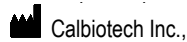


REFERENCES

1. Dick GW, Kitchen SF, Haddow AJ. Zika virus isolations and serological specificity. *Trans R Soc Trop Med Hyg.* 1952;46:509–20. DOI: 10.1016/0035-9203(52)90042-4
2. Duffy MR, Chen TH, Hancock WT, Powers AM, Kool JL, Lanciotti RS, ZIKAV outbreak on Yap Island, Federated States of Micronesia. *N Engl J Med.* 2009; 360:2536–43.
3. www.cdc.gov/eid • Vol. 14, No. 8, August 2008
4. Zika Virus: Questions and Answers. U.S. Centers for Disease Control and Prevention (CDC), 2016. (Accessed Feb. 23, 2016, at <http://www.cdc.gov/zika/disease-qa.html>.)
5. Martines RB, Bhatnagar J, Keating MK, et al. Notes from the Field: Evidence of Zika Virus Infection in Brain and Placental Tissues from Two Congenitally Infected Newborns and Two Fetal Losses - Brazil, 2015. *MMWR Morb Mortal Wkly Rep* 2016;65:159-60.
6. Oliveira Melo AS, Malinger G, Ximenes R, Szejnfeld PO, Alves Sampaio S, Bispo de Filippis AM. Zika virus intrauterine infection causes fetal brain abnormality and microcephaly: tip of the iceberg? *Ultrasound Obstet Gynecol* 2016;47:6-7.
7. Mlakar J, Korva M, Tul N, et al. Zika Virus Associated with Microcephaly. *N Engl J Med* 2016.

2019-12-23



Calbiotech Inc.,



Zika Virus IgG ELISA

Catalog No.: ZK328G (96 Tests)

INTENDED USE

For Laboratory Use. The Calbiotech Zika virus IgG ELISA Kit is intended for the detection of IgG antibody to Zika virus in serum or plasma. **For Research Use Only. Not for use in diagnostic procedures.**

SUMMARY AND EXPLANATION

Zika virus (ZIKAV) is a mosquito-transmitted single stranded virus in the family *Flaviviridae* and genus *Flavivirus*. It was initially isolated in 1947 from blood of a febrile sentinel rhesus monkey during a yellow fever study in the Zika forest of Uganda. The virus was subsequently isolated from a pool of *Aedes africanus* mosquitoes collected in 1948 from the same region of the Zika forest. ZIKAV infection is asymptomatic in many patients; when clinical illness does occur, it is generally mild, with exanthematous rash, fever, conjunctivitis, or arthralgia. The illness is usually mild with symptoms lasting for several days to a week after being stung by an infected mosquito. Only 20% of people infected show any of the symptoms. While those symptoms are typically mild, the main concern of Zika comes from its transmission from pregnant women to their fetuses. There is serious cause for alarm that Zika can cause abnormal brain development in fetuses, resulting in miscarriage or severe microcephaly, a serious condition in which the baby's head and brain are severely underdeveloped. Due to the potential link between ZIKAV infection and microcephaly, on February 1, 2016, WHO declared a public health emergency of international concern.

PRINCIPLE OF THE TEST

Diluted patient serum is added to wells coated with purified NS1 Zika virus antigen. Zika virus IgG specific antibody, if present, binds to the antigen. All unbound materials are washed away and the enzyme conjugate is added to bind to the antibody-antigen complex. If present, excess enzyme conjugate is washed off and substrate is added. The plate is incubated to allow the oxidation of the substrate by the enzyme. The intensity of the color generated is proportional to the amount of IgG specific antibody in the sample.

