


Cardiolipin IgM ELISA

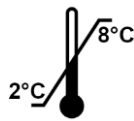
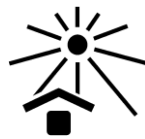
Instructions for Use

REF 0511FE00

 12 x 8 determinations

IVD

CE




Part of  Solutions

Steffens Biotechnische Analysen GmbH
Bötzingen Straße 29 B
D - 79111 Freiburg
Tel.: +49 761 87003482
info-sba@bbisolutions.com

Contents

1. Overview	2
1.1 Introduction and background	2
1.2 Intended Purpose	2
2. Warnings and precautions	2
3. Principle of the test	3
4. Contents of the kit	4
5. Materials required but not supplied.....	5
6. Storage of the kit	5
7. Reagent and sample preparation / specimen requirements.....	6
8. Assay procedure	7
8.1. Manual operation.....	7
8.2. Dynex DS2 automated ELISA system	8
9. Evaluation and quality control.....	8
10. Interpretation of results / limitations of the procedure	9
11. Performance characteristics	10
11.1. Standardisation	10
11.2. Analytical specificity.....	10
11.3. Detection limit (analytical sensitivity)	10
11.4. Homogeneity of the solid phase	10
11.5. Linearity.....	12
11.6. Precision	12
11.7. Frequency distribution of CL/β2-GP1 IgM.....	13
11.8. Manual operation vs. Dynex DS2 automated ELISA system.....	15
12. Declaration	16
13. Symbols	16
14. References.....	18
15. Summary flow chart.....	19

The product described here complies with the requirements of the IVD Directive 98/79/EC and transitional provisions of Article 110 of 2017/746 IVD Regulation.

1. Overview

1.1 Introduction and background

The anti-phospholipid syndrome (APS) is a systemic autoimmune disorder which can comprise clinical conditions as venous and arterial thrombosis, thrombocytopenia, myocardial infarction, recurrent spontaneous abortion and neurological complications (1, 2, 3, 4). In addition to these clinical manifestations, the persistent presence of a unique collection of autoantibodies is what defines the syndrome. These autoantibodies target specific phospholipids and phospholipid-binding proteins.

Among the phospholipids, Cardiolipin (CL) is the most common one, negatively charged and acid. beta2-glycoprotein 1 (β 2-GP1; = apolipoprotein H) has been identified as natural and essential co-antigen for CL-autoantibodies (5, 6). Besides this diagnostic significance, these antibodies cause a hypercoagulable state, associated with a tendency towards thromboses (4, 7, 8), and are believed to be directly involved in the pathogenesis of APS (9, 10). The actual mechanism of this effect however remains elusive.

The present enzyme-linked immunosorbent assay (ELISA) is intended for the quantitative or qualitative determination of IgM antibodies directed against CL/ β 2-GP1 in human serum or plasma (cf. section 7). The immobilised antigen is a combination of CL, isolated from bovine heart, and a highly purified preparation of native β 2-GP1. The test is fast (incubation time 30 - 30 - 30 minutes) and flexible (divisible solid phase, ready-to-use reagents). Six calibrators allow quantitative measurements; a negative and a positive control check the assay performance.

1.2 Intended Purpose

Cardiolipin IgM ELISA is an enzyme-linked immunosorbent assay (ELISA) intended for the quantitative or qualitative determination of IgM class antibodies directed against Cardiolipin in human serum or plasma samples.

Its function is the aid to diagnosis of anti-phospholipid syndrome (APS) and APS associated with systemic lupus erythematosus (SLE).

This product is intended for manual or automated professional in vitro diagnostic use only.

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 professional staff.

The kit has been tested for transport stability and can be shipped unrefrigerated for up to 3 days. Store at 2 - 8°C on arrival. In case of doubt, contact your local distributor or the manufacturer.

Do not use reagents beyond their expiration dates.

Adherence to the protocol is strongly recommended.

The sample buffer, calibrators 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 calibrators and 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 CL and β₂-GP1. On this surface, the following immunological reactions take place:

1st reaction: CL/β₂-GP1-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 IgM 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 CL/β₂-GP1 IgM in the sample.

