Product information



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SS-A Ab ELISA

Enzyme immunoassay for the quantitative measurement of IgG class autoantibodies against SS-A in human serum or plasma



IVC

1. INTENDED PURPOSE

SS-A Ab ELISA is a test system for the quantitative measurement of IgG class autoantibodies against SS-A (52 and 60 kDa) in human serum or plasma. This product is intended for professional in vitro diagnostic use only. This test is useful for the differential diagnosis and monitoring of systemic rheumatic inflammatory autoimmune diseases. Autoantibodies against the two antigens SS-A 52 and SS-A 60 are predominantly found in cases of Sjoegren's syndrome. Evaluation of a test result should always take into account all clinical and laboratory diagnostic findings.

2. PRINCIPLE OF THE TEST

Highly purified SS-A (52 and 60 kDa) is bound to microwells. The determination is based on an indirect enzyme linked immune reaction with the following steps: Specific antibodies in the patient sample bind to the antigen coated on the surface of the reaction wells. After incubation, a washing step removes unbound and unspecifically bound serum or plasma components. Subesquently added enzyme conjugate binds to the immobilized antibody-antigen-complexes. After incubation, a second washing step removes unbound enzyme conjugate. After addition of substrate solution the bound enzyme conjugate hydrolyses the substrate forming a blue coloured product. Addition of an acid stops the reaction generating a yellow end-product. The intensity of the yellow color correlates with the concentration of the antibody-antigen-complex and can be measured photometrically at 450 nm.

3. WARNINGS AND PRECAUTIONS

- All reagents of this kit are intended for professional in vitro diagnostic use only.
- Components containing human serum were tested and found negative for HBsAg, HCV, HIV1 and HIV2 by FDA approved methods. No test can guarantee the absence of HBsAg, HCV, HIV1 or HIV2, and so all human serum based reagents in this kit must be handled as though capable of transmitting infection.
- Bovine serum albumin (BSA) used in components has been tested for BSE and found negative.
- Avoid contact with the substrate TMB (3,3',5,5'-Tetramethyl-benzidine).
- Stop solution contains acid, classification is non-hazardous. Avoid contact with skin.
- Control, calibrators, sample buffer and wash buffer contain sodium azide (NaN₃) 0.09% as preservative. This concentration is classified as non-hazardous.
- Enzyme conjugate contains ProClin 300 0.05% as preservative. This concentration is classified as non-hazardous.

During handling of all reagents, controls and serum samples observe the existing regulations for laboratory safety regulations and good laboratory practice:

- First aid measures: In case of skin contact, immediately wash thoroughly with water and soap. Remove contaminated clothing and shoes and wash before reuse. If system fluid comes into contact with skin, wash thoroughly with water. After contact with the eyes carefully rinse the opened eye with running water for at least 10 minutes. Get medical attention if necessary.
- Personal precautions, protective equipment and emergency procedures:

Observe laboratory safety regulations. Avoid contact with skin and eyes. Do not swallow. Do not pipette by mouth. Do not eat, drink, smoke or apply makeup in areas where specimens or kit reagents are handled. When spilled, absorb with an inert material and put the spilled material in an appropriate waste disposal.

- Exposure controls / personal protection: Wear protective gloves of nitrile rubber or natural latex. Wear protective glasses. Used according to intended use no dangerous reactions known.
- Conditions to avoid: Since substrate solution is light-sensitive. Store in the dark.
- For disposal of laboratory waste the national or regional legislation has to be observed.

Observe the guidelines for performing quality control in medical laboratories by assaying control sera.

4. CONTENTS OF THE KIT

Sufficient for 96 determinations

- 1. SORB MT 1x divisible microplate consisting of 12 modules of 8 wells each. Ready to use.
- 2. **CAL A F 6x 1.5 ml Calibrator A-F** (0, 12.5, 25, 50, 100, 200 U/ml), containing SS-A antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.
- 3. **CONTROL 1** & **2** 2x 1.5 ml Control positive (1) and negative (2), containing SS-A antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use. The <u>concentration</u> is specified on the certificate of analysis.
- 4. **SAM DIL 5x 20 ml Sample Buffer**, containing PBS, BSA, detergent, preservative NaN₃ 0.09%, yellow, 5x conc.
- 5. **ENZ** CONJ 15 ml Enzyme Conjugate containing anti-human IgG antibodies, HRP labelled; PBS, BSA, detergent, preservative ProClin 300 0.05%, light red. Ready to use.
- 6. **SUB TMB 15 ml TMB Substrate**; containing 3,3', 5,5'- Tetramethylbenzidin, colorless. Ready to use.
- 7. **STOP SOLN 15 ml Stop solution**; contains acid. Ready to use.
- 8. **WASH SOLN 50x 20 ml Wash Buffer**, containing Tris, detergent, preservative NaN₃ 0.09%; 50 x conc.
- 9. 1 Instruction for Use
- 10. 1 Certificate of Analysis

