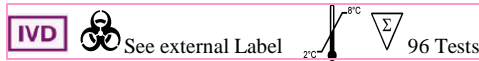


**AccuDiag™**  
**Sm/RNP**  
**ELISA Kit**

**Cat# 2558-2**



<b>Test</b>	<b>Sm /RNP ELISA</b>
<b>Method</b>	<b>Enzyme Linked Immunosorbent Assay</b>
<b>Principle</b>	<b>Sandwich Complex</b>
<b>Detection Range</b>	<b>Semi-Quantitative - Positive, Negative and Cut-off</b>
<b>Sample</b>	<b>10 µL serum</b>
<b>Total Time</b>	<b>~ 60 min.</b>
<b>Shelf Life</b>	<b>12 Months from the manufacturing date</b>
<b>Specificity</b>	<b>97.9%</b>
<b>Sensitivity</b>	<b>92%</b>

**INTENDED USE**

Diagnostic Automation Sm/RNP ELISA test system is a semi-quantitative immunoassay for the detection of IgG antibodies to Sm/RNP in human sera. When performed according to these instructions, the results of this autoantibody profile may aid in the diagnosis and treatment of autoimmune connective tissue disorders. This device is for *in vitro* diagnostic use.

**SUMMARY AND EXPLANATION**

In recent years, it has become clear that autoantibodies to a number of nuclear constituents have proven to be useful in the diagnosis of various connective tissue diseases. The Jo-1 autoantibody is one of a family of characteristic autoantibodies seen in myositis patients (19). Scientists also find them specifically in patients with myositis, and associate them with a high incidence of accompanying interstitial lung disease (10). Doctors consider antibodies directed against the Sm marker a diagnostic criterion for SLE due to high specificity for patients with SLE (1, 2). The presence of high level RNP antibodies alone are considered diagnostic of mixed connective tissue disease (MCTD) and are usually associated with a more benign disease course (3), while patients with low levels of RNP antibodies, together with other autoantibodies, may be observed in the serum of patients with progressive systemic sclerosis, Sjögren’s Syndrome, and rheumatoid arthritis. The presence of RNP antibodies in the serum of SLE patients is usually associated with a lower incidence of renal involvement and a more benign disease course. To the contrary, patients with Sm antibodies experience a higher frequency of renal and central nervous system complications (4). Studies have observed autoantibodies directed against SSA and SSB in patients with SLE (5-6) and Sjögren’s disease (7-9). SSA antibodies are frequently present in the serum of ANA negative SLE patients, such as subacute cutaneous lupus erythematosus (12), a lupus-like syndrome associated with a homozygous C2 deficiency (13), and in a subset of patients who lack anti-dsDNA antibodies (11). Scl-70 antibodies are highly specific for scleroderma (11). Research also observes these antibodies in a minority of SLE patients. Scl-70 positive scleroderma patients tend to have a more severe disease course, more internal organ involvement, and diffuse rather than limited skin involvement (14). Scientists rarely find Scl-70 antibodies in other autoimmune diseases, and thus, their

detection in a patient with the recent onset of Raynaud’s phenomenon is highly significant (15).

The following table summarizes the various autoantibodies noted above with respect to disease association:

**Table 1 (16)**

<b>Antibody</b>	<b>Disease State</b>	<b>Relative Frequency of Antibody Detection %</b>
Anti-Jo-1	Myositis	25-44% (19)
Anti-Sm	SLE	30*
Anti-RNP	MCTD,SLE	100** and >40, respectively
Anti-SSA (Ro)	SLE, Sjögren’s	15 and 30-40, respectively
Anti-SSB (La)	SLE, Sjögren’s	15 and 60-70, respectively
Anti-Scl-70	Systemic sclerosis	20-28*
* Highly Specific		
* *Highly specific when present alone at high titer		

The relative frequency of these autoantibodies in association with SLE and other connective tissue diseases either singularly, or as multiple autoantibodies, requires an autoantibody profile assessment of each patient’s serum in order to obtain the highest degree of clinical relevance in the laboratory workup of these types of patients. Until recently, testing of autoantibodies occurred individually by indirect immunofluorescence, Ouchterlony gel diffusion, hemagglutination, radioimmunoassay, or enzyme-linked immunosorbent assay (ELISA). The exact etiology of autoimmune diseases is unknown, and the specific role played by autoantibodies in the onset of various autoimmune connective tissue diseases is obscure.