4. Contents of the kit

a. Cardioliipin Coated Microwell Plate

1 microwell plate, coated with CL/ β 2-GP1 and 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
------------	-------------

b. Sample buffer

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

BUF	SPL
------------	------------

c. Wash buffer

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

BUF	WASH	10x
------------	-------------	------------

d. Cardioliipin IgM Calibrator 1-6

6 calibrators, 2,0 mL each, 0 - 3,0 - 8,0 - 18 - 45 and 100 MPL-U CL/ β 2-GP1 IgM / mL, ready-to-use, gradually blue coloured. Contain TBS, BSA, Tween and Na-azide.

CAL	1-6
------------	------------

e. Cardioliipin IgM Negative and Positive Control

Negative and positive control, 2,0 mL each, ready-to-use, green and red coloured, respectively. Contain TBS, BSA, Tween and Na-azide.

CONTROL	-	CONTROL	+
----------------	----------	----------------	----------

f. Cardioliipin IgM 14 mL Conjugate

Anti-human IgM HRP conjugate, 14 mL, ready-to-use, green coloured. Buffered solution containing stabilising protein, methylisothiazolone and bromonitrodioxane.

CONJ	IgM
-------------	------------

g. Substrate

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
-------------	------------

h. Stop solution

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

SOLN	STOP
-------------	-------------

i. Instructions for Use

j. 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, do not freeze. 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. Turbid samples must first be clarified (centrifuged). The clarified or clear samples are mixed and then diluted 1/100, e.g. 10 µL serum or plasma + 990 µL sample buffer. Also mix the dilution.

For rapid dispensing during the assay procedure, preparation of the calibrators, 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. 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 ($23 \pm 3^{\circ}\text{C}$).

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 calibrators (2,0 mL each, ready-to-use, gradually blue), controls (2,0 mL each, ready-to-use, green and red) and the diluted samples rapidly into the microwells; 100 μL 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, green); 100 μL 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 μL 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 μL 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.

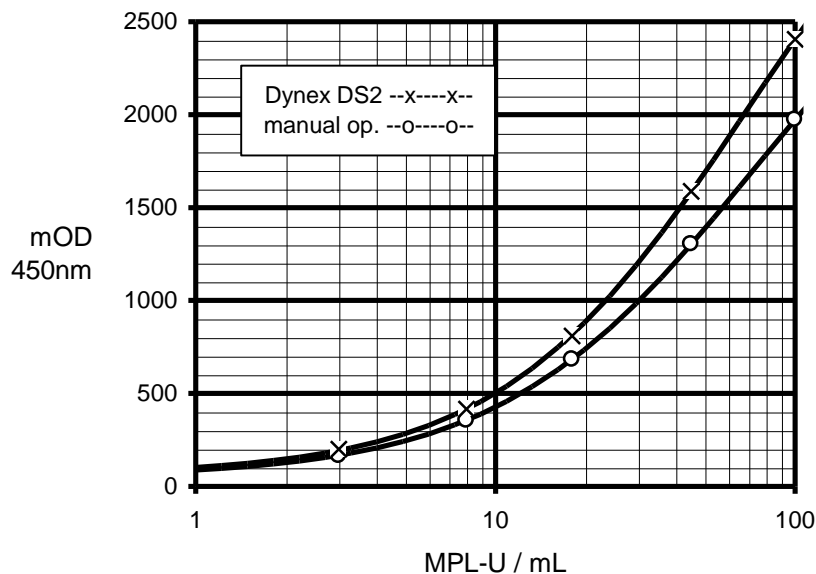
8.2. Dynex DS2 automated ELISA system

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

Quantitative evaluation: the data obtained are quantitatively evaluated with the standard curve, as shown below. However, the depicted curve can only serve as a model. It can not substitute the measurement of the calibrators, together with the controls and actual samples. The curve has been constructed with a conventional ELISA evaluation program, using a 4-parameter function. The Spline approximation is also appropriate.



0511FE00.FED/StdKurveV1310J

If no computer-supported evaluation is possible, the standard curve may be drawn by hand. It allows transformation of the absorbance value of a sample into its concentration, i.e. into MPL-U CL/β2-GP1 IgM per mL sample.

