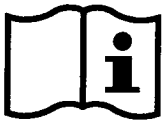
Product information

Information about other products is available at: www.demeditec.com



Useŕs Manual

Strongyloides IgG/IgM ELISA

CE IVD

REF **DESTRO0690**

Σ **96 wells**

Demeditec Diagnostics GmbH
Lise-Meitner-Strasse 2
24145 Kiel – Germany
www.demeditec.com

CONTENTS

1.	INTRODUCTION	3
2.	INTENDED USE	3
3.	PRINCIPLE OF THE ASSAY	3
4.	MATERIALS	4
5.	STABILITY AND STORAGE	4
6.	REAGENT PREPARATION	4
7.	SAMPLE COLLECTION AND PREPARATION	5
8.	ASSAY PROCEDURE	5
9.	RESULTS	6
10.	SPECIFIC PERFORMANCE CHARACTERISTICS	7
11.	LIMITATIONS OF THE PROCEDURE	7
12.	PRECAUTIONS AND WARNINGS	8
	BIBLIOGRAPHY	9
	ABBREVIATIONS	9
	SUMMARY OF TEST PROCEDURE	10
	SYMBOLS USED WITH DEMEDITEC ASSAYS	12

1. INTRODUCTION

Strongyloides is a genus containing some 50 species of obligate gastrointestinal parasites of vertebrates. *Strongyloides stercoralis* is the scientific name of a human parasitic roundworm causing the disease of strongyloidiasis. The *Strongyloides stercoralis* nematode can parasitize humans. The adult parasitic stage lives in tunnels in the mucosa of the small intestine. *S. stercoralis* can be found in areas with tropical and subtropical climates but cases also occur in temperate area, more frequently in rural areas. *S. stercoralis* has a very low prevalence in societies where fecal contamination of soil or water is rare. Many people infected are usually asymptomatic at first. Symptoms include dermatitis: swelling, itching, larva currens, and mild hemorrhage at the site where the skin has been penetrated. If the parasite reaches the lungs, the chest may feel as if it is burning, and wheezing and coughing may result, along with pneumonia-like symptoms (Löffler's syndrome). The intestines could eveUally be invaded, leading to burning pain, tissue damage, sepsis, and ulcers. In severe cases, edema may result in obstruction of the intestinal tract, as well as loss of peristaltic contractions. *Strongyloides* infection in immunocompromised individuals (particularly following the administration of steroids, for example following transplant surgery) can result in disseminated strongyloidiasis, in which worms move beyond the confines of the gut into other organs.

Species	Disease	Symptoms (e.g.)	Transmission route
Strongyloides stercoralis	Strongyloidiasis	May be asymptomatic swelling, itching, larva currens and mild hemorrhage at the site of skin penetration involvement of the lungs: pulmonary symptoms, Löffler syndrome: cough, wheezing and eosinophilia Involvement of the intestine: burning pain, tissue damage, sepsis, ulcers; obstruction of the intestinal tract and loss of peristaltic contractions immunocompromised individuals are at risk for hyperinfection or disseminated strongyloidiasis	Skin penetration by filariform larvae Person-to-person transmission (fecal–oral route) is rare

Infection or presence of pathogen may be identified by:

- Microscopy
- Serology: e.g. ELISA

2. INTENDED USE

The Strongyloides ELISA is intended for the qualitative determination of antibodies against Strongyloides in human serum or plasma (citrate or heparin).

3. PRINCIPLE OF THE ASSAY

The qualitative immunoenzymatic determination of specific antibodies is based on the ELISA (Enzyme-linked 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.

4. MATERIALS

4.1. Reagents supplied

1. **SORB MT Microtiterplate:** 12 breakapart 8-well snap-off strips coated with recombinant Strongyloides antigens in resealable aluminium foil.
2. **SAM DIL Sample Dilution Buffer**: 1 bottle containing 100 mL of phosphate buffer (10 mM) for sample dilution; pH 7.2 ± 0.2; coloured yellow; 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.
4. **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.
5. **ENZ CONJ Conjugate:** 1 bottle containing 20 mL of peroxidase labelled Protein A/G; coloured blue, ready to use; black cap; ≤ 0.02% (v/v) MIT**.**
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; ≤ 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).

Controls are calibrated in arbitrary units against internal quality control specimens, since no international standard reference is available for this assay.

For hazard and precautionary statements see 12.1.
For potential hazardous substances please check the safety data sheet.

4.2. Materials supplied

- 1 Cover foil
- 1 Instruction for use (IFU)
- 1 Plate layout

4.3. 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

5. 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.

6. 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!

6.1. Microtiterplate

The break-apart snap-off strips are coated with recombinant Strongyloides 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.

6.2. Washing Buffer (20x conc.)

Dilute Washing Buffer 1 + 19; e. g. 10 mL Washing Buffer + 190 mL distilled water. The diluted buffer 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.

6.3. TMB Substrate Solution

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

7. 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.

7.1. Sample Dilution

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

8. ASSAY PROCEDURE

Please read the instruction for use carefully **before** performing the assay. Result reliability depends on strict adherence to the instruction 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 Washing Buffer from 300 µL to 350 µL to avoid washing effects. Pay attention to chapter 12. Prior to commencing the assay, the distribution and identification plan for all samples and standards/controls (duplicates recommended) should be carefully established on the plate layout supplied in the kit. 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 ± 5 min at 37 ± 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 Washing Buffer. 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 TMB Substrate Solution 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 Solution into all wells in the same order and at the same rate as for the TMB Substrate Solution, 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 Solution.

8.1. 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 in the plate layout.
Bichromatic measurement using a reference wavelength of 620 nm is recommended.
Where applicable calculate the mean absorbance values of all duplicates.