**TEST PRINCIPLE**

The DAI Sm/RNP ELISA test system is designed to detect IgG class antibodies to different autoantigens in human sera. Wells of plastic microwell strips are sensitized by passive absorption with immobilized antigens. The test procedure involves three incubation steps:

1. Test sera (properly diluted) are incubated in antigen coated microwells. Any antigen specific antibody in the sample will bind to the immobilized antigen. The plate is washed to remove unbound antibody and other serum components.
2. Peroxidase Conjugated goat anti-human IgG is added to the wells and the plate is incubated. The Conjugate will react with the antibodies immobilized on the solid phase in step 1. The wells are washed to remove unreacted Conjugate.
3. The microwells containing immobilized peroxidase Conjugate are incubated with peroxidase Substrate Solution. Hydrolysis of the Substrate by peroxidase produces a color change. After a period of time the reaction is stopped and the color intensity of the solution is measured photometrically. The color intensity of the solution depends upon the antibody concentration in the original test sample.

**SPECIMEN COLLECTION AND PREPARATION**

1. It is recommended that specimen collection be carried out in accordance with NCCLS document M29: Protection of Laboratory Workers from Infectious Disease.
2. No known test method can offer complete assurance that human blood samples will not transmit infection. Therefore, all blood derivatives should be considered potentially infectious.
3. Only freshly drawn and properly refrigerated sera obtained by approved aseptic venipuncture procedures should be used in this assay (17, 18). No anticoagulants or preservatives should be added. Avoid using hemolyzed, lipemic, or bacterially contaminated sera.
4. Store sample at room temperature for no longer than 8 hours. If testing is not performed within 8 hours, sera may be stored between 2 and 8°C for no longer than 48 hours. If delay in testing is anticipated, store test sera at – 20°C or lower. Avoid multiple freeze/thaw cycles that may cause loss of antibody activity and give erroneous results.



## MATERIALS AND COMPONENTS

### Materials provided with the test kits

Each kit contains the following components in sufficient quantities to perform the number of tests indicated on packaging label. **Note: All reactive reagents contain sodium azide as a preservative at a concentration of 0.1% (w/v): Controls Calibrators and Sample Diluent.**

- Plate:** 96 wells configured in twelve, 1x 8-well, strips coated with inactivated antigen. The strips are packaged in a strip holder and sealed in an envelope with desiccant.
- Conjugate:** Conjugated (horseradish peroxidase) goat anti-human IgG (Fc chain specific). One, 15 mL, white- capped bottle. Ready to use.
- Positive Control (Human Serum):** One, 0.35 mL, red-cap vial.
- Calibrator (Human Serum):** One, 0.5mL, blue-cap.
- Negative Control (Human Serum):** One, 0.35mL, green-cap vial.
- Sample Diluent:** One, 30mL, green-cap, bottle containing Tween-20, bovine serum albumin and phosphate-buffered-saline, (pH 7.2 ± 0.2). Ready to use. Note: Shake well before use.
- TMB:** One, 15 mL, amber-capped, amber bottle containing 3, 3', 5, 5' – tetramethylbenzidine (TMB). Ready to use.
- Stop Solution:** One, 15 mL, red-capped, bottle containing 1M H<sub>2</sub>SO<sub>4</sub> 0.7M HCl. Ready to use.
- Wash Buffer Concentrate (10X):** Dilute 1 part concentrate + 9 parts deionized or distilled water. One, 100mL, clear-capped, bottle containing a 10X concentrated phosphate-buffered –saline and Tween-20 solution (Blue solution). Note: 1X solution will have a pH of 7.2 ± 0.2.

The following components are not kit lot number dependent and may be used interchangeably with the ELISA assays: TMB, Stop Solution, and Wash Buffer.

### Note: Kit also contains

- Component list containing lot specific information is inside the kit box.
- Package insert providing instructions for use.