5. MATERIALS REQUIRED

- Microplate reader capable of endpoint measurements at 450 nm;
- optional: reference filter at 620 nm
- Data reduction software
- Multi-channel dispenser or repeatable pipette for 100 µl
- Vortex mixer
- Pipettes for 10 µl, 100 µl and 1000 µl
- Laboratory timing device
- Distilled or deionised water
- Measuring cylinder for 1000 ml and 100 ml
- Plastic container for storage of the wash solution

This ELISA assay is suitable for use on open automated ELISA processors. Each assay has to be validated on the respective automated system. Detailed information is provided upon request.

6. SPECIMEN COLLECTION, STORAGE AND HANDLING

- Collect whole blood specimens using acceptable medical techniques to avoid hemolysis.
- Allow blood to clot and separate the serum or plasma by centrifugation.
- Test serum should be clear and non-hemolyzed. Contamination by hemolysis or lipemia should be avoided, but does not interfere with this assay.
- Specimens may be refrigerated at 2-8°C for up to five days or stored at -20°C up to six months.
- Avoid repetitive freezing and thawing of serum or plasma samples. This may result in variable loss of antibody activity.
- Testing of heat-inactivated sera is not recommended.

7. STORAGE AND STABILITY

- Store test kit at 2-8°C in the dark.
- Do not expose reagents to heat, sun, or strong light during storage and usage.
- Store microplate sealed and desiccated in the clip bag provided.
- Unopened reagents are stable until expiration of the kit. See labels for individual batch.
- Diluted Wash solution and Sample Buffer are stable for at least 30 days when stored at 2-8°C. We recommend consumption on the same day.

8. PROCEDURAL NOTES

- Do not use kit components beyond their expiration dates.
- Do not interchange kit components from different lots and products.
- All materials must be at room temperature (20-28°C) prior to use.
- Prepare all reagents and samples. Once started, perform the test without interruption.
- Double determinations may be done. By this means pipetting errors may become obvious.
- Perform the assay steps only in the order indicated.
- Always use fresh sample dilutions.
- Pipette all reagents and samples into the bottom of the wells.
- To avoid carryover or contamination, change the pipette tip between samples and different kit controls.
- Wash microwells thoroughly and remove the last droplets of wash solution.
- All incubation steps must be accurately timed.
- Do not re-use microplate wells.

9. PREPARATION OF REAGENTS

Wash Buffer

Dilute the contents of one vial of the buffered wash solution concentrate (50x) with distilled or deionised water to a final volume of 1000 ml prior to use.

Sample Buffer

Prior to use dilute the contents (20 ml) of one vial of sample buffer 5x concentrate with distilled or deionised water to a final volume of 100 ml.

Preparation of samples

Dilute patient samples 1:100 before the assay: Put 990 μl of prediluted sample buffer in a polystyrene tube and add 10 μl of sample. Mix well.

Note: Calibrators / Controls are ready to use and need not be diluted.

10. TEST PROCEDURE

Prepare enough microplate modules for all calibrators / controls and patient samples.

- 1. Pipette **100 μl** of calibrators, controls and prediluted patient samples into the wells.
- 2. Incubate for **30 minutes** at room temperature (20-28 °C).
- 3. Discard the contents of the microwells and wash 3 times with 300 µl of wash solution.
- 4. Dispense **100 µI** of enzyme conjugate into each well.
- 5. Incubate for **15 minutes** at room temperature.
- 6. Discard the contents of the microwells and wash 3 times with 300 µl of wash solution.
- 7. Dispense **100 µI** of TMB substrate solution into each well.
- 8. Incubate for **15 minutes** at room temperature
- 9. Add **100 µl** of stop solution to each well of the modules
- 10. Incubate for **5 minutes** at room temperature.
- 11. Read the optical density at 450 nm (reference 600-690nm) and calculate the results. The developed colour is stable for at least 30 minutes. Read during this time.

Example for a pipetting scheme:



11. VALIDATION

Test results are valid if the optical densities at 450 nm for calibrators / controls and the results for controls comply with the reference ranges indicated on the Certificate of Analysis enclosed in each test kit. If these quality control criteria are not met the assay run is invalid and should be repeated.

12. CALCULATION OF RESULTS

For quantitative results plot the optical density of each calibrator versus the calibrator concentration to create a calibration curve. The concentration of patient samples may then be estimated from the calibration curve by interpolation. Using data reduction software a 4-Parameter-Fit with lin-log coordinates for optical density and concentration is the data reduction method of choice.

13. PERFORMANCE CHARACTERISTICS

Calibration

The assay system is calibrated against the internationally recognized reference sera from CDC, Atlanta USA.

