации общего IgA в биологических жидкостях (см. таблицу М) методом твердофазного иммуноферментного анализа.

1.2. Иммуноглобулин А (IgA) основной гуморальный фактор иммунной защиты слизистых оболочек. Один из наиболее часто встречающихся в популяции врожденных дефектов – это селективный IgA дефицит. Селективный дефицит IgA приводит к синдрому хронических инфекционных заболеваний желудочно-кишечного тракта, мочевыводящих и дыхательных путей. Определение концентрации IgA в сыворотке крови, а также в других биологических жидкостях может использоваться в качестве основного скринингового теста для оценки гуморального иммунного статуса индивида. Резкое повышение сывороточной концентрации IgA характерно для некоторых аутоиммунных заболеваний и миеломной болезни.

2. ПРИНЦИП РАБОТЫ НАБОРА

Определение общего IgA основано на использовании «сэндвич»-варианта твердофазного иммуноферментного анализа. На внутренней поверхности лунок планшета иммобилизованы мышиные моноклональные антитела к общему IgA человека. В лунках планшета, при добавлении исследуемого образца, происходит связывание общего IgA, содержащегося в исследуемом образце, с антителами на твердой фазе. Образовавшийся комплекс выявляют с помощью конъюгата мышиных моноклональных антител к общему IgA с пероксидазой хрена. В результате образуется связанный с пластиком «сэндвич», содержащий пероксидазу. Во время инкубации с раствором субстрата тетраметилбензидина (ТМБ) происходит окрашивание растворов в лунках. Интенсивность окраски прямо пропорциональна концентрации общего IgA в исследуемом образце. Концентрацию общего IgA в исследуемых образцах определяют по калибровочному графику зависимости оптической плотности от содержания общего IgA в калибровочных пробах.

3. АНАЛИТИЧЕСКИЕ ХАРАКТЕРИСТИКИ

3.1. Специфичность. Перекрестная реакция мышиных моноклональных антител к общему IgA с другими аналитами приведена в таблице:

Аналит	Перекрестная реакция, %
IgG	<0.1
IgM	<0.1
IgE	<0.1

3.2. Воспроизводимость.

Коэффициент вариации результатов определения содержания общего IgA в одном и том же образце биологических жидкостей с использованием Набора «общий IgA-ИФА» не превышает 8.0%.

3.3. Линейность.

Зависимость концентрации общего IgA в образцах биологических жидкостей при разведении их биологическими жидкостями, не содержащей общий IgA, имеет линейный характер в диапазоне концентраций 0.1–5 г/л и составляет ±10.0%.

3.4. Точность.

Данный аналитический параметр проверяется тестом на «открытие» – соответствие измеренной концентрации общего IgA предписанной, полученной путем смешивания равных объемов контрольной сыворотки и калибровочной пробы 0.5 г/л. Процент «открытия» составляет 90–110%.

3.5. Чувствительность.

Минимальная достоверно определяемая Набором «общий IgA-ИФА» концентрация общего IgA в биологических жидкостях не превышает 0.06 г/л.

4. СОСТАВ НАБОРА

	Код компонента	Символ	Наименование	Кол-во	Ед.	Описание
1	P275Z	SORB MTP	**Планшет** 96-луночный полистироловый, стрипированный, готов к использованию	1	шт.	-
2	C275Z	CAL 1–5	**Калибровочные пробы** на основе трис-буфера (pH 7.2–7.4), содержащие известные количества общего IgA – **0**; **0.1**; **0.5**; **2**; **5 г/л**, готовы к использованию (по 1 мл каждая)	5	шт.	прозрачные жидкости синего цвета (калибровочная проба 0 – прозрачная бесцветная жидкость)
3	Q275Z	CONTROL	**Контрольная сыворотка** на основе сыворотки крови человека с известным содержанием общего IgA, готова к использованию (1 мл)	1	шт.	прозрачная бесцветная жидкость
4	T275Z	CONJ HRP	**Конъюгат**, готов к использованию (14 мл)	1	шт.	прозрачная жидкость синего цвета
5	S011Z4	DIL SPE	**ИФА-Буфер**, готов к использованию (100 мл)	1	шт.	прозрачная жидкость синего цвета
6	R055Z	SUBS TMB	**Раствор субстрата тетраметилбензидина** (ТМБ), готов к использованию (14 мл)	1	шт.	прозрачная бесцветная жидкость
7	S008Z	BUF WASH 26X	**Концентрат отмывочного раствора** (солевой раствор с твин-20 и бензойной кислотой), 26х-кратный (22 мл)	1	шт.	прозрачная бесцветная жидкость
8	R050Z	STOP	**Стоп-реагент**, готов к использованию (14 мл)	1	шт.	прозрачная бесцветная жидкость
9	N003	-	Бумага для заклеивания планшета	2	шт.	-
10	K275I	-	Инструкция по применению Набора реагентов «общий IgA-ИФА»	1	шт.	-
11	K275Q	-	Паспорт контроля качества Набора реагентов «общий IgA-ИФА»	1	шт.	-

5. МЕРЫ ПРЕДОСТОРОЖНОСТИ

5.1. Потенциальный риск применения Набора – класс 2а (ГОСТ Р 51609-2000).

5.2. Все компоненты Набора, за исключением стоп-реагента (5.0% раствор серной кислоты), в используемых концентрациях являются нетоксичными.

Раствор серной кислоты обладает раздражающим действием. Избегать разбрызгивания и попадания на кожу и слизистые. При попадании на кожу и слизистые пораженный участок следует промыть большим количеством проточной воды.

5.3. При работе с Набором следует соблюдать «Правила устройства, техники безопасности, производственной санитарии, противоэпидемического режима и личной гигиены при работе в лабораториях (отделениях, отделах) санитарно-эпидемиологических учреждений системы Министерства здравоохранения СССР» (Москва, 1981 г.).

5.4. При работе с Набором следует надевать одноразовые резиновые или пластиковые перчатки, так как образцы крови человека следует рассматривать как потенциально инфицированный материал, способный длительное время сохранять и передавать ВИЧ, вирус гепатита или любой другой возбудитель вирусной инфекции.

6. ОБОРУДОВАНИЕ И МАТЕРИАЛЫ, НЕОБХОДИМЫЕ ПРИ РАБОТЕ С НАБОРОМ

- фотометр вертикального сканирования, позволяющий измерять оптическую плотность содержимого лунок планшета при длине волны 450 нм;
- термостат, поддерживающий температуру +37 °С ±0.1 °С;
- дозаторы со сменными наконечниками, позволяющие отбирать объемы в диапазоне 5–250 мкл;
- цилиндр мерный вместимостью 1000 мл;
- вода дистиллированная;
- перчатки резиновые или пластиковые;
- бумага фильтровальная.

7. ПОДГОТОВКА РЕАГЕНТОВ ДЛЯ АНАЛИЗА

7.1. Перед проведением анализа компоненты Набора и исследуемые образцы сыворотки (плазмы) крови следует выдержать при комнатной температуре (+18...+25 °С) не менее 30 мин.

7.2. Приготовление планшета.

Вскрыть пакет с планшетом и установить на рамку необходимое количество стрипов. Оставшиеся неиспользованными стрипы, чтобы предотвратить воздействие на них влаги, тщательно заклеить бумагой для заклеивания планшета и хранить при температуре +2...+8 °С в течение всего срока годности Набора.

7.3. Приготовление отмывочного раствора.

Содержимое флакона с концентратом отмывочного раствора (22 мл), перенести в мерный цилиндр вместимостью 1000 мл, добавить 550 мл дистиллированной воды и тщательно перемешать. В случае дробного использования Набора следует отобрать необходимое количество концентрата отмывочного раствора и развести дистиллированной водой в 26 раз (1 мл концентрата отмывочного раствора + 25 мл дистиллированной воды).

8. УСЛОВИЯ ХРАНЕНИЯ И ЭКСПЛУАТАЦИИ НАБОРА

8.1. Набор реагентов «общий IgA-ИФА» должен храниться в упаковке предприятия-изготовителя при температуре +2...+8 °С в течение всего срока годности, указанного на упаковке Набора.

Допускается хранение (транспортировка) Набора при температуре до +25 °С не более 15 суток. Не допускается замораживание целого набора.

8.2. Набор рассчитан на проведение анализа в дубликатах 42 исследуемых образцов, 5 калибровочных проб и 1 пробы контрольной сыворотки (всего 96 определений).

8.3. В случае дробного использования Набора компоненты следует хранить следующим образом:

- оставшиеся неиспользованными стрипы необходимо тщательно заклеить бумагой для заклеивания планшета и хранить при температуре +2...+8 °С в течение всего срока годности Набора;
- ИФА-Буфер, конъюгат, субстрат, стоп-реагент после вскрытия флаконов следует хранить при температуре +2...+8 °С в течение всего срока годности Набора;
- калибровочные пробы и контрольную сыворотку после вскрытия флаконов следует хранить при температуре +2...+8 °С не более 2 месяцев;
- оставшийся неиспользованным концентрат отмывочного раствора следует хранить при температуре +2…+8 °С в течение всего срока годности Набора. Приготовленный отмывочный раствор следует хранить при комнатной температуре (+18…+25 °С) не более 15 суток или при температуре +2…+8 °С не более 45 суток.

