

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
2012-11



US Market: For Research Use Only

ORG 711 Nucleo-9-Line

NAME AND INTENDED USE

ANA-9-Line Immunoblot assay is a membrane based enzyme immunoassay for the semi-quantitative measurement of IgG class autoantibodies to dsDNA, nucleosomes, SS-A (52 a 60 kDa), SS-B, Sm, RNP/Sm, Scl-70, Jo-1 and centromere B in human serum or plasma. The assay is intended for research use only.

SYMBOLS USED

In vitro diagnostic medical device	Blot strips
Manufacturer	Sample Buffer
Catalogue number	Enzyme Conjugate
Sufficient for	Wash Buffer
Batch code	BCIP Substrate
Use by	Ready to use
Temperature limitation	
Consult instructions for use	
Keep away from sunlight	
Do not reuse	
Date of manufacture	

SUMMARY AND EXPLANATION OF THE TEST

Systemic autoimmune diseases are multifactorial in their clinical presentation. They also express considerable overlap. For diagnosis of rheumatologic autoimmune diseases to be meaningful it should be restricted to patients with evidence of autoimmunity. The presence of autoantibodies against normally inaccessible antigens (cytoplasm, nucleoplasm, nuclear matrix and nucleolus) is in fact one of the hallmarks for the systemic autoimmune diseases (Tan, 1988; Sturgess, 1992).

It has become increasingly clear that systemic diseases can be distinguished on the basis of their antinuclear antibody (ANA) profiles. There is a close correlation between ANA and a specific disease making them ideal diagnostic markers (Mongey and Hess, 1991; Von Muhlen, 1995).

In addition, to the detection of ANA using indirect immunofluorescence assay (IFA) on HEp-2 cells, further immunological differentiation is recommended or required (Pollock, 1999; Tan et al., 1997) due to:

- multiple specificity of 50% IFA positive sera;
- 'healthy' individuals being IFA positive but negative for the diagnostically significant autoantibodies
- negative IFA not excluding the presence of some extractable nuclear antigen (ENA) specificities.
- the interpretation variability of IFA between laboratories ranging from 36-51% coefficient of variance (Tan et al., 1997).

The superior sensitivity and specificity of the immunoblot system is achieved by using purified native or recombinant antigens and makes it an important diagnostic tool in the clinical laboratory for ANA detection (Carey, 1997).

Disease association of the most common Anti-Nuclear Antibodies (ANAs):

Antibody Specificity	Disease Association
SS-A	SS, SLE (20-30%), NL
SS-B	SLE, SS
U1-RNP	SLE, MCTD
Ribosomal P protein	SLE (sometimes associated with neuropsychiatric diseases)
Centromere B	CREST
Jo-1	Polymyositis/dermatomyositis
Scl-70	Scleroderma

SLE - systemic lupus erythematosus; MCTD- mixed connective tissue disease; RA – rheumatoid arthritis; SS- Sjögren's syndrome; NL- neonatal lupus; CREST - calcinosis, Raynaud's phenomenon, oesophagyl dysfunction, sclerodactyly and telangiectasias.

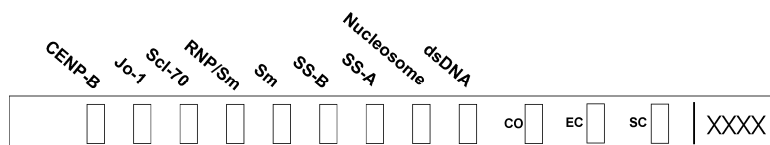
Autoantibody prevalence to (values in %)

Diseases	dsDNA	ssDNA	Histone	SS-A	SS-B	Sm	RNP/Sm	Scl-70	Jo-1
Systemic lupus erythematosus (SLE)	> 90	> 90	30-50	10-30	30-50	10-30	10-30		
Drug-induced lupus (DIL)		30-50	50-90						
Sharp-syndrome / mixed connective tissue disease	10-30	10-30					> 90		
Rheumatoid arthritis	10-30	30-50	30-50	10-30					
Sjögren's syndrome	10-30	10-30		> 90	> 90				
Scleroderma	10-30	10-30		10-30				> 90	
Photosensitive dermatitis, dermatomyositis	10-30	10-30							50-90