### Materials required but not provided

- ELISA microwell reader capable of reading at a wavelength of 450nm.
- Pipettes capable of accurately delivering 10 to 200µL.
- Multichannel pipette capable of accurately delivering (50-200µL)
- Reagent reservoirs for multichannel pipettes.
- Wash bottle or microwell washing system.
- Distilled or deionized water.
- One liter graduated cylinder.
- Serological pipettes.
- Disposable pipette tips.
- Paper towels.
- Laboratory timer to monitor incubation steps.
- Disposal basin and disinfectant. (example: 10% household bleach, 0.5% sodium hypochlorite.)

## ASSAY PROCEDURE

- Remove the individual components from storage and allow them to warm to room temperature (20-25°C).
- Determine the number of microwells needed. Allow six Control/Calibrator determinations (one Blank, one Negative Control, three Calibrators and one Positive Control) per run. A Reagent Blank should be run on each assay. Check software and reader requirements for the correct Controls/Calibrator configurations. Return unused strips to the resealable pouch with desiccant, seal, and return to storage between 2and 8°C.

EXAMPLE PLATE SET-UP		
	1	2
<b>A</b>	Blank	Patient 3
<b>B</b>	Neg. Control	Patient 4
<b>C</b>	Calibrator	Etc.
<b>D</b>	Calibrator	
<b>E</b>	Calibrator	
<b>F</b>	Pos. Control	
<b>G</b>	Patient 1	
<b>H</b>	Patient 2	

- Prepare a 1:21 dilution (e.g.: 10µL of serum + 200µL of Sample Diluent. NOTE: Shake Well Before Use) of the Negative Control, Calibrator, Positive Control, and each patient serum. The Sample Diluent will undergo a color change confirming that the specimen has been combined with the diluent.
- To individual wells, add 100µL of each diluted control, calibrator and patient specimen. Ensure that the samples are properly mixed. Use a different pipette tip for each sample.
- Add 100µL of Sample Diluent to well A1 as a reagent blank. Check software and reader requirements for the correct reagent blank well configuration.
- Incubate the plate at room temperature (20-25°C) for 25± 5 minutes.
- Wash the microwell strips 5X.

### A. Manual Wash Procedure:

- Vigorously shake out the liquid from the wells.
- Fill each microwell with Wash Buffer. Make sure no air bubbles are trapped in the wells.
- Repeat steps a. and b. for a total of 5 washes.
- Shake out the wash solution from all the wells. Invert the plate over a paper towel and tap firmly to remove any residual wash solution from the wells. Visually inspect the plate to ensure that no residual wash solution remains. Collect wash solution in a disposable basin and treat with disinfectant at the end of the day's run.

### B. Automated Wash Procedure:

If using an automated microwell wash system, set the dispensing volume to 300-350µL/well. Set the wash cycle for 5 washes with no delay between washes. If necessary, the microwell plate may be removed from the washer, inverted over a paper towel and tapped firmly to remove any residual wash solution from the microwells.

- Add 100µL of the Conjugate to each well, including reagent blank well, at the same rate and in the same order as the specimens were added.
- Incubate the plate at room temperature (20-25°C) for 25 ± 5 minutes
- Wash the microwells by following the procedure as described in step 7.
- Add 100µL of TMB to each well, including reagent blank well, at the same rate and in the same order as the specimens.
- Incubate the plate at room temperature (20-25°C) for 10to 15 minutes.
- Stop the reaction by adding 50µL of Stop Solution to each well, including reagent blank well, at the same rate and in the same order as the TMB was added. Positive samples will turn from blue to yellow. After adding the Stop Solution, tap the plate several times to ensure that the samples are thoroughly mixed.
- Set the microwell reader to read at a wavelength of 450nm and measure the optical density (OD) of each well against the reagent blank. The plate should be read within 30 minutes after the addition of the Stop Solution.

## RESULTS

The Calibrator within this Test System has been assigned both a Correction Factor for the generation of Index Values and a Calibrator Value for the generation of Unit Values. Based upon testing of normal and disease-state specimens, a maximum normal Unit Value has been determined by the manufacturer and correlated to the Calibrator.