Qualitative evaluation: the test may also be evaluated in a qualitative manner. This requires measurement of the positive control only. Nevertheless, measurement and examination of the negative control is recommended (see below: quality control).

In qualitative test evaluation, the absorbance of the samples is compared with the borderline absorbance (= cut-off). It is determined according to the following 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 which is 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 how positive a particular sample is for CL/β2-GP1 IgM, one may calculate the ratio, according to the formula:

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

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 and negative control check the assay performance. Their authorised values and acceptable ranges, respectively, 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:

	quantitative evaluation MPL-U IgM / mL sample	qualitative evaluation ratio
normal (negative) range	< 5,0	< 0,87
cut-off	6,0	1,00
equivocal range	5,0 - 7,2	0,87 - 1,16
positive range	> 7,2	> 1,16

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 does not have an elevated level of IgM antibodies to CL/β2-GP1. If characteristic clinical signs of APS are nevertheless

observed, IgG/IgG antibodies directed at CL and/or antibodies directed at β 2-GP1 should be determined.

A positive result should be considered as an indication for APS, as outlined in the beginning. However, it needs to be positive on at least two occasions, separated by 12 weeks, to be considered diagnostic for APS (1).

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 IgM antibodies specifically directed at CL/ β 2-GP1. This preparation is calibrated against a set of commercially available, gradually positive sera ("Harris sera"; Louisville APL Diagnostics Inc., Louisville, KY, USA). The degree of sample reactivity is measured in MPL units (MPL-U CL/ β 2-GP1 IgM / mL). 1 MPL-U/mL corresponds to the antigen binding capacity of a 1 μ g/mL solution of IgM antibody affinity-purified from standard serum.

11.2. Analytical specificity

The test allows the specific determination of human IgM antibodies directed against CL/ β 2-GP1.

Interference with anticoagulants (EDTA, Citrat, Heparin) in samples has been tested and no interference effects have been observed.

11.3. Detection limit (analytical sensitivity)

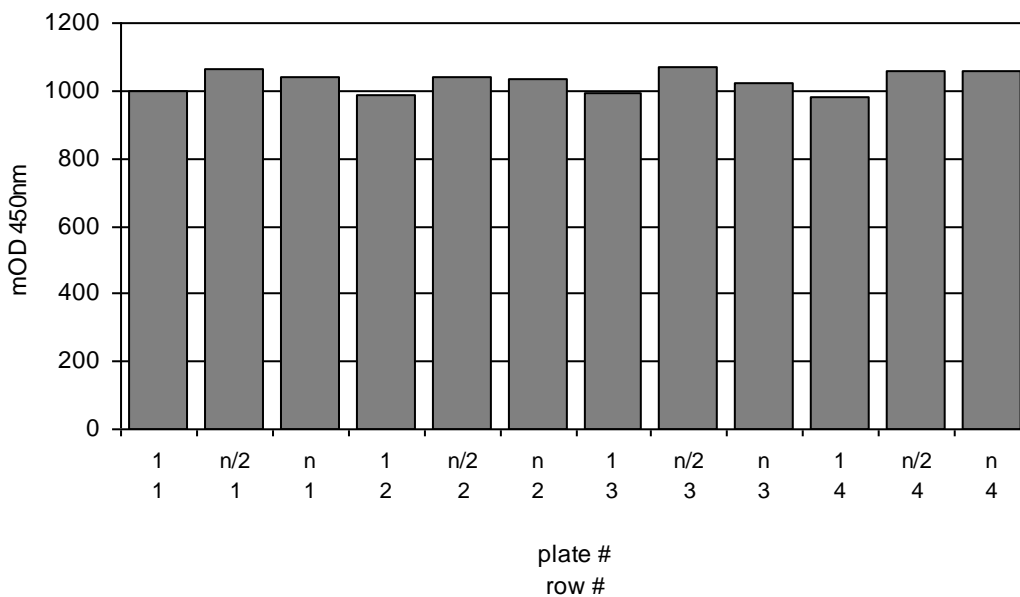
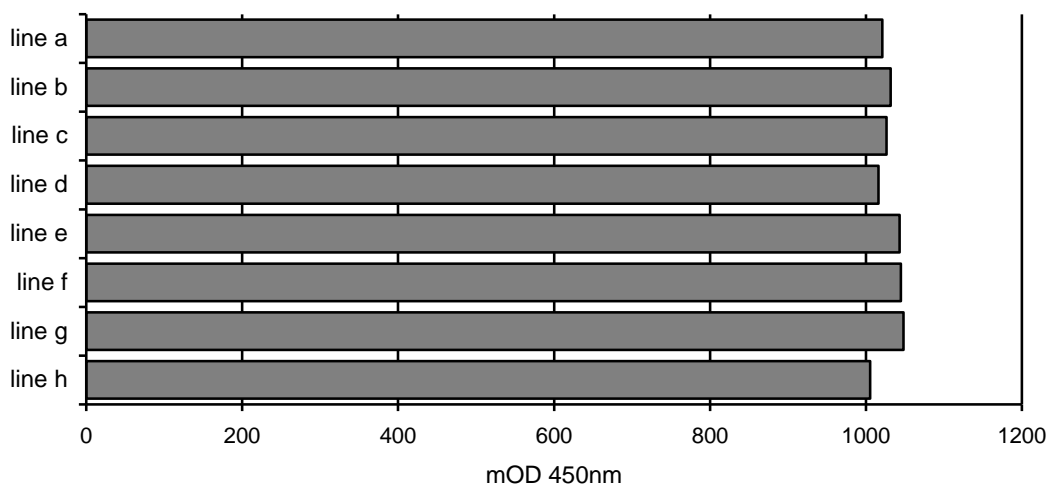
The detection limit is defined as that concentration of analyte that corresponds to the mean absorbance of sample buffer plus 3-fold standard deviation (s). It was determined as < 0,5 MPL-U CL/ β 2-GP1 IgM per mL sample (n = 24).

