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Electronic Instruction For Use: version



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ORG 910 Anti-EBV (ZEBRA) IgM

INTENDED PURPOSE

Anti-EBV (ZEBRA) IgM for Alegria® is an ELISA-based test system for the quantitative measurement of IgM class antibodies against Epstein Barr viruses in human serum or plasma samples. This product is intended for professional in vitro diagnostic use only.

The test is used to detect an acute primary infection with EBV, the cause of infectious mononucleosis (glandular fever, kissing disease). IgM class antibodies against specific peptides of the ZEBRA protein are found only during the acute primary phase and are early markers of an EBV infection.

SYMBOLS USED

In vitro diagnostic medical device

Manufacturer

Catalogue number

24 Sufficient for ... determinations

Batch code

Use by

2°C to 8°C Temperature limitation

Consult instructions for use

Keep away from sunlight

Do not reuse

Date of manufacture

CE marked according to 98/79/EC

	Alegria® Test Strips
	Wash Buffer
	System Fluid
	Ready to use

PRINCIPLE OF THE TEST

Highly purified recombinant EBV antigen (ZEBRA-peptide) is bound to reaction wells.

The Alegria® assay features barcoded 8-well-microstrips, called Alegria® Test Strips. Each strip is designed for a single determination of one patient sample. The Alegria® Test Strip holds a complete set of reagents. Included are enzyme conjugate, enzyme substrate, sample buffer and a test specific control. Furthermore each strip has two antigen-coated wells which serve as reaction wells for one control and one patient sample.

The determination is based on an indirect enzyme linked immune reaction with the following steps: Antibodies present in positive samples bind to the antigen coated on the surface of the two reaction wells forming an antibody antigen complex. After incubation, a first washing step removes unbound and unspecific bound molecules. Subsequently added enzyme conjugate binds to the immobilized antibody-antigen complex. After incubation, a second washing step removes unbound enzyme conjugate. Addition of enzyme substrate solution results in hydrolysis and color development during incubation. The intensity of the blue color correlates with the concentration of the antibody-antigen-complex and can be measured photometrically at 650 nm.

The Alegria® Test Strip is based on the proprietary SMC®-Technology (Sensotronic Memorized Calibration); information about the assay, analysis and evaluation, and the lot-specific expiry date is contained on the barcode printed on each Alegria® Test Strip.

The Alegria® Test Strip can be used with the diagnostic instrument Alegria® - a fully automated Random Access Analyser. By means of SMC®-Technology data encoded on the barcode are transferred from the Alegria® Test Strip to the instrument and the assay is automatically processed and evaluated. The instrument reads the date of expiry and rejects further processing if the Alegria® Test Strip is out of date.

WARNINGS AND PRECAUTIONS

- All reagents of this kit are intended for professional in vitro diagnostic 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).
- System fluid contains acid, classification 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, control and sample buffer contain ProClin 300 0.05% as preservative. This concentration is classified as non-hazardous.

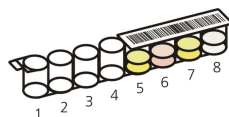
During handling of all reagents, controls and serum samples observe the existing regulations for laboratory safety regulations and good laboratory practice:

- 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 Alegria® strips 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 controls and/or pooled sera.

CONTENTS OF THE KIT

▽ 24 ORG 910

ALEGRIA TEST STRIPS 24



Sufficient for 24 determinations

Alegria® Test Strips are modules of 8 wells each composed of:
Wells 1 + 2: empty and not coated (wells for the sample dilution)

Wells 3 + 4: coated with antigen (reaction wells)

Well 5: Control; yellow; containing test specific antibodies, PBS, BSA, detergent, preservative sodium azide 0.09% and ProClin 300 0.05%.

Well 6: Enzyme Conjugate; light red; containing anti-human IgM antibodies, HRP labelled; PBS, BSA, detergent, preservative ProClin 300 0.05%.

Well 7: Sample Buffer; yellow; containing PBS, BSA, detergent, preservative sodium azide 0.09% and ProClin 300 0.05%.

Well 8: TMB Substrate; clear; containing 3,3', 5,5'- Tetramethylbenzidin.

Code on barcode: **EBV ZEBRA IgM** on printout: **ZEBRA-M**

WASH

1x 20 ml

Wash Buffer, containing Tris, detergent, preservative sodium azide 0.09%; 50 x conc.