Measuring range

The calculation range of this ELISA assay is 0 - 200 U/ml

Expected values

In a normal range study with samples from healthy blood donors the following ranges have been established with this ELISA assay: Cut-off 25 U/ml

Interpretation of results

Negative: < 15 U/ml Borderline: 15 - 25 U/ml Positive: > 25 U/ml

Linearity

Patient samples containing high levels of specific antibody were serially diluted in sample buffer to demonstrate the dynamic range of the assay and the upper/lower end of linearity. Activity for each dilution was calculated from the calibration curve using a 4-Parameter-Fit with lin-log coordinates.

Sample	Dilution	Observed	Expected	O/E
		U/ml	U/ml	%
1	1:100	139.0	139.0	100
	1:200	67.9	69.5	98
	1:400	33.0	34.8	95
	1:800	17.2	17.4	99
2	1:100	161.6	161.6	100
	1:200	70.6	80.8	87
	1:400	39.2	40.4	97
	1:800	20.0	20.2	99

Limit of detection

Functional sensitivity was determined to be: 1 U/ml

Reproducibility

Intra-assay precision: Coefficient of variation (CV) was calculated for each of three samples from the results of 24 determinations in a single run. Results for precision-within-assay are shown in the table below.

Inter-assay precision: Coefficient of variation (CV) was calculated for each of three samples from the results of 6 determinations in 5 different runs. Results for run-to-run precision are shown in the table below.

Intra-Assay			Inter-Assay		
Sample	Mean U/ml	CV %	Sample	Mean U/ml	CV %
1	32.2	2.7	1	33.8	6.4
2	73.2	2.6	2	71.3	6.2
3	134.0	3.6	3	133.1	1.1

Interfering substances

No interference has been observed with haemolytic (up to 1000 mg/dl) or lipemic (up to 3 g/dl triglycerides) sera or plasma, or bilirubin (up to 40 mg/dl) containing sera or plasma. Nor have any interfering effects been observed with the use of anticoagulants (Citrate, EDTA, Heparin). However for practical reasons it is recommended that grossly hemolyzed or lipemic samples should be avoided.

Study results

Study population	n	n Pos	%
Sjögren's syndrome	70	51	72.9
Normal human sera	100	7	7.0

Clinical	Diagnosis
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Pos	Neg	
51	7	
19	93	
70	100	170
	51 19	51 7 19 93

Sensitivity:	72.9 %
Specificity:	93.0 %
Overall agreement:	84.7 %

14. LIMITATIONS OF THE PROCEDURE

This assay is a diagnostic aid. A definite clinical diagnosis should not be based on the results of a single test, but should be made by the physician after all clinical and laboratory findings have been evaluated concerning the entire clinical picture of the patient. Also every decision for therapy should be taken individually. The above pathological and normal reference ranges for antibodies in patient samples should be regarded as recommendations only. Each laboratory should establish its own ranges according to ISO 15189 or other applicable laboratory guidelines.