Примечание. После использования реагента немедленно закрывайте крышку флакона. Закрывайте каждый флакон своей крышкой.

8.4. Для проведения анализа не следует использовать гемолизированную, мутную сыворотку (плазму) крови, а также сыворотку (плазму) крови, содержащую азид натрия. Если анализ производится не в день взятия крови, сыворотку (плазму) следует хранить при температуре -20 °С. Повторное замораживание-оттаивание образцов сыворотки (плазмы) крови не допускается.

8.5. Исключается использование для анализа образцов сыворотки (плазмы) крови людей, получавших в целях диагностики или терапии препараты, в состав которых входят мышиные антитела.

8.6. При использовании Набора для проведения нескольких независимых серий анализов следует иметь в виду, что для каждого независимого определения необходимо построение нового калибровочного графика; кроме этого, рекомендуется определение концентрации общего IgA в контрольной сыворотке.

8.7. Для получения надежных результатов необходимо строгое соблюдение Инструкции по применению Набора.

8.8. Не используйте компоненты из других наборов или из аналогичных наборов других серий.

9. ПРОВЕДЕНИЕ АНАЛИЗА

1	Поместите в рамку необходимое количество стрипов – исследуемые образцы в 2 повторах и 12 лунок для калибровочных проб и контрольной сыворотки.
2	Разбавьте образцы сыворотки (плазмы) крови в 5000 раз, используя ИФА-Буфер. Пример: в пробирку Разведение 1 (1:100): 10 мкл образца + 990 мкл ИФА-Буфера. В другую пробирку Разведение 2 (1:5000) добавьте 10 мкл Разведения 1 + 490 мкл ИФА-Буфера. Разведение 2 (1:5000) следует использовать в анализе. Способ разведения для других видов материала приведен в таблице М. Не разбавляйте калибровочные пробы и контрольную сыворотку.
3	Если предполагаемая концентрация общего IgA в исследуемом образце превышает 5 г/л, его следует дополнительно развести, используя ИФА-Буфер. Использование других буферов и реагентов для разбавления образцов может искажать результаты определения! Примечание. Для получения надежных результатов рекомендуется использовать несколько последовательных разведений исследуемого образца биологических жидкостей.
4	**Внесите в соответствующие лунки в дубликатах по 100 мкл каждой калибровочной пробы и контрольной сыворотки**. При исследовании сыворотки (плазмы) крови в лунки, предназначенные для исследуемых образцов, **внесите по 100 мкл разбавленных образцов (Разведение 2)**. При исследовании других видов материала объем вносимого исследуемого образца указан в таблице М. Внесение калибровочных проб, контрольной сыворотки и исследуемых образцов необходимо произвести в течение 15 минут.
5	Аккуратно перемешайте содержимое планшета круговыми движениями по горизонтальной поверхности, заклейте планшет бумагой для заклеивания планшета. **Инкубируйте планшет в течение 30 минут при температуре +37 °С**.
6	По окончании инкубации удалите содержимое лунок аспирацией (например, с помощью водоструйного насоса) или декантированием и **отмойте лунки 3 раза**. При каждой отмывке добавьте во все лунки по 250 мкл отмывочного раствора (см. п. 7.3), встряхните планшет круговыми движениями по горизонтальной поверхности с последующей аспирацией или декантированием. Задержка при отмывке (замачивание лунок) не требуется. При каждом декантировании необходимо тщательно удалять остатки жидкости из лунок.
7	**Внесите во все лунки по 100 мкл конъюгата**.
8	Заклейте планшет бумагой для заклеивания планшета и **инкубируйте** его **в течение 30 минут при температуре +37 °С**.
9	По окончании инкубации удалите содержимое лунок и **отмойте лунки 5 раз**.
10	**Внесите во все лунки по 100 мкл раствора субстрата тетраметилбензидина**. Внесение раствора субстрата тетраметилбензидина в лунки необходимо произвести в течение 2–3 мин. **Инкубируйте планшет в темноте при комнатной температуре (+18...+25 °С) в течение 10–20 минут** в зависимости от степени развития синего окрашивания.
11	**Внесите во все лунки** с той же скоростью и в той же последовательности, как и раствор субстрата тетраметилбензидина, **по 100 мкл стоп-реагента**, при этом содержимое лунок окрашивается в ярко-желтый цвет.
12	**Измерьте величину оптической плотности (ОП) содержимого лунок планшета на фотометре** вертикального сканирования **при длине волны 450 нм**. Измерение ОП содержимого лунок планшета необходимо произвести в течение 15 мин после внесения стоп-реагента. Бланк фотометра выставляйте по калибровочной пробе С1.

продолжение таблицы на стр. 8

13	Постройте в линейных координатах калибровочный график: ось абсцисс (x) – концентрация общего IgA в калибровочных пробах (г/л), ось ординат (y) – оптическая плотность калибровочных проб (ОП 450 нм). Для алгоритма обсчета (аппроксимации) калибровочного графика используйте интервальный (кусочно-линейный, «от точки к точке») метод.
14	Определите по калибровочному графику содержание общего IgA в исследуемых образцах. Если исследуемый образец предразводили (см. п.3), умножьте полученный результат на фактор разведения. При анализе различных видов материала необходимо умножить полученные значения на Фактор пересчета, приведенный в таблице М.

Таблица М

Вид материала	Сбор, хранение и обработка материала	Пример разведения	ИФА-Буфер в лунку, мкл	Образец в лунку, мкл	Фактор пере-счета
сыворотка (плазма) крови	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных, хилезных и гемолитических образцов может привести к искажению результатов.	Разведение 1 (1:100): 10 мкл образца + 990 мкл ИФА-Буфера. В другую пробирку Разведение 2 (1:5000) добавьте 10 мкл Разведения 1 + 490 мкл ИФА-Буфера. Разведение 2 (1:5000) следует использовать в анализе	0	100	1
слюна	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных образцов может привести к искажению результатов.	5 мкл образца + 500 мкл ИФА-Буфера	90	10	0.2
моча	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных образцов может привести к искажению результатов.		80	20	0.001
спинно-мозговая жидкость	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных образцов может привести к искажению результатов.		50	50	0.0004

10. ОЖИДАЕМЫЕ ЗНАЧЕНИЯ И НОРМЫ

10.1. Основываясь на результатах исследований, проведенных ООО «ХЕМА», рекомендуем пользоваться нормами, приведенными ниже. Вместе с тем, в соответствии с правилами *GLP* (Хорошей лабораторной практики), каждая лаборатория должна сама определить параметры нормы, характерные для обследуемой популяции.

Примечание. Значения концентраций общего IgA в исследуемых образцах, находящиеся ниже границы чувствительности Набора (0.06 г/л), а также превышающие значение верхней калибровочной пробы (5 г/л) следует приводить в следующей форме: в исследуемом образце X концентрация общего IgA ниже 0.06 г/л или выше 5 г/л.

Исследуемая группа	Единицы, г/л	
	Нижний предел	Верхний предел
Здоровые доноры	0.9	5.0
>61 года	1.0	6.5
новорожденные	-	0.05
1-3 месяца	0.06	0.6
4-6 месяцев	0.1	1.0
7-12 месяцев	0.35	1.7
1-6 лет	0.8	2.2
7-11 лет	0.9	2.6

11. ЛИТЕРАТУРА

1. Heiddis B. Valdimarsdottir and Arthur A. Stone – Psychosocial Factors and Secretory Immunoglobulin A. Critical Reviews in Oral Biology & Medicine, Jan 1997; 8: 461 – 474.
2. Amir H Abdul Latiff and Michael A Kerr – The clinical significance of immunoglobulin A deficiency. Ann Clin Biochem, Mar 2007; 44: 131 – 139.

По вопросам, касающимся качества Набора **«общий IgA-ИФА»**,
следует обращаться в ООО «ХЕМА» по адресу:
105043, г. Москва, а/я 58
105264, г. Москва, ул. 9-я Парковая, д. 48, 1-й под., 5 этаж,
тел/факс (495) 737-39-36, 737-00-40, 510-57-07 (многоканальный)

электронная почта: info@xema.ru; rqc@xema.ru
интернет: www.xema.ru; www.xema-medica.com

Руководитель службы клиентского сервиса ООО «ХЕМА»,
к. б. н. Д. С. Кострикин

Instruction for use

A SOLID-PHASE ENZYME IMMUNOASSAY FOR THE QUANTITATIVE DETERMINATION OF TOTAL IGA IN HUMAN BIOLOGICAL FLUIDS

1. INTENDED USE

A solid-phase enzyme immunoassay for the quantitative determination of total IgA in biological fluids.

This kit is designed for measurement of total IgA in biological fluids. For possibility of use with other sample types, please, refer to Application Notes (on request). The kit contains reagents sufficient for 96 determinations and allows to analyze 42 unknown samples in duplicates.

