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



For research use only. Not for diagnostic procedures.

RUO 643 Anti-Annexin V IgG/IgM

INTENDED USE

[]i]

Anti-Annexin V IgG/IgM is an ELISA test system for the quantitative measurement of IgG and IgM class autoantibodies against Annexin V in human serum or plasma. This product is intended for research use only. Not for diagnostic procedures.



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

SYMBOLS USED ON LABELS

	atte
	Manufacturer
REF	Catalogue number
∑ 96	Sufficient for 96 determinations
LOT	Batch code
\square	Use by
2°C	Temperature limitation
*	Keep away from sunlight
(2)	Do not reuse
[]	Date of manufacture
Ĩ	Consult instructions for use

MICROPLATE	Microplate
CALIBRATOR A	Calibrator
CALIBRATOR B	Calibrator
CALIBRATOR C	Calibrator
CALIBRATOR D	Calibrator
CALIBRATOR E	Calibrator
CALIBRATOR F	Calibrator
CONTROL +	Control positive IgG
CONTROL +	Control positive IgM
CONTROL -	Control negative
DILUENT	Sample Buffer P
CONJUGATE G	Enzyme Conjugate
CONJUGATE M	Enzyme Conjugate
ТМВ	TMB Substrate
STOP	Stop solution
WASH	Wash Buffer
RTU	Ready to use

PRINCIPLE OF THE TEST

Human Annexin V is bound to microwells.

The determination is based on an indirect enzyme linked immune reaction with the following steps:

Specific antibodies in the 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 stopps 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.

WARNINGS AND PRECAUTIONS

- · All reagents of this kit are intended for professional 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, classifiaction 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.

CONTENTS OF THE KIT

RUO 643	v 111∟ r V 96	Sufficient for 96 determinations
	√ 90	
MICROPLATE	1	One divisible microplate consisting of 12 modules of 8 wells each. Ready to use. Product code on module: ANX
CALIBRATOR A	1.5 ml	Calibrator A 0 U/ml, containing serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.
CALIBRATOR B	1.5 ml	Calibrator B 6.3 U/ml, containing annexin V antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.
CALIBRATOR C	1.5 ml	Calibrator C 12.5 U/ml, containing annexin V antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.
CALIBRATOR D	1.5 ml	Calibrator D 25 U/ml, containing annexin V antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.
CALIBRATOR E	1.5 ml	Calibrator E 50 U/ml, containing annexin V antibodies in a serum/buffer matrix (PBS, BSA, NaN3 0.09%), yellow. Ready to use.
CALIBRATOR F	1.5 ml	Calibrator F 100 U/ml, containing annexin V antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use.
CONTROL +	1.5 ml	Control positive IgG, containing annexin V antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use. The concentration is specified on the certificate of analysis.
	1.5 ml	Control positive IgM, containing annexin V antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 0.09%), yellow. Ready to use. The concentration is specified on the certificate of analysis.
	1.5 ml	Control negative, containing annexin V antibodies in a serum/buffer matrix (PBS, BSA, detergent, NaN3 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 G	15 ml	Enzyme Conjugate; containing anti-human IgG antibodies, HRP labelled; PBS, BSA, detergent, preservative PROCLIN 0.05%, light red. Ready to use.
CONJUGATE	15 ml	Enzyme Conjugate; containing anti-human IgM antibodies, HRP labelled; PBS, BSA, detergent, preservative PROCLIN 0.05%, light red. Ready to use.
ТМВ	15 ml	TMB Substrate; containing 3,3', 5,5'- Tetramethylbenzidin, colorless. Ready to use.
STOP	15 ml	Stop solution; contains acid. Ready to use.
WASH	20 ml	Wash Buffer, containing Tris, detergent, preservative sodium azide 0.09%; 50 x conc.
i	1	Certificate of Analysis
		<u>40</u>

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 μI
- Vortex mixer
- + Pipettes for 10 $\mu l,$ 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 dessicated in the clip bag provided.
- Shelf life of the unopended 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, performe 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.

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 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

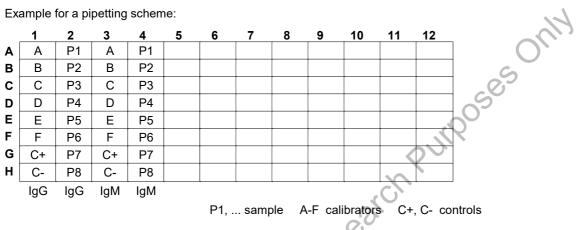
1.

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

- Pipette 100 µl of calibrators, controls and prediluted 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.
- 2. 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.
- 3. Dispense 100 µl of TMB substrate solution into each well. Incubate for 15 minutes at room temperature
- 4. 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:



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 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.

ASSAY 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

IgG: 0 - 100 U/ml

IgM: 0 - 100 U/ml

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.

LIMITATIONS OF THE PROCEDURE

For research use only. Not for diagnostic procedures.

REFERENCES

1. Banzato A, Pozzi N, Frasson R, De F, V, Ruffatti A, Bison E et al. Antibodies to Domain I of beta(2)Glycoprotein I are in close relation to patients risk categories in Antiphospholipid Syndrome (APS). Thromb Res 2011; 128(6):583 -6.

2. Bertolaccini ML, Amengual O, Atsumi T, Binder WL, de LB, Forastiero R et al. 'Non-criteria' aPL tests: report of a task force and preconference workshop at the 13th International Congress on Antiphospholipid Antibodies, Galveston, TX, USA, April 2010. Lupus 2011; 20(2):191-205.

3. de Laat B, de Groot PG. Autoantibodies directed against domain I of beta2-glycoprotein I. Curr Rheumatol Rep 2011; 13(1):70-6.

