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User's Manual

TBE virus (FSME) IgM ELISA Kit

REF **DEIA340**

Σ **96T**

RUO

This product is for research use only and is not intended for diagnostic use.

For illustrative purposes only. To perform the assay the instructions for use provided with the kit have to be used.

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PRODUCT INFORMATION

Intended Use

The TBE virus (FSME) IgM ELISA is intended for the qualitative determination of IgM class antibodies against TBE/FSME Virus in human serum or plasma (citrate, heparin).

General Description

Tick-borne encephalitis (TBE) virus is a flavivirus of the family Togaviridae. It is an enveloped single-stranded RNA virus with cubic icosahedral symmetry and ranges in size from 20-80nm in diameter. Three subtypes can be distinguished which show only little differences in their structural proteins. TBE virus is mainly transmitted by ticks. The degree of contamination of ticks (and thus humans) in central Europe increases from west to east, and anybody may be affected. Specific antibody development yields a life-long immunity. TBE is the most important tick-transmitted disease of man -beside Lyme disease, which is caused by the spirochete Borrelia burgdorferi. The clinical course of the disease depends on the immune status of the infected persons. A high virus production in the primary infected tissues is required for the passage of the blood-brain barrier and the resulting severe manifestations in the central nervous system.

Species	Disease	Symptoms (e.g.)	Transmission route
TBE/FSME Virus	Tick-borne encephalitis CEE (Central European Encephalitis)	Phase 1: unspecific flu-like symptoms (mild fever, headache, muscle pain, joint pain, gastrointestinal complaints) Phase 2: high fever, development of meningitis and / or encephalitis	By tick bites (Ixodes ricinus, western subtype; Ixodes persulcatus, eastern subtype); Rarely by infected (non-pasteurized) milk

The presence of virus resp. infection may be identified by:

Serology: e.g. ELISA, Neutralization, Hemagglutination Inhibition, Complement Fixation

Principles of Testing

The qualitative immunoenzymatic determination of specific antibodies is based on the ELISA (Enzymelinked Immunosorbent Assay) technique. Microplates are coated with specific antigens to bind corresponding antibodies of the sample. After washing the wells to remove all unbound sample material a horseradish peroxidase (HRP) labelled conjugate is added. This conjugate binds to the captured antibodies. In a second washing step unbound conjugate is removed. The immune complex formed by the bound conjugate is visualized by adding Tetramethylbenzidine (TMB) substrate which gives a blue reaction product. The intensity of this product is proportional to the amount of specific antibodies in the sample. Sulphuric acid is added to stop the reaction. This produces a yellow endpoint colour. Absorbance at 450/620 nm is read using an ELISA microwell plate reader.

Reagents And Materials Provided

1. **Microtiterplate (MTP):** 12 break-apart 8-well snap-off strips coated with TBE/FSME Virus antigens; in resealable aluminium foil.
2. **Enzyme Conjugate(ENZCONJ):** 1 bottle containing 20 mL of peroxidase labelled antibody to human IgM in phosphate buffer (10 mM); coloured red; ready to use; black cap.

3. **Positive Control(CONTROL +):** 1 vial containing 2 mL control (human serum or plasma); coloured yellow; ready to use; red cap.
4. **Negative Control(CONTROL -):** 1 vial containing 2 mL control (human serum or plasma); coloured yellow; ready to use; blue cap.
5. **Cut-off Control(CONTROL CO):** 1 vial containing 3 mL control (human serum or plasma); coloured yellow; ready to use; green cap.
6. **Sample Diluent(SAMPLEDIL):** 1 bottle containing 100 mL of phosphate buffer (10 mM) for sample dilution; pH 7.2 ± 0.2; anti-human IgG (RF Absorbent); coloured green; ready to use; white cap.
7. **TMB Substrate Solution(TMB SUBS):** 1 bottle containing 15 mL 3,3',5,5'-tetramethylbenzidine (TMB), < 0.1 %; ready to use; yellow cap; < 5% NMP.
8. **Washing Solution (20× conc.)(WASHBUF CONC):** 1 bottle containing 50 mL of a 20-fold concentrated phosphate buffer (0.2 M), pH 7.2 ± 0.2, for washing the wells; white cap.
9. **Stop Solution(TMB STOP):** 1 bottle containing 15 mL sulphuric acid, 0.2 mol/L; ready to use; red cap.
10. 1 Cover foil
11. 1 Instruction for use (IFU)

For potential hazardous substances please check the safety data sheet.

