



DRG[®] ANA-8-Screen ELISA (EIA-3562)



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1 NAME AND INTENDED USE

The ANA-8-Screen assay is a qualitative enzyme immunoassay (EIA) intended to screen for the presence of antinuclear antibodies (ANAs) in human serum or plasma as an aid in the diagnosis of certain systemic rheumatic diseases. This assay collectively detects, in one well, ANAs against SS-A/Ro, SS-B/La, RNP 70, Sm, RNP/Sm, Centromere B and Jo-1.

2 SUMMARY AND EXPLANATION OF THE TEST

Inflammatory connective tissue diseases are characterized by idiopathic genesis along with disturbances in terms of cellular and humoral immunity, systemic organ failure and a chronic course of disease. Additionally, connective tissue diseases exhibit overlapping symptomatic features that render an accurate diagnosis difficult [1]. Considering the diversity of mixed connective tissue diseases, such disorders exhibit a common serological characteristic; the presence of anti-nuclear antibodies [2]. These antibodies are directed against parts of the cell nucleus and the cytoplasm, and many rheumatic diseases are characterized by the presence of one or more of these ANAs [3]. Antibodies to double-stranded DNA (dsDNA), single-stranded DNA (ssDNA), histone, nuclear ribonucleoprotein (RNP) and Smith antigen (Sm) are associated with SLE [4], while antibodies to Sjogren's Syndrome A (SSA/Ro) and Sjogren's Syndrome B (SSB/La) can occur in both SLE and Sjogren's Syndrome (SS) [5, 6]. Antibodies to Jo-1 may be observed in polymyositis and dermatomyositis [6], while antibodies to scleroderma-associated antigen (Scl-70) and centromere can occur in patients with progressive systemic sclerosis (PSS). Anti-histone antibodies are associated with SLE and drug-induced lupus [7], while anti-RNP antibodies are linked with mixed connective tissue disease (MCTD) and with SLE [2]. Antibodies directed against centromere are associated with CREST syndrome [3].

Although IFA technology was traditionally used to detect autoantibodies in conjunction with HEp2 cells, it is now widely acknowledged that ELISA technology offers an excellent alternative. IFA technology is subject to errors of interpretation and can be labor-intensive when applied to a large number of unknown samples [8].

The ANA-8-Screen ELISA assay allows for collective and simultaneous screening for the autoantibodies of major significance in one microwell, and effectively eliminates the need for individual interpretation that is inherent in IFA technology.

3 PRINCIPLE OF THE TEST

Purified antigens (SS-A/Ro, SS-B/La, RNP 70, Sm, RNP/Sm, centromere B and Jo-1) are bound to microwells. Antibodies to these antigens, if present in diluted serum, bind in the microwells. Washing of the microwells removes unbound serum antibodies. Horseradish peroxidase (HRP) conjugated anti-human IgG immunologically binds to the bound patient antibodies forming a conjugate/antibody/antigen complex. Washing of the microwells removes unbound conjugate. An enzyme substrate in the presence of bound conjugate hydrolyzes to form a blue color. The addition of an acid stops the reaction forming a yellow end-product. The intensity of this yellow color is measured photometrically at 450nm.

The assay is calibrated against the internationally recognized reference sera from CDC, Atlanta, USA and furthermore against the WHO reference preparation for human anti-dsDNA Wo/80.

4 WARNINGS AND PRECAUTIONS

1. All reagents of this kit are strictly intended for in vitro diagnostic use only. In the United States, this kit is intended for Research Use Only.
2. Do not interchange kit components from different lots.

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3. Components containing human serum were tested and found negative for HBsAg and HIV by FDA approved methods. No test can guarantee the absence of HBsAg or HIV, and so all human serum-based reagents in this kit must be handled as though capable of transmitting infection.
4. Avoid contact with the TMB (3,3',5,5'-Tetramethyl-benzidine). If TMB comes into contact with skin, wash thoroughly with water and soap.
5. Avoid contact with the Stop Solution which contains hydrochloric acid (1 M). If it comes into contact with skin, wash thoroughly with water and seek medical attention.
6. Some kit components (i.e. Controls, Sample buffer and Buffered Wash Solution) contain Sodium Azide as preservative. Sodium Azide (NaN₃) is highly toxic and reactive in pure form. At the product concentrations, though not hazardous. Despite the classification as non-hazardous, we strongly recommend using prudent laboratory practices (see 8., 9., 10.)
7. Some kit components contain Proclin 300 as preservative. When disposing reagents containing Proclin 300, flush drains with copious amounts of water to dilute the components below active levels.
8. Wear disposable gloves while handling specimens or kit reagents and wash hands thoroughly afterwards.
9. Do not pipette by mouth.
10. Do not Eat, Drink, Smoke or Apply Makeup in areas where specimens or kit reagents are handled.
11. Avoid contact between the buffered Peroxide Solution and easily oxidized materials; extreme temperature may initiate spontaneous combustion.