MATERIALS PROVIDED		96 Tests
1.	Microwells coated with Zika NS1 Protein	12x8x1
2.	IgG Sample Diluent: 1 bottle (ready to use)	22 ml
3.	Calibrator: Yellow Cap. 1 Vial (ready to use)	1ml
4.	Positive Control: Red Cap. 1 vial (ready to use)	1ml
5.	Negative Control: Blue Cap. 1 vial (ready to use)	1ml
6.	IgG Enzyme Conjugate: 1 vial (100X)	0.12 ml
7.	Conjugate Diluent: 1 bottle	12ml
8.	TMB Substrate: 1 bottle (ready to use)	12ml
9.	Stop Solution: 1 bottle (ready to use)	12ml
10.	Wash concentrate 20X: 1 bottle	25ml

MATERIALS NOT PROVIDED

1. Distilled or deionized water
2. Precision pipettes
3. Disposable pipette tips
4. ELISA reader capable of reading absorbance at 450nm
5. Absorbance paper or paper towel
6. Graph paper

STORAGE AND STABILITY

1. Store the kit at 2-8° C.
2. Keep microwells 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.

WARNINGS AND PRECAUTIONS

1. For research use only. Not for use in diagnostic procedures.
2. For Laboratory Use.
3. Potential biohazardous materials:

The calibrator and controls contain human source components which have been tested and found non-reactive for hepatitis B surface antigen as well as HIV antibody with FDA licensed reagents. However, there is no test method that can offer complete assurance that HIV, Hepatitis B virus or other infectious agents are absent. These reagents should be handled at the Biosafety Level 2, as recommended in the Centers for Disease Control/National Institutes of Health manual, "Biosafety in Microbiological and Biomedical Laboratories" 1984.

4. Optimal results will be obtained by strict adherence to the test protocol. Precise pipetting as well as following the exact time and temperature requirements is essential.
5. Do not pipette by mouth. Do not smoke, eat, or drink in the areas in which specimens or kit reagents are handled.
6. The components in this kit are intended for use as an integral unit. The components of different lots should not be mixed.
7. This product contains components preserved with sodium azide. Sodium azide may react with lead and copper plumbing to form explosive metal azide. On disposal, flush with a large volume of water.

SPECIMEN COLLECTION AND HANDLING

1. Collect blood specimens and separate the serum.
2. Typically, specimens may be refrigerated at 2–8 °C for up to seven days or frozen for up to six months. Avoid repetitive freezing and thawing.

REAGENT PREPARATION

1. 100x Enzyme conjugate: Prepare 1x working dilution at 1:100 with conjugate diluent, e.g. 20 µl of the stock conjugate in 1.98 mL in conjugate diluent is sufficient for 20 wells. The diluted conjugate must be used the same day.
2. Prepare 1X Wash buffer by adding the contents of the bottle (25 ml, 20X) to 475 ml of distilled or deionized water. Store at room temperature (20-25 °C).

ASSAY PROCEDURE

Bring all specimens and kit reagents to room temperature (20-25°C) and gently mix.

1. Place the desired number of coated strips into the holder.
2. Negative control, positive control, and calibrator are ready to use. Prepare 1:21 dilution of specimens, by adding 10 µl of the sample to 200 µl of sample diluent. Mix well.
3. Dispense 100 µl of diluted sera, calibrator and controls into the appropriate wells. For the reagent blank, dispense 100µl sample diluent in 1A well position. Tap the holder to remove air bubbles from the liquid and mix well. Incubate for 20 minutes at room temperature.
4. Remove liquid from all wells. Wash wells three times with 300 µl of 1X wash buffer. Blot on absorbance paper or paper towel.
5. Dispense 100µl of enzyme conjugate to each well and incubate for 20 minutes at room temperature.
6. Remove enzyme conjugate from all wells. Wash wells three times with 300 µl of 1X wash buffer. Blot on absorbance paper or paper towel.
7. Dispense 100µl of TMB substrate and incubate for 10 minutes at room temperature.
8. Add 100 µL of stop solution.
9. Read O.D. at 450 nm using ELISA reader within 15 min. A dual wavelength is recommended with reference filter of 600-650 nm.

CALCULATION OF RESULTS

1. Check Calibrator Factor (CF) value on the calibrator bottle. This value might vary from lot to lot. Make sure you check the value on every kit.
2. Calculate cut-off value: Calibrator OD x Calibrator Factor (CF).
3. Calculate the Ab (Antibody) Index of each determination by dividing the mean values of each sample by cut-off value.

LIMITATIONS OF THE TEST

1. In specimens with high RF and high autoimmune antibodies, the possibility of eliminating the interferences cannot be ruled out entirely.
2. Lipemic or hemolyzed samples may cause erroneous results.