PRINCIPLE OF THE TEST

Highly purified antigens dsDNA, nucleosomes, SS-A (52 a 60 kDa), SS-B, Sm, RNP/Sm, Scl-70, Jo-1 and centromere B as well as three control antigens for CO Cut-off Control, EC Enzyme Conjugate Control and SC Serum Control are bound to nitrocellulose membrane blot strips.

Autoantibodies present in serum or plasma bind to the immobilized antigen. Washing of the blot strips removes unbound antibodies and unspecific sample components. Alkaline phosphatase conjugated anti-human IgG detect the bound sample antibodies forming a conjugate/antibody/antigen complex. Washing of the blot strips removes unbound conjugate. The substrate BCIP/NBT is hydrolyzed by bound enzyme conjugate to form an insoluble blue-violet product. Washing of the blot strips removes unhydrolyzed substrate and stops the reaction. The amount of color is directly proportional to the concentration of IgG antibodies present in the original sample.



WARNINGS AND PRECAUTIONS

- All reagents of this kit are intended for research use only.
 - Bovine serum albumin (BSA) used in components has been tested for BSE and found negative.
 - Avoid contact with the substrate BCIP/NBT.
 - Sample buffer and wash buffer contain sodium azide 0.09% as preservative. This concentration is classified non-hazardous.
 - Enzyme conjugate contains 0.05% ProClin 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. 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 substrate solution 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.

SPECIMEN COLLECTION, STORAGE AND HANDLING

- Collect whole blood specimens using acceptable medical techniques to avoid hemolysis.
- Allow blood to clot and separate the serum by centrifugation.
- Test serum should be clear and non-hemolysed. Contamination by hemolysis or lipemia is best 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 samples.
- Testing of heat-inactivated sera is not recommended.

CONTENTS OF THE KIT

▽ 16	ORG 711-16	Sufficient for 16 determinations
▽ 8	ORG 711-08	Sufficient for 8 determinations
BLOT STRIPS	▽ 16	8 antigen coated nitrocellulose strips. Ready to use. 1 pre-developed calibration strip (coded CAL) for semiquantitative evaluation. Ready to use. Product code on strip: 711 Code on Calibration strip: CAL
DILUENT	1x 20 ml	Sample Buffer PB, containing PBS, BSA, detergent, preservative sodium azide 0.09%, yellow. Ready to use.
CONJUGATE	1x 15 ml	Enzyme Conjugate containing anti-human IgG antibodies, alkaline phosphatase labelled; PBS, BSA, detergent, preservative ProClin 0.05%, light red. Ready to use.
WASH	1x 20 ml	Wash Buffer WB, containing Tris, detergent, preservative sodium azide 0.09%; 50 x conc.
BCIP	1x/2x 13 ml	BCIP Substrate; containing BCIP/NBT. Ready to use.
i	1x/2x	Incubation tray
i	1x	Instruction for Use: ELISA Mini-CD0
i	1x	Certificate of Analysis

MATERIALS REQUIRED

- Pipettes for 10 µl and 1000 µl
- Distilled or deionised water
- Graduated cylinder for 1000 ml
- Laboratory timing device
- Rocking platform
- Tweezers

STORAGE AND STABILITY

- Store the kit at 2-8 °C.
- Keep nitrocellulose strips carefully sealed in the original plastic tube with desiccants provided.
- Important: The calibration strip is very light-sensitive. Store in the dark!
- Do not expose test reagents to heat, sun or strong light during storage and usage.
- The unopened test kit is stable for 18 months from day of production. See expiry date on outer labels for individual batches.
- Diluted wash buffer is 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.
- All materials must be at room temperature (20-28 °C).
- Have all reagents and samples ready before start of the assay. Once started, the test must be performed without interruption to get the most reliable and consistent results.
- Perform the assay steps only in the order indicated.
- Always use fresh sample dilutions
- To avoid carryover contamination, change the tip between samples.
- All incubation steps must be accurately timed.
- Control sera should routinely be assayed as unknowns to check performance of the reagents and the assay.
- Nitrocellulose strips must be handled with gloves or tweezers.
- It is important to make sure, that air-bubbles do not interfere with the strip during incubation. This could cause irregularities in coloration of developing bands and can lead to wrong results.