2. SUMMARY AND EXPLANATION

Immunoglobulin A (IgA) is a main factor of mucosal immune response to bacteria and viruses. Selective IgA deficiency is one of the most frequent hereditary disorders causing chronic infections inflammation in gastrointestinal, urinary and respiratory systems. Determination of IgA concentration in serum and other biological fluids can be used as screening for selective IgA deficiency and other immunodeficiency syndromes. Marked elevation of serum IgA is observed in some autoimmune diseases and IgA myeloma.

3. PRINCIPLE OF THE TEST

This test is based on two-site sandwich enzyme immunoassay principle. Tested specimen is placed into the microwells coated by specific murine monoclonal to human total IgA-antibodies. Antigen from the specimen is captured by the antibodies coated onto the microwell surface. Unbound material is removed by washing procedure. Second antibodies – murine monoclonal to human total IgA, labelled with peroxidase enzyme, are then added into the microwells. After subsequent washing procedure, the remaining enzymatic activity bound to the microwell surface is detected and quantified by addition of chromogen-substrate mixture, stop solution and photometry at 450 nm. Optical density in the microwell is directly related to the quantity of the measured analyte in the specimen.

4. WARNINGS AND PRECAUTIONS

4.1. For professional use only.

4.2. This kit is intended for in vitro diagnostic use only.

4.3. INFECTION HAZARD: There is no available test methods that can absolutely assure that Hepatitis B and C viruses, HIV-1/2, or other infectious agents are not present in the reagents of this kit. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

4.4. Avoid contact with stop solution containing 5.0% H_2SO_4. It may cause skin irritation and burns.

4.5. Wear disposable latex gloves when handling specimens and reagents. Microbial contamination of reagents may give false results.

4.6. Do not use the kit beyond the expiration date.

4.7. All indicated volumes have to be performed according to the protocol. Optimal test results are only obtained when using calibrated pipettes and microplate readers.

4.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

4.9. Chemicals and prepared or used reagents have to be treated as hazardous waste according to the national biohazard safety guidelines or regulations.

4.10. Do not mix reagents from different lots.

4.11. Replace caps on reagents immediately. Do not swap caps.

4.12. Do not pipette reagents by mouth.

4.13. Specimens must not contain any AZIDE compounds – they inhibit activity of peroxidase.

4.14. Material Safety Data Sheet for this product is available upon request directly from XEMA Co., Ltd.

4.15. The Material Safety Data Sheet fit the requirements of EU Guideline 91/155 EC.

5. KIT COMPONENTS

5.1. Contents of the Kit

	Symbol	Description		Qty	Units	Colour code	Stability of opened/diluted components
1	SORB MTP	total IgA EIA strips, 8x12 wells	polystyrene microwells coated with murine monoclonal to human total IgA	1	pcs		until exp.date
2	CAL 1–5	Calibrator set, 1 ml each. The set contains 5 calibrators: 0; 0.1; 0.5; 2; 5 g/l	human total IgA diluted in tris buffered BSA solution, preservative – 0.01% Bronidox L, 0.01% 2-Methyl-4-isothiazolin-3-one-hydrochloride; also contains blue dye	5	pcs	blue (C1 – colourless)	2 months
3	CONTROL	Control serum (1 ml)	dilution of preselected human serum, with high content of total IgA with BSA solution; preservative - 0.01% Bronidox L, 0.01% 2-Methyl-4-isothiazolin-3-one-hydrochloride, colourless	1	pcs	colourless	2 months
4	CONJ HRP	Conjugate, 14 ml	aqueous solution of murine monoclonal to human total IgA coupled with horseradish peroxidase diluted on phosphate buffered solution with casein from bovine milk and detergent (Tween-20), contains 0.1% phenol as preservative and blue dye	1	pcs	blue	until exp.date
5	DIL SPE	EIA buffer 100 ml	phosphate buffered saline with casein from bovine milk and detergent (Tween-20), contains 0.1% phenol as preservative and blue dye	1	pcs	blue	until exp.date
6	SUBS TMB	Substrate solution, 14 ml	ready-to-use single-component tetramethylbenzidine (TMB) solution.	1	pcs	colourless	until exp.date
7	BUF WASH 26X	Washing solution concentrate 26X, 22 ml	aqueous solution of sodium chloride and detergent (Tween 20), contains proClin300 as a preservative	1	pcs	colourless	Concentrate – until exp.date Diluted washing solution - 45 days at 2-8 °C or 15 days at RT
8	STOP	Stop solution, 14 ml	5.0% vol/vol solution of sulphuric acid	1	pcs	colourless	until exp.date
9	N003	Plate sealing tape		2	pcs		N/A
10	K275I	Instruction total IgA EIA		1	pcs		N/A
11	K275Q	QC data sheet total IgA EIA		1	pcs		N/A

5.2. Equipment and material required but not provided

- Distilled or deionized water;
- Automatic or semiautomatic multichannel micropipettes, 100–250 µl, is useful but not essential;
- Calibrated micropipettes with variable volume, range volume 5–250 µl;
- Dry thermostat for +37 °C ±0.1 °C
- Calibrated microplate photometer with 450 nm wavelength and OD measuring range 0–3.0

5.3. Storage and stability of the Kit

Store the whole kit at +2...+8 °C upon receipt until the expiration date.

After opening the pouch keep unused microtiter wells TIGHTLY SEALED BY ADHESIVE TAPE (INCLUDED) to minimize exposure to moisture.

6. SPECIMEN COLLECTION AND STORAGE

This kit is intended for use with serum or plasma (ACD- or heparinized). Grossly hemolytic, lipemic, or turbid samples should be avoided.

Specimens may be stored for up to 48 hours at +2...+8 °C before testing.

7. TEST PROCEDURE

7.1. Reagent Preparation

- All reagents (including unsealed microstrips) should be allowed to reach room temperature (+18...+25 °C) before use.
- All reagents should be mixed by gentle inversion or vortexing prior to use. Avoid foam formation.
- It is recommended to spin down shortly the tubes with calibrators on low speed centrifuge.
- Prepare washing solution from the concentrate BUF WASH 26X by 26 dilutions in distilled water.

7.2. Procedural Note:

It is recommended that pipetting of all calibrators and samples should be completed within 3 minutes.

7.3. Assay flowchart

See the example of calibration graphic in Quality Control data sheet.

7.4. Assay procedure

1	Put the desired number of microstrips into the frame; allocate 12 wells for the calibrators CAL 1–5 and control samples CONTROL and two wells for each unknown sample. DO NOT REMOVE ADHESIVE SEALING TAPE FROM UNUSED STRIPS.
2	Dilute samples using buffer DIL SPE (EIA buffer) 5000 fold. See table M for dilution modes and factors for different types of analyzed material. Do not dilute control sample and calibrators.
3	If suggested analyte concentration in the sample exceeds the highest calibrator, additionally dilute this sample accordingly, using DIL SPE (EIA buffer). Use of other buffers or reagents for sample dilution may lead to incorrect measurement.
4	Pipet 100 µl of calibrators CAL 1–5 and control samples CONTROL into allocated wells. For testing of blood serum or plasma pipet 100 µl of the diluted unknown sample into the allocated wells. See table M for the volumes of other materials. Pipetting should be made within 3 minutes, to ensure an uniform incubation time for all samples. Carefully mix the contents of the wells by short horizontal rotating of the plate for 5-7 seconds and cover the wells by plate adhesive tape (included into the kit).
5	Incubate 30 minutes at +37 °C.
6	Prepare washing solution by 26X dilution of washing solution concentrate BUF WASH 26X by distilled water. Minimal quantity of washing solution should be 250 µl per well. Wash strips 3 times.
7	Dispense 100 µl of CONJ HRP into the wells.
8	Incubate 30 minutes at +37 °C.
9	Wash the strips 5 times.
10	Dispense 100 µl of SUBS TMB into the wells.
11	Incubate 10-20 minutes at +18...+25 °C.
12	Dispense 100 µl of STOP into the wells.
13	Measure OD (optical density) at 450 nm.
14	Set photometer blank on first calibrator.
15	Apply point-by-point method for data reduction. Use Calculation factor listed in table M to calculate analyte concentration in different material types.

7.5. Sample processing

Material type	Notes on material collection, storage and handling	Sample dilution example	EIA buffer into the well, µl	Sample into the well, µl	Calculation factor
blood serum or plasma	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.	10 µl of sample + 990 µl of diluent = DILUTION 1. 10 µl of DILUTION1 + 490 µl of diluent = DILUTION 2	0	100	1
saliva	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.	5 µl of sample + 500 µl of diluent	90	10	0.2
urine	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.		80	20	0.001
cerebrospinal fluid	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.		50	50	0.0004

8. QUALITY CONTROL

It is recommended to use control samples according to state and federal regulations. The use of control samples is advised to assure the day to day validity of results.