Materials Required But Not Supplied

1. ELISA microwell plate reader, equipped for the measurement of absorbance at 450/620 nm
2. Incubator 37°C
3. Manual or automatic equipment for rinsing wells
4. Pipettes to deliver volumes between 10 and 1000 µL
5. Vortex tube mixer
6. Distilled water
7. Disposable tubes

Storage

Store the kit at 2 - 8°C. The opened reagents are stable up to the expiry date stated on the label when stored at 2 - 8°C.

Specimen Collection And Preparation

1. Use human serum or plasma (citrate, heparin) samples with this assay. If the assay is performed within 5 days after sample collection, the samples should be kept at 2 - 8°C; otherwise they should be aliquoted and stored deep-frozen (-70 to -20°C). If samples are stored frozen, mix thawed samples well before testing. Avoid repeated freezing and thawing. Heat inactivation of samples is not recommended.
2. Sample Dilution: Before assaying, all samples should be diluted 1+100 with IgM Sample Diluent. Dispense 10 µL sample and 1 mL IgM Sample Diluent into tubes to obtain a 1+100 dilution and thoroughly mix with a Vortex.

Reagent Preparation

It is very important to bring all reagents and samples to room temperature (20 - 25°C) and mix them before starting the test run!

1. Coated Microplate

   The break-apart snap-off strips are coated with TBE/FSME Virus antigens. Immediately after removal of the strips, the remaining strips should be resealed in the aluminium foil along with the desiccant supplied and stored at 2 - 8°C.

2. Washing Buffer (20× conc.)

   Dilute Washing Buffer 1 + 19; e. g. 10 mL Washing Buffer + 190 mL distilled water. The diluted buffer is stable for 5 days at room temperature (20 - 25°C). In case crystals appear in the concentrate, warm up the solution to 37°C e.g. in a water bath. Mix well before dilution.

3. TMB Substrate Solution

   The reagent is ready to use and has to be stored at 2 - 8°C, away from the light. The solution should be colourless or could have a slight blue tinge. If the substrate turns into blue, it may have become contaminated and should be thrown away.

Assay Procedure

Please read the instruction for use carefully before performing the assay. Result reliability depends on strict adherence to the instruction for use as described. The following test procedure is only validated for manual procedure. If performing the test on ELISA automatic systems we recommend increasing the washing steps from three to five and the volume of Washing Buffer from 300 µL to 350 µL to avoid washing effects. Prior to commencing the assay, the distribution and identification plan for all samples and standards/controls (duplicates recommended) should be carefully established on the plate layout. Select the required number of microtiter strips or wells and insert them into the holder.

Perform all assay steps in the order given and without any delays.

A clean, disposable tip should be used for dispensing each standard/control and sample.

Adjust the incubator to 37 ± 1°C.

1. Dispense 100 µL standards/controls and diluted samples into their respective wells. Leave well A1 for the Substrate Blank.
2. Cover wells with the foil supplied in the kit.
3. Incubate for 1 hour ± 5 min at 37 ± 1°C.
4. When incubation has been completed, remove the foil, aspirate the content of the wells and wash each well three times with 300 µL of Washing Buffer. Avoid overflows from the reaction wells. The interval between washing and aspiration should be> 5 sec. At the end carefully remove remaining fluid by tapping strips on tissue paper prior to the next step!

   Note: Washing is important! Insufficient washing results in poor precision and false results.

5. Dispense 100 µL Conjugate into all wells except for the Substrate Blank well A1.
6. Incubate for 30 min at room temperature (20 - 25°C). Do not expose to direct sunlight.
7. Repeat step 4.

8. Dispense 100 µL TMB Substrate Solution into all wells.
9. Incubate for exactly 15 min at room temperature (20 - 25°C) in the dark. A blue colour occurs due to an enzymatic reaction.
10. Dispense 100 µL Stop Solution into all wells in the same order and at the same rate as for the TMB Substrate Solution, thereby a colour change from blue to yellow occurs.
11. Measure the absorbance at 450/620 nm within 30 min after addition of the Stop Solution.

Measurement

Adjust the ELISA microwell plate reader to zero using the Substrate Blank.

If - due to technical reasons - the ELISA microwell plate reader cannot be adjusted to zero using the Substrate Blank, subtract its absorbance value from all other absorbance values measured in order to obtain reliable results!

Measure the absorbance of all wells at 450 nm and record the absorbance values for each standard/control and sample in the plate layout.

Bichromatic measurement using a reference wavelength of 620 nm is recommended.