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

Ready to use.

Preparation of samples

Sample dilution see test procedure. Effective dilution during test is 1:101.

TEST PROCEDURE

Using tweezers insert one nitrocellulose strip into one chamber of the incubation tray:

- Add **1.0 ml sample buffer** to the strip in the chamber.
 - Allow to equilibrate for 5 minutes with gentle bobbing.
 - Add **10 µl of patient sample** directly to the chamber.
 - Incubate for **60 minutes** at room temperature (20-28 °C) with gentle bobbing.
 - Remove the diluted sample completely from the chamber.
 - Add 2.0 ml wash buffer to the chamber, incubate for 5 minutes.
 - Remove wash buffer completely. Repeat this procedure twice.
-
- Add **1.0 ml enzyme conjugate** to each strip in the chamber of the incubation tray.
 - Incubate for **30 minutes** at room temperature with gentle bobbing.
 - Remove the conjugate completely from the chamber.
 - Add 2.0 ml wash buffer to the chamber, incubate for 5 minutes.
 - Remove wash buffer completely. Repeat this procedure twice.
-
- Add **1.0 ml substrate** to each strip in the chamber of the incubation tray.
 - Incubate for **10 minutes** at room temperature with gentle bobbing.
 - Remove the substrate completely.
 - Add 1.0 ml distilled water to the chamber, incubate for 5 minutes.
 - Remove water completely. Repeat this procedure twice.

Carefully blot the strips with a tissue paper. Allow strips to air dry before evaluating with the calibration strip.

VALIDATION

The assay is valid if the all three control lines (**CO** Cut-off Control, **EC** Enzyme Conjugate Control and **SC** Serum Control) show a turn-over of substrate in terms of blue-violet lines! If this criteria is not met the assay is invalid and should be repeated.

Note: Borderline samples should be repeated or tested using an alternative procedure. Samples from patients diagnosed with autoimmune diseases often show multiple autoantibody specificities. Such samples may show a positive reaction with more than one antigen line.

CALCULATION OF RESULTS

The intensity of a **blue-violet line** at the position of the coated antigen is directly proportional to the concentration of IgG antibodies present in the sample tested.

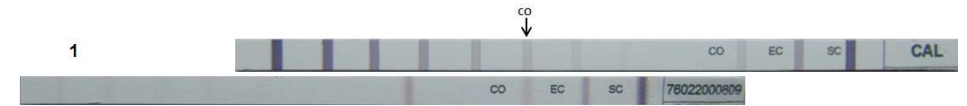
Semi-quantitative evaluation of sample strip:

negativ	intensity of patient sample line weaker than intensity of CO-line
borderline	intensity of patient sample line equivalent to intensity of CO-line
weak positive	intensity of patient sample line up to 1 level stronger than intensity of CO-line
positive	intensity of patient sample line up to 2 levels stronger than intensity of CO-line
strong positive	intensity of patient sample line ≥ 3 levels stronger than intensity of CO-line

Interpretation of the intensity of blue-violet lines:

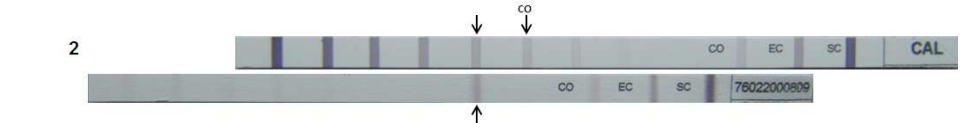
(1) Compare intensity of the **CO-line of the sample strip** to the intensity of the lines of the calibration strip.

