



**DRG® Aspergillus fumigatus IgM ELISA (EIA-2502)**



**REVISED 8 JUNE 2006**

## **1 INTENDED USE**

Enzyme immunoassay for the **in-vitro diagnostic** qualitative and quantitative determination of IgM antibodies against *Aspergillus fumigatus* in human serum and plasma.

## **2 SUMMARY AND EXPLANATION**

The most common pathogen of the genus *Aspergillus* is *A. fumigatus* occurring in hay, grain, rotten plants and bird faeces. The main opportunistic invasive fungal infections are the candidal mycosis followed by aspergillosis. In general infections with *Aspergillus* spp. are airborne. Because of the ubiquity of *Aspergillus* species it is difficult to decide between contamination by commensalism or a serious infection. Usually infection in humans occurs in already damaged tissues only. *Aspergillus* spp. can cause a chronic infection of paranasal sinus, eyes or lungs.

Three types of lung-aspergillosis can be distinguished: acute infection (bronchial pneumonia; pneumonia), saprophytic aspergillom (compact reticulum of hyphae in the lungs) and allergic bronchopulmonal aspergillosis (mediated by IgE).

Next to the ELISA the indirect *Aspergillus* hemagglutination test (*Aspergillus* HAT) can be performed to detect specific IgG and IgM antibodies. The HAT is not suitable as a screening test, however, because of its low sensitivity. In some high-risk patients it shows only low antibody titers.

## **3 TEST PRINCIPLE**

Solid phase enzyme-linked immunosorbent assay (ELISA) based on the sandwich principle.

The wells are coated with antigen. Specific antibodies of the sample binding to the antigen coated wells are detected by a secondary enzyme conjugated antibody (E-Ab) specific for human IgM. After the substrate reaction the intensity of the color developed is proportional to the amount of IgM-specific antibodies detected. Results of samples can be determined directly using the standard curve.

## **4 WARNINGS AND PRECAUTIONS**

1. For in-vitro diagnostic use only. For professional use only.
2. Before starting the assay, read the instructions completely and carefully. Use the valid version of the package insert provided with the kit. Be sure that everything is understood.
3. In case of severe damage of the kit package please contact DRG® or your supplier in written form, latest one week after receiving the kit. Do not use damaged components in test runs, but keep safe for complaint related issues.
4. Obey lot number and expiry date. Do not mix reagents of different lots. Do not use expired reagents.
5. Follow good laboratory practice and safety guidelines. Wear lab coats, disposable latex gloves and protective glasses where necessary.
6. Reagents of this kit containing hazardous material may cause eye and skin irritations. See MATERIALS SUPPLIED and labels for details. Material Safety Data Sheets for this product are available.
7. Chemicals and prepared or used reagents have to be treated as hazardous waste according to national biohazard and safety guidelines or regulations.
8. Avoid contact with Stop solution. It may cause skin irritations and burns.



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- 9. Some reagents contain sodium azide (NaN<sub>3</sub>) as preservatives. In case of contact with eyes or skin, flush immediately with water. NaN<sub>3</sub> may react with lead and copper plumbing to form explosive metal azides. When disposing reagents, flush with a large volume of water to avoid azide build-up.
- 10. All reagents of this kit containing human serum or plasma have been tested and were found negative for HIV I/II, HBsAg and HCV. However, a presence of these or other infectious agents cannot be excluded absolutely and therefore reagents should be treated as potential biohazards in use and for disposal.

**5 STORAGE AND STABILITY**

The kit is shipped at ambient temperature and should be stored at 2-8°C. Keep away from heat or direct sun light. The storage and stability of specimen and prepared reagents is stated in the corresponding chapters. The microtiter strips are stable up to the expiry date of the kit in the broken, but tightly closed bag when stored at 2-8°C.

**6 SPECIMEN COLLECTION AND STORAGE**

**Serum, Plasma (EDTA, Heparin)**

The usual precautions for venipuncture should be observed. It is important to preserve the chemical integrity of a blood specimen from the moment it is collected until it is assayed.

Do not use grossly hemolytic, icteric or grossly lipemic specimens. Samples appearing turbid should be centrifuged before testing to remove any particulate material.

Keep away from heat or direct sun light.

Avoid repeated freeze-thaw cycles.

