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Instruction For Use










2014-06


## ORG 200 ANA Detect

### NAME AND INTENDED USE

ANA Detect is an ELISA-based test system for the qualitative screening of IgG class autoantibodies against SS-A-52 (Ro-52), SS-A-60 (Ro-60), SS-B (La), RNP/Sm, RNP-70, RNP-A, RNP-C, Sm-BB, Sm-D, Sm-E, Sm-F, Sm-G, Scl-70, Jo-1, dsDNA, ssDNA, polynucleosomes, mononucleosomes, histone complex, histone H1, histone H2A, histone H2B, histone 3, histone H4, Pm-Scl-100 and centromere B in human serum or plasma samples. This product is intended for professional in vitro diagnostic use only.

### SYMBOLS USED

	In vitro diagnostic medical device
	Manufacturer
	Catalogue number
	Sufficient for ... determinations
	Batch code
	Use by
	Temperature limitation
	Consult instructions for use
	Keep away from sunlight

	Alegria® Test Strips
	Wash Buffer
	System Fluid
	Ready to use



### SUMMARY AND EXPLANATION OF THE TEST

Connective tissue diseases (CTD) are a group of autoimmune disorders which are characterized by presence of antinuclear antibodies (ANA) in the blood of patients. ANA are a specific class of autoantibodies that have the capability of binding and destroying certain structures within the nucleus of the cells. These antibodies are involved in the disease pathogenesis, and they also constitute the basis for diagnosis and treatment of CTD.

ANA have been categorized into two main groups:

1. Autoantibodies to DNA and histones
2. Autoantibodies to extractable nuclear antigens (ENA): Sm, ribonucleoproteins (RNP), SSA/Ro, SSB/La, Scl-70, Jo-1 and PM1

Autoantibodies to DNA and histones include antibodies against single and double stranded DNA (ssDNA and dsDNA). Significant levels of anti-dsDNA antibodies are considered to be confirmatory in the diagnosis of systemic lupus erythematosus (SLE). Anti-histone antibodies are indicative of drug-induced lupus.

Besides DNA and histones, autoantibodies may also target other nuclear antigens. These nuclear antigens were named extractable nuclear antigens (ENA), as originally they were extracted from the nuclei with saline solution. Autoantibodies to Smith antigen (Sm) which is also considered to be highly specific for SLE were the first anti-ENA detected. Thereafter, further subtypes of ENA i.e. ribonucleoproteins (RNP), Sjögren antigen A or B (SSA/Ro or SSB/La), Scl-70, Jo-1 and PM1 were identified.

Although most of these ENA are disease specific, a significant overlap exists. Sensitivity and specificity may also vary depending upon the type of underlying CTD.

Presence of autoantibodies in the sera of patients constitutes one of the criteria used for diagnosis of CTD. Together with the clinical diagnosis ANA subtyping helps in identifying a specific CTD.

Indirect immunofluorescence tests (IF) and enzyme immunoassays (ELISA) are commonly used for ANA detection in day to day practice. Initially, screening is carried out by IF-ANA or a generic ELISA which detects ANA of a broad specificity similar to IF-ANA. If positive, more specific tests are performed based on clinical findings and the IF-ANA staining pattern.

These antigen specific ELISA assays react with single autoantigens e.g. dsDNA, SS-A/Ro, SS-B/La, Scl-70, Sm, Sm/RNP etc.

Autoantibodies to dsDNA are specific and diagnostic for SLE and levels are elevated during active disease. Recently published ACR Guidelines for Screening, Treatment, and Management of Lupus Nephritis recommend the testing of antibodies to dsDNA for monitoring of lupus nephritis, ranging from monthly intervals in pregnant patients with active glomerulonephritis at onset of treatment to every three months in patients with active nephritis at onset of treatment or pregnant patients with previous but not current nephritis, up to six-monthly testing in patients with previous active nephritis or no prior or current nephritis.

SLE-Patients without antibodies against dsDNA often produce antibodies against ssDNA. Similarly anti-Sm is highly specific for SLE but is present in only 10 % to 30 % of SLE cases.

Antibodies against dsDNA, histones, the 70 kD protein of the U1-snRNP complex (RNP70) and anti Sm are closely associated with SLE. Anti-SSA/Ro and anti-SSB/La antibodies are indicative for Sjögren's syndrome, but can also be found in up to 30 % cases of SLE with cutaneous involvement.

Anti-SS-A/Ro antibodies pass the placenta and may cause the development of SLE in neonates. Anti-SSA/Ro antibodies are almost always present in sera of mothers with babies with neonatal lupus syndrome and with complete congenital heart block.

Antinucleolar antibodies are a group of autoantibodies which give a nucleolar IF-staining pattern. Most common of these are anti-PM-Scl, anti-RNA polymerase I-III and anti-U3-RNP. They are found in scleroderma and polymyositis (PM). Antibodies against RNP and the complex RNP/Sm are linked to mixed connective tissue disease (MCTD, Sharp syndrome) and to SLE. Serologically MCTD is characterized by the presence of autoantibodies directed against the 70 kD protein of the U1-snRNP-complex. Up to 100% of MCTD patients manifest high titers of Anti-RNP-70 antibodies.

