

ANA Screen 6

**ELISA for the qualitative determination
of autoantibodies (IgG) against**

**RNP, Sm, SS-A/Ro, SS-B/La,
Scl-70, and Jo-1**

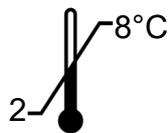
Directions for use



1811FE00.FWD



12 x 8 determinations



STEFFENS BIOTECHNISCHE ANALYSEN GmbH

Baumgartenstr. 5

D-79285 Ebringen (FRG)

Tel./Fax: +49 7664 60025-4 / -5

Email: info@steffens-biotec.com

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The product described here complies with the requirements of the IVD Directive 98/79/EG.

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1. Introduction and background

Circulating autoantibodies against various intracellular antigens (antinuclear antibodies, ANA) are characteristic for systemic, autoimmune-mediated rheumatic diseases of the connective tissue (1, 2, 3, 4). These comprise Systemic Lupus Erythematosus (SLE), Mixed Connective Tissue Disease (MCTD), Sjögren's Syndrome (SS) A and B, Progressive Systemic Sclerosis (PSS, Scleroderma), and Polymyositis (PM).

The diagnosis of the above disorders is often difficult, due to overlapping symptoms, and therefore usually supported by measuring their associated antibodies. 6 autoantigens specifically recognised by these antibodies are immobilised on the solid phase of the present enzyme-linked immuno sorbent assay (ELISA):

antigen	source	disease	autoantibody prevalence (5)
RNP (proteins A, C, 68kDa)	recombinant	MCTD	95 %
		SLE	30 - 40 %
		PM	14 %
		SS	4 %
Sm (proteins B, B', D)	bovine thymus	SLE	12 - 39 %
		MCTD	7 %
SS-A/Ro (60kDa-protein)	bovine thymus	SS	60 - 100 %
		SLE	45 - 50 %
		MCTD	15 - 30 %
		PSS	5 - 7 %
		PM	5 - 7 %
SS-B/La	recombinant	SS	30 - 90 %
		SLE	15 - 30 %
		MCTD	5 - 15 %
Scl-70 (DNA-topoisomerase 1)	recombinant	PSS	20 - 76 %
Jo-1 (Histidyl-tRNA-synthetase)	recombinant	PM	20 - 40 %

The test is designed for the qualitative, summary determination of the respective autoantibodies (IgG) in human serum or plasma (cf. section 7), without the ability to discriminate between them. It is intended as initial screen test for an overall diagnosis of the above disorders. The test is fast (incubation time 30 / 30 / 30 minutes) and flexible (divisible solid phase, ready-to-use reagents). A negative and a positive control check the assay performance. The positive control also serves as calibrator for assay evaluation.

2. Warnings and precautions

The test kit is intended for in vitro diagnostic use only; not for internal or external use in humans or animals. It must be executed by trained personnel staff.

Do not use reagents beyond their expiration dates. Adherence to the protocol is strongly recommended.

The sample buffer and controls contain Na-azide as antimicrobial agent. The wash buffer contains bromonitrodioxane and the conjugate methylisothiazolone / bromonitrodioxane as preservative. The substrate contains 3, 3', 5, 5'-tetramethylbenzidine (TMB) and hydrogen peroxide (H₂O₂). The stop solution, 0,2 M sulfuric acid (H₂SO₄), is acidic and corrosive.

The above mentioned reagents may be toxic if ingested. Follow routine precautions for handling hazardous chemicals. Avoid all body contact, wear gloves and eye protection. If one of the reagents comes into contact with skin or mucous membrane, wash thoroughly with water. Never pipette by mouth. Dispose in a manner complying with local/national regulations.

Na-Azide may react with lead and copper plumbing to form explosive metal azides. On disposal, flush with a large amount of water to prevent azide build-up.

The controls contain components of human origin. They were tested for human immunodeficiency virus (HIV)-Ag, hepatitis B surface (HBs)-Ag and antibodies against HIV 1/2 and hepatitis C virus (HCV) and showed negative results; either in an FDA-approved or a CE-compliant test, according to European Directive 98/79/EC.

However, no test can guarantee that material of human origin is not actually infectious. The preparations should therefore be treated as potentially infectious and disposed of accordingly, as should the samples (and residues thereof); according to CDC (Center of Disease Control, Atlanta, USA) or other local / national guidelines on laboratory safety and decontamination.