The test must be performed exactly as per the manufacturer's instructions for use. Moreover the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or other applicable federal, state, and local standards and/or laws. This is especially relevant for the use of control reagents. It is important to always include, within the test procedure, a sufficient number of controls for validating the accuracy and precision of the test.

The test results are valid only if all controls are within the specified ranges and if all other test parameters are also within the given assay specifications.

9. CALCULATION OF RESULTS

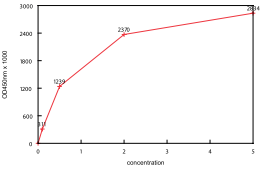
9.1. Calculate the mean absorbance values (OD450) for each pair of calibrators and samples.

9.2. Plot a calibration curve on graph paper: OD versus total IgA concentration.

9.3. Determine the corresponding concentration of total IgA in unknown samples from the calibration curve. Manual or computerized data reduction is applicable on this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve.

9.4. Below is presented a typical example of a standard curve with the XEMA Co. Not for calculations!

Calibrators	Value	Absorbance Units (450 nm)
CAL 1	0 g/l	0.08
CAL 2	0.1 g/l	0.40
CAL 3	0.5 g/l	1.32
CAL 4	2 g/l	2.45
CAL 5	5 g/l	2.92



10. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for total IgA. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered anti-mouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying.

Sex, age	Units, g/l	
	Lower limit	Upper limit
Healthy donors	0.9	5.0
>61 yr	1.0	6.5
newborn	-	0.05
1-3 month	0.06	0.6
4-6 month	0.1	1.0
7-12 month	0.35	1.7
1-6 yrs	0.8	2.2
7-11 yrs	0.9	2.6

11. PERFORMANCE CHARACTERISTICS

11.1. Analytical specificity / Cross reactivity

Analyte	Cross-reactivity, % wt/wt
IgG	<0.1
IgM	<0.1
IgE	<0.1

11.2. Analytical sensitivity. Sensitivity of the assay was assessed as being 0.06 g/l.

11.3. Linearity. Linearity was checked by assaying dilution series of 5 samples with different total IgA concentrations. Linearity percentages obtained ranged within 90 to 110%.

11.4. Recovery. Recovery was estimated by assaying 5 mixed samples with known total IgA concentrations. The recovery percentages ranged from 90 to 110%.

12. LITERATURE

1. Heiddis B. Valdimarsdottir and Arthur A. Stone – Psychosocial Factors and Secretory Immunoglobulin A. Critical Reviews in Oral Biology & Medicine, Jan 1997; 8: 461 – 474.

2. Amir H Abdul Latiff and Michael A Kerr – The clinical significance of immunoglobulin A deficiency. Ann Clin Biochem, Mar 2007; 44: 131 – 139.

Символ / Symbol	Значение символа / Symbolize
	Производитель / Manufacturer
	Дата производства / Date of manufacture
REF	Номер по каталогу / Catalogue number
LOT	Номер серии / Batch code
 YYYY-MM	Использовать до (год-месяц) / Use By
	Ограничение температуры / Temperature limitation
IVD	Только для ин витро диагностики / In Vitro Diagnostic Medical Device
	Внимание! / Caution, consult accompanying documents
	Не использовать при нарушении целостности упаковки / Do not use if package damaged
SORB MTP	Планшет / EIA strips
CAL	Калибровочные пробы / Calibrator set
CONTROL	Контрольная сыворотка / Control sera
CONJ HRP	Конъюгат / Conjugate
SUBS TMB	Раствор субстрата тетраметилбензидина (ТМБ) / Substrate solution
BUF WASH 26X	Концентрат отмывочного раствора / Washing solution concentrate
STOP	Стоп-реагент / Stop solution
DIL	ИФА-Буфер / EIA buffer

Уважаемый Клиент!
Если в процессе работы с нашими Наборами Вам понадобились пластиковые ванночки для жидких реагентов, одноразовые наконечники для дозаторов или дополнительные объемы реагентов (концентрат отмывочного раствора, ИФА-Буфер, раствор субстрата тетраметилбензидина (ТМБ), стоп-реагент), входящих в состав Набора, просим Вас обратиться к поставщику продукции ООО «ХЕМА» в Вашем регионе.
Все указанные расходные материалы предоставляются бесплатно, в необходимом для проведения анализа количестве.

Перечень Наборов реагентов для диагностики инфекционных заболеваний производства ООО «ХЕМА»

№ по каталогу	Наименование
K101	«Toxoplasma IgG-ИФА»
K101M	«Toxoplasma IgM-ИФА»
K102	«Rubella IgG-ИФА»
K102M	«Rubella IgM-ИФА»
K103	«Cytomegalovirus IgG-ИФА»
K103M	«Cytomegalovirus IgM-ИФА»
K104	«HSV 1,2 IgG-ИФА»
K104M	«HSV 1,2 IgM-ИФА»
K105	«Chlamydia IgG-ИФА»
K106	«Mycoplasma IgG-ИФА»
K111G	«Сифилис IgG-ИФА»
K111	«Сифилис суммарные антитела-ИФА»
K121	«Aspergillus IgG-ИФА»

Номер горячей линии технической поддержки Клиентов:
8 800 505 23 45
Все звонки на номер горячей линии бесплатны для звонящего с любого мобильного или стационарного телефона по всей территории России.

Ждем Ваших отзывов и предложений по адресам:
Центральный офис ООО «ХЕМА»
Адрес для корреспонденции:
105043, г. Москва, а/я 58
105264, г. Москва, ул. 9-я Парковая, д. 48, 1-й под., 5 этаж
тел.: +7 (495) 510-57 07, 737-39-36;
факс: +7 (495) 737-00-40
e-mail: info@xema.ru
www.xema-medica.com

ФООО «Хема», тел.: +7 (812) 271-24-41
191144, Санкт-Петербург, Дегтярный пер., д. 8-10, литер А
e-mail: spb@xema.ru

СП ООО «Хемма-Тест», тел.: (17) 211-80-39
Офис: 220029, Минск, Проспект Машерова, д. 11,
литер А, корп. 8/К, офис 416
e-mail: hemma-test@yandex.ru

ТОВ «Хема», тел.: (044) 422-62-16;
03179, г. Киев, ул. Академика Ефремова, д. 23;
e-mail: info@xema.com.ua

xemahelp

xemahelp@gmail.com

Instruction for use

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ НАБОРА РЕАГЕНТОВ ДЛЯ ИММУНОФЕРМЕНТНОГО ОПРЕДЕЛЕНИЯ ОБЩЕГО IgM В БИОЛОГИЧЕСКИХ ЖИДКОСТЯХ

«Общий IgM-ИФА»

A SOLID-PHASE ENZYME IMMUNOASSAY FOR THE QUANTITATIVE DETERMINATION OF TOTAL IgM IN HUMAN BIOLOGICAL FLUIDS

Total IgM EIA

НОМЕР ПО КАТАЛОГУ REF **K277**

ТУ № 9398-277-18619450-2009

РЕГИСТРАЦИОННОЕ УДОСТОВЕРЕНИЕ
№ ФСР 2009/06102 от 19 ноября 2009 г.

Антитела к ВИЧ 1,2, вирусу гепатита С и HBsAg отсутствуют
Контрольные сыворотки, входящие в состав набора, инактивированы.

Σ For 96 determinations/На 96 определений

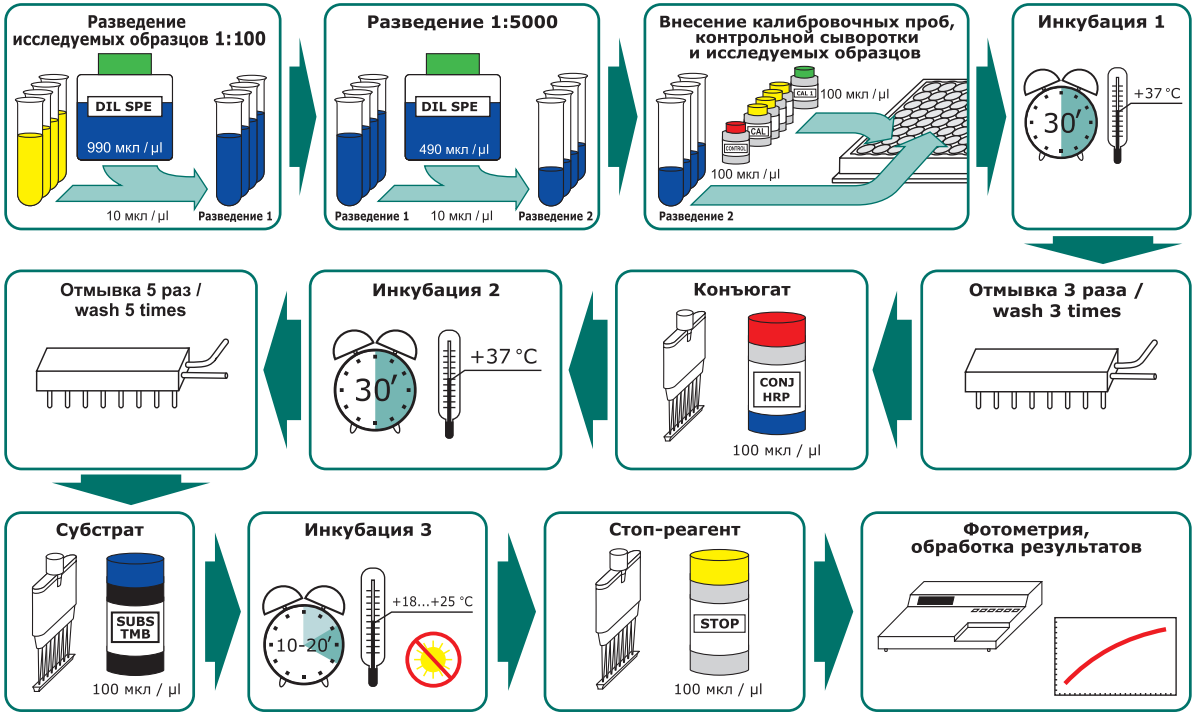
IVD Для *ин витро* диагностики

XEMA Co., Ltd.
The 9th Parkovaya str., 48
105264 Moscow, Russia
Telephone/fax: +7(495) 737-39-36; 737-00-40
e-mail: redkin@xema-medica.com
internet: www.xema-medica.com