SYSTEM FLUID

1x 2.5 ml

System Fluid, contains acid; 1000 x concentrate



1

Certificate of Analysis

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 Alegria® Test Strips sealed and desiccated in the clip bag provided.
- Shelf life of the unopened test kit is 15 months from day of production.
Unopened reagents are stable until expiration of the kit. See labels for individual batch.
- Diluted Wash Buffer and System Fluid are stable for at least 30 days when stored at 2-8°C.
Once transferred to the reagent container we recommend consumption on the same day.

MATERIALS REQUIRED

- Vortex mixer
- Pipettes for 10 µl
- Measuring cylinder for 1000 ml and 2500 ml
- Distilled or deionized water

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.

PROCEDURAL NOTES

- Do not use kit components beyond their expiration dates.
- All materials must be at room temperature (20-28°C) prior to use.
- To avoid carryover or contamination, change the pipette tip between samples.

PREPARATION OF REAGENTS

WASH

Dilute the content of the Wash Buffer concentrate (50x) with distilled or deionized water to a final volume of 1000 ml prior to use. Transfer the diluted Wash Buffer into the instrument reagent container. If only one Alegria run is to be performed on one day we recommend transferring only 500 ml diluted Wash Buffer.

SYSTEM FLUID

Dilute the content of the System Fluid concentrate (1000x) with distilled or deionized water to a final volume of 2500 ml prior to use. Transfer the diluted System Fluid into the instrument reagent container.

ALEGRIA TEST STRIPS

Take the required number of Alegria® Test Strips out of the clip bag and let them reach room temperature (20-28°C). Do not remove foil covering the empty wells until you are ready to start the assay.

TEST PROCEDURE

Alegria® Test Strips with SMC® technology are used with the diagnostic instrument Alegria®. Detailed information about operating the instrument can be taken from the Instrument User Manual.

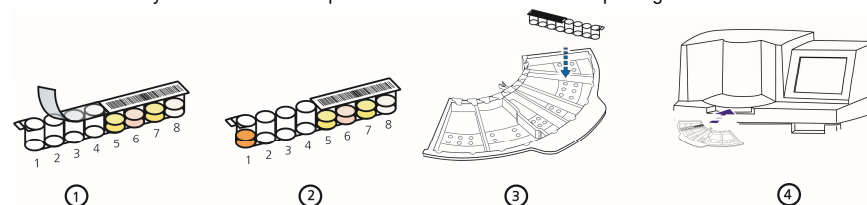
(1) Remove the foil from the empty wells 1 to 4 of the Alegria® Test Strip.

Do not remove foil with printed barcode, covering wells 5 to 8.

(2) Pipette 10 µl undiluted sample at the bottom of well 1.

(3) Insert the strip into the SysTray.

(4) Place loaded SysTrays into the correct position in the Alegria® instrument and start run. All further steps will be done automatically. The test run is completed when the instrument starts printing the results.



CALIBRATION

This assay system is calibrated in relative arbitrary units, since no international reference preparation is available for this assay.

CALCULATION OF RESULTS

By means of SMC® Technology (Sensotronic Memorized Calibration), all test data are transferred to the system through individual barcodes on the Alegria® Test Strip. Calculation and interpretation of results will be performed automatically.

PERFORMANCE CHARACTERISTICS

Measuring range

The calculation range of this Alegria® assay is 0 - 200 U/ml

Expected values

The cut-off of this Alegria® assay is: 25 U/ml

Interpretation of results

Negative: < 20 U/ml
Borderline: 20 - 25 U/ml
Positive: > 25 U/ml

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.

The above reference ranges should be regarded as guidelines only. It is recommended that each laboratory establishes its own normal and pathological ranges for antibodies in patient samples.

A negative result does not rule out an infection, since the serum can be sampled too early for the antibodies to be detectable. A positive result does not rule out the presence of another infectious pathogen as the cause of disease.

Linearity

Three patient samples containing high levels of specific antibody were serially diluted in sample buffer to demonstrate the dynamic range of the assay. Activity for each dilution was calculated by means of SMC® Technology.