Recommended measuring range: 2 - 100 MPL-U CL/ β 2-GP1 IgM per mL sample

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 IgG-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. 2503S) of such an analysis.

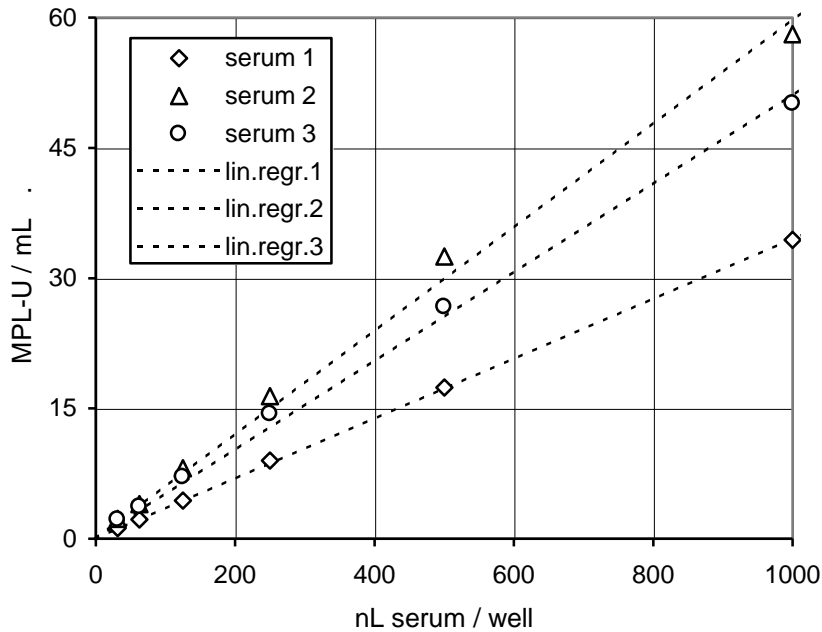
plate row	1 1	n/2 1	n 1	1 2	n/2 2	n 2	1 3	n/2 3	n 3	1 4	n/2 4	n 4	mean	cv %
line a	970	1048	1057	964	1041	1016	983	1077	1020	973	1072	1031	1021	3,9
line b	1018	1090	1025	978	1056	1004	976	1072	1036	988	1072	1063	1032	3,8
line c	1002	1053	1037	992	1041	1047	988	1062	1015	983	1043	1054	1026	2,8
line d	962	1054	1028	973	1023	1052	978	1052	1009	973	1041	1046	1016	3,5
line e	1026	1087	1049	997	1051	1050	1016	1074	1038	995	1069	1066	1043	2,8
line f	1020	1074	1045	1006	1049	1057	1007	1070	1035	1016	1080	1078	1045	2,7
line g	1020	1081	1057	998	1063	1050	1028	1075	1038	1008	1085	1075	1048	2,8
line h	995	1022	1032	976	1010	1015	972	1080	970	930	1014	1051	1006	4,0
mean	1002	1064	1041	986	1042	1036	994	1070	1020	983	1060	1058	1030	
cv %	2,4	2,2	1,2	1,5	1,7	2,0	2,1	0,9	2,3	2,7	2,3	1,5		3,5