Observe the guidelines for performing quality control in medical laboratories by assaying controls and/or pooled sera. During handling of all kit reagents, controls and serum samples observe the existing legal regulations.

5 CONTENTS OF THE KIT

Package size	96 determ.
Qty.1	Divisible ANA microtiter strips : 96 antigen-coated wells sealed in a foil pouch with desiccant. Ready to use.
2 vials, 1.5 ml each	Anti-ANA controls in a serum/buffer matrix (PBS, NaN ₃ <0.1% (w/w)). Negative Control (NC), Calibrator control. Ready to use
1 vial, 20 ml	Sample buffer (Tris, NaN ₃ <0.1% (w/w)), yellow, concentrate (5x)
1 vial, 15 ml	Enzyme conjugate solution (PBS, PROCLIN 300 <0.5% (v/v)), (light red) containing polyclonal rabbit anti-human IgG; labelled with horseradish peroxidase. Ready to use
1 vial, 15 ml	TMB substrate solution . Ready to use
1 vial, 15 ml	Stop solution (1 M hydrochloric acid). Ready to use
1 vial, 20 ml	Wash solution (PBS, NaN ₃ <0.1% (w/w)), concentrate (50x)

6 STORAGE AND STABILITY

1. Store the kit at 2-8°C
2. Keep microplate wells sealed in a dry bag with desiccants
3. The reagents are stable until expiration of the kit
4. Do not expose test reagents to heat, sun or strong light during storage and usage

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5. Diluted sample buffer and wash buffer are stable for at least 30 days when stored at 2-8°C

7 MATERIALS REQUIRED

Equipment

- Microplate reader capable of endpoint measurements at 450 nm
- Multi-Channel Dispenser or repeatable pipet for 100 µl
- Vortex mixer
- Pipets for 10 µl, 100 µl and 1000 µl
- Laboratory timing device
- data reduction software

Preparation of reagents

- distilled or deionized water
- graduated cylinder for 100 and 1000 ml
- plastic container for storage of the wash solution

8 SPECIMEN COLLECTION, STORAGE AND HANDLING

Collect whole blood specimens using acceptable medical techniques to avoid hemolysis

Allow blood to clot and separate the serum by centrifugation

Test serum should be clear and non-hemolyzed. Contamination by hemolysis or lipemia is best 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 samples. This may result in variable loss of autoantibody activity

Testing of heat-inactivated sera is not recommended

9 PROCEDURAL NOTES

1. Do not use kit components beyond their expiration dates
2. Do not interchange kit components from different lots
3. All materials must be at room temperature (20-28°C)
4. Have all reagents and samples ready before start of the assay. Once started, the test must be performed without interruption to get the most reliable and consistent results.
5. Perform the assay steps only in the order indicated
6. Always use fresh sample dilutions
7. Pipette all reagents and samples into the bottom of the wells
8. To avoid carryover contamination change the tip between samples and different kit controls
9. It is important to wash microwells thoroughly and remove the last droplets of wash buffer to achieve best results.
10. All incubation steps must be accurately timed
11. Control sera or pools should routinely be assayed as unknowns to check performance of the reagents and the assay.
12. Do not re-use microplate wells

For all controls, the respective concentrations are provided on the labels of each vial. Using these concentrations a calibration curve may be calculated to read off the patient results semi-quantitatively.



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10 PREPARATION OF REAGENTS

Preparation of sample buffer

Dilute the contents of each vial of the sample buffer concentrate (5x) with distilled or deionized water to a final volume of 100 ml prior to use.

Store refrigerated: stable at 2-8°C for at least 30 days after preparation or until the expiration date printed on the label.

Preparation of wash solution

Dilute the contents of each vial of the buffered wash solution concentrate (50x) with distilled or deionized water to a final volume of 1000 ml prior to use.

Store refrigerated: stable at 2-8°C for at least 30 days after preparation or until the expiration date printed on the label.

Sample preparation

Dilute all patient samples **1:100** with sample buffer before assay. Therefore combine 10 µl of sample with 990 µl of sample buffer in a polystyrene tube. Mix well.

Controls are ready to use and need not be diluted.

11 TEST PROCEDURE

1. Prepare a sufficient number of microplate modules to accommodate controls and prediluted patient samples.
2. Pipet 100 µl of controls and prediluted patient samples in duplicate into the wells.