3. Principle of the test

The wells of the solid phase are coated with a balanced mixture of the autoantigens quoted above. On this surface, the following immunological reactions take place:

1st reaction: Antigen-specific antibodies present in the sample bind to the immobilised antigen, forming the antigen-antibody complex. Then, non-bound sample components are washed away from the solid phase.

2nd reaction: A second antibody, directed at human IgG antibodies and conjugated with horse-radish peroxidase (HRP), is added. This conjugate binds to the complex. Then, excess conjugate is washed away from the solid phase.

3rd reaction: The enzyme-labelled complex converts a colourless substrate into a blue product. The degree of colour development reflects the concentration of antigen-specific IgG autoantibodies in the sample.

4. Contents of the kit

a. 1 microwell plate, coated with a mixture of the above antigens, hermetically packed in a foil laminate pouch together with a desiccant bag. The plate consists of 12 strips, each of which can be broken into 8 individual wells.

MWP	12x8
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b. Sample buffer, 100 mL, ready-to-use, orange coloured. Contains Tris-buffered saline (TBS), bovine serum albumin (BSA), Tween and Na-azide.

BUF	SPL
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c. Wash buffer, 100 mL, 10x-concentrate, blue coloured. Contains TBS, Tween and bromonitrodioxane.

BUF	WASH	10x
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d. Negative and positive control, 3,0 mL each, ready-to-use, green and red coloured, respectively. Contain TBS, BSA, Tween and Na-azide.

CONTROL	-	CONTROL	+
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e. Anti-human IgG HRP conjugate, 14 mL, ready-to-use, red coloured. Buffered solution containing stabilising protein, methylisothiazolone and bromonitrodioxane.

CONJ	IgG
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f. Substrate solution, 14 mL, ready-to-use, colourless. Contains a buffered solution of TMB and H₂O₂. Contained in a vial impermeable to light.

SUBS	TMB
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- g. Stop solution (0,2 M H₂SO₄), 14 mL, colourless, ready-to-use. Caution: sulfuric acid is corrosive.

SOLN	STOP
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- h. Directions for use
- i. Lot-specific certificate of analysis

5. Materials required but not supplied

- a. Deionised or distilled water
- b. Graduated cylinder, 1000 mL
- c. Tubes for sample dilution (transfer tubes in the microwell plate format recommended)
- d. Pipettes for 10, 100 and 1000 µL (1- and 8-channel pipettes recommended)
- e. Microwell plate washer (optional)
- f. Microwell plate photometer fitted with a 450 nm filter
- g. ELISA evaluation program (recommended)

6. Storage of the kit

Store kit at 2 - 8°C. It is stable up to the expiry date stated on the label of the box. Do not use kit beyond its expiry date.

7. Reagent and sample preparation / specimen requirements

Do not exchange or pool corresponding components from different kits, due to possibly different shipping or storage conditions. If the kit is to be used for several tests, only the currently needed amount of reagents should be withdrawn. It is **crucially important** that no cross-contamination between the reagents occurs. Use only clean pipettes and do **not pour back** residues into the original flasks.

- a. The solid phase must reach room temperature before opening the pouch. Remove the supernumerary microwells from the frame and immediately put them back into the pouch, together with the desiccant bag. Reseal the pouch hermetically and keep it refrigerated for future use.
- b. Dilute the wash buffer 10x-concentrate (100 mL, blue) with 900 mL deionised water. Mix thoroughly. The diluted buffer is stable for several weeks if stored refrigerated (2 - 8°C).
- c. Preparation of the samples: handle patient specimens as potentially infectious agents. Besides serum, EDTA-, citrate- or heparin-treated plasma is suitable sample material as well.

Specimen requirements: highly lipemic, haemolysed or microbially contaminated samples may cause erroneous results and should be avoided.

Prepare samples using normal laboratory techniques and dilute them 1/100, e.g. 10 µL serum or plasma + 990 µL sample buffer. Mix thoroughly.

For rapid dispensing during the assay procedure, preparation of the controls and samples in microwell transfer tubes is recommended. This allows the operation of an 8-channel pipette during the assay procedure.

