

CE RecombiLISA

HAV IgM ELISA

IVD REF E0100

- 96-well ELISA test for the qualitative detection of anti-HAV IgM in human serum or plasma
- For export only, not for re-sale in the USA
- Store at 2-8°C upon receipt

INTENDED USE

The *RecombiLISA* HAV IgM ELISA is a solid-phase enzyme-linked immunosorbent assay for the qualitative detection of IgM to hepatitis A virus (HAV) in human serum or plasma. It is intended for professional use only as an aid in the diagnosis of infection with HAV.

INTRODUCTION

HAV is a positive RNA virus, a unique member of picornaviridae¹. Its transmission depends primarily on serial transmission from person to person by the fecal-oral route. Although hepatitis A is not ordinarily a sexually transmitted disease, the infection rate is high among male homosexuals, as result of oral-anal contact ^{2,3}.

The presence of specific anti-HAV IgM in blood specimens suggests acute or recent HAV infection^{4,6}. The IgM antibody rapidly increases in titer over a period of 4-6 weeks post infection, and then declines to non-detectable levels within 3 to 6 months in most patients⁷.

TEST PRINCIPLE

The *RecombiLISA* HAV IgM ELISA is a solid-phase enzyme-linked immunosorbent assay based on the principle of the IgM capture technique for the detection of anti-HAV IgM in human serum or plasma.

The *RecombiLISA* HAV IgM ELISA is composed of two key components:

- Solid microwells pre-coated with monoclonal anti-human IgM antibody
- Liquid conjugates composed of HAV antigens conjugated with horseradish peroxidase (HRP-HAV Conjugate)

During the assay, the test specimen is first incubated in the coated microwells. The anti-HAV IgM antibody, if present in the specimen, bind to the antibodies coated on the microwell surface, and any unbound specimen is then removed by a wash step.

During a second incubation with the HRP-HAV Conjugate, the anti-HAV IgM antibodies absorbed on the surface of microwell bind to the antigen in the HRP Conjugate, forming a conjugate complex. Unbound conjugate is then removed by washing. After addition of the TMB Substrate, the presence of the conjugate complex is shown by a blue color resulting from a reaction between the enzyme and substrate. The reaction is then quenched by addition of the Stop Solution and the absorbance value for each microwell is determined using a spectrophotometer at 450/620-690 nm.

MATERIALS AND REAGENTS

Materials and reagents provided with the kit

Item	Description	Quantity	Catalog
1	Anti-human IgM Coated Microwells	8 wells x 12 strips	E0100W
2	HAV IgM Negative Control	1 mL	E0100N
3	HAV IgM Positive Control	1 mL	E0100P
4	HRP-HAV Conjugate	6 mL	E0100H
5	Wash Buffer (30 x Concentrate)	20 mL	WE3000
6	TMB Substrate A	6 mL	TME2000A
7	TMB Substrate B	6 mL	TME2000B
8	Stop Solution	6 mL	SE1000
9	ELISA Working Sheet	2	E0001ES
10	Product insert	1	PI-E0100
Others: 3 x Microplate Sealers and 1 x Resealable Bag			

Materials and reagents required but not provided in the kit

- Pipette capable of delivering 50 µL and 100 µL volumes
- Microplate reader with a bandwidth of 10 nm or less and an optical density range of 0-3 OD or greater at 450 nm wavelength is acceptable
- Absorbent paper for blotting the microplate wells

- Timer
- Distilled or de-ionized water

STORAGE AND STABILITY

All reagents except the concentrated wash buffer are ready to use as supplied. Store all components at 2-8°C. Do not freeze. Avoid strong light. Ensure that the reagents are brought to room temperature before opening. Reseal the microwells after removing the desired number of wells. Place unused wells in the resealable bag provided and return to 2-8°C. All the reagents are stable through the expiration date printed on the label if not opened.

SPECIMEN COLLECTION AND PREPARATION

- Serum or plasma should be prepared from a whole blood specimen obtained by acceptable venipuncture technique.
- This kit is designed for use with serum or plasma specimen without additives only.
- If a specimen is not tested immediately, refrigerate at 2-8°C. If storage period greater than three days is anticipated, the specimen should be frozen (-20°C). Avoid repeated freezing-thawing of specimens. If a specimen is to be shipped, pack in compliance with federal regulation covering the transportation of etiologic agents.
- Specimens containing precipitants may give inconsistent test results. Clarify such specimens by centrifugation prior to assaying.
- Do not use serum specimens demonstrating gross lipemia, gross hemolysis or turbidity. Do not use specimens containing sodium azide.