	1	2	3	4	5	6
A	CC	P..				
B	NC	P..				
C	P1					
D	P2					
E	P3					
F	P4					
G	P5					
H	P6					

P1, P2... patient samples 1, 2 ...
 CC: calibrator control
 NC: negative control

3. Incubate for 30 minutes at room temperature (20-28°C)
4. Discard the contents of the microwells and wash 3 times with 300 µl of wash solution.
5. Dispense 100 µl of enzyme conjugate into each well
6. Incubate for 15 minutes at room temperature
7. Discard the contents of the microwells and wash 3 times with 300 µl of wash solution



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- 8. Dispense 100 µl of TMB substrate solution into each well
- 9. Incubate for 15 minutes at room temperature
- 10. Add 100 µl of stop solution to each well of the modules and incubate for 5 minutes at room temperature
- 11. Read the optical density at 450 nm and calculate the results. Bi-chromatic measurement with a reference at 600-690 nm is recommended.

The developed colour is stable for at least 30 minutes. Read optical densities during this time.

12 INTERPRETATION OF RESULTS

12.1 Quality Control

This test is only valid if the optical density at 450 nm for Negative Control (NC) and Calibrator Control complies with the respective range indicated on the Quality Control Certificate enclosed to each test kit !

If any of these criteria is not met, the results are invalid and the test should be repeated.

The Assays is calibrated against the internationally recognized reference sera from CDC, Atlanta, USA and furthermore against the WHO reference preparation for human anti-dsDNA Wo/80.

12.2 Calculation of results

Evaluation of the ANA-8-Screen test is carried out by a comparison of the optical density of each patient sample with the optical density of the cut-off. The cut-off needs to be calculated first, by multiplying the OD of the calibrator control by a test specific factor (see enclosed QC data sheet).

$$OD_{Cut\ off} = OD_{Calibrator\ Control} \times Specific\ Factor$$

For detailed semi-quantification of the results, each patient-OD value can be expressed by the "Index Value". The Index Value is calculated by dividing the sample-OD by the calculated cut-off-OD.

$$Index\ Value = OD_{Sample} / OD_{Cut\ off}$$

Interpretation of results

	ANA screen (Index Value)
Negative:	< 1.0
Borderline:	1.0 - 1.2
Positive:	> 1.2

Patient samples exhibiting optical densities higher than the optical density of the calculated cut-off Control are considered to be positive.

Negative:	OD Patient	<	OD Cut-Off
Positive:	OD Patient	≥	OD Cut-Off

The calculation of Index Values is not influenced by variations of the sample-OD and/or cut-off-OD.



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Index Values are recommended for long term validations (i.e. internal quality control samples). Due to additive effects of each of the coated antigens, sera with positive results in the ANA-8-Screen ELISA test may be determined as negative upon confirmatory testing. All positive screen results should be confirmed using assays such as the ANA combi test or the individual quantitative ANA test.

The table shows typical results for ANA-8-Screen. These data are intended for illustration only and should not be used to calculate results from another run.

Sample No.	Sample OD	OD Cut-Off	Index Value	Interpretation
1	0.107	0.535	0.20	negative
2	0.535	0.535	1.00	borderline
3	1.294	0.535	2.42	positive
4	2.496	0.535	4.67	positive

12.3 Expected Values

The approximate incidence of positive ANA is 5% in the general normal population, 40% in normal old age and 25% in healthy relatives of SLE patients. ANA positivity has been reported in:

- SLE (systemic Lupus erythematosus) >95%
- SS (Sjogren ´s sysndrome) 50-65%
- PSS (progressive systemic sklerosis) 40-60%
- RA (rheumatoid arthritis) 12-24%
- juvenile RA (juvenile rheumatoid arthritis) 20%

13 PERFORMANCE CHARACTERISTICS

Specificity

The microplate is coated with a mixture of the antigens SS-A (Ro), SS-B (La), Sm, RNP-70 Kd, RNP/Sm, Scl-70, Centromere-B and Jo-1, highly purified by affinity chromatography.

The ANA-8-Screen test is specific only for autoantibodies directed to these antigens. No cross reactivities have been observed.

Calibration

The assay system is calibrated against the internationally recognized reference sera from CDC, Atlanta USA, since no other international standards are available.

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14 LIMITATIONS OF PROCEDURE

1. The ANA-8-Screen ELISA is a diagnostic aid and by itself is not diagnostic. 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
2. Due to the potential for a cumulative effect of each of the coated antigens, sera with positive results in the ANA-8-Screen ELISA test may be determined to be negative when confirmatory testing is performed.
3. Positive ANA may be found in apparently healthy people.
4. SLE patients undergoing steroid therapy may have negative test results
5. Commonly prescribed drugs may induce ANA

15 INTERFERING SUBSTANCES

No interference has been observed with haemolytic (up to 1000 mg/dL), lipemic (up to 3 g/dL triglycerides) or bilirubin (up to 40 mg/dL) containing sera. Nor have any interfering effects been observed with the use of anticoagulants. However for practical reasons it is recommended that grossly hemolyzed or lipemic samples be avoided.

16 REFERENCES

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