If samples are not assayed immediately, they should be stored at 2 - 8°C and assayed within 3 days. For longer storage, -20°C or lower temperatures are recommended. Repeated freezing and thawing of samples should be avoided. Thawed samples must be mixed prior to diluting.

8. Assay procedure

8.1. Manual operation

Before starting the assay, all components of the kit must have reached room temperature (23 ± 3°C).

To achieve best results, i.e. the maximum ratio between specific and background signal, **careful washing** is essential (steps a, c and e). It is **crucially important to remove the wash solution completely**. For that purpose, tap the plate firmly on several layers of absorbent tissue. Automated washers must be verified according to results obtained by manual washing.

- a. Immediately prior to use, wash the solid phase once: fill wells with 350 µL wash buffer each, let soak for about 10 seconds in the wells and remove.

- b. Dispense the controls (3,0 mL each, ready-to-use, green and red) and the diluted samples rapidly into the microwells; 100 μ L per well. Duplicate measurements are recommended.

Incubate the plate for 30 minutes at room temperature ($23 \pm 3^{\circ}\text{C}$).

- c. Wash the wells 4 times as in step a.
- d. Rapidly (preferably using an 8-channel pipette) dispense the conjugate (14 mL, ready-to-use, red); 100 μ L per well. Incubate the plate as in step b.
- e. Repeat wash step c.
- f. Rapidly (preferably using an 8-channel pipette) dispense the substrate solution (14 mL, ready-to-use, colourless, black vial); 100 μ L per well. Incubate the plate as in step b. As the substrate is photosensitive, avoid intense light exposure (e.g. direct sunlight) during incubation.
- g. Rapidly (preferably using an 8-channel pipette) dispense the stop solution (14 mL, ready-to-use, colourless. Caution: corrosive!); 100 μ L per well. Use the same sequence as for the substrate. The colour changes from blue to yellow. Agitate the plate, preferably on an orbital shaker, for about 10 seconds.
- h. Immediately read the absorbance in the microwell plate photometer at 450 nm.

Refrigerate the remainder of the reagents ($2 - 8^{\circ}\text{C}$) if they are to be used again.

8.2. Dynex DS2 automated ELISA system

This product has been validated for use with the Dynex DS2 automated ELISA system. A description of the program flow for the assay execution and evaluation can be provided as a pdf file. The parameters of this program are merely a proposal and may need to be adapted by the operator to the requirements of the actual assay. In general terms, we have attempted to stick as close as possible to the protocol of manual operation, as above. However, due to the necessarily elevated temperature within the DS2, the substrate incubation period had to be shortened.

Section 11.8. gives a performance comparison between manual assay operation and the DS2 ELISA system.

9. Evaluation and quality control

The assay is evaluated in a qualitative manner: the absorbance of the samples is compared to the borderline absorbance (= cut-off absorbance). The cut-off absorbance is determined by means of the positive control which at the same time functions as calibrator; according to the formula:

$$\text{absorbance}_{\text{borderline}} = \text{absorbance}_{\text{positive control}} \times \text{factor}$$

The factor depends on the kit lot and is quoted in the lot-specific certificate of analysis (included with each test kit). Example:

$$\begin{aligned} \text{absorbance}_{\text{positive control}} &= 1250 \text{ mOD} \\ \text{factor} &= 0,35 \\ \text{absorbance}_{\text{borderline}} &= 1250 \text{ mOD} \times 0,35 = 438 \text{ mOD} \end{aligned}$$

In order to gain an impression of the degree of a sample's reactivity, the ratio between sample and borderline absorbance is calculated:

$$\text{ratio} = \text{absorbance}_{\text{sample}} / \text{absorbance}_{\text{borderline}}$$

Example:

$$\begin{aligned} \text{absorbance}_{\text{borderline}} &= 438 \text{ mOD} \\ \text{absorbance}_{\text{sample}} &= 1480 \text{ mOD} \\ \text{ratio} &= 1480 \text{ mOD} / 438 \text{ mOD} = 3,4 \end{aligned}$$

Quality control: the positive control (calibrator) and negative control check the assay performance. Their acceptable ranges are quoted in the lot-specific certificate of analysis. Values of the controls must fall within the indicated ranges; otherwise, the results of the assay are invalidated.