Sample	Dilution	Observed U/ml	Expected U/ml	O/E [%]
1	1:100	145.3	145.3	100
	1:200	69.7	73.0	95
	1:400	38.4	37.0	104
2	1:800	18.6	18.0	103
	1:100	221.4	221.4	100
	1:200	117.5	117.0	100
3	1:400	63.0	59.0	107
	1:800	28.5	29.0	98
	1:100	124.8	124.8	100
.	1:200	63.0	61.0	103
	1:400	29.5	30.0	98
	1:800	14.7	15.0	98

Detection limit

The lowest amount of detectable antibody is: 6.9 U/ml

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		
Sample	Mean [U/ml]	% CV
1	8.0	5.6
2	21.1	4.1
3	66.8	4.1

Inter-Assay		
Sample	Mean [U/ml]	% CV
1	6.3	5.0
2	20.2	5.6
3	69.9	6.6

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

		EBV infection status		
		acute	not acute	
ORG 910	Pos	13	6	
Anti-EBV (ZEBRA) IgM	Neg	1	519	
		14	525	539
Sensitivity:		92.9	%	
Specificity:		98.9	%	
Overall agreement:		98.7		

REFERENCES

- G. W. Bornkamm and W. Hammerschmidt. Molecular virology of Epstein-Barr virus. Philos.Trans.R.Soc.Lond B Biol Sci 356 (1408):437-459, 2001.
- Dorothy H. Crawford. Biology and disease associations of Epstein Barr virus. Philosophical Transactions of the Royal Society of London.Series B: Biological Sciences 356 (1408):461-473, 2001.
- R. Dardari, W. Hinderer, D. Lang, A. Benider, Gueddari B. El, I. Joab, A. Benslimane, and M. Khyatti. Antibody responses to recombinant Epstein-Barr virus antigens in nasopharyngeal carcinoma patients: complementary test of ZEBRA protein and early antigens p54 and p138. J Clin Microbiol 39 (9):3164-3170, 2001.
- M. Gorgievski-Hrisoho, W. Hinderer, H. Nebel-Schickel, J. Horn, R. Vornhagen, H. H. Sonneborn, H. Wolf, and G. Siegl. Serodiagnosis of infectious mononucleosis by using recombinant Epstein-Barr virus antigens and enzyme-linked immunosorbent assay technology. J Clin Microbiol 28 (10):2305-2311, 1990.
- M. L. Gulley and W. Tang. Laboratory assays for Epstein-Barr virus-related disease. J Mol Diagn. 10 (4):279-292, 2008.
- R. D. Hess. Routine Epstein-Barr virus diagnostics from the laboratory perspective: still challenging after 35 years. J Clin Microbiol 42 (8):3381-3387, 2004.
- W. Hinderer, D. Lang, M. Rothe, R. Vornhagen, H. H. Sonneborn, and H. Wolf. Serodiagnosis of Epstein-Barr virus infection by using recombinant viral capsid antigen fragments and autologous gene fusion. J Clin Microbiol 37 (10):3239-3244, 1999.
- D. J. Moss, S. R. Burrows, S. L. Silins, I. Misko, and R. Khanna. The immunology of Epstein-Barr virus infection. Philos.Trans.R.Soc.Lond B Biol Sci 356 (1408):475-488, 2001.
- R. Tedeschi, E. Pin, D. Martorelli, E. Bidoli, A. Marus, C. Pratesi, M. T. Bortolin, S. Zanussi, E. Vaccher, R. Dolcetti, and Paoli P. De. Serum antibody response to lytic and latent Epstein-Barr virus antigens in undifferentiated nasopharyngeal carcinoma patients from an area of nonendemicity. Clin Vaccine Immunol 14 (4):435-441, 2007.
- R. Tedeschi, Y.T. Foong, H.M. Cheng, P. de Paoli, T. Lethinen, T. Elfborg, J. Dillner, S. The disease associations of the antibody response against the Epstein-Barr virus transactivator protein ZEBRA can be separated into different epitopes. J. Gen. Virol. 76 :1393-1400. 1995.

Notice to the user (European Union):

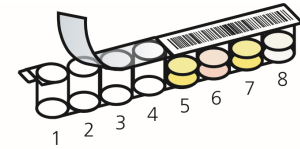
Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the EU Member State in which the user and/or the patient is established .

Change Control

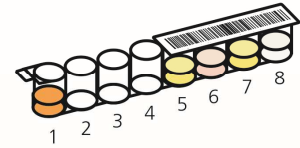
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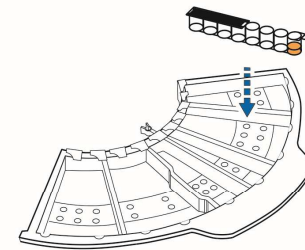
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