Version rev01/ JL

Product information

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TBE/FSME IgM ELISA



REF

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DETICM0440

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1. INTENDED USE

The TBE/FSME Virus IgM ELISA is intended for the qualitative determination of IgM class antibodies against TBE/FSME Virus in human serum or plasma (citrate, heparin).

2. PRINCIPLE OF THE ASSAY

The qualitative immunoenzymatic determination of specific antibodies is based on the ELISA (Enzymelinked Immunosorbent Assay) technique. Microtiterplates are coated with specific antigens to bind corresponding antibodies of the sample. After washing the wells to remove all unbound sample material a horseradish peroxidase (HRP) labelled conjugate is added. This conjugate binds to the captured antibodies. In a second washing step unbound conjugate is removed. The immune complex formed by the bound conjugate is visualized by adding Tetramethylbenzidine (TMB) substrate which gives a blue reaction product. The intensity of this product is proportional to the amount of specific antibodies in the sample. Sulphuric acid is added to stop the reaction. This produces a yellow endpoint colour. Absorbance at 450/620 nm is read using an ELISA Microtiterplate reader.

3. MATERIALS

3.1. Reagents supplied

- 1. **SORB** MT Microtiterplate: 12 break-apart 8-well snap-off strips coated with TBE/FSME Virus antigens; in resealable aluminium foil.
- SAM DIL IgM Sample Dilution Buffer: 1 bottle containing 100 mL of phosphate buffer (10 mM) for sample dilution; pH 7.2 ± 0.2; anti-human IgG (RF Absorbent); coloured green; ready to use; white cap; ≤ 0.0015% (v/v) CMIT/ MIT (3:1).
- 3. **STOP SOLN Stop Solution:** 1 bottle containing 15 mL sulphuric acid, 0.2 mol/L; ready to use; red cap.
- WASH SOLN 20x Washing Buffer (20x conc.): 1 bottle containing 50 mL of a 20-fold concentrated phosphate buffer (0.2 M), pH 7.2 ± 0.2, for washing the wells; white cap; 0.2% (w/v) 5-Bromo-5-nitro-1,3-dioxane.
- 5. **ENZ CONJ Conjugate:** 1 bottle containing 20 mL of peroxidase labelled antibody to human IgM in phosphate buffer (10 mM); coloured red; ready to use; black cap.
- 6. **SUB TMB TMB Substrate Solution:** 1 bottle containing 15 mL 3,3',5,5'-tetramethylbenzidine (TMB), < 0.1 %; ready to use; yellow cap.
- 7. CAL C Positive Control: 1 vial containing 2 mL control; coloured yellow; ready to use; red cap; $\leq 0.02\%$ (v/v) MIT.
- 8. **CAL B** Cut-off Control: 1 vial containing 3 mL control; coloured yellow; ready to use; green cap; ≤ 0.02% (v/v) MIT.
- 9. CAL A Negative Control: 1 vial containing 2 mL control; coloured yellow; ready to use; blue cap; ≤ 0.0015% (v/v) CMIT/ MIT (3:1).

For hazard and precautionary statements see 11.1.

3.2. Materials supplied

- 1 Cover foil
- 1 Instructions for use (IFU)
- •

3.3. Materials and Equipment needed

- ELISA Microtiterplate reader, equipped for the measurement of absorbance at 450/620 nm
- Incubator 37 C
- Manual or automatic equipment for rinsing Microtiterplate
- Pipettes to deliver volumes between 10 and 1000 µL
- Vortex tube mixer
- Distilled water
- Disposable tubes

4. STABILITY AND STORAGE

Store the kit at 2...8 °C. The opened reagents are stable up to the expiry date stated on the label when stored at 2...8 °C.

5. REAGENT PREPARATION

It is very important to bring all reagents and samples to room temperature (20...25 °C) and mix them before starting the test run!

5.1. Microtiterplate

The break-apart snap-off strips are coated with TBE/FSME Virus antigens. Immediately after removal of the strips, the remaining strips should be resealed in the aluminium foil along with the desiccant supplied and stored at 2...8 °C.

5.2. WASH SOLN 20x

Dilute **WASH** SOLN 20x 1 + 19; e. g. 10 mL **WASH** SOLN 20x + 190 mL distilled water. The diluted buffer (**WASH** SOLN 1x) is stable for 5 days at room temperature (20...25 °C). In case crystals appear in the concentrate, warm up the solution to 37 °C e.g. in a water bath. Mix well before dilution.