Diseases	Autoantibody prevalence to (values in %)									
	dsDNA	ssDNA	Histone	SS-A	SS-B	Sm	RNP/Sm	Scl-70	Jo-1	
Systemic lupus erythematosus (SLE)	> 90	> 90	30-50	10-30	30-50	10-30	10-30			
Drug-induced lupus (DIL)			30-50	50-90						
Sharp-syndrome / mixed connective tissue disease	10-30	10-30					> 90			
Rheumatoid arthritis	10-30	30-50	30-50	10-30						
Sjögren's syndrome	10-30	10-30		> 90	> 90					
Scleroderma	10-30	10-30		10-30				> 90		
Photosensitive dermatitis, dermatomyositis	10-30	10-30								50-90

## PRINCIPLE OF THE TEST

The Alegria<sup>®</sup> assay features barcoded 8-well-microstrips, called Alegria<sup>®</sup> Test Strips. Each strip is designed for a single determination of one patient sample. The Alegria<sup>®</sup> 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<sup>®</sup> Test Strip is based on the proprietary SMC<sup>®</sup>-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<sup>®</sup> Test Strip.

The Alegria<sup>®</sup> Test Strip can be used with the diagnostic instrument Alegria<sup>®</sup> - a fully automated Random Access Analyser. By means of SMC<sup>®</sup>-Technology data encoded on the barcode are transferred from the Alegria<sup>®</sup> 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<sup>®</sup> 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 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<sup>®</sup> strips in the dark.
- For disposal of laboratory waste the national or regional legislation has to be observed.

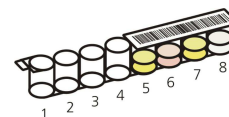
Observe the guidelines for performing quality control in medical laboratories by assaying controls and/or pooled sera.

## CONTENTS OF THE KIT

▽ 24 ORG 200-24

▽ 12 ORG 200-12

ALEGRIA TEST STRIPS



Sufficient for 24 determinations

Sufficient for 12 determinations

Alegria<sup>®</sup> 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 IgG 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'- Tetramethylbenzidine.

A mixture of purified antigens SS-A-52 (Ro-52), SS-A-60 (Ro-60), SS-B (La), RNP/Sm, RNP-70, RNP-A, RNP-C, Sm-BB, Sm-D, Sm-E, Sm-F, Sm-G, Scl-70, Jo -1, dsDNA, ssDNA, polynucleosomes, mononucleosomes, histone complex, histone H1, histone H2A, histone H2B, histone 3, histone H4, Pm-Scl-100 and centromere B is coated on to microwells.

Product code on barcode: **ANA Detect**

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 Alegria<sup>®</sup> Instruction for Use: Alegria<sup>®</sup> Mini-DVD



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<sup>®</sup> 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.

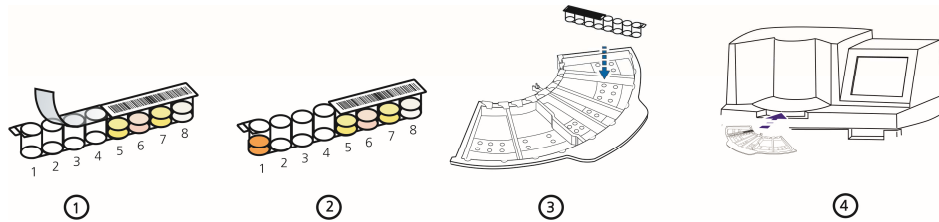
(1) Remove the foil from the empty wells 1 to 4 of the Alegria® Test Strip.

**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

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

## 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

For qualitative results automatically an "Index Value" (Index) is calculated by dividing the OD sample by the OD of the internal cut-off control.

### Expected values

In a normal range study with samples from healthy blood donors the following ranges have been established with this Alegria® assay: Cut-off Index 1.0

### Interpretation of results

Negative	Index < 1.0
Borderline	Index 1.0 - 1.2
Positive	Index > 1.2

## 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 [Index]	Expected [Index]	O/E [%]
1	1:100	5.6	5.6	100
.	1:200	3.0	2.8	107
.	1:400	1.6	1.4	111
.	1:800	0.8	0.7	109
2	1:100	4.9	4.9	100
.	1:200	2.3	2.5	94
.	1:400	1.1	1.2	90
.	1:800	0.6	0.6	98
3	1:100	4.6	4.6	100
.	1:200	2.1	2.3	91
.	1:400	1.3	1.2	110
.	1:800	0.7	0.6	113

## 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 Index	CV
1	1.0	2.8
2	1.5	2.9
3	2.5	2.7

Inter-Assay		
Sample	Mean Index	CV
1	1.0	3.6
2	1.6	5.5
3	2.7	9.4

## 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

Study population	n	n_pos	%
SLE	63	62	98.4
Sjogren's Syndrome	2	2	100.0
MCTD	9	9	100.0
Poly- Dermatomyositis	8	8	100.0
Scleroderma	3	3	100.0
CREST	9	9	100.0
Normal human sera	148	3	2.0

		Clinical Diagnosis		
		Pos	Neg	
ORG 200	Pos	93	3	242
ANA Detect	Neg	1	145	
		94	148	
Sensitivity:	98.9	%		
Specificity:	98.0	%		
Overall agreement:	98.3	%		

### 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 pathological and normal reference ranges for antibodies in patient samples should be regarded as recommendations only. Each laboratory should establish its own ranges according to ISO 15189 or other applicable laboratory guidelines.

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