0311FE00.FED/FPhHomV0505

11.5. Linearity

In order to assess the dose-response relationship of the test, positive sera were measured in serial 2-fold dilution. Acceptance criterion: linear regression of 4 successive dilutions must yield a correlation factor > 0,98. A typical result is depicted below.



0511FE00.FED/LinearV1310J

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	mean MPL-U/mL	variability (cv, %)	
		intra-assay	inter-assay
1	8,8	2,6	3,1
2	17,7	5,6	6,1
3	46,5	3,0	3,6

b. Operator to operator variability (n = 12)

sample	mean MPL-U/mL	variability (cv, %)
1	10,1	2,9
2	19,4	5,9
3	50,6	5,9

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

sample	mean MPL-U/mL	variability (cv, %)
1	8,3	6,8
2	18,6	6,1
3	45,0	7,8

11.7. Frequency distribution of CL/β2-GP1 IgM

This was analysed in a sera collective of blood donors, equally distributed by sex and age, and a collective of sera found positive according to 3 different CE-compliant reference ELISAs. The following distribution of the analyte was observed:

blood donor sera

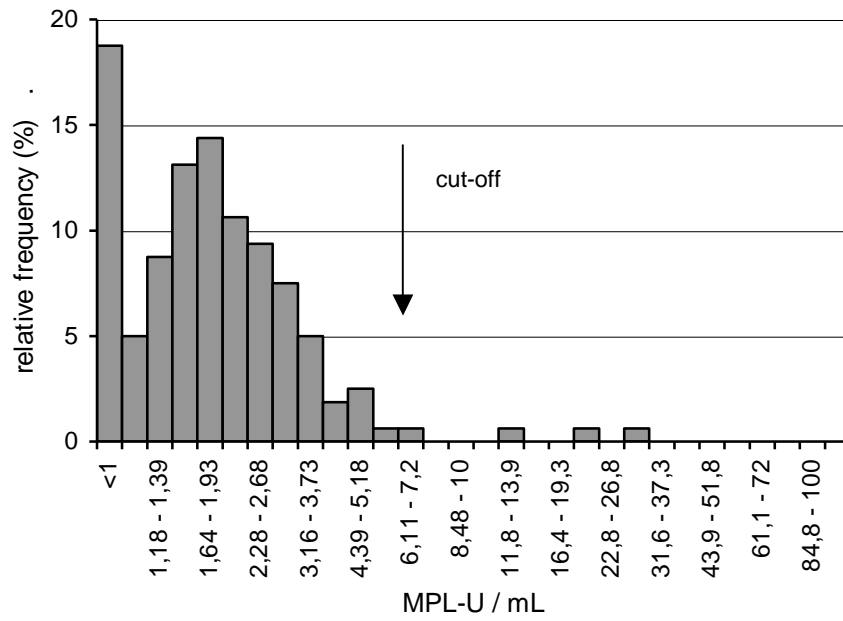
n:	160
mean:	2,3 MPL-U/mL
mean + s:	5,2 MPL-U/mL
mean + 2s:	8,2 MPL-U/mL
median:	1,7 MPL-U/mL
95 th percentile:	4,5 MPL-U/mL