### A. Calculations:

#### 1. Correction Factor

A cutoff OD value for positive samples has been determined by the manufacturer and correlated to the Calibrator. The correction factor (CF) will allow you to determine the cutoff value for positive samples and to correct for slight day-to-day variations in test results. The correction factor is determined for each lot of kit components and is printed on the Component List located in the kit box.

#### 2. Cutoff OD Value

To obtain the cutoff OD value, multiply the CF by the mean OD of the Calibrator determined above.

$$(CF \times \text{mean OD of Calibrator} = \text{cutoff OD value})$$

#### 3. Index Values or OD Ratios

Calculate the Index Value or OD Ratio for each specimen by dividing its OD value by the cutoff OD from step 2.

Mean OD of Calibrator	=	0.793
Correction Factor (CF)	=	0.25
Cut off OD	=	0.793 x 0.25 = 0.198
Unknown Specimen OD	=	0.432
Specimen Index Value or OD Ratio	=	0.432 / 0.198 = 2.18

**4. Conversion of Optical Density to Autoantibody Units (AAU)/mL:** The conversion of OD to Unit Value (AAU/mL) can be represented by the following equation:

Test Specimen AAU/mL = (A x B) / C Where: AAU/mL = Unknown Unit Value to be determined; A = OD of the test specimen in question; B = Unit Value of the Positive Calibrator (AAU/mL) & C = The mean OD of the Calibrator.

#### Example:

Test Specimen OD = 0.946      Test Specimen AAU/mL = (0.946 x 155) / 0.435  
 Calibrator OD = 0.435      Test Specimen = 337 AAU/mL  
 Calibrator Unit Value = 155 AAU/mL

### B. Interpretations:

Index Values or OD ratios are interpreted as follows:

	Unit Values	Index Value or OD Ratio
Negative Specimens	<150 AAU/mL	≤ 0.90
Equivocal Specimens	150 to 180 AAU/mL	0.91 to 1.09
Positive Specimens	>180 AAU/mL	≥ 1.10

Retest specimens with OD Ratio Values in the equivocal range (0.91 – 1.09) in duplicate. Report any two of the three results which agree. Evaluate repeatedly equivocal specimens using an alternate serological method and/or re-evaluate by drawing another sample one to three weeks later.

## PERFORMANCE CHARACTERISTICS

### Comparative Study

Technicians performed a comparative study to demonstrate the equivalence of Diagnostic Automation, Inc. ELISA Sm/RNP Test System to other commercially available autoantibody ELISA test systems, using 337 serum specimens; 152 normal donor samples from the northeastern and southeastern United States, and 185 disease-state repository samples previously characterized with respect to autoantibody activity. The results of the investigation have been summarized in Tables 1 and 2 below.

**Table 1: Relative Sensitivity, Disease-State Specimens**

DAIELISA Reactives	Commercial ELISA Reactives	Discrepant Samples	Reactives After Resolution of Discrepant	Sensitivity
46	58	11	50	46/50 = 92.0%

**Table 2: Relative Specificity; Normal Donor Specimens**

DAI ELISA Non-Reactives	Commercial ELISA Reactives	Discrepant Samples	Non-reactives After Resolution of Discrepant	Specificity
141	144	3	144	141/144 = 97.9%

### 2. Reproducibility

A reproducibility study was conducted to assess the intra-assay and inter-assay variability of the test system using a strong positive, a low positive, and a negative sample. Samples were tested eleven times on each of three days. The mean unit value, the standard deviation, and the percent CV were calculated for each sample. The results of this study are depicted below:

**Table 3: Reproducibility for DAI ELISA Sm/RNP Test System**

Specimen	Intra-assay Reproducibility									Inter-Assay Reproducibility; All Days Combined		
	Day 1			Day 2			Day 3			Mean	Std Dvn	% CV
High Positive	Mean	Std Dvn	% CV	Mean	Std Dvn	% CV	Mean	Std Dvn	% CV	Mean	Std Dvn	% CV
Low Positive	184	34	18	246	34	14	216	29	13	216	42	19
Negative	26	4	N/A	29	9	N/A	22	6	N/A	26	7	N/A

### 3. Cross Reactivity

Specimens negative for ANA by HEP-2 IFA and positive for IgG antibody to various antigens such as EBV-VCA, EBNA, HSV-1, HSV-2, CMV, Rubella, and/or Toxo, were tested for potential cross reactivity using the DAI ELISA Sm/RNP Test System. All specimens tested were negative on the ELISA, indicating that the potential for cross reactivity with such antibodies is not likely, and therefore should not interfere with the results obtained.