10. Interpretation of results / limitations of the procedure

Based on the measurement of a blood donor and a positive collective of sera (see below), we suggest for the assessment of patient sera:

	ratio
normal (negative) range	< 0,82
cut-off	1,00
equivocal range	0,82 - 1,20
positive range	> 1,20

These specifications are given as an indication only; in order to check their accuracy, each analysis should include parallel samples of normal sera.

A negative test result indicates that the patient probably does not have an elevated level of IgG antibodies to the antigens listed in the beginning. Therefore, presence of a systemic rheumatic disease is rather unlikely but can nevertheless not be excluded.

A positive result should be considered as an indication for one of the above listed diseases. As follow-up diagnosis, the specificity of the causative autoantibody and hence the identity of the autoimmune disorder should be determined. This can be achieved by means of a differentiating profile ELISA.

Specimens exhibiting results within the borderline range quoted above should be considered as equivocal and reported as such. It is recommended that a second sample be collected two weeks later and run in parallel with the first sample to document a possible change of antibody titer.

As with any serological test, the results should be interpreted in the light of the patient's symptoms and other diagnostic criteria.

11. Performance characteristics

11.1. Standardisation

The test is standardised with a purified serum preparation containing IgG antibodies directed at each of the immobilised autoantigens. It constitutes the stock material for both controls of the test. The proportion of the antibodies is adjusted in such a manner that each one contributes approximately the same fraction to the overall signal.

The stock preparation is calibrated against a set of monospecifically positive sera solely reserved for this purpose. The degree of sample reactivity is expressed as summary ratio, as outlined above.

11.2. Analytical specificity

The test permits the specific determination of human IgG antibodies, directed at the autoantigens quoted in article 1. It has been validated (among other criteria) using human reference sera from the Center of Disease Control (CDC; Atlanta, USA) which are commercially available. The following results (ratio values) are typical:

Serum	1	2	3	4	5	6	7	8	9	10
CDC- result	ds- DNA	SS-B /La	--	U1- RNP	Sm	--	SS-A /Ro	--	Scl- 70	Jo- 1
Immun- fluoresc.	homo- gen	speck- led	speck- led	--	--	nuc- leolar	--	centro- mere	--	--
ratio	2,1	8,7	7,6	3,3	8,4	1,0	6,2	0,3	6,6	8,2

Remarks: The corresponding ANA Profile 8 IgG ELISA which differentiates between the antigens revealed: Serum # 1 reacts not only with dsDNA but also with Sm. Serum # 6 shows ratio values ≤ 1 towards all single antigens. Serum # 8 reacts strongly with centromere-protein B which is not included in the antigen range of the present ANA Screen 6 ELISA.

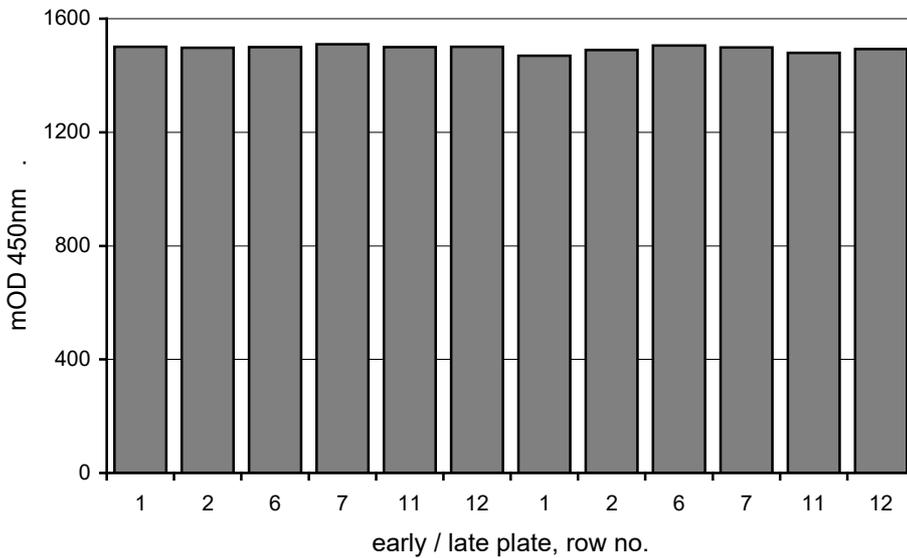
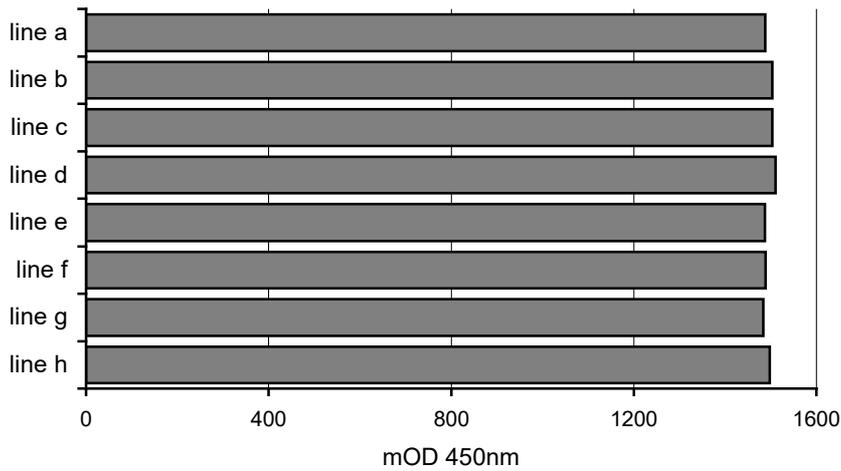
11.3. Detection limit (analytical sensitivity)