PREPARATION OF THE REAGENTS

- Bring all reagents, controls to room temperature (18-28°C).
- Preparation of working Wash Buffer.** Warm up the concentrated Wash Buffer to 37°C to dissolve the precipitant if it appears. Dilute concentrated Wash Buffer 30 fold with water as follows:

Plate	DI water	Wash buffer (30X)	Final volume
1 strip	58 mL	2 mL	60 mL
2 strips	116 mL	4 mL	120 mL
3 strips	174 mL	6 mL	180 mL
4 strips	232 mL	8 mL	240 mL

- Mix each reagent before adding to the test wells.
- Determine the number of microwells needed and mark on the ELISA Working Sheet with the appropriate information. Positive and Negative Controls should be run in duplicate to ensure accuracy.

ASSAY PROCEDURE





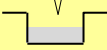




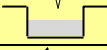
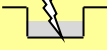
- Calculate the desired number of microwells. Remove the remaining microwells and place them with desiccant into the resealable plastic bag, seal and store at 2-8°C for later use.
- Add specimens according to the designation on the ELISA Working Sheet:
 - Blank Well:** Do not add any reagents.
 - Control Wells:** Add 50 µL of HAV IgM Positive, Negative Control into the designated control wells, respectively.
 - Test Wells:** Add 50 µL of test specimens to each test well.

To ensure better precision, use pipette to handle solution.

- Cover the plate with a sealer. Incubate the wells at 37°C for 30 minutes.
- Wash Step (Can be performed manually or with automated washing):
Manual washing: Carefully remove the incubation mixture by disposing the solution into a waste container. Fill each well with 350 µL of diluted Wash Buffer and rock gently for 20-30 seconds. Discard the wash solution completely. Repeated 4 more times. After completing the last wash step, tap the plate on absorbent paper to remove residual liquid.
Automatic washing: Automatic plate washer must be calibrated to ensure efficient washing. Aspirate incubation mixture from all wells completely. Fill each well with 350 µL diluted wash buffer and soak for 20-30 seconds. Aspirate all wells completely. Repeat 4 more times
- Add 50 µL of HRP-HAV Conjugates into each well except the blank well, Cover the plate with a sealer.

- Incubate at 37°C for 30 minutes.
- Wash the plate 5 times as described in step 4.
- Add 50 µL of TMB Substrate A and 50 µL of TMB Substrate B into each well including the blank well.
- Incubate at 37°C in dark for 10 minutes.
- Stop the reaction by adding 50 µL of Stop Solution to each well. Gently mix for 30 seconds. **It is important to make sure that all the blue color completely changes to a yellow color**
- Set the microplate reader wavelength at 450 nm. Measure the absorbance (OD) of each well against the Blank Well within 15 minutes after adding Stop Solution. A filter of 620-690 nm can be used as a reference wavelength to optimize the assay result.

Flow chart of assay procedure

1.	Secure strips in microwell frame		Number of strips
2.	Add controls or specimens		50 µL
3.	Incubate		37°C, 30 minutes
4.	Wash: manual or automatic		5 times
5.	Add HRP-HAV Conjugates, except Blank Wells		50 µL
6.	Incubate		37°C, 30 minutes
7.	Wash: manual or automatic		5 times
8.	Add TMB Substrate A and B, respectively		50 µL + 50 µL
9.	Incubate in dark		37°C, 10 minutes
10.	Add Stop Solution. Gently rock		50 µL, 30 seconds
11.	Read result		450/620-690 nm within 15 minutes

INTERPRETATION OF RESULTS

- Set up the cut-off value**
 The cut-off value = $N \times 2.1$
 N: Mean OD of the negative control. Use $N=0.05$ for calculation of the cut-off value if the mean OD is less than 0.05.
- Calculation of specimen OD ratio**
 Calculate an OD ratio for each specimen by dividing its OD value by the Cut-off Value as follows:

$$\text{Specimen OD ratio} = \frac{\text{Specimen OD}}{\text{Cut-off Value}}$$
- Assay validation**
 The mean OD value of the HAV IgM positive controls should be ≥ 0.80 .
 The mean OD value of the HAV IgM negative controls should be ≤ 0.10 .
 Check the assay procedure including incubation time and temperature and repeat assay if above criteria is not met.

D. Interpretation of the results

Specimen OD ratio

Negative < 1.00
Positive ≥ 1.00

- The negative result indicates that there are no detectable anti-HAV IgM antibodies in the specimen.
- Specimens with OD ratio ≥ 1.00 are initially considered to be positive by the *RecombiLISA* HAV IgM ELISA. They should be retested in duplicate before a final interpretation is made.
- Results within 10% of the cut-off value should be interpreted with caution (it is advisable to re-test in duplicate the corresponding specimens when it is applicable).

If after retesting the absorbance of one of the duplicates is equal or greater than the cut-off value, the initial result is repeatable and the specimen is considered to be positive with the *RecombiLISA* HAV IgM ELISA, subject to the limitation of the procedure, described below.

If after re-testing of a specimen, the absorbance value of the 2 duplicates are less than the cut-off value, the initial result is non-repeatable and the specimen is considered to be negative with the *RecombiLISA* HAV IgM ELISA.