9. RESULTS

9.1. 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.

9.2. Calculation of Results

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

9.2.1. Results in Units [U]

$$\frac{\text{Sample (mean) absorbance value} \times 10}{\text{Cut-off}} = \text{[Units = U]}$$

Example: $\frac{1.591 \times 10}{0.43} = 37$ U

9.3. 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).
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. If the result is equivocal again the sample is judged as **negative**.
Negative	< 9 U	The sample contains no antibodies against the pathogen. A previous contact with the antigen (pathogen resp. vaccine) is unlikely.
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.		

10. SPECIFIC PERFORMANCE CHARACTERISTICS

The results refer to the groups of samples invest ted; these are not guaranteed specifications.
For further information about the specific performance characteristics please contact Demeditec Diagnostics GmbH.

10.1. Precision

Intraassay	n	Mean (E)	CV (%)
# 1	24	0.499	7.27
# 2	24	1.210	4.42
# 3	24	1.106	3.89
Interassay	**n**	**Mean (U)**	**CV (%)**
# 1	12	31.77	10.72
# 2	12	24.62	9.84
# 3	12	8.68	9.69

10.2. 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 94.12% (95% confidence interval: 83.76% - 98.77%).

10.3. 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 89.47% (95% confidence interval: 75.2% - 97.06%).

10.4. 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.

10.5. Cross Reactivity

Cross reactions with antibodies against other worms and parasites cannot be excluded.

11. LIMITATIONS OF THE PROCEDURE

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

12. 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 anti-HIV antibodies, 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 accurately 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.

12.1. Safety note for reagents containing hazardous substances

Reagents may contain CMIT/MIT (3:1) or MIT (refer to 4.1)
Therefore, the following hazard and precautionary statements apply.

Warning	H317	May cause an allergic skin reaction.
	P261	Avoid breathing spray
	P280	Wear protective gloves/ protective clothing.
	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 and Wash it before reuse.

Further information can be found in the safety data sheet.

12.2. 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.

BIBLIOGRAPHY

CDC (2013): Strongyloidiasis. DPDx - Laboratory Identification of Parasitic Diseases of Public Health Concern.

Chandrasekar, Pranatharthi Haran; Polenakovik, Hari; Polenakovik, Sylvia (2014): Strongyloidiasis. Medscape eMedicine.

Fusco, Dahlene N.; Downs, Jennifer A.; Satlin, Michael J.; Pahuja, Meera; Ramos, Liz; Barie, Philip S. et al. (2010): Non-oral treatment with ivermectin for disseminated strongyloidiasis. In *The American journal of tropical medicine and hygiene* 83 (4), pp. 879–883. DOI: 10.4269/ajtmh.2010.10-0258.

Keiser, Paul B.; Nutman, Thomas B. (2004): Strongyloides stercoralis in the Immunocompromised Population. In *Clinical Microbiology Reviews* 17 (1), pp. 208–217. DOI: 10.1128/CMR.17.1.208-217.2004.

Siddiqui, Afzal A.; Berk, Steven L. (2001): Diagnosis of Strongyloides stercoralis infection. In *Clinical infectious diseases: an official publication of the Infectious Diseases Society of America* 33 (7), pp. 1040–1047. DOI: 10.1086/322707.

Siddiqui, Afzal A.; Genta, Robert M.; Berk, Steven L. (2006): Strongyloidiasis. In Richard L. Guerrant, David H. Walker, Peter F. Weller (Eds.): Tropical infectious diseases. Principles, pathogens & practice. 2nd ed. Philadelphia: Churchill Livingstone, pp. 1274–1285.

Tarr, Philip E.; Miele, Peter S.; Peregoy, Kenneth S.; Smith, Margo A.; Neva, Franklin A.; Lucey, Daniel R. (2003): Case report: Rectal adminstration of ivermectin to a patient with Strongyloides hyperinfection syndrome. In *The American journal of tropical medicine and hygiene* 68 (4), pp. 453–455.

Zaha, Osamu; Hirata, Tetsuo; Kinjo, Fukunori; Saito, Atsushi (2000): Strongyloidiasis--progress in diagnosis and treatment. In *Internal medicine (Tokyo, Japan)* 39 (9), pp. 695–700.

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

Strongyloides ELISA

Test Preparation

Prepare reagents and samples as described. Establish the distribution and identification plan for all samples and standards/controls on the plate layout supplied in the kit. 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 Washing Buffer					
Conjugate	-	100 µL	100 µL	100 µL	100 µL
Incubate for 30 min at room temperature (20...25 °C) Do not expose to direct sunlight Wash each well three times with 300 µL of Washing Buffer					
TMB Substrate Solution	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 Solution	100 µL	100 µL	100 µL	100 µL	100 µL
Photometric measurement at 450 nm (reference wavelength: 620 nm)					

SYMBOLS USED WITH DEMEDITEC ASSAYS

Symbol	English	Deutsch	Francais	Espanol	Italiano
CE	European Conformity	CE-Konfirmitäts-kennzeichnung	Conforme aux normes européennes	Conformidad europea	Conformità europea
	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
	Contains sufficient for <n> tests/	Ausreichend für "n" Ansätze	Contenu suffisant pour "n" tests	Contenido suficiente para <n> ensayos	Contenuto sufficiente per "n" saggi
	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
	Expiration Date	Mindesthaltbarkeitsdatum	Date limite d'utilisation	Fecha de caducidad	Data di scadenza
	Legal Manufacturer	Hersteller	Fabricant	Fabricante	Fabbricante
Distributed by	Distributor	Vertreiber	Distributeur	Distribuidor	Distributtore