4. de Laat B, Mertens K, de Groot PG. Mechanisms of disease: antiphospholipid antibodies-from clinical association to pathologic mechanism. Nat Clin Pract Rheumatol 2008; 4(4):192-9.

5. de Laat B, Pengo V, Pabinger I, Musial J, Voskuyl AE, Bultink IE et al. The association between circulating antibodies against domain I of beta2-glycoprotein I and thrombosis: an international multicenter study. J Thromb Haemost 2009; 7(11):1767-73.

6. Espinosa G, Cervera R. Antiphospholipid syndrome. Arthritis Res Ther 2008; 10(6):230.

7. Favaloro EJ, Wong RC. Laboratory testing for the antiphospholipid syndrome: making sense of antiphospholipid antibody assays. Clin Chem Lab Med 2011; 49(3):447-61.

8. Fischer MJ, Rauch J, Levine JS. The antiphospholipid syndrome. Arthritis Rheum 2007; 27(1):35-46.

9. Giannakopoulos B, Passam F, Ioannou Y, Krilis SA. How we diagnose the antiphospholipid syndrome. Blood 2009; 113(5):985-94.

10. Greaves M, Cohen H, Machin SJ, Mackie I. Guidelines on the investigation and management of the antiphospholipid syndrome. Br J Haematol 2000; 109(4):704-15.

11. Hughes GR. Hughes syndrome: antiphospholipid syndrome. J R Coll Physicians Lond 1998; 32(3):260-4.

12. Hughes GR. Hughes Syndrome (the antiphospholipid syndrome): ten clinical lessons. Autoimmun Rev 2008; 7 (3):262-6.

13. Hughes GR. Antiphospholipid syndrome, migraine and stroke. Lupus 2010; 19(5):555-6.

14. Hughes GR, Harris NN, Gharavi AE. The anticardiolipin syndrome. J Rheumatol 1986; 13(3):486-9.

15. Koike T, Bohgaki M, Amengual O, Atsumi T. Antiphospholipid antibodies: lessons from the bench. J Autoimmun 2007; 28(2-3):129-33.

16. Lakos G, Favaloro EJ, Harris EN, Meroni PL, Tincani A, Wong RC et al. International consensus guidelines on anticardiolipin and anti-beta2-glycoprotein I testing: report from the 13th International Congress on Antiphospholipid Antibodies. Arthritis Rheum 2012; 64(1):1-10.

17. Mackworth-Young C. Primary antiphospholipid syndrome: a distinct entity? Autoimmun Rev 2006; 5(1):70-5.

18. Miyakis S, Lockshin MD, Atsumi T, Branch DW, Brey RL, Cervera R et al. International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). J Thromb Haemost 2006; 4(2):295-306.

19. Molina JF, Gutierrez-Urena S, Molina J, Uribe O, Richards S, De CC et al. Variability of anticardiolipin antibody isotype distribution in 3 geographic populations of patients with systemic lupus erythematosus. J Rheumatol 1997; 24(2):291-6.

20. Oku K, Atsumi T, Amengual O, Koike T. Antiprothrombin antibody testing: detection and clinical utility. Semin Thromb Hemost 2008; 34(4):335-9.

21. Pengo V, Biasiolo A, Bison E, Chantarangkul V, Tripodi A. Antiphospholipid antibody ELISAs: survey on the performance of clinical laboratories assessed by using lyophilized affinity-purified IgG with anticardiolipin and antibeta2-Glycoprotein I activity. Thromb Res 2007; 120(1):127-33.

22. Pierangeli SS, de Groot PG, Dlott J, Favaloro E, Harris EN, Lakos G et al. 'Criteria' aPL tests: report of a task force and preconference workshop at the 13th International Congress on Antiphospholipid Antibodies, Galveston, Texas, April 2010. Lupus 2011; 20(2):182-90.

23. Pierangeli SS, Favaloro EJ, Lakos G, Meroni PL, Tincani A, Wong RC et al. Standards and reference materials for the anticardiolipin and anti-beta-2-glycoprotein I assays: a report of recommendations from the APL Task Force at the 13th International Congress on Antiphospholipid Antibodies. Clin Chim Acta 2012; 413(1-2):358-60.

24. Sinico RA, Bollini B, Sabadini E, Di Toma L, Radice A. The use of laboratory tests in diagnosis and monitoring of systemic lupus erythematosus. J Nephrol JID - 9012268 2002; 15 Suppl 6:S20-S27.

25. Tincani A, Andreoli L, Casu C, Cattaneo R, Meroni P. Antiphospholipid antibody profile: implications for the evaluation and management of patients. Lupus 2010; 19(4):432-5.

26. Tincani A, Morozzi G, Afeltra A, Alessandri C, Allegri F, Bistoni O et al. Antiprothrombin antibodies: a comparative analysis of homemade and commercial methods. A collaborative study by the Forum Interdisciplinare

per la Ricerca nelle Malattie Autoimmuni (FIRMA). Clin Exp Rheumatol 2007; 25(2):268-74.

27. Wilson WA, Gharavi AE, Koike T, Lockshin MD, Branch DW, Piette JC et al. International consensus statement on preliminary classification criteria for definite antiphospholipid syndrome: report of an international workshop. Arthritis Rheum 1999; 42(7):1309-11.

28. Wong RC, Favaloro EJ, Adelstein S, Baumgart K, Bird R, Brighton TA et al. Consensus guidelines on anti-beta 2 glycoprotein I testing and reporting. Pathology 2008; 40(1):58-63.

29. Wong RC, Gillis D, Adelstein S, Baumgart K, Favaloro EJ, Hendle MJ et al. Consensus guidelines on anticardiolipin antibody testing and reporting. Pathology 2004; 36(1):63-8.

Change Control Former version: -

Reason for revision: first edition

Formationalinesearch Purposes only