CE EC REP

Authorized Representative in EU:
Polmed.de
Steinacker 20, D-73773
Aichwald, Germany
e-mail: info@polmed.de

Схема проведения анализа / Test procedure *



K271, K274, K275, K277

* Для сыворотки (плазмы) крови.
Способ разведения для других видов материала приведен в таблице М

* Blood serum or plasma
For other tested materials, see table M.

СОДЕРЖАНИЕ

CONTENT

Инструкция составлена Руководителем службы клиентского сервиса ООО «ХЕМА», к. б. н. Д. С. Кострикиным

«УТВЕРЖДЕНА»
Приказ Росздравнадзора № 9362-Пр/09 от 19 ноября 2009 г.
КРД 68430 от 24.09.2009 г.

ИНСТРУКЦИЯ ПО ПРИМЕНЕНИЮ НАБОРА РЕАГЕНТОВ ДЛЯ ИММУНОФЕРМЕНТНОГО ОПРЕДЕЛЕНИЯ ОБЩЕГО IgM В БИОЛОГИЧЕСКИХ ЖИДКОСТЯХ «Общий IgM-ИФА»

1. НАЗНАЧЕНИЕ

1.1. Набор реагентов «Общий IgM-ИФА» предназначен для количественного определения концентрации общего IgM в биологических жидкостях (см. таблицу М) методом твердофазного иммуноферментного анализа.

1.2. Иммуноглобулин М (IgM) присутствует в крови как в мономерной, так и в пентамерной формах. Повышенная концентрация IgM в сыворотке крови является основным признаком первичного иммунного ответа, а также может свидетельствовать о персистирующих бактериальных и вирусных инфекциях. Снижение концентрации IgM в сыворотке крови наблюдается при некоторых иммунодефицитах. Резкое повышение уровня IgM характерно для макроглобулинемии (болезни Вальденстрема) и IgM миеломы.

2. ПРИНЦИП РАБОТЫ НАБОРА

Определение общего IgM основано на использовании «сэндвич»-варианта твердофазного иммуноферментного анализа. На внутренней поверхности лунок планшета иммобилизованы мышиные моноклональные антитела к общему IgM человека. В лунках планшета, при добавлении исследуемого образца, происходит связывание общего IgM, содержащегося в исследуемом образце, с антителами на твердой фазе. Образовавшийся комплекс выявляют с помощью конъюгата мышиных моноклональных антител к общему IgM с пероксидазой хрена. В результате образуется связанный с пластиком «сэндвич», содержащий пероксидазу. Во время инкубации с раствором субстрата тетраметилбензидина (ТМБ) происходит окрашивание растворов в лунках. Интенсивность окраски прямо пропорциональна концентрации общего IgM в исследуемом образце. Концентрацию общего IgM в исследуемых образцах определяют по калибровочному графику зависимости оптической плотности от содержания общего IgM в калибровочных пробах.

3. АНАЛИТИЧЕСКИЕ ХАРАКТЕРИСТИКИ

3.1. Специфичность. Перекрестная реакция мышиных моноклональных антител к общему IgM с другими аналитами приведена в таблице:

Аналит	Перекрестная реакция, %
IgA	<0.1
IgG	<0.1
IgE	<0.1

3.2. Воспроизводимость.

Коэффициент вариации результатов определения содержания общего IgM в одном и том же образце биологических жидкостей с использованием Набора «Общий IgM-ИФА» не превышает 8.0%.

3.3. Линейность.

Зависимость концентрации общего IgM в образцах биологических жидкостей при разведении их биологическими жидкостями, не содержащей общий IgM, имеет линейный характер в диапазоне концентраций 0.5–10 г/л и составляет ±10.0%.

3.4. Точность.

Данный аналитический параметр проверяется тестом на «открытие» – соответствие измеренной концентрации общего IgM предписанной, полученной путем смешивания равных объемов контрольной сыворотки и калибровочной пробы 2.0 г/л. Процент «открытия» составляет 90–110%.

3.5. Чувствительность.

Минимальная достоверно определяемая Набором «Общий IgM-ИФА» концентрация общего IgM в биологических жидкостях не превышает 0.06 г/л.

4. СОСТАВ НАБОРА

	Код компонента	Символ	Наименование	Кол-во	Ед.	Описание
1	P277Z	SORB MTP	**Планшет** 96-луночный полистироловый, стрипированный, готов к использованию	1	шт.	-
2	C277Z	CAL 1–5	**Калибровочные пробы** на основе трис-буфера (pH 7.2–7.4), содержащие известные количества общего IgM – **0**; **0.5**; **2**; **5**; **10 г/л**, готовы к использованию (по 1 мл каждая)	5	шт.	прозрачные жидкости пурпурного цвета (калибровочная проба 0 – прозрачная бесцветная жидкость)
3	Q277Z	CONTROL	**Контрольная сыворотка** на основе сыворотки крови человека с известным содержанием общего IgM, готова к использованию (1 мл)	1	шт.	прозрачная бесцветная жидкость
4	T277Z	CONJ HRP	**Конъюгат**, готов к использованию (14 мл)	1	шт.	прозрачная жидкость пурпурного цвета
5	S011Z4	DIL SPE	**ИФА-Буфер**, готов к использованию (100 мл)	1	шт.	прозрачная жидкость синего цвета
6	R055Z	SUBS TMB	**Раствор субстрата тетраметилбензидина** (ТМБ), готов к использованию (14 мл)	1	шт.	прозрачная бесцветная жидкость
7	S008Z	BUF WASH 26X	**Концентрат отмывочного раствора** (солевой раствор с твин-20 и бензойной кислотой), 26х-кратный (22 мл)	1	шт.	прозрачная бесцветная жидкость
8	R050Z	STOP	**Стоп-реагент**, готов к использованию (14 мл)	1	шт.	прозрачная бесцветная жидкость
9	N003	-	Бумага для заклеивания планшета	2	шт.	-
10	K277I	-	Инструкция по применению Набора реагентов «Общий IgM-ИФА»	1	шт.	-
11	K277Q	-	Паспорт контроля качества Набора реагентов «Общий IgM-ИФА»	1	шт.	-

5. МЕРЫ ПРЕДОСТОРОЖНОСТИ

5.1. Потенциальный риск применения Набора – класс 2а (ГОСТ Р 51609-2000).

5.2. Все компоненты Набора, за исключением стоп-реагента (5.0% раствор серной кислоты), в используемых концентрациях являются нетоксичными.

Раствор серной кислоты обладает раздражающим действием. Избегать разбрызгивания и попадания на кожу и слизистые. При попадании на кожу и слизистые пораженный участок следует промыть большим количеством проточной воды.

5.3. При работе с Набором следует соблюдать «Правила устройства, техники безопасности, производственной санитарии, противоэпидемического режима и личной гигиены при работе в лабораториях (отделениях, отделах) санитарно-эпидемиологических учреждений системы Министерства здравоохранения СССР» (Москва, 1981 г.).

5.4. При работе с Набором следует надевать одноразовые резиновые или пластиковые перчатки, так как образцы крови человека следует рассматривать как потенциально инфицированный материал, способный длительное время сохранять и передавать ВИЧ, вирус гепатита или любой другой возбудитель вирусной инфекции.

6. ОБОРУДОВАНИЕ И МАТЕРИАЛЫ, НЕОБХОДИМЫЕ ПРИ РАБОТЕ С НАБОРОМ

- фотометр вертикального сканирования, позволяющий измерять оптическую плотность содержимого лунок планшета при длине волны 450 нм;
- термостат, поддерживающий температуру +37 °С ±0.1 °С;
- дозаторы со сменными наконечниками, позволяющие отбирать объемы в диапазоне 5–250 мкл;
- цилиндр мерный вместимостью 1000 мл;
- вода дистиллированная;
- перчатки резиновые или пластиковые;
- бумага фильтровальная.