<b>Storage:</b>	2-8°C	-20°C
<b>Stability:</b>	2 d	> 2 d

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**7 MATERIALS SUPPLIED**

4 x 2 mL	<p><b>Standard 1-4</b>            1; 10; 30; 60 U/mL. Ready to use.            Standard 1 = Negative Control,            Standard 2 = Cut-Off Control            Standard 3 = Weakly Positive Control,            Standard 4 = Positive Control            Contains human serum, IgM antibodies against <i>Aspergillus</i>, PBS, stabilizers.</p>
1 x 14 mL	<p><b>Enzyme Conjugate IgM</b>            Red colored. Ready to use.            Contains anti-human IgM, conjugated to peroxidase, protein- containing buffer, stabilizers.</p>
1 x 12 x 8	<p><b>Microtiter Plate</b>            Break apart strips. Coated with specific antigen.</p>
1 x 14 mL	<p><b>TMB Substrate Solution</b>            Ready to use. Contains TMB.</p>
1 x 14 mL	<p><b>TMB Stop Solution</b>            Ready to use. 0.5 M H<sub>2</sub>SO<sub>4</sub></p>
1 x 60 mL	<p><b>Diluent Buffer</b>            Ready to use. Contains PBS Buffer, BSA, &lt; 0.1 % NaN<sub>3</sub>.</p>
1 x 60 mL	<p><b>Wash Buffer, Concentrate (10x)</b>            Contains PBS Buffer, Tween 20</p>
2 x	<p><b>Adhesive Foil</b>            For covering of Microtiter Plate during incubation.</p>
1 x	<p><b>Plastic Bag</b>            Resealable. For dry storage of non-used strips.</p>

**8 MATERIALS REQUIRED BUT NOT SUPPLIED**

1. RF Adsorbent (can be ordered separately under REF RE59059)
2. Micropipettes (Multipette Eppendorf or similar devices, < 3% CV). Volumes: 5; 50; 100; 500 µL
3. Calibrated measures
4. Tubes (1 mL) for sample dilution
5. 8-Channel Micropipettor with reagent reservoirs
6. Wash bottle, automated or semi-automated microtiter plate washing system
7. Microtiter plate reader capable of reading absorbance at 450 nm (reference wavelength 600-650 nm)
8. Bidistilled or deionized water
9. Paper towels, pipette tips and timer

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**9 PROCEDURE NOTES**

1. Any improper handling of samples or modification of the test procedure may influence the results. The indicated pipetting volumes, incubation times, temperatures and pretreatment steps have to be performed strictly according to the instructions. Use calibrated pipettes and devices only.
2. Once the test has been started, all steps should be completed without interruption. Make sure that required reagents, materials and devices are prepared ready at the appropriate time. Allow all reagents and specimens to reach room temperature (18-25 °C) and gently swirl each vial of liquid reagent and sample before use. Mix reagents without foaming.
3. Avoid contamination of reagents, pipettes and wells/tubes. Use new disposable plastic pipette tips for each reagent, standard or specimen. Do not interchange caps. Always cap not used vials. Do not reuse wells/tubes or reagents.
4. Use a pipetting scheme to verify an appropriate plate layout.
5. Incubation time affects results. All wells should be handled in the same order and time sequences. It is recommended to use an 8-channel Micropipettor for pipetting of solutions in all wells.
6. Microplate washing is important. Improperly washed wells will give erroneous results. It is recommended to use a multichannel pipette or an automatic microplate washing system. Do not allow the wells to dry between incubations. Do not scratch coated wells during rinsing and aspiration. Rinse and fill all reagents with care. While rinsing, check that all wells are filled precisely with Wash Buffer, and that there are no residues in the wells.
7. Humidity affects the coated wells/tubes. Do not open the pouch until it reaches room temperature. Unused wells/tubes should be returned immediately to the resealed pouch including the desiccant.

**10 PRE-TEST SETUP INSTRUCTIONS****10.1 Preparation of Components**

Dilute/ dissolve	Component		Diluent	Relation	Remarks	Storage	Stability
60 mL	Wash Buffer	ad 600 mL	bidist. Water	1:10	Warm up at 37°C to dissolve crystals. Mix vigorously.	2-8°C	8 w

**10.2 Dilution of Samples**

Sample	to be diluted	with	Relation	Remarks
<b>Serum / Plasma</b>	generally	Diluent Buffer	1:101	e.g. 5 µL + 500 µL

Samples containing concentrations higher than the highest standard have to be diluted further.

**10.3 Treatment with RF-Absorbent**

**CAUTION:** In order to avoid interferences of specific IgG and rheumatoid factors, patient sera should be treated with RF absorbent (REF RE59059).

**Do not treat standards and controls with RF-Absorbent!**

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1. Pipette **20 µL** of **RF-Absorbent** to **400 µL** of 1:101 diluted **sample**. Mix well.
  2. Incubate  $\geq 1$  min ( $< 15$  min) at RT (18-25°C).
- Do not incubate  $> 15$  min to avoid adsorption of specific antibodies.  
Pretreated samples may be turbid.