## LIMITATIONS OF PROCEDURE

- Do not make a diagnosis solely on the basis of any of the DAI ELISA Sm/RNP Test System test results.
- Interpret test results in conjunction with the clinical evaluation and the results of other diagnostic procedures.

## EXPECTED VALUES

The expected value for a normal patient is a negative result. The number of reactives, and the degree of reactivity is dependent upon parameters such as population type being tested, treatment, etc. Each laboratory should establish their



own expected values based upon the specimens typically being tested. With respect to disease-state and percent reactivity, the table in the Significance And Background section of this package insert shows the relative frequency of autoantibody activity for various rheumatic disorders.

**QUALITY CONTROL**

1. Each time the assay is run the Calibrator must be run in triplicate. A reagent blank, Negative Control, and Positive Control must also be included in each assay.
2. Calculate the mean of the three Calibrator wells. If any of the three values differ by more than 15% from the mean, discard that value and calculate the mean using the remaining two wells.
3. The mean OD value for the Calibrator and the OD values for the Positive and Negative Controls should fall within the following ranges:

	<u>OD Range</u>
Negative Control	$\leq 0.250$
Calibrator	$\geq 0.300$
Positive Control	$\geq 0.500$

- a. The OD of the Negative Control divided by the mean OD of the Calibrator should be  $\leq 0.9$ .
  - b. The OD of the Positive Control divided by the mean OD of the Calibrator should be  $\geq 1.25$ .
  - c. If the above conditions are not met the test should be considered invalid and should be repeated.
4. The Positive Control and Negative Control are intended to monitor for substantial reagent failure and will not ensure precision at the assay cut-off.
  5. Additional controls may be tested according to guidelines or requirements of local, state, and/or federal regulations or accrediting organizations.
  6. Refer to NCCLS document C24: Statistical Quality Control for Quantitative Measurements for guidance on appropriate QC practices.

**PRECAUTIONS**

1. For *In Vitro* Diagnostic Use.
2. Normal precautions exercised in handling laboratory reagents should be followed. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. Wear suitable protective clothing, gloves, and eye/face protection. Do not breathe vapor. Dispose of waste observing all local, state, and federal laws.
3. The wells of the ELISA plate do not contain viable organisms. However, the strips should be considered **POTENTIALLY BIOHAZARDOUS MATERIALS** and handled accordingly.
4. The Controls are **POTENTIALLY BIOHAZARDOUS MATERIALS**. Source materials from which these products were derived were found negative for HIV-1 antigen, HBsAg, and for antibodies against HCV and HIV by approved test methods. However, since no test method can offer complete assurance that infectious agents are absent, these products should be handled at the Biosafety Level 2 as recommended for any potentially infectious human serum or blood specimen in the Centers for Disease Control/National Institutes of Health manual "Biosafety in Microbiological and Biomedical Laboratories": current edition; and OSHA's Standard for Bloodborne Pathogens (20).
5. Adherence to the specified time and temperature of incubations is essential for accurate results. **All reagents must be allowed to reach room temperature (20-25°C) before starting the assay.** Return unused reagents to refrigerated temperature immediately after use.
6. Improper washing could cause false positive or false negative results. Be sure to minimize the amount of any residual wash solution; (e.g., by blotting or aspiration) before adding Conjugate or Substrate. Do not allow the wells to dry out between incubations.
7. The Sample Diluent controls, wash buffer, and conjugate contain sodium azide at a concentration of 0.1% (w/v). Sodium azide has been reported to form lead

