

ORGENTEC Diagnostika GmbH

Carl-Zeiss-Straße 49-51
55129 Mainz - Germany

Phone: +49 (0) 61 31 / 92 58-0
Fax: +49 (0) 61 31 / 92 58-58
Internet: www.orgentec.com

Instruction For Use
2014-01



US Market: For Research Use Only

ORG 531 Anti-Parietal Cell

NAME AND INTENDED USE

Anti-Parietal Cell is an ELISA test system for the quantitative measurement of IgG class autoantibodies against alpha- and beta-subunits of the parietal cell H+/K+-ATPase in human serum or plasma. This product is intended for professional in vitro diagnostic use only.

SYMBOLS USED ON LABELS

IVD	In vitro diagnostic medical device	MICROPLATE	Microplate
Manufacturer		CALIBRATOR A	Calibrator
REF	Catalogue number	CALIBRATOR B	Calibrator
96	Sufficient for 96 determinations	CALIBRATOR C	Calibrator
LOT	Batch code	CALIBRATOR D	Calibrator
Use by		CALIBRATOR E	Calibrator
Temperature limitation		CALIBRATOR F	Calibrator
Consult instructions for use		CONTROL +	Control positive
Keep away from sunlight		CONTROL -	Control negative
Do not reuse		DILUENT	Sample Buffer P
Date of manufacture		CONJUGATE	Enzyme Conjugate
CE	conform to European directive 98/79/EC	TMB	TMB Substrate
		WASH	Stop solution
		STOP	Wash Buffer
		RTU	Ready to use

PRINCIPLE OF THE TEST

Highly purified pig parietal cell H+/K+-ATPase 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. Subsequently 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.

SUMMARY AND EXPLANATION OF THE TEST

Circulating autoantibodies to gastric parietal cells have been first detected in patients with pernicious anemia by the complement fixation test, described by Irvine et al. 1962 and following with an immunofluorescence test described by Taylor et al. 1962. The responsible parietal cell autoantigen was localised to the secretory canaliculi of gastric parietal cells and to gastric microsomes. Further biochemical and molecular investigations identified the responsible antigens as alpha- and beta-subunit of the gastric H+/K+-ATPase.



The gastric H+/K+-ATPase (EC 3.6.1.3) is a hydrogen transporting enzyme, responsible for the acidification of the stomach lumen (Rabon and Reuben, 1990). It belongs to the family of electroneutral P-type ATPases which also include the Na/K and the Ca ATPases (Pederson and Carfoli, 1987). This parietal cell antigen consists of two subunits, an 8-10 transmembrane catalytic alpha-subunit of 1033 amino acids and a heavily glycosylated beta-subunit with a 294 amino acid core. This H+/K+-ATPase shows a high degree of conservation in the amino acid sequence a cross species (van Driel and Callaghan, 1995).

Pernicious anemia is the most common cause of vitamin B12 deficiency in Western populations. Longitudinal studies suggest, that pernicious anemia is the end stage of type A chronic atrophic gastritis (Irvine et al. 1974), a disease characterised by pathological lesions of the fundus and body of the stomach, including gastric mucosal atrophy, selective loss of parietal and chief cells from the gastric mucosa and submucosal lymphocytic infiltrates (Whittingham and Macckay, 1985).

Pernicious anemia is predominately a disease of middle age northern white Europeans and females show a higher incidence than males. Patients with pernicious anemia appear pale, physically tired and mentally depressed. Pernicious anemia associates with a number of other diseases and these are predominantly organ specific autoimmune diseases of endocrine glands, in which autoantibodies to other tissue specific antigens are also present. The specific diseases include Hashimoto's thyroiditis, diabetes mellitus Type 1 and primary Addison's disease (Whittingham and Macckay, 1985). Late stages of pernicious anemia may also be associated with peripheral neuropathy and subacute combined degeneration of the spinal cord due to vitamin B12 deficiency.

Autoantibodies against the H+/K+-ATPase can be detected in 80-90% of pernicious anemia patients, by indirect immunofluorescence and they are also detected in 2-5% of the healthy adult population. ELISA test systems show a sensitivity of about 80% and specificity of about 90%. There is an age related increase in the presence of parietal cell autoantibodies in the adult population. A study of the relationship between parietal cell autoantibody and gastric mucosal morphology indicates these parietal cell positive individuals in a random population may indeed have early type A gastritis (Uibo et al., 1984). Higher prevalence rates (20-30%) of parietal cell autoantibodies have been noted in patients with autoimmune endocrine disorders such as thyrotoxicosis, Hashimoto's thyroiditis and insulin dependent diabetes (Whittingham and Macckay, 1985). Histological examinations of gastric biopsies reveal that the majority of parietal cell autoantibody positive individuals also have a type A gastric lesion (Varis et al. 1979).