The detection limit is defined as that concentration of analyte that corresponds to the mean absorbance of sample buffer plus 3-fold standard deviation (s). It was determined as $< 0,4$ (ratio; $n = 24$). Recommended measuring range: $0,5 < \text{ratio} < 6$.

11.4. Homogeneity of the solid phase

Measurement of the solid phase homogeneity is a regular QC part of each production lot. This is determined by 288-fold measurement of a positive but non-saturating sample on 3 selected plates. Acceptance criterion: mOD-coefficient of variation (cv) over the plates $< 8\%$. The figure below shows a representative excerpt (solid phase lot no. 2308I) of such an analysis.

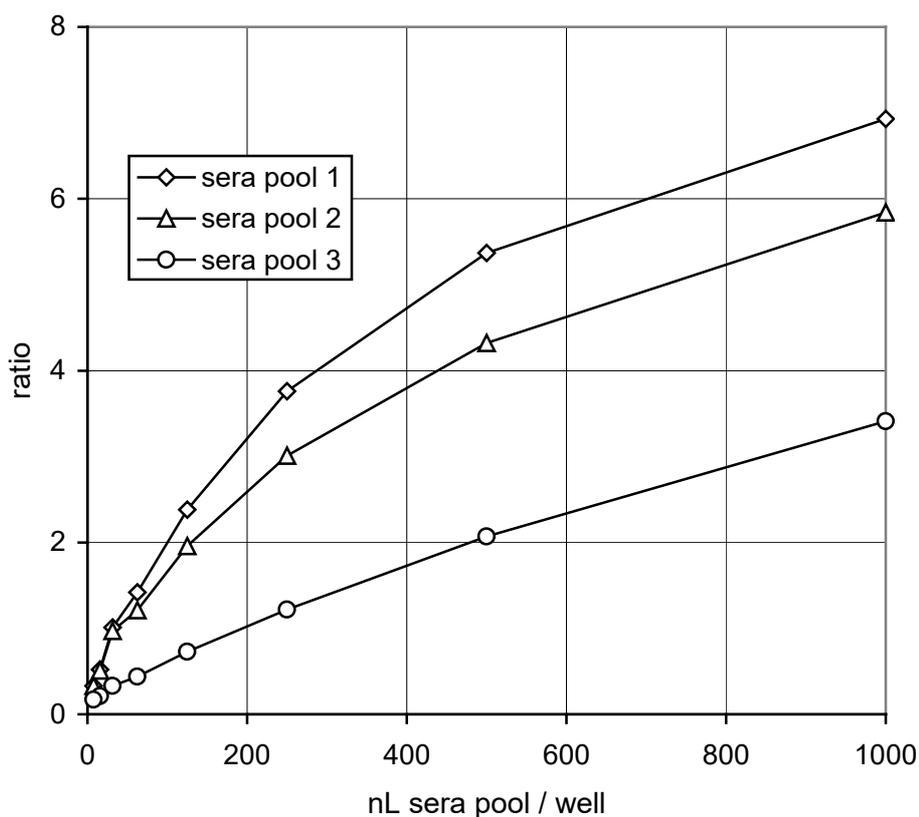
plate	early (n/10)						late (9n/10)						mean	cv%
	1	2	6	7	11	12	1	2	6	7	11	12		
line a	1464	1480	1490	1527	1476	1475	1490	1492	1495	1461	1478	1525	1488	1,4
line b	1514	1522	1528	1511	1487	1489	1472	1480	1504	1534	1484	1519	1504	1,4
line c	1488	1520	1518	1531	1524	1509	1464	1503	1529	1506	1463	1484	1503	1,6
line d	1517	1500	1518	1524	1533	1529	1497	1508	1528	1522	1461	1491	1511	1,4
line e	1504	1492	1499	1472	1473	1503	1471	1483	1498	1501	1497	1457	1488	1,1
line f	1480	1482	1468	1505	1478	1498	1438	1502	1503	1488	1510	1515	1489	1,4
line g	1493	1465	1478	1493	1512	1507	1457	1460	1481	1483	1475	1500	1484	1,2
line h	1545	1516	1504	1519	1517	1496	1466	1487	1504	1497	1468	1457	1498	1,7
mean	1501	1497	1500	1510	1500	1501	1469	1489	1505	1499	1480	1494	1495	
cv%	1,7	1,4	1,4	1,3	1,6	1,1	1,3	1,0	1,1	1,5	1,1	1,8		1,5