5.3. SUB TMB

The reagent is ready to use and has to be stored at 2...8 °C, away from the light. **SUB TMB** should be colourless or could have a slight blue tinge. If **SUB TMB** turns into blue, it may have become contaminated and should be thrown away.

6. SAMPLE COLLECTION AND PREPARATION

Use human serum or plasma (citrate, heparin) samples with this assay. If the assay is performed within 5 days after sample collection, the samples should be kept at 2...8 °C; otherwise they should be aliquoted and stored deep-frozen (-70...-20 °C). If samples are stored frozen, mix thawed samples well before testing. Avoid repeated freezing and thawing. Heat inactivation of samples is not recommended.

6.1. Sample Dilution

Before assaying, all samples should be diluted 1+100 with **SAM DIL**. Dispense 10 μL sample and 1 mL **SAM DIL** into tubes to obtain a 1+100 dilution and thoroughly mix with a Vortex.

7. ASSAY PROCEDURE

Please read the instructions for use carefully **before** performing the assay. Result reliability depends on strict adherence to the instructions for use as described. The following test procedure is only validated for manual procedure. If performing the test on ELISA automatic systems we recommend increasing the washing steps from three up to five and the volume of **WASH SOLN 1x** from 300 μ L to 350 μ L to avoid washing effects. Pay attention to chapter 11. Prior to commencing the assay, the distribution and identification plan for all samples and standards/controls (duplicates recommended) should be carefully established. Select the required number of microtiter strips or wells and insert them into the holder.

Perform all assay steps in the order given and without any delays.

A clean, disposable tip should be used for dispensing each standard/control and sample. Adjust the incubator to 37 ± 1 °C.

- 1. Dispense 100 µL standards/controls and diluted samples into their respective wells. Leave well A1 for the Substrate Blank.
- 2. Cover wells with the foil supplied in the kit.
- 3. Incubate for 1 hour \pm 5 min at 37 \pm 1 °C.
- 4. When incubation has been completed, remove the foil, aspirate the content of the wells and wash each well three times with 300 µL of WASH SOLN 1x. Avoid overflows from the reaction wells. The interval between washing and aspiration should be > 5 sec. At the end carefully remove remaining fluid by tapping strips on tissue paper prior to the next step!

Note: Washing is important! Insufficient washing results in poor precision and false results.

- 5. Dispense 100 µL Conjugate into all wells except for the Substrate Blank well A1.
- 6. Incubate for 30 min at room temperature (20...25°C). Do not expose to direct sunlight.
- 7. Repeat step 4.
- 8. Dispense 100 µL **SUB TMB** into all wells.
- 9. Incubate for exactly 15 min at room temperature (20...25 °C) in the dark. A blue colour occurs due to an enzymatic reaction.
- 10. Dispense 100 µL **STOP SOLN** into all wells in the same order and at the same rate as for the **SUB TMB**, thereby a colour change from blue to yellow occurs.
- 11. Measure the absorbance at 450/620 nm within 30 min after addition of the STOP SOLN.

7.1. Measurement

Adjust the ELISA Microtiterplate reader to zero using the Substrate Blank.

If - due to technical reasons - the ELISA Microtiterplate reader cannot be adjusted to zero using the Substrate Blank, subtract its absorbance value from all other absorbance values measured in order to obtain reliable results!

Measure the absorbance of all wells at 450 nm and record the absorbance values for each standard/control and sample.

Bichromatic measurement using a reference wavelength of 620 nm is recommended.

Where applicable calculate the mean absorbance values of all duplicates.

8. RESULTS

8.1. **Run Validation Criteria**

In order for an assay run to be considered valid, these instructions for use have to be strictly followed and the following criteria must be met:

- Substrate Blank:
- Absorbance value < 0.100 Negative Control: Absorbance value < 0.200 and < Cut-off
- Cut-off Control: Absorbance value 0.150 - 1.300
- Positive Control: Absorbance value > Cut-off

If these criteria are not met, the test is not valid and must be repeated.