CONTENTS OF THE KIT

ORG 531	▽ 96	Sufficient for 96 determinations
MICROPLATE	1	One divisible microplate consisting of 12 modules of 8 wells each. Ready to use. Product code on module: PAR
CALIBRATOR A	1x 1.5 ml	Calibrator A 0 U/ml, containing serum/buffer matrix (PBS, BSA, detergent, NaN ₃ 0.09%), yellow. Ready to use.
CALIBRATOR B	1x 1.5 ml	Calibrator B 6.3 U/ml, containing parietal cell antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN ₃ 0.09%), yellow. Ready to use.
CALIBRATOR C	1x 1.5 ml	Calibrator C 12.5 U/ml, containing parietal cell antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN ₃ 0.09%), yellow. Ready to use.
CALIBRATOR D	1x 1.5 ml	Calibrator D 25 U/ml, containing parietal cell antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN ₃ 0.09%), yellow. Ready to use.
CALIBRATOR E	1x 1.5 ml	Calibrator E 50 U/ml, containing parietal cell antibodies in a serum/buffer matrix (PBS, BSA, NaN ₃ 0.09%), yellow. Ready to use.
CALIBRATOR F	1x 1.5 ml	Calibrator F 100 U/ml, containing parietal cell antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN ₃ 0.09%), yellow. Ready to use.
CONTROL +	1x 1.5 ml	Control positive, containing parietal cell antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN ₃ 0.09%), yellow. Ready to use. The concentration is specified on the certificate of analysis.
CONTROL -	1x 1.5 ml	Control negative, containing parietal cell antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN ₃ 0.09%), yellow. Ready to use. The concentration is specified on the certificate of analysis.
DILUENT	20 ml	Sample Buffer P, containing PBS, BSA, detergent, preservative sodium azide 0.09%, yellow, concentrate (5 x).
CONJUGATE	15 ml	Enzyme Conjugate containing anti-human IgG antibodies, HRP labelled; PBS, BSA, detergent, preservative PROCLIN 0.05%, light red. Ready to use.
TMB	15 ml	TMB Substrate; containing 3,3', 5,5'- Tetramethylbenzidin, colorless. Ready to use.
WASH	20 ml	Wash Buffer, containing Tris, detergent, preservative sodium azide 0.09%; 50 x conc.
STOP	15 ml	Stop solution; contains acid. Ready to use.
	1	Instruction for Use: ELISA Mini-DVD
	1	Certificate of Analysis

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.

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.

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.
- Shelf life of the unopened test kit is 18 months from day of production.
Unopened reagents are stable until expiration of the kit. See labels for individual batch.
- Diluted Wash Buffer and Sample Buffer are stable for at least 30 days when stored at 2-8°C.
We recommend consumption on the same day.

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 buffer.
- All incubation steps must be accurately timed.
- Do not re-use microplate wells.

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, sample buffer and wash buffer contain sodium azide 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 nitril 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.

PREPARATION OF REAGENTS

WASH
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.

DILUENT
Sample Buffer P: 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.

TEST PROCEDURE

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

- Pipette **100 µl** of calibrators, controls and prediluted patient samples into the wells.
Incubate for **30 minutes** at room temperature (20-28 °C).
Discard the contents of the microwells and **wash 3 times** with **300 µl** of wash solution.
- Dispense **100 µl** of enzyme conjugate into each well.
Incubate for **15 minutes** at room temperature.
Discard the contents of the microwells and **wash 3 times** with **300 µl** of wash solution.
- Dispense **100 µl** of TMB substrate solution into each well.
Incubate for **15 minutes** at room temperature
- Add 100 µl** of stop solution to each well of the modules
Incubate for **5 minutes** at room temperature.
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:

	1	2	3	4	5	6	7	8	9	10	11	12
A	A	P1										
B	B	P2										
C	C	P3										
D	D											
E	E											
F	F											
G	C+											
H	C-											

P1, ... patient sample A-F calibrators C+, C- controls

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.

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.

PERFORMANCE CHARACTERISTICS

Calibration

This assay system is calibrated in relative arbitrary units, since no international reference preparation is available for this assay.

Measuring range

The calculation range of this ELISA assay is 0 - 100 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 10 U/ml

Interpretation of results

Negative: < 10 U/ml
Positive: ≥ 10 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 U/ml	Expected U/ml	O/E [%]
1	1:100	91.2	91.2	100
.	1:200	45.9	45.6	101
.	1:400	21.9	22.8	96
.	1:800	11.1	11.4	97
2	1:100	68.4	68.4	100
.	1:200	33.7	34.2	99
.	1:400	16.8	17.1	98
.	1:800	8.5	8.6	99

Limit of detection

Functional sensitivity was determined to be: 0.5 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		
Sample	Mean U/ml	CV %
1	12.5	3.5
2	22.5	2.8
3	75.0	3.2

Inter-Assay		
Sample	Mean U/ml	CV %
1	12.0	4.2
2	20.5	3.7
3	85.9	2.6

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, Heparine). However for practical reasons it is recommended that grossly hemolyzed or lipemic samples should be avoided.