7. ПОДГОТОВКА РЕАГЕНТОВ ДЛЯ АНАЛИЗА

7.1. Перед проведением анализа компоненты Набора и исследуемые образцы сыворотки (плазмы) крови следует выдержать при комнатной температуре (+18...+25 °С) не менее 30 мин.

7.2. Приготовление планшета.

Вскрыть пакет с планшетом и установить на рамку необходимое количество стрипов. Оставшиеся неиспользованными стрипы, чтобы предотвратить воздействие на них влаги, тщательно заклеить бумагой для заклеивания планшета и хранить при температуре +2...+8 °С в течение всего срока годности Набора.

7.3. Приготовление отмывочного раствора.

Содержимое флакона с концентратом отмывочного раствора (22 мл), перенести в мерный цилиндр вместимостью 1000 мл, добавить 550 мл дистиллированной воды и тщательно перемешать. В случае дробного использования Набора следует отобрать необходимое количество концентрата отмывочного раствора и развести дистиллированной водой в 26 раз (1 мл концентрата отмывочного раствора + 25 мл дистиллированной воды).

8. УСЛОВИЯ ХРАНЕНИЯ И ЭКСПЛУАТАЦИИ НАБОРА

8.1. Набор реагентов «Общий IgM-ИФА» должен храниться в упаковке предприятия-изготовителя при температуре +2...+8 °С в течение всего срока годности, указанного на упаковке Набора.

Допускается хранение (транспортировка) Набора при температуре до +25 °С не более 15 суток. Не допускается замораживание целого набора.

8.2. Набор рассчитан на проведение анализа в дубликатах 42 исследуемых образцов, 5 калибровочных проб и 1 пробы контрольной сыворотки (всего 96 определений).

8.3. В случае дробного использования Набора компоненты следует хранить следующим образом:

- оставшиеся неиспользованными стрипы необходимо тщательно заклеить бумагой для заклеивания планшета и хранить при температуре +2...+8 °С в течение всего срока годности Набора;
- Буфер для разведения образцов, конъюгат, субстрат, стоп-реагент после вскрытия флаконов следует хранить при температуре +2...+8 °С в течение всего срока годности Набора;
- калибровочные пробы и контрольную сыворотку после вскрытия флаконов следует хранить при температуре +2...+8 °С не более 2 месяцев;
- оставшийся неиспользованным концентрат отмывочного раствора следует хранить при температуре +2…+8 °С в течение всего срока годности Набора. Приготовленный отмывочный раствор следует хранить при комнатной температуре (+18…+25 °С) не более 15 суток или при температуре +2…+8 °С не более 45 суток.

Примечание. После использования реагента немедленно закрывайте крышку флакона. Закрывайте каждый флакон своей крышкой.

8.4. Для проведения анализа не следует использовать гемолизированную, мутную сыворотку (плазму) крови, а также сыворотку (плазму) крови, содержащую азид натрия. Если анализ производится не в день взятия крови, сыворотку (плазму) следует хранить при температуре -20 °С. Повторное замораживание-оттаивание образцов сыворотки (плазмы) крови не допускается. Допускается исследование сывороток, хранение которых с момента забора крови осуществлялось при температуре от +2 ºС до +8 ºС не более 7 суток.

8.5. Исключается использование для анализа образцов сыворотки (плазмы) крови людей, получавших в целях диагностики или терапии препараты, в состав которых входят мышиные антитела.

8.6. При использовании Набора для проведения нескольких независимых серий анализов следует иметь в виду, что для каждого независимого определения необходимо построение нового калибровочного графика; кроме этого, рекомендуется определение концентрации общего IgM в контрольной сыворотке.

8.7. Для получения надежных результатов необходимо строгое соблюдение Инструкции по применению Набора.

8.8. Не используйте компоненты из других наборов или из аналогичных наборов других серий.

9. ПРОВЕДЕНИЕ АНАЛИЗА

1	Поместите в рамку необходимое количество стрипов – исследуемые образцы в 2 повторах и 12 лунок для калибровочных проб и контрольной сыворотки.
2	**Разбавьте образцы** сыворотки (плазмы) крови в 5000 раз, используя ИФА-Буфер. Пример: в пробирку Разведение 1 (1:100): 10 мкл образца + 990 мкл ИФА-Буфера. В другую пробирку Разведение 2 (1:5000) добавьте 10 мкл Разведения 1 + 490 мкл ИФА-Буфера. Разведение 2 (1:5000) следует использовать в анализе. Способ разведения для других видов материала приведен в таблице М. Не разбавляйте калибровочные пробы и контрольную сыворотку.
3	Если предполагаемая концентрация общего IgM в исследуемом образце превышает 10 г/л, его следует дополнительно развести, используя ИФА-Буфер. Использование других буферов и реагентов для разбавления образцов может искажать результаты определения! Примечание. Для получения надежных результатов рекомендуется использовать несколько последовательных разведений исследуемого образца биологических жидкостей.
4	**Внесите в соответствующие лунки в дубликатах по 100 мкл каждой калибровочной пробы и контрольной сыворотки**. При исследовании сыворотки (плазмы) крови в лунки, предназначенные для исследуемых образцов, **внесите по 100 мкл разбавленных образцов (Разведение 2)**. При исследовании других видов материала объем вносимого исследуемого образца указан в таблице М. Внесение калибровочных проб, контрольной сыворотки и исследуемых образцов необходимо произвести в течение 15 минут.
5	Аккуратно перемешайте содержимое планшета круговыми движениями по горизонтальной поверхности, заклейте планшет бумагой для заклеивания планшета. **Инкубируйте планшет в течение 30 минут при температуре +37 °С.**
6	По окончании инкубации удалите содержимое лунок аспирацией (например, с помощью водоструйного насоса) или декантированием и **отмойте лунки 3 раза**. При каждой отмывке добавьте во все лунки по 250 мкл отмывочного раствора (см. п. 7.3), встряхните планшет круговыми движениями по горизонтальной поверхности с последующей аспирацией или декантированием. Задержка при отмывке (замачивание лунок) не требуется. При каждом декантировании необходимо тщательно удалять остатки жидкости из лунок.
7	**Внесите во все лунки по 100 мкл конъюгата**.
8	Заклейте планшет бумагой для заклеивания планшета и **инкубируйте** его **в течение 30 минут при температуре +37 °С**.
9	По окончании инкубации удалите содержимое лунок и **отмойте лунки 5 раз**.
10	**Внесите во все лунки по 100 мкл раствора субстрата тетраметилбензидина**. Внесение раствора субстрата тетраметилбензидина в лунки необходимо произвести в течение 2–3 мин. **Инкубируйте планшет в темноте при комнатной температуре (+18...+25 °С) в течение 10–20 минут** в зависимости от степени развития синего окрашивания.
11	**Внесите во все лунки** с той же скоростью и в той же последовательности, как и раствор субстрата тетраметилбензидина, **по 100 мкл стоп-реагента**, при этом содержимое лунок окрашивается в ярко-желтый цвет.
12	**Измерьте величину оптической плотности (ОП) содержимого лунок планшета на фотометре** вертикального сканирования **при длине волны 450 нм**. Измерение ОП содержимого лунок планшета необходимо произвести в течение 15 мин после внесения стоп-реагента. Бланк фотометра выставляйте по калибровочной пробе С1.

продолжение таблицы на стр. 8

13	Постройте в линейных координатах калибровочный график: ось абсцисс (x) – концентрация общего IgM в калибровочных пробах (г/л), ось ординат (y) – оптическая плотность калибровочных проб (ОП 450 нм). Для алгоритма обсчета (аппроксимации) калибровочного графика используйте интервальный (кусочно-линейный, «от точки к точке») метод.
14	Определите по калибровочному графику содержание общего IgM в исследуемых образцах. Если исследуемый образец предразводили (см. п.3), умножьте полученный результат на фактор разведения. При анализе различных видов материала необходимо умножить полученные значения на Фактор пересчета, приведенный в таблице М.

Таблица М

Вид материала	Сбор, хранение и обработка материала	Пример разведения	Буфер для разведения образцов в лунку, мкл	Образец в лунку, мкл	Фактор пересчета
сыворотка (плазма) крови	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных, хилезных и гемолитических образцов может привести к искажению результатов.	Разведение 1 (1:100): 10 мкл образца + 990 мкл Буфера для разведения образцов. В другую пробирку Разведение 2 (1:5000) добавьте 10 мкл Разведение 1 + 490 мкл Буфера для разведения образцов. Разведение 2 (1:5000) следует использовать в анализе	0	100	1
слюна	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных образцов может привести к искажению результатов.		90	10	0.002
моча	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных образцов может привести к искажению результатов.		50	50	0.0004
спинно-мозговая жидкость	Исследуемые образцы должны быть тщательно отцентрифугированы. Анализ мутных образцов может привести к искажению результатов.		80	20	0.001

10. ОЖИДАЕМЫЕ ЗНАЧЕНИЯ И НОРМЫ

10.1. Основываясь на результатах исследований, проведенных ООО «ХЕМА», рекомендуем пользоваться нормами, приведенными ниже. Вместе с тем, в соответствии с правилами *GLP* (Хорошей лабораторной практики), каждая лаборатория должна сама определить параметры нормы, характерные для обследуемой популяции.