15. REFERENCES

- 1. Alba P, Bento L, Cuadrado MJ, Karim Y, Tungekar MF, Abbs I et al. Anti-dsDNA, anti-Sm antibodies, and the lupus anticoagulant: significant factors associated with lupus nephritis. Ann Rheum Dis 2003; 62(6):556-560.
- 2. Antico A, Platzgummer S, Bassetti D, Bizzaro N, Tozzoli R, Villalta D. Diagnosing systemic lupus erythematosus: new-generation immunoassays for measurement of anti-dsDNA antibodies are an effective alternative to the Farr technique and the Crithidia luciliae immunofluorescence test. Lupus 2010;19(8):906-912.
- 3. Brouwer R, Hengstman GJ, Vree EW, Ehrfeld H, Bozic B, Ghirardello A et al. Autoantibody profiles in the sera of European patients with myositis. Ann Rheum Dis 2001; 60(2):116-123.
- 4. Castro C, Gourley M. Diagnostic testing and interpretation of tests for autoimmunity. J Allergy Clin Immunol 2010; 125(2 Suppl 2):S238-S247.
- 5. Defendenti C, Atzeni F, Spina MF, Grosso S, Cereda A, Guercilena G et al. Clinical and laboratory aspects of Ro/SSA-52 autoantibodies. Autoimmun Rev 2011; 10(3):150-154.
- 6. Eriksson C, Kokkonen H, Johansson M, Hallmans G, Wadell G, Rantapaa-Dahlqvist S. Autoantibodies predate the onset of Systemic Lupus Erythematosus in northern Sweden. Arthritis Research & Therapy 2011; 13(1):R30.
- 7. Haugbro K, Nossent JC, Winkler T, Figenschau Y, Rekvig OP. Anti-dsDNA antibodies and disease classification in antinuclear antibody positive patients: the role of analytical diversity. Ann Rheum Dis JID 0372355 2004; 63(4):386-394.
- 8. Ippolito A, Wallace DJ, Gladman D, Fortin PR, Urowitz M, Werth V et al. Autoantibodies in systemic lupus erythematosus: comparison of historical and current assessment of seropositivity. Lupus 2011; 20(3):250-255.
- 9. Isenberg DA, Manson JJ, Ehrenstein MR, Rahman A. Fifty years of anti-ds DNA antibodies: are we approaching journey's end? Rheumatology (Oxford) 2007; 46(7):1052-1056.
- 10. Kattah NH, Kattah MG, Utz PJ. The U1-snRNP complex: structural properties relating to autoimmune pathogenesis in rheumatic diseases. Immunol Rev 2010; 233(1):126-145.
- 11. Kumar Y, Bhatia A, Minz RW. Antinuclear antibodies and their detection methods in diagnosis of connective tissue diseases: a journey revisited. Diagn Pathol 2009; 4:1.
- 12. Meroni PL, Schur PH. ANA screening: an old test with new recommendations. Ann Rheum Dis 2010; 69:1420-1422.
- 13. Petri M, Magder L. Classification criteria for systemic lupus erythematosus: a review. Lupus 2004; 13(11):829-837.
- 14. Poole BD, Schneider RI, Guthridge JM, Velte CA, Reichlin M, Harley JB et al. Early targets of nuclear RNP humoral autoimmunity in human systemic lupus erythematosus. Arthritis Rheum 2009; 60(3):848-859.
- 15. Putova I, Dostal C, Becvar R. Prevalence of antinucleosome antibodies by enzyme-linked immunosorbent assays in patients with systemic lupus erythematosus and other autoimmune systemic diseases. Ann N Y Acad Sci 2007; 1109:275-286.
- 16. Reveille JD. Predictive value of autoantibodies for activity of systemic lupus erythematosus. Lupus JID - 9204265 2004; 13(5):290-297.
- 17. Simon JA, Cabiedes J, Ortiz E, Alcocer-Varela J, Sanchez-Guerrero J. Anti-nucleosome antibodies in patients with systemic lupus erythematosus of recent onset. Potential utility as a diagnostic tool and disease activity marker. Rheumatology (Oxford) 2004; 43(2):220-224.
- Sinclair D, Saas M, Williams D, Hart M, Goswami R. Can an ELISA replace immunofluorescence for the detection of anti-nuclear antibodies?--The routine use of anti-nuclear antibody screening ELISAs. Clin Lab 2007; 53(3-4):183-191.
- Tozzoli R, Bizzaro N, Tonutti E, Villalta D, Bassetti D, Manoni F et al. Guidelines for the laboratory use of autoantibody tests in the diagnosis and monitoring of autoimmune rheumatic diseases. Am J Clin Pathol 2002; 117(2):316-324.
- 20. Maidhof W., Hilias O. Lupus: an pverview of the disease and management options. P T 2012; 37(4):240-9.
- 21. Hahn BH, McMahon MA, Wilkinson A, Wallace WD, Daikh DI, Fitzgerald JD et al. American College of Rheumatology guidelines for screening, treatment, and management of lupus nephritis. Arthritis Care Res (Hoboken) 2012; 64(6):797-808.



SYMBOLS USED WITH DEMEDITEC ASSAYS

Symbol	English	Deutsch	Francais	Espanol	Italiano
(€	European Conformity	CE-Konfirmitäts- kennzeichnung	Conforme aux normes européennes	Conformidad europea	Conformità europea
[]i	Consult instructions for use	Gebrauchsanweisung beachten	Consulter les instructions d'utilisation	Consulte las Instrucciones	Consultare le istruzioni per l'uso
IVD	In vitro diagnostic device	In-vitro-Diagnostikum	Ussage Diagnostic in vitro	Diagnóstico in vitro	Per uso Diagnostica in vitro
RUO	For research use only	Nur für Forschungszwecke	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 Cat.
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" Ansätze	Contenu suffisant pour "n" tests	Contenido suficiente para <n> ensayos</n>	Contenuto sufficiente per "n" saggi
\triangle	Note warnings and precautions	Warnhinweise und Vorsichtsmaßnahmen beachten	Avertissements et mesures de précaution font attention	Tiene en cuenta advertencias y precauciones	Annoti avvisi e le precauzioni
	Storage Temperature	Lagerungstemperatur	Temperature de conservation	Temperatura de conservacion	Temperatura di conservazione
Σ	Expiration Date	Mindesthaltbarkeits- datum	Date limite d'utilisation	Fecha de caducidad	Data di scadenza
AAA	Legal Manufacturer	Hersteller	Fabricant	Fabricante	Fabbricante
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