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11.5. Dose-response relationship

In order to assess this feature of the ELISA, several pools of individual sera with heterogeneous reactivity were measured in serial 2-fold dilution. A typical result is depicted below. An approximately linear relationship between sample concentration and resulting ratio is restricted to ratio values < 2. This is due to the qualitative evaluation manner (cf. article 9) and contrasts ELISAs which are evaluated quantitatively by means of a standard curve.



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11.6. Precision

For the assessment of the test precision, the variability of results under the following conditions was determined: a. within 1 assay and between 3 assays, b. between 3 operators and c. between 2 kit lots.

a. Intra- and inter-assay variability (n = 24 and 72, respectively)

sample	ratio	variability (cv, %)	
		intra-assay	inter-assay
1	1,2	3,0	3,3
2	3,2	2,0	3,0
3	4,9	1,8	4,1

b. Operator to operator variability (n = 12)

sample	ratio	variability (cv, %)
1	1,2	1,7
2	3,2	1,7
3	4,7	1,8

c. Variability between 2 kit lots (n = 6)

sample	ratio	variability (cv, %)
1	1,0	11,9
2	2,9	11,9
3	4,4	9,2

11.7. Frequency distribution of ANAs (IgG)

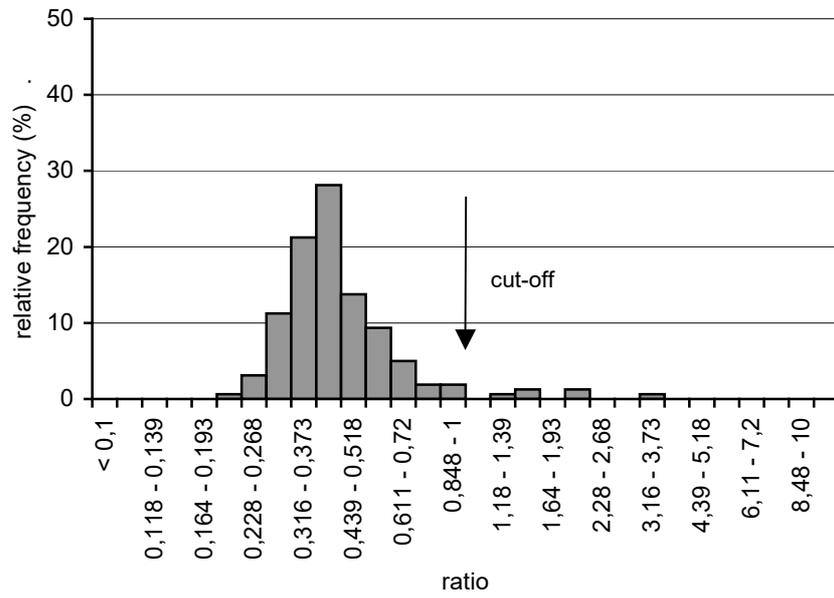
This was analysed in a sera collective of blood donors, equally distributed by sex and age, and a collective of sera which had been found positive by independent methods (e.g. monospecific, CE-compliant reference ELISAs, immune fluorescence assays (IFA)) for at least one parameter or were clinically defined.