82 **Calculation of Results**

The Cut-off is the mean absorbance value of the Cut-off Control determinations. Absorbance value Cut-off Control 0.44 + absorbance value Cut-off control Example: 0.42 = 0.86 / 2 = 0.43

Cut-off = 0.43

8.2.1. **Results in Units [U]**

[Units = U] <u>Sample (mean) absorbance value x 10</u> = Cut-off

Example: $1.591 \times 10 = 37 \cup (Units)$ 0.43

8.3. Interpretation of Results

Cut-off	10 U	-
Positive	> 11 U	Antibodies against the pathogen are present. There has been a contact with the antigen (pathogen resp. vaccine). <u>After vaccination</u> : This is a case of seroconversion. Check anamnestic data and if necessary complete basic immunization or give a booster
Equivocal	9 – 11 U	Antibodies against the pathogen could not be detected clearly. It is recommended to repeat the test with a fresh sample in 2 to 4 weeks. <u>After vaccination</u> : This may be a case of seroconversion. Continue with basic immunisation or booster. A non-specific reaction is not excluded.
Negative	< 9 U	The sample contains no antibodies against the pathogen. A previous contact with the antigen (pathogen resp. vaccine) is unlikely. <u>After vaccination</u> : No seroconversion after vaccination. This may be the case after the first vac- cination during basic immunisation. Patients which show low or no response.

Diagnosis of an infectious disease should not be established on the basis of a single test result. A precise diagnosis should take into consideration clinical history, symptomatology as well as serological data. In immunocompromised patients and newborns serological data only have restricted value.

Serology	Significance			
lgM	Characteristic of the primary antibody response High IgM titer with low IgG titer: \rightarrow suggests a current or very recent infection Rare: \rightarrow persisting IgM			
lgG	Characteristic of the secondary antibody response May persist for several years High IgG titer with low IgM titer: → may indicate a past infection			

9.3.1. Antibody Isotypes and State of Infection

9. SPECIFIC PERFORMANCE CHARACTERISTICS

The results refer to the groups of samples investigated; these are not guaranteed specifications.

9.1. Precisi	on		
<u>Intraassay</u>	n	Mean (E)	CV (%)
#1	24	0.490	8.77
#2	24	1.039	7.77
#3	24	0.917	11.74
<u>Interassay</u>	n	Mean (U)	CV (%)
#1	12	18.14	10.86
#2	12	15.99	13.26
#3	12	2.04	12.56

9.2. Diagnostic Specificity

The diagnostic specificity is defined as the probability of the assay of scoring negative in the absence of the specific analyte.

It is 98.29% (95% confidence interval: 95.07% - 99.65%).

9.3. Diagnostic Sensitivity

The diagnostic sensitivity is defined as the probability of the assay of scoring positive in the presence of the specific analyte.

It is 100% (95% confidence interval: 69.15% - 100%).

9.4. Interferences

Interferences with hemolytic, lipemic or icteric samples are not observed up to a concentration of 10 mg/mL hemoglobin, 5 mg/mL triglycerides and 0.5 mg/mL bilirubin.

9.5. Cross Reactivity

Cross reactivity with other flaviviruses cannot be excluded and should be taken into account for result interpretation.

10. LIMITATIONS OF THE PROCEDURE

Bacterial contamination or repeated freeze-thaw cycles of the sample may affect the absorbance values.

11. PRECAUTIONS AND WARNINGS

- The test procedure, the information, the precautions and warnings in the instructions for use have to be strictly followed. The use of the testkits with analyzers and similar equipment has to be validated. Any change in design, composition and test procedure as well as for any use in combination with other products not approved by the manufacturer is not authorized; the user himself is responsible for such changes. The manufacturer is not liable for false results and incidents for these reasons. The manufacturer is not liable for any results by visual analysis of the patient samples.
- Only for in-vitro diagnostic use.
- All materials of human or animal origin should be regarded and handled as potentially infectious.
- All components of human origin used for the production of these reagents have been tested for <u>anti-HIV antibodies</u>, anti-HCV antibodies and HBsAg and have been found to be non-reactive.
- Do not interchange reagents or Microtiterplates of different production lots.
- No reagents of other manufacturers should be used along with reagents of this test kit.
- Do not use reagents after expiry date stated on the label.
- Use only clean pipette tips, dispensers, and lab ware.
- Do not interchange screw caps of reagent vials to avoid cross-contamination.
- Close reagent vials tightly immediately after use to avoid evaporation and microbial contamination.
- After first opening and subsequent storage check conjugate and standard/control vials for microbial contamination prior to further use.
- To avoid cross-contamination and falsely elevated results pipette patient samples and dispense reagents without splashing <u>accurately</u> into the wells.
- The ELISA is only designed for qualified personnel following the standards of good laboratory practice (GLP).
- For further internal quality control each laboratory should additionally use known samples.

11.1. Safety note for reagents containing hazardous substances

Reagents may contain CMIT/MIT (3:1) or MIT (refer to 3.1). Therefore, the following hazard and precautionary statements apply.