Study results

Study population	n	n Pos	%
Pernicious anaemia	85	63	74.1
Normal human sera	100	3	3.0

		Clinical Diagnosis		
		Pos	Neg	
ORG 531	Pos	63	3	185
	Neg	22	97	
		85	100	

Sensitivity: 74.1 %
Specificity: 97.0 %
Overall agreement: 86.5 %

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.

REFERENCES

1. Irvine, W. J., Davies, S. H., Delamore, I. W., Williams, A. W. Immunological relationship between pernicious anemia and thyroid disease. Br. Med. J. 1962, pp. 454-456.
2. Taylor, K. B., Roitt, I. M., Doniach, D., Couchman, K. G., Shapland, C. Autoimmune phenomena in pernicious anemia: gastric antibodies. Br. Med. J. 1962, pp. 1347-1352.
3. Rabon, E. C. and Reuben M. A. The mechanism and structure of the gastric H⁺/K⁺-ATPase. Annu. Rev. Physiol. 1990, No. 52, pp. 321-344
4. Pedersen, P. L. and Carfoli, E. Ion motive ATPases. I. Ubiquity properties and significance to cell function. Trends Biochem Sci 1987, No. 12, pp. 146-149.
5. Van Driel, I. R., Callaghan, J. M. Proton and potassium transport by H⁺/K⁺-ATPase. Clin. Exp. Pharmacol. Physiol. 1995.
6. Irvine, W. J., Cullen, D. R., Mawhinney, H. Natural history of autoimmune achlorhydric atrophic gastritis. A 1-15 year follow up study. Lancet 1974, No. 2, pp. 482-485.
7. Whittingham, S., Mackay, I. R. Pernicious anemia and gastric atrophy. In: Rose, N. R., Mackay, I. R. eds. The Autoimmune Diseases. New York, Academic Press 1985, pp. 243-266.
8. Uibo, R., Krohn, K., Villako, K., Tammur, T., Tamm, A. The relationship of parietal cell, gastrin cell and thyroid autoantibodies to the state of the gastric mucosa in a population sample. Scand. J. Gastroenterol. 1984, No. 19, pp. 1075-1080.
9. Varis, K., Ihamako, T., Harkonen, M., Samloff, I. M., Siurala, M. Gastric morphology, function and immunology in first degree relatives of probands with pernicious anemia and controls. Scand. J. Gastroenterol. 1979, No. 14, pp. 129-139.
10. Lahner E, Annibale B: Pernicious anemia: new insights from a gastroenterological point of view. World J Gastroenterol. 2009, 15:5121-5128.
11. De Block CE, De L, I, Van Gaal LF: Autoimmune gastritis in type 1 diabetes: a clinically oriented review. J Clin. Endocrinol. Metab 2008, 93:363-371.
12. Jassel SV, Ardill JE, Fillmore D, Bamford KB, O'Connor FA, Buchanan KD: The rise in circulating gastrin with age is due to increases in gastric autoimmunity and Helicobacter pylori infection. QJM. 1999, 92:373-377.
13. Carmel R: Reassessment of the relative prevalences of antibodies to gastric parietal cell and to intrinsic factor in patients with pernicious anaemia: influence of patient age and race. Clin. Exp. Immunol 1992, 89:74-77.
14. Burman P, Karlsson FA, Löf L, Szesci PB, Borch K: H⁺/K⁺-ATPase Antibodies in Autoimmune Gastritis: Observations on the Development of Pernicious Anemia. J Gastroenterol 1991, 26:207-214.
15. Gleeson PA, Toh B-H: Molecular targets in pernicious anaemia. Immunology Today 1991, 12:233-238.

- 1 **100 µl** Standards, Kontrollen und verdünnte Patientenproben pipettieren
→ **30 Minuten** bei Raumtemperatur inkubieren
→ Inhalt der Platte verwerfen und 3 mal mit **300 µl** Waschpuffer waschen
- 2 **100 µl** Enzymkonjugatlösung pipettieren
→ **15 Minuten** bei Raumtemperatur inkubieren
→ Inhalt der Platte verwerfen und 3 mal mit **300 µl** Waschpuffer waschen
- 3 **100 µl** Substratlösung pipettieren
→ **15 Minuten** bei Raumtemperatur inkubieren
- 4 **100 µl** Stopplösung zugeben
→ Platte **5 Minuten** stehenlassen
→ Bei **450 nm** messen



Distributed By:
IBL-America, Inc.
8201 Central Ave NE, Suite P
Minneapolis, MN 55432, USA
info@ibl-america.com
(888) 523 1246