The following summary distribution of the analytes was observed (s = standard deviation):

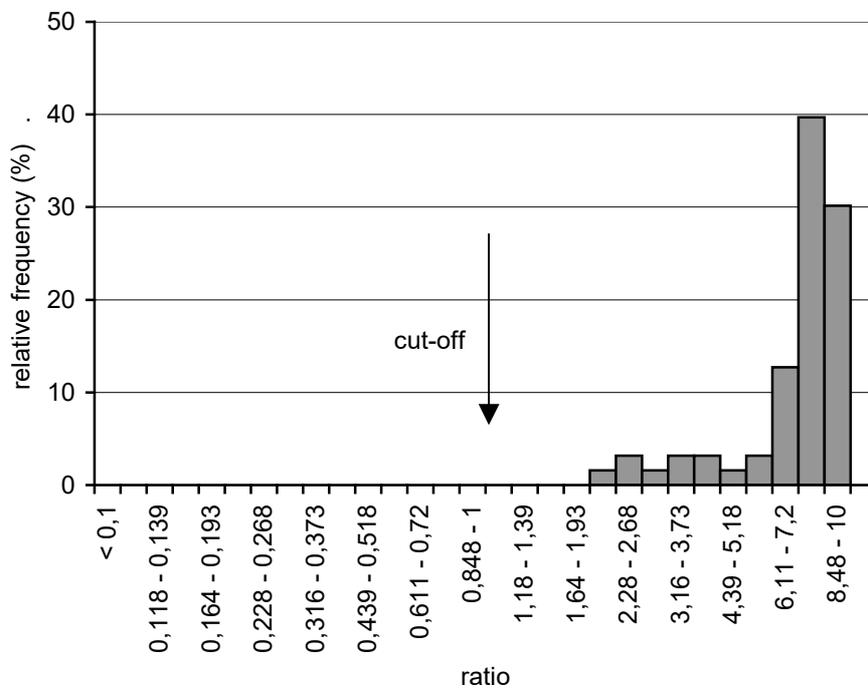
blood donor sera		positive sera	
n:	160	n:	63
mean:	ratio = 0,49	mean:	ratio = 7,3
mean + s:	ratio = 0,84	mean - s:	ratio = 5,4
mean + 2s:	ratio = 1,19	mean - 2s:	ratio = 3,5
median:	ratio = 0,40	median:	ratio = 7,8
95 th percentile:	ratio = 0,94	5 th percentile:	ratio = 2,9

ROC-analysis of these data was used to determine the cut-off of the ANA Screen 6 IgG ELISA according to (6). The data presented here suggest a diagnostic specificity and sensitivity of the ELISA of about 96 and nearly 100 %, respectively. These values apply for the measured sera only; other collectives may yield different results.