**11 TEST PROCEDURE**

1. Pipette **100 µL** of each **Standard and diluted sample** into the respective wells of the Microtiter Plate. In the qualitative test only Standard 2 is used.
2. Cover plate with adhesive foil. **Incubate 60 min at 18-25°C.**
3. Remove adhesive foil. Discard incubation solution. Wash plate **3 x with 300 µL** of diluted Wash Buffer. Remove excess solution by tapping the inverted plate on a paper towel.
4. Pipette **100 µL** of **Enzyme Conjugate** into each well.
5. Cover plate with new adhesive foil. **Incubate 30 min at 18-25°C.**
6. Remove adhesive foil. Discard incubation solution. Wash plate **3 x with 300 µL** of diluted Wash Buffer. Remove excess solution by tapping the inverted plate on a paper towel.
7. For adding of Substrate and Stop Solution use, if available, an 8-channel Micropipettor. Pipetting should be carried out in the same time intervals for Substrate and Stop Solution. Use positive displacement and avoid formation of air bubbles.
8. Pipette **100 µL** of **TMB Substrate Solution** into each well.
9. **Incubate 20 min at 18-25°C in the dark** (without adhesive foil).
10. Stop the substrate reaction by adding **100 µL** of **TMB Stop Solution** into each well. Briefly mix contents by gently shaking the plate. Color changes from blue to yellow.
11. **Measure** optical density with a photometer at **450 nm** (Reference-wavelength: 600-650 nm) **within 60 min** after pipetting of the Stop Solution.

**12 QUALITY CONTROL**

The test results are only valid if the test has been performed following the instructions. Moreover the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or other applicable standards/laws. All standards must be found within the acceptable ranges as stated on the QC Certificate. If the criteria are not met, the run is not valid and should be repeated. Each laboratory should use known samples as further controls.

In case of any deviation the following technical issues should be proven: Expiration dates of (prepared) reagents, storage conditions, pipettes, devices, incubation conditions and washing methods.

It is recommended to participate at appropriate quality assessment trials.

**13 CALCULATION OF RESULTS**

The obtained OD of the standards (y-axis, linear) are plotted against their concentration (x-axis, logarithmic) either on semi-logarithmic graph paper or using an automated method. A good fit is provided with cubic spline, 4 Parameter Logisites or Logit-Log.

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For the calculation of the standard curve, apply each signal of the standards (one obvious outlier of duplicates might be omitted and the more plausible single value might be used).

The concentration of the samples can be read from the standard curve.

The initial dilution has been taken into consideration when reading the results from the graph. Results of samples of higher predilution have to be multiplied with the dilution factor.

Samples showing concentrations above the highest standard have to be diluted as described in PRE-TEST SETUP INSTRUCTIONS and reassayed.

**Typical Calibration Curve** (Example. Do not use for calculation!)

Standard	A. fumigatus IgM U/mL	Mean OD (450 nm)
1	1	0.02
2	10	0.54
3	30	1.23
4	60	2.49

**14 INTERPRETATION OF RESULTS**

U/mL	Interpretation
< 8	negative
8 - 12	equivocal
> 12	positive

The results themselves should not be the only reason for any therapeutical consequences. They have to be correlated to other clinical observations and diagnostic tests.

**15 EXPECTED VALUES**

In an in-house study, apparently healthy subjects showed the following results:

Ig Isotype	n	Interpretation		
		positive	equivocal	negative
<b>IgM</b>	88	2.3 %	4.6 %	93.2 %

**16 LIMITATIONS OF THE PROCEDURE**

Specimen collection has a significant effect on the test results. See SPECIMEN COLLECTION AND STORAGE for details.

For cross-reactivities, see PERFORMANCE.

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Azide and thimerosal at concentrations > 0.1 % interfere in this assay and may lead to false results.

The following blood components do not have a significant effect (+/- 15 % of expected) on the test results up to the concentrations stated below:

Hemoglobin	8.0 mg/mL
Bilirubin	0.3 mg/mL
Triglyceride	5.0 mg/mL

**17 PERFORMANCE**

<b>Analytical Specificity (Cross Reactivity)</b>	No cross-reactivities were found to: Candida		
<b>Precision</b>	Mean (U/mL)	CV (%)	
Intra-Assay	28	5.9	
Inter-Assay	32	5.5	
<b>Linearity</b>	Range (U/mL)	Serial dilution up to	Range (%)
	2.6 - 26	1:8	95 - 120
<b>Recovery</b>	90 – 104 %	% Recovery after spiking (n = 3)	
<b>Method Comparison versus ELISA</b>	Rel. Sensitivity	> 95 %	
	Rel. Specificity	> 95 %	

**18 LIABILITY**

Complaints will only be accepted in written form and if all details of the test performance and results are included. Any modification of the test procedure or exchange or mixing of components of different lots could negatively affect the results. These cases invalidate any claim for replacement. Regardless, in the event of any claim, the manufacturer's liability is not to exceed the value of the test kit. Any damage caused to the kit during transportation is not subject to the liability of the manufacturer.

**19 REFERENCES**

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