positive sera

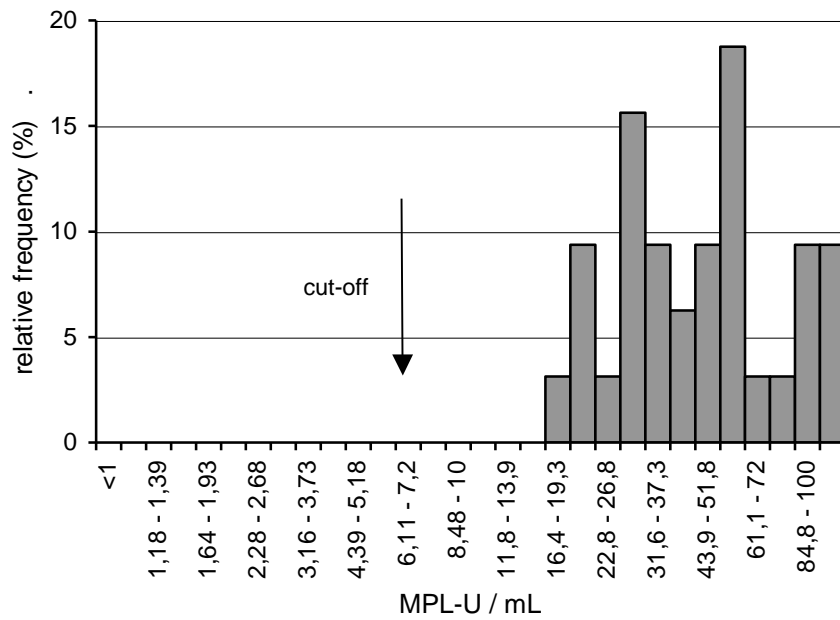
n:	32
mean:	54,7 MPL-U/mL
mean - s:	19,5 MPL-U/mL
mean - 2s:	< 0 MPL-U/mL
median:	46,1 MPL-U/mL
5 th percentile:	21,4 MPL-U/mL

ROC-analysis of these data was used to determine the cut-off as 6,0 MPL-U/mL (11). The data presented here suggest a diagnostic specificity and sensitivity of the ELISA of 98 and nearly 100%, respectively. These values apply for the measured sera only; other collectives may yield different results. In view of the low number of positive sera, particular caution is required when interpreting test sensitivity.

blood donor sera



positive sera



0511FE00.FED\HäufigPlotV1310J

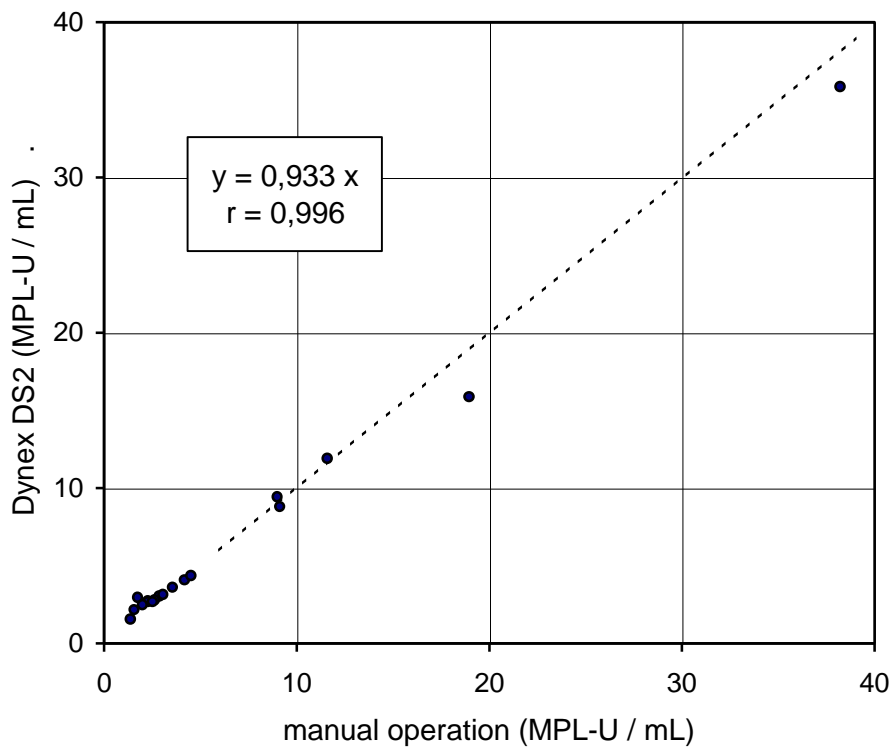
11.8. Manual operation vs. Dynex DS2 automated ELISA system