Warning	H317	May cause an allergic skin reaction.
\wedge	P261	Avoid breathing spray
	P280	Wear protective gloves/ protective clothing.
\mathbf{V}	P302+P352	IF ON SKIN: Wash with plenty of soap and water.
~	P333+P313	If skin irritation or rash occurs: Get medical advice/ attention.
	P362+P364	Take off contaminated clothing and wash it before reuse.

Reagents may contain 5-Bromo-5-nitro-1,3-dioxane (refer to 3.1). Therefore, the following hazard and precautionary statements apply.

Warning	H315	Causes skin irritation.
	H319	Causes serious eye irritation
	P280	Wear protective gloves/ protective clothing.
\• /	P302+P352	IF ON SKIN: Wash with plenty of soap and water.
•	P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes.
		Remove contact lenses, if present and easy to do. Continue rinsing.
	P337+P313	If eye irritation persists: Get medical advice/attention.

Further information can be found in the safety data sheet.

11.2. Disposal Considerations

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.

ABBREVIATIONS

CMIT	5-chloro-2-methyl-4-isothiazolin-3-one	
MIT	2-methyl-2H-isothiazol-3-one	

SUMMARY OF TEST PROCEDURE

SCHEME OF THE ASSAY TBE/FSME IgM

Test Preparation

Prepare reagents and samples as described. Establish the distribution and identification plan for all samples and standards/controls. Select the required number of microtiter strips or wells and insert them into the holder.

Assay Procedure							
	Substrate Blank (A1)	Negative Control	Cut-off Control	Positive Control	Sample (diluted 1+100)		
Negative Control	-	100 µL	-	-	-		
Cut-off Control	-	-	100 µL	-	-		
Positive Control	-	-	-	100 µL	-		
Sample (diluted 1+100)	-	-	-	100 µL			
Cover wells with foil supplied in the kit Incubate for 1 h at 37 ± 1 °C Wash each well three times with 300 µL of WASH SOLN 1x							
Conjugate	Conjugate - 100 μL 100 μL 100 μL 100 μL						
Incubate for 30 min at room temperature (2025°C) Do not expose to direct sunlight Wash each well three times with 300 µL of WASH SOLN 1x							
SUB TMB 100 μL 100 μL 100 μL 100 μL 100 μL 100 μL							
Incubate for exactly 15 min at room temperature (20…25°C) in the dark							
STOP SOLN	100 µL	100 µL	100 µL	100 µL	100 µL		
Photometric measurement at 450 nm (reference wavelength: 620 nm)							

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Symbol	English	Deutsch	Française	Espanol	Italiano
(€	European Conformity	CE-Konformitäts- kennzeichnung	Conforme aux normes européennes	Conformidad europea	Conformità europea
[]i]	Consult instructions for use	Gebrauchsanweisung beachten	Consulter les instruc- tions d'utilisation	Consulte las Instrucciones	Consultare le istruzioni per l'uso
IVD	In vitro diagnostic de- vice	In-vitro-Diagnostikum	utilisation Diagnostic in vitro	Diagnóstico in vitro	Per uso Diagnostica in vitro
RUO	For research use only	Nur für For- schungszwecke	Seulement dans le cadre de recherches	Sólo para uso en investigación	Solo a scopo di ricerca
REF	Catalogue number	Katalog-Nr.	Référence	Número de catálogo	No. di catalogo
LOT	Lot. No. / Batch code	Chargen-Nr.	No. de lot	Número de lote	Lotto no
Σ	Contains sufficient for <n> tests/</n>	Ausreichend für "n" An- sätze	Contenu suffisant pour "n" tests	Contenido suficiente para <n> ensayos</n>	Contenuto sufficiente per "n" saggi
\land	Note warnings and pre- cautions	Warnhinweise und Vor- sichtsmaßnahmen beachten	Avertissements et me- sures de précaution font attention	Tiene en cuenta advertencias y precauciones	Annoti avvisi e le pre- cauzioni
	Storage Temperature	Lagerungstemperatur	Température de con- servation	Temperatura de conservacion	Temperatura di conser- vazione
2	Expiration Date	Mindesthaltbarkeits- datum	Date limite d'utilisation	Fecha de caducidad	Data di scadenza
	Legal Manufacturer	Hersteller	Fabricant	Fabricante	Fabbricante
Distributed by	Distributed by	Vertrieb durch	Distribution par	Distribución por	Distribuzione da parte di
V <x></x>	Version	Version	Version	Versión	Versione
\otimes	Single-use	Einmalverwendung	À usage unique	Uso único	Uso una volta

SYMBOLS USED WITH DEMEDITEC ASSAYS