blood donor sera



positive sera

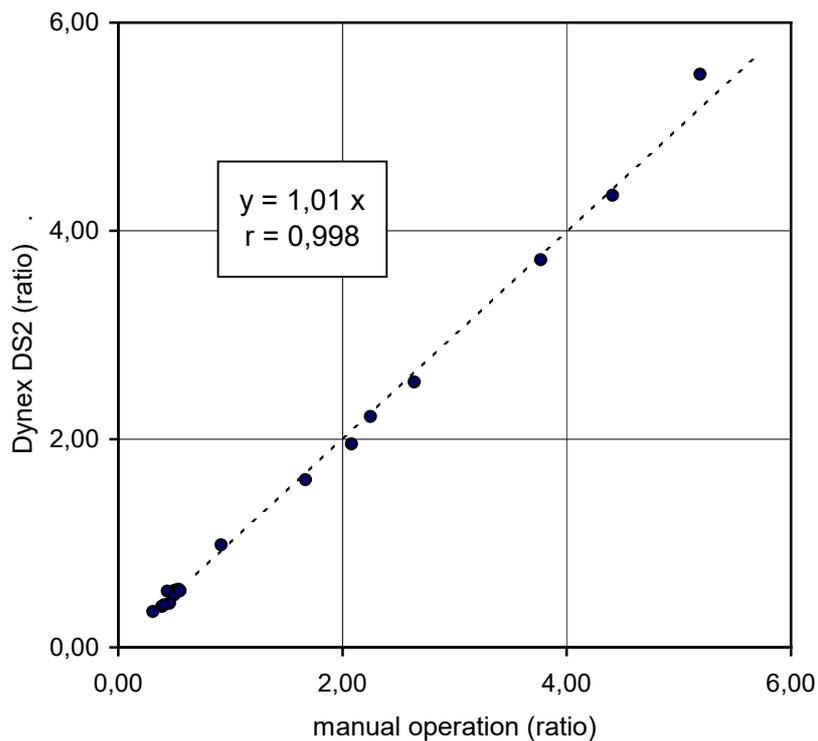


11.8. Manual operation vs. Dynex DS2 automated ELISA system

Variability: Using specimen of one and the same kit lot, the variability of assay results were compared between manual operation and the Dynex DS2 automated ELISA system:

	manual operation	Dynex DS2
intra-assay variability (n = 16)	mean cv = 1,4 %	mean cv = 1,9 %
inter-assay variability (n = 48)	mean cv = 2,3 %	mean cv = 3,6 %

Correlation:



1811FE00.FED/KorrDynexDS2-V1411J

12. Warranty

Steffens biotechnische Analysen GmbH (SBA) guarantees that the product delivered has been thoroughly tested to ensure that its properties specified herein are fulfilled. No further warranties are given.

The performance data presented here were obtained using the procedure indicated. Any modification in the procedure may affect the results in which case SBA disclaims all warranties whether expressed, implied or statutory. Moreover, SBA accepts no liability for any damage, whether direct, indirect or consequential, which results from inappropriate use or storage of the product.

13. Symbols



Article code



Batch code



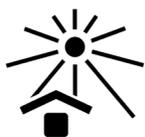
Contains x determinations



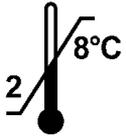
For *in vitro* diagnostic use



Conformité Européenne



Store shielded from sunlight



Store at 2 - 8°C



Expiration date



Read "Directions for Use"



Warning



Biological risk



Manufactured by

14. References

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5. Messinger, M.: Autoantikörper bei systemischen entzündlich-rheumatischen Erkrankungen (Kollagenosen). In: L. Thomas (ed.): *Labor und Diagnose* (2005), TH-Books-Verlags-Gesellschaft, Frankfurt/Main, 1139 - 1161
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15. Summary flow chart

- a. Dilute the samples 1/100 in sample buffer (100 mL, ready-to-use, orange) and mix.
- b. Dilute the wash buffer 10x-concentrate (100 mL, blue) with water and mix.
- c. Wash the wells once with 350 μ L wash buffer each. Dispense 100 μ L of the controls (3,0 mL each, ready-to-use, green and red) and of the diluted samples into the wells of the solid phase. Duplicate measurements are recommended. Incubate for 30 minutes at room temperature ($23 \pm 3^{\circ}\text{C}$).
- d. Wash the wells 4 times with 350 μ L wash buffer each.
- e. Dispense 100 μ L of the conjugate (14 mL, ready-to-use, red) into the wells. Incubate as in step c.
- f. Repeat washing step d.
- g. Dispense 100 μ L of the substrate solution (14 mL, ready-to-use, black vial) per well. Incubate as in step c. Then, add 100 μ L stop solution (14 mL, ready-to-use, colourless) per well and agitate the plate briefly.
- h. Immediately measure the absorbance at 450 nm.
- i. Evaluation: determine the borderline absorbance by multiplying the absorbance of the positive control with the factor quoted in the certificate of analysis. Then, calculate the ratio of the samples by dividing their absorbance by the borderline absorbance.