Example:



(2) Compare the intensity of the **patient sample line** to the intensity of the lines of the calibration strip.

Example: Interpretation of intensity of patient sample line is "weak positive".



PERFORMANCE CHARACTERISTICS

CALIBRATION

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

Measuring range

The evaluation of the intensity of the blue lines as described above allows a semi-quantitative determination of IgG class autoantibodies in the sample tested into quantification ranges:
negative, borderline, weak positive, positive, strong positive

Expected values

In a normal range study with samples from healthy blood donors the following ranges have been established with this assay. Cut-off: borderline

Interpretation of results

normal:	negative
elevated:	weak positive, positive, strong positive

Linearity

Patient samples containing high levels of specific antibody were serially diluted in sample buffer. Activity of each dilution step was determined using the calibration strip.

Linearity				
Sample	Dilution	Observed	Expected	O/E
1	1:100	strong positive	strong positive	PASS
.	1:200	positive	positive	PASS
.	1:400	weak positive	weak positive	PASS
.	1:800	borderline	borderline	PASS
.	1:1600	negative	negative	PASS
2	1:100	strong positive	strong positive	PASS
.	1:200	positive	positive	PASS
.	1:400	weak positive	weak positive	PASS
.	1:800	borderline	borderline	PASS
.	1:1600	negative	negative	PASS

Sensitivity

This immunoblot assay is a semi-quantitative assay method. Any reactivity less than borderline is considered negative and cannot be quantified any further.

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	Result	Sample	Mean	Result
1	negative	PASS	1	negative	PASS
2	weak	PASS	2	weak	PASS
3	positive	PASS	3	positive	PASS

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	%
SLE	25	23	92.0
Sjogren's Syndrome	15	14	93.3
MCTD	10	9	90.0
Scleroderma	5	5	100.0
CREST	5	5	100.0
Disease controls (Rheumatoid)	20	1	5.0
Normal human sera	80	2	2.5

		Clinical Diagnosis		
		Pos	Neg	
ORG 711	Pos	56	3	
Nucleo-9-Line	Neg	4	97	
Sensitivity:	93.3	60	100	160
Specificity:	97.0	%		
Overall agreement:	95.6	%		
		%		

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.

REFERENCES

- 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.
- 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.
- 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.
- Castro C, Gourley M. Diagnostic testing and interpretation of tests for autoimmunity. *J Allergy Clin Immunol* 2010; 125(2 Suppl 2):S238-S247.
- 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.
- 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.

- 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.
- 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.
- 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.
- 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.
- 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.
- Meroni PL, Schur PH. ANA screening: an old test with new recommendations. *Ann Rheum Dis* 2010; 69:1420-1422.
- Petri M, Magder L. Classification criteria for systemic lupus erythematosus: a review. *Lupus* 2004; 13(11):829-837.
- Poole BD, Schneider RI, Guthridge JM, Velle 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.
- 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.
- Reveille JD. Predictive value of autoantibodies for activity of systemic lupus erythematosus. *Lupus JID* - 9204265 2004; 13(5):290-297.
- 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.
- Maidhof W., Hilius O. Lupus: an overview of the disease and management options. *P T* 2012; 37(4):240-9.
- 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.

- 1 Add **blot strip** into the incubation tray
 - Add **1000 µl** sample buffer per strip into the incubation tray
 - Shake **5 minutes** while incubating
- 2 Add **10 µl** patient sample and resuspend
 - Shake **60 minutes** while incubating
 - Discard content and wash 3 times for **5 minutes** with **2000 µl** wash buffer, discard wash
- 3 Add **1000 µl** enzyme conjugate solution per strip
 - Shake **30 minutes** while incubating
 - Discard content and wash 3 times for **5 minutes** with **2000 µl** wash buffer, discard wash
- 4 Add **1000 µl** substrate per strip
 - Shake **10 minutes** while incubating
 - Discard content and wash 3 times for **5 minutes** with **1000 µl distilled water**, dry blot strips. Read after complete drying, only



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