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 = 1,6 %	mean cv = 3,0 %
inter-assay variability (n = 48)	mean cv = 1,9 %	mean cv = 4,2 %

Standard curve: depicted in section 9

Correlation:



0511FE00.FED/Korr/DynexDS2-V1310J

12. Declaration

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



Catalogue number



Batch code



Unique Device Identification



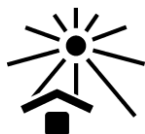
Contains sufficient for <n> tests



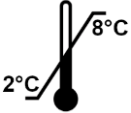
In Vitro diagnostic medical device



Conformité Européenne



Keep away from sunlight



Store at 2 - 8°C



Use-by Date



Consult "Instructions for Use"



Caution



Biological risk



Manufacturer



Distributor

14. References

1. Ortel, T. L.: Antiphospholipid Syndrome Laboratory Testing and Diagnostic Strategies. *Am J Hematol.* 87 (2012), 75 - 81
2. Gromnica-Ihle, E., and Schössler, W.: Antiphospholipid Syndrome. *Int Arch Allergy Immunol* 123 (2000), 67 - 76
3. Harris, E. N., et al.: Anticardiolipin antibodies: Detection by radioimmunoassay and association with thrombosis in systemic lupus erythematosus. *Lancet* Nov 26 (1983), 1211 - 1214
4. Petri, M.: Epidemiology of the Antiphospholipid Antibody Syndrome. *J Autoimm* 15 (2000), 145 - 151
5. Galli, M., et al.: Anticardiolipin antibodies (ACA) directed not to cardiolipin but to a plasma cofactor. *Lancet* 335 (1990), 1544 - 1547
6. Matsuura, E., et al.: Anticardiolipin antibodies recognise β 2-Glycoprotein 1 structure altered by interacting with an oxygen modified solid phase surface. *J Exp Med* 179 (1994), 457 - 462
7. Lopez, L. R., et al.: Anti- β 2-glycoprotein I and antiphosphatidylserine antibodies are predictors of arterial thrombosis in patients with antiphospholipid syndrome. *Am J Clin Pathol* 121 (2004), 142 - 149
8. Kelchtermans, H., et al.: IgG/IgM antiphospholipid antibodies present in the classification criteria for the antiphospholipid syndrome: a critical review of their association with thrombosis. *Journal of Thrombosis and Haemostasis* 14 (2016), 1530 - 1548
9. Shoenfeld, Y., et al.: Induction and treatment of the antiphospholipid syndrome - lessons from animal models. *Eur J Clin Invest* 31 (2001), 736 - 740
10. Pierangeli, S. S., et al.: Complement activation: a novel pathogenic mechanism in the antiphospholipid syndrome. *Ann NY Acad Sci* 1051 (2005), 413 - 420
11. Sommer, R., and Eitelberger, F.: Wertigkeit der Gliadin-Antikörper im Serum zur Diagnose der Zöliakie. *Wien Klin Wochenschr* 104/4 (1992), 86 - 92

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 calibrators (2,0 mL each, ready-to-use, gradually blue) and controls (2,0 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, green) 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. Quantitative evaluation: determine the standard curve and, using this curve, transform the absorbance of the samples into their respective antibody concentration (MPL-U/mL).
- j. Qualitative evaluation: determine the borderline absorbance by multiplying the absorbance of the positive control with the factor shown in the certificate of analysis. Then, calculate the ratio of the samples by dividing their absorbance by the borderline absorbance.