Where applicable calculate the mean absorbance values of all duplicates.

Quality Control

In order for an assay to be considered valid, the following criteria must be met:

Substrate Blank: Absorbance value < 0.100

Negative Control: Absorbance value < 0.200 and < Cut-off

Cut-off Control: Absorbance value 0.150 – 1.300

Positive Control: Absorbance value> Cut-off

If these criteria are not met, the test is not valid and must be repeated.

Calculation

1. The Cut-off is the mean absorbance value of the Cut-off Control determinations.

   Example: Absorbance value Cut-off Control 0.44 + absorbance value Cut-off control 0.42 = 0.86 / 2 = 0.43

   Cut-off = 0.43
2. Results in Units [U]: [Sample (mean) absorbance value × 10] /Cut-off= [Units = U]

   Example: (1.591 × 10) / 0.43 = 37 U (Units)

Interpretation Of Results

Cut-off	10 U	-
Positive	> 11 U	Antibodies against the pathogen are present. There has been a contact with the antigen (pathogen resp. vaccine). After vaccination: This is a case of seroconversion. Check anamnestic data and if necessary complete basic immunization or give a booster
Equivocal	9 – 11 U	Antibodies against the pathogen could not be detected clearly. It is recommended to repeat the test with a fresh sample in 2 to 4 weeks. If the result is equivocal again the sample is judged as **negative.** After vaccination: This may be a case of seroconversion. Continue with basic immunisation or booster. Repeat test within 2-4 weeks. A non-specific reaction is not excluded.
Negative	< 9 U	The sample contains no antibodies against the pathogen. A previous contact with the antigen (pathogen resp. vaccine) is unlikely. After vaccination: No seroconversion after vaccination. This may be the case after the first vaccination during basic immunisation. Patients which show low or no response.

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Antibody Isotypes and State of Infection

Serology	Significance
IgM	Characteristic of the primary antibody response High IgM titer with low IgG titer: → suggests a current or very recent infection Rare: → persisting IgM
IgG	Characteristic of the secondary antibody response May persist for several years High IgG titer with low IgM titer: → may indicate a past infection

Precision

Intraassay	n	Mean (E)	CV (%)
#1	24	0.490	8.77
#2	24	1.039	7.77
#3	24	0.917	11.74
Interassay	**n**	**Mean (U)**	**CV (%)**
#1	12	18.14	10.86
#2	12	15.99	13.26
#3	12	2.04	12.56

Specificity

Cross reactivity with other flaviviruses cannot be excluded and should be taken into account for result interpretation.

Interferences

Interferences with hemolytic, lipemic or icteric samples are not observed up to a concentration of 10 mg/mL hemoglobin, 5 mg/mL triglycerides and 0.5 mg/mL bilirubin.

Precautions

1. The test procedure, the information, the precautions and warnings in the instructions for use have to be strictly followed. The test procedure, the information, the precautions and warnings in the instructions for use have to be strictly followed. The use of the testkits with analyzers and similar equipment has to be validated. Any change in design, composition and test procedure as well as for any use in combination with other products not approved by the manufacturer is not authorized; the user himself is responsible for such changes. The manufacturer is not liable for false results and incidents for these reasons. The manufacturer is not liable for any results by visual analysis of the patient samples.
2. Only for research use.
3. All materials of human or animal origin should be regarded and handled as potentially infectious.
4. All components of human origin used for the production of these reagents have been tested for anti-HIV antibodies, anti-HCV antibodies and HBsAg and have been found to be non-reactive.
5. Do not interchange reagents or strips of different production lots.
6. No reagents of other manufacturers should be used along with reagents of this test kit.
7. Do not use reagents after expiry date stated on the label.
8. Use only clean pipette tips, dispensers, and lab ware.
9. Do not interchange screw caps of reagent vials to avoid cross-contamination.
10. Close reagent vials tightly immediately after use to avoid evaporation and microbial contamination.
11. After first opening and subsequent storage check conjugate and standard/control vials for microbial contamination prior to further use.
12. To avoid cross-contamination and falsely elevated results pipette patient samples and dispense reagents without splashing accurately into the wells.
13. The ELISA is only designed for qualified personnel who are familiar with good laboratory practice.
14. Residues of chemicals and preparations are generally considered as hazardous waste. The disposal of this kind of waste is regulated through national and regional laws and regulations. Contact your local authorities or waste management companies which will give advice on how to dispose hazardous waste.

Limitations

Bacterial contamination or repeated freeze-thaw cycles of the sample may affect the absorbance values.