Примечание. Значения концентраций общего IgM в исследуемых образцах, находящиеся ниже границы чувствительности Набора (0.06 г/л), а также превышающие значение верхней калибровочной пробы (10 г/л) следует приводить в следующей форме: в исследуемом образце X концентрация общего IgM ниже 0.06 г/л или выше 10 г/л.

Исследуемая группа	Единицы, г/л	
	Нижний предел	Верхний предел
Здоровые доноры	0.7	3.7
новорожденные	0.1	0.35
1-3 месяца	0.12	0.9
4-6 месяцев	0.25	1.2
7-12 месяцев	0.35	1.0
1-6 лет	0.55	2.2
7-11 лет	0.65	1.7

11. ЛИТЕРАТУРА

1. Erik J. Wiersma, Cathy Collins, Shafie Fazel, and Marc J. Shulman Structural and Functional Analysis of J Chain-Deficient IgM J. Immunol., Jun 1998; 160: 5979 – 5989.

По вопросам, касающимся качества Набора **«Общий IgM-ИФА»**,
следует обращаться в ООО «ХЕМА» по адресу:
105043, г. Москва, а/я 58
105264, г. Москва, ул. 9-я Парковая, д. 48, 1-й под., 5 этаж,
тел/факс (495) 737-39-36, 737-00-40, 510-57-07 (многоканальный)

электронная почта: info@xema.ru; rqc@xema.ru
интернет: www.xema.ru; www.xema-medica.com

Руководитель службы клиентского сервиса ООО «ХЕМА»,
к. б. н. Д. С. Кострикин

Instruction for use

A SOLID-PHASE ENZYME IMMUNOASSAY FOR THE QUANTITATIVE DETERMINATION OF TOTAL IgM IN HUMAN BIOLOGICAL FLUIDS

1. INTENDED USE

A solid-phase enzyme immunoassay for the quantitative determination of total IgM in biological fluids.

This kit is designed for measurement of total IgM in biological fluids. For possibility of use with other sample types, please, refer to Application Notes (on request). The kit contains reagents sufficient for 96 determinations and allows to analyze 42 unknown samples in duplicates.

2. SUMMARY AND EXPLANATION

Immunoglobulin M (IgM) is secreted during primary immune response and exists in monomeric and pentameric forms. Elevated serum IgM is observed in chronic inflammation, macroglobulinemia and IgM myeloma. Decreased IgM level may occur in some immunodeficiency syndromes.

3. PRINCIPLE OF THE TEST

This test is based on two-site sandwich enzyme immunoassay principle. Tested specimen is placed into the microwells coated by specific murine monoclonal to human total IgM-antibodies. Antigen from the specimen is captured by the antibodies coated onto the microwell surface. Unbound material is removed by washing procedure. Second antibodies – murine monocnoclonal to human total IgM, labelled with peroxidase enzyme, are then added into the microwells. After subsequent washing procedure, the remaining enzymatic activity bound to the microwell surface is detected and quantified by addition of chromogen-substrate mixture, stop solution and photometry at 450 nm. Optical density in the microwell is directly related to the quantity of the measured analyte in the specimen.

4. WARNINGS AND PRECAUTIONS

4.1. For professional use only.

4.2. This kit is intended for in vitro diagnostic use only.

4.3. INFECTION HAZARD: There is no available test methods that can absolutely assure that Hepatitis B and C viruses, HIV-½, or other infectious agents are not present in the reagents of this kit. All human products, including patient samples, should be considered potentially infectious. Handling and disposal should be in accordance with the procedures defined by an appropriate national biohazard safety guidelines or regulations.

4.4. Avoid contact with stop solution containing 5.0% H_2SO_4. It may cause skin irritation and burns.

4.5. Wear disposable latex gloves when handling specimens and reagents. Microbial contamination of reagents may give false results.

4.6. Do not use the kit beyond the expiration date.

4.7. All indicated volumes have to be performed according to the protocol. Optimal test results are only obtained when using calibrated pipettes and microplate readers.

4.8. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.

4.9. Chemicals and prepared or used reagents have to be treated as hazardous waste according to the national biohazard safety guidelines or regulations.

4.10. Do not mix reagents from different lots.

4.11. Replace caps on reagents immediately. Do not swap caps.

4.12. Do not pipette reagents by mouth.

4.13. Specimens must not contain any AZIDE compounds – they inhibit activity of peroxidase.

4.14. Material Safety Data Sheet for this product is available upon request directly from XEMA Co., Ltd.

4.15. The Material Safety Data Sheet fit the requirements of EU Guideline 91/155 EC.

5. KIT COMPONENTS

5.1. Contents of the Kit

	Symbol	Description		Qty	Units	Colour code	Stability of opened/diluted components
1	SORB MTP	total IgM EIA strips, 8x12 wells	polystyrene microwells coated with murine monoclonal to human total IgM	1	pcs		until exp.date
2	CAL 1–5	Calibrator set, 1 ml each. The set contains 5 calibrators: 0; 0.5; 2; 5; 10 g/l	human total IgM diluted in tris buffered BSA solution, preservative – 0.01 % Bronidox L, 0.01 % 2-Methyl-4-isothiazolin-3-one-hydrochloride; also contains red dye	5	pcs	purple (C1 – colourless)	2 months
3	CONTROL	Control serum (1 ml)	dilution of preselected human serum, with high content of total IgM with BSA solution; preservative – 0.01 % Bronidox L, 0.01 % 2-Methyl-4-isothiazolin-3-one-hydrochloride, colourless	1	pcs	colourless	2 months
4	CONJ HRP	Conjugate, 14 ml	aqueous solution of murine monocnoclonal to human total IgM coupled with horseradish peroxidase diluted on phosphate buffered solution with casein from bovine milk and detergent (Tween-20), contains 0.1 % phenol as preservative and red dye	1	pcs	purple	until exp. date
5	DIL SPE	EIA buffer 100 ml	phosphate buffered saline with casein from bovine milk and detergent (Tween-20), contains 0.1% phenol as preservative and blue dye	1	pcs	blue	until exp. date
6	SUBS TMB	Substrate solution, 14 ml	ready-to-use single-component tetramethylbenzidine (TMB) solution.	1	pcs	colourless	until exp.date
7	BUF WASH 26X	Washing solution concentrate 26X, 22 ml	aqueous solution of sodium chloride and detergent (Tween 20), contains proClin300 as a preservative	1	pcs	colourless	Concentrate – until exp.date Diluted washing solution – 45 days at 2-8 °C or 15 days at RT
8	STOP	Stop solution, 14 ml	5.0 % vol/vol solution of sulphuric acid	1	pcs	colourless	until exp. date
9	N003	Plate sealing tape		2	pcs		N/A
10	K277I	Instruction total IgM EIA		1	pcs		N/A
11	K277Q	QC data sheet total IgM EIA		1	pcs		N/A

5.2. Equipment and material required but not provided

- Distilled or deionized water;
- Automatic or semiautomatic multichannel micropipettes, 100–250 µl, is useful but not essential;
- Calibrated micropipettes with variable volume, range volume 5–250 µl;
- Dry thermostat for 37 °C ±0.1 °C
- Calibrated microplate photometer with 450 nm wavelength and OD measuring range 0–3.0

5.3. Storage and stability of the Kit

Store the whole kit at +2...+8 °C upon receipt until the expiration date.

After opening the pouch keep unused microtiter wells TIGHTLY SEALED BY ADHESIVE TAPE (INCLUDED) to minimize exposure to moisture.

6. SPECIMEN COLLECTION AND STORAGE

This kit is intended for use with serum or plasma (ACD- or heparinized). Grossly hemolytic, lipemic, or turbid samples should be avoided.

Specimens may be stored for up to 48 hours at +2...+8 °C before testing.

7. TEST PROCEDURE

7.1. Reagent Preparation

- All reagents (including unsealed microstrips) should be allowed to reach room temperature (+18...+25 °C) before use.
- All reagents should be mixed by gentle inversion or vortexing prior to use. Avoid foam formation.
- It is recommended to spin down shortly the tubes with calibrators on low speed centrifuge.
- Prepare washing solution from the concentrate BUF WASH 26X by 26 dilutions in distilled water.

7.2. Procedural Note:

It is recommended that pipetting of all calibrators and samples should be completed within 3 minutes.

7.3. Assay flowchart

See the example of calibration graphic in Quality Control data sheet.