Non-repeatable reactions are often caused by:

- Inadequate microwell washing
- Contamination of negative specimens by serum or plasma with a high antibody titer
- Contamination of the TMB Substrate by oxidizing agents (bleach, metal ions, etc.)
- Contamination of the Stop Solution

PERFORMANCE CHARACTERISTICS

1. Clinical Performance

A total of 400 specimens were collected from susceptible subjects and tested by the *RecombiLISA* HAV IgM ELISA and by a reference HAV IgM ELISA. Comparison for all subjects is showed in the following table:

Ref. HAV IgM	RecombiLISA HAV IgM ELISA		Total
	Positive	Negative	
Positive	39	0	39
Negative	0	361	361
Total	39	361	400

Relative Sensitivity: 100%, Relative Specificity: 100%, Overall Agreement: 100%

WARNING AND PRECAUTIONS

For *in Vitro* Diagnostic Use

- This package insert must be read completely before performing the test. Failure to follow the insert gives inaccurate test results.
- Do not use expired devices.
- Bring all reagents to room temperature (18-28°C) before use.
- Do not use the components in any other type of test kit as a substitute for the components in this kit.
- Do not use hemolyzed blood specimen for testing.
- Do not ingest the reagents. Avoid contact with eyes, skin and mouth. Wear protective clothing and disposable gloves while handling the kit reagents and clinical specimens. Wash hands thoroughly after performing the test.
- Do not smoke, drink, or eat in areas where specimens or kit reagents are being handled.
- Users of this test should follow the US CDC Universal Precautions for prevention of transmission of HIV, HBV and other blood-borne pathogens.
- Dispose of all specimens and materials used to perform the test as bio-hazardous waste.
- In the beginning of each incubation and after adding Stop Solution, gently rock the microwells to ensure thorough mixing. Avoid the formation of air bubbles which results in inaccurate absorbance values. Avoid splash liquid while rocking or shaking the wells
- Do not allow the microplate to dry between the end of the washing operation and the reagent distribution.
- The enzyme reaction is very sensitive to metal ions. Thus, do not allow any metal element to come into contact with the conjugate or substrate solution.

- The substrate solution must be colorless. The appearance of color indicates that the reagent cannot be used and must be replaced. The Substrate B must be stored in the dark.
- Use a new distribution tip for each specimen. Never use the specimen container to distribute conjugate and substrate.
- The wash procedure is critical. Wells must be aspirated completely before adding the Washing Solution or liquid reagents. Insufficient washing will result in poor precision and falsely elevated absorbance.
- Avoid strong light during color development.


















LIMITATION OF THE TEST

- The Assay Procedure and the Assay Result Interpretation must be followed closely when testing the presence of anti-HAV IgM in serum or plasma from individual subjects. Failure to follow the procedure may give inaccurate results.
- The *RecombiLISA* HAV IgM ELISA is limited to the qualitative detection of anti-HAV IgM antibodies in human serum or plasma. The intensity of color does not have linear correlation with the antibody titer in the specimen.
- A negative result for an individual subject indicates absence of detectable anti-HAV IgM. However, a negative test result does not preclude the possibility of exposure to or infection with HAV.
- A negative result can occur if the quantity of anti-HAV IgM present in the specimen is below the detection limit of the assay, or the antibodies that are detected are not present during the stage of disease in which a specimen is collected.
- Some specimens containing unusually high titer of heterophile antibodies or rheumatoid factor may affect expected results.
- Any use or interpretation of this test's results must also rely on other clinical findings and the professional judgment of health care providers.

REFERENCES

- Minor P. Picornaviridae. In: Francki RIB, Fauquet CM, Knudson DL, et al., eds. Classification and nomenclature of viruses (Arch Virol Supp 2). Wien: Springer-Verlag, 1991: 320-326.
- Keefe EB. Clinical approach to viral hepatitis in homosexual men. Med Clin North Am. 1986; 70(3):567-86.
- Ballesteros J, Dal-Re R, Gonzalez A, del Romero J. Are homosexual males a risk group for hepatitis A infection in intermediate endemicity areas? Epidemiol Infect. 1996; 117(1):145-8.
- Bradley DW, Maynard JE, Hindman SH, et al: Serodiagnosis of viral hepatitis A: Detection of acute phase immunoglobulin M anti-hepatitis A virus by radioimmunoassay. J Clin Microbiol 1977; 5: 521-530.

Index of CE Symbols

	See instructions for use		Store between 2-8°C
	For <i>in vitro</i> diagnostic use only		Use by
	Catalog #		Conjugates
	Lot number		Coated microwells
	Tests per kit		Positive control
	Do not reuse		Negative control
	Manufacturer		TMB substrate
	Date of manufacture		Wash buffer
	Authorized representative		Stop solution


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