7.4. Assay procedure

1	Put the desired number of microstrips into the frame; allocate 12 wells for the calibrators CAL 1–5 and control samples CONTROL and two wells for each unknown sample. DO NOT REMOVE ADHESIVE SEALING TAPE FROM UNUSED STRIPS.
2	Dilute samples using buffer DIL SPE (EIA sample buffer) 5000 fold. See table M for dilution modes and factors for different types of analyzed material. Do not dilute control sample and calibrators.
3	If suggested analyte concentration in the sample exceeds the highest calibrator, additionally dilute this sample accordingly, using DIL SPE (EIA sample buffer). Use of other buffers or reagents for sample dilution may lead to incorrect measurement.
4	Pipet 100 µl of calibrators CAL 1–5 and control samples CONTROL into allocated wells. For testing of blood serum or plasma pipet 100 µl of the unknown diluted sample (DILUTION 2) into the allocated wells. See table M for the volumes of other materials. Pipetting should be made within 3 minutes, to ensure an uniform incubation time for all samples. Carefully mix the contents of the wells by short horizontal rotating of the plate for 5–7 seconds and cover the wells by plate adhesive tape (included into the kit).
5	Incubate 30 minutes at 37 °C.
6	Prepare washing solution by 26X dilution of washing solution concentrate BUF WASH 26X by distilled water. Minimal quantity of washing solution should be 250 µl per well. Wash strips 3 times.
7	Dispense 100 µl of CONJ HRP into the wells.
8	Incubate 30 minutes at 37 °C.
9	Wash the strips 5 times.
10	Dispense 100 µl of SUBS TMB into the wells.
11	Incubate 10–20 minutes at +18...+25 °C.
12	Dispense 100 µl of STOP into the wells.
13	Measure OD (optical density) at 450 nm.
14	Set photometer blank on first calibrator.
15	Apply point-by-point method for data reduction. Use Calculation factor listed in table M to calculate analyte concentration in different material types.

7.5. Sample processing

Material type	Notes on material collection, storage and handling	Sample dilution example	EIA sample buffer into the well, µl	Sample into the well, µl	Calculation factor
blood serum or plasma	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.	10 µl of sample + 990 µl of diluent = DILUTION 1. 10 µl of DILUTION1 + 490 µl of diluent = DILUTION 2	0	100	1
saliva	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.		90	10	0.002
urine	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.		50	50	0.0004
cerebrospinal fluid	Grossly hemolytic, lipemic, or turbid samples should be avoided and should be treated by centrifugation before testing.		80	20	0.001

8. QUALITY CONTROL

It is recommended to use control samples according to state and federal regulations. The use of control samples is advised to assure the day to day validity of results.

The test must be performed exactly as per the manufacturer's instructions for use. Moreover the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or other applicable federal, state, and local standards and/or laws. This is especially relevant for the use of control reagents. It is important to always include, within the test procedure, a sufficient number of controls for validating the accuracy and precision of the test.

The test results are valid only if all controls are within the specified ranges and if all other test parameters are also within the given assay specifications.

9. CALCULATION OF RESULTS

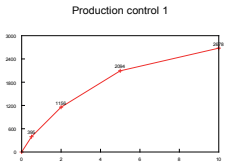
9.1. Calculate the mean absorbance values (OD450) for each pair of calibrators and samples.

9.2. Plot a calibration curve on graph paper: OD versus total IgM concentration.

9.3. Determine the corresponding concentration of total IgM in unknown samples from the calibration curve. Manual or computerized data reduction is applicable on this stage. Point-by-point or linear data reduction is recommended due to non-linear shape of curve.

9.4. Below is presented a typical example of a standard curve with the XEMA Co. Not for calculations!

Calibrators	Value	Absorbance Units (450 nm)
CAL 1	0 g/l	0.08
CAL 2	0.5 g/l	0.32
CAL 3	2 g/l	0.93
CAL 4	5 g/l	2.15
CAL 5	10 g/l	3.01



10. EXPECTED VALUES

Therapeutical consequences should not be based on results of IVD methods alone – all available clinical and laboratory findings should be used by a physician to elaborate therapeutically measures. Each laboratory should establish its own normal range for total IgM. Based on data obtained by XEMA, the following normal range is recommended (see below). NOTE: the patients that have received murine monoclonal antibodies for radioimaging or immunotherapy develop high titered anti-mouse antibodies (HAMA). The presence of these antibodies may cause false results in the present assay. Sera from HAMA positive patients should be treated with depleting adsorbents before assaying.

Sex, age	Units, g/l	
	Lower limit	Upper limit
Healthy donors	0.7	3.7
newborn	0.1	0.35
1-3 month	0.12	0.9
4-6 month	0.25	1.2
7-12 month	0.35	1.0
1-6 yrs	0.55	2.2
7-11 yrs	0.65	1.7

11. PERFORMANCE CHARACTERISTICS

11.1. Analytical specificity / Cross reactivity

Analyte	Cross-reactivity, % wt/wt
IgA	<0.1
IgG	<0.1
IgE	<0.1

11.2. Analytical sensitivity. Sensitivity of the assay was assessed as being 0.06 g/l.

11.3. Linearity. Linearity was checked by assaying dilution series of 5 samples with different total IgM concentrations. Linearity percentages obtained ranged within 90 to 110%.

11.4. Recovery. Recovery was estimated by assaying 5 mixed samples with known total IgM concentrations. The recovery percentages ranged from 90 to 110%.

12. LITERATURE

Erik J. Wiersma, Cathy Collins, Shafie Fazel, and Marc J. Shulman Structural and Functional Analysis of J Chain-Deficient IgM J. Immunol., Jun 1998; 160: 5979 – 5989.

Символ / Symbol	Значение символа / Symbolize
	Производитель / Manufacturer
	Дата производства / Date of manufacture
REF	Номер по каталогу / Catalogue number
LOT	Номер серии / Batch code
 YYYY-MM	Использовать до (год-месяц) / Use By
	Ограничение температуры / Temperature limitation
IVD	Только для ин витро диагностики / In Vitro Diagnostic Medical Device
	Внимание! / Caution, consult accompanying documents
	Не использовать при нарушении целостности упаковки / Do not use if package damaged
SORB MTP	Планшет / EIA strips
CAL	Калибровочные пробы / Calibrator set
CONTROL	Контрольная сыворотка / Control sera
CONJ HRP	Конъюгат / Conjugate
SUBS TMB	Раствор субстрата тетраметилбензидина (ТМБ) / Substrate solution
BUF WASH 26X	Концентрат отмывочного раствора / Washing solution concentrate
STOP	Стоп-реагент / Stop solution
DIL	ИФА-Буфер / EIA buffer

Уважаемый Клиент!
Если в процессе работы с нашими Наборами Вам понадобились пластиковые ванночки для жидких реагентов, одноразовые наконечники для дозаторов или дополнительные объемы реагентов (концентрат отмывочного раствора, ИФА-Буфер, раствор субстрата тетраметилбензидина (ТМБ), стоп-реагент), входящих в состав Набора, просим Вас обратиться к поставщику продукции ООО «ХЕМА» в Вашем регионе.
Все указанные расходные материалы предоставляются бесплатно, в необходимом для проведения анализа количестве.

Перечень Наборов реагентов для диагностики инфекционных заболеваний производства ООО «ХЕМА»

№ по каталогу	Наименование
K101	«Toxoplasma IgG-ИФА»
K101M	«Toxoplasma IgM-ИФА»
K102	«Rubella IgG-ИФА»
K102M	«Rubella IgM-ИФА»
K103	«Cytomegalovirus IgG-ИФА»
K103M	«Cytomegalovirus IgM-ИФА»
K104	«HSV 1,2 IgG-ИФА»
K104M	«HSV 1,2 IgM-ИФА»
K105	«Chlamydia IgG-ИФА»
K106	«Mycoplasma IgG-ИФА»
K111G	«Сифилис IgG-ИФА»
K111	«Сифилис суммарные антитела-ИФА»
K121	«Aspergillus IgG-ИФА»

Номер горячей линии технической поддержки Клиентов:
8 800 505 23 45
Все звонки на номер горячей линии бесплатны для звонящего с любого мобильного или стационарного телефона по всей территории России.

Ждем Ваших отзывов и предложений по адресам:
Центральный офис ООО «ХЕМА»
Адрес для корреспонденции:
105043, г. Москва, а/я 58
105264, г. Москва, ул. 9-я Парковая, д. 48, 1-й под., 5 этаж
тел.: +7 (495) 510-57 07, 737-39-36;
факс: +7 (495) 737-00-40
e-mail: info@xema.ru
www.xema-medica.com

ФООО «Хема», тел.: +7 (812) 271-24-41
191144, Санкт-Петербург, Дегтярный пер., д. 8-10, литер А
e-mail: spb@xema.ru

СП ООО «Хемма-Тест», тел.: (17) 211-80-39
Офис: 220029, Минск, Проспект Машерова, д. 11,
литер А, корп. 8/К, офис 416
e-mail: hemma-test@yandex.ru

ТОВ «Хема», тел.: (044) 422-62-16;
03179, г. Киев, ул. Академика Ефремова, д. 23;
e-mail: info@xema.com.ua

xemahelp

xemahelp@gmail.com