- or copper azides in laboratory plumbing which may cause explosions on hammering. To prevent, rinse sink thoroughly with water after disposing of solution containing sodium azide.
8. The Stop Solution is TOXIC. Causes burns. Toxic by inhalation, in contact with skin and if swallowed. In case of accident or if you feel unwell, seek medical advice immediately.
9. The TMB Solution is HARMFUL. Irritating to eyes, respiratory system and skin.
10. The Wash Buffer concentrate is an IRRITANT. Irritating to eyes, respiratory system and skin.
11. Wipe bottom of plate free of residual liquid and/or fingerprints that can alter optical density (OD) readings.
12. Dilution or adulteration of these reagents may generate erroneous results.
13. Reagents from other sources or manufacturers should not be used.
14. TMB Solution should be colorless, very pale yellow, very pale green, or very pale blue when used. Contamination of the TMB with conjugate or other oxidants will cause the solution to change color prematurely. Do not use the TMB if it is noticeably blue in color.
15. Never pipette by mouth. Avoid contact of reagents and patient specimens with skin and mucous membranes.
16. Avoid microbial contamination of reagents. Incorrect results may occur.
17. Cross contamination of reagents and/or samples could cause erroneous results
18. Reusable glassware must be washed and thoroughly rinsed free of all detergents.
19. Avoid splashing or generation of aerosols.
20. Do not expose reagents to strong light during storage or incubation.
21. Allowing the microwell strips and holder to equilibrate to room temperature prior to opening the protective envelope will protect the wells from condensation.
22. Wash solution should be collected in a disposal basin. Treat the waste solution with 10% household bleach (0.5% sodium hypochlorite). Avoid exposure of reagents to bleach fumes.
23. Caution: Neutralize any liquid waste at acid pH should be neutralized before adding to bleach solution.
24. Do not use ELISA plate if the indicator strip on the desiccant pouch has turned from blue to pink.
25. Do not allow the conjugate to come in contact with containers or instruments that may have previously contained a solution utilizing sodium azide as a preservative. Residual amounts of sodium azide may destroy the conjugate's enzymatic activity.
26. Do not expose any of the reactive reagents to bleach-containing solutions or to any strong odors from bleach-containing solutions. Trace amounts of bleach (sodium hypochlorite) may destroy the biological activity of many of the reactive reagents within this kit.



**STORAGE**

Coated Microwell Strips: Immediately reseal extra strips with desiccant and return to proper storage. After opening - strips are stable for 60 days, as long as the indicator strips on the desiccant pouch remains blue. 2-8°C  
 Conjugate – DO NOT FREEZE. 2-8°C  
 Unopened Test System, Calibrator, Positive Control, Negative Control, TMB, Sample Diluent 2-8°C  
 Stop Solution: 2 - 25°C  
 Wash Buffer (1X): 20 - 25°C for up to 7 days, 2 - 8°C for 30 days.  
 Wash Buffer (10X): 2 - 25°C

**REFERENCES**

1. Tan EM, Cohen AS, Fries J, et al: Special Article: The 1982 revised criteria for classification of systemic lupus erythematosus. *Arthritis Rheum.* 25:1271-1277, 1982.
2. Beufels M, Kouki F, Mignon F, et al: Clinical significance of anti-Sm antibodies in systemic lupus erythematosus. *Am. J. Med.* 74:201-215, 1983.
3. Sharp GC, Irwin WS, Tan EM, Holman H: Mixed connective tissue disease. An apparently distinct rheumatic disease syndrome associated with a specific antibody to an extractable nuclear antigen (ENA). *Am. J. Med.* 52: 148-159, 1972.

4. Winfield JB, Brunner CB, Koffler DB: Serological studies in patients with systemic lupus erythematosus and central nervous system dysfunction. *Arthritis Rheum.* 21:289-294, 1978.
5. Tan EM, Kunkel HG: Characteristics of a soluble nuclear antigen precipitating with sera of patients with systemic lupus erythematosus. *J. Immunol.* 96:464-471, 1966.
6. Maddison PJ, Mogavero H, Provost TT, Reichlin M: The clinical significance of autoantibodies to soluble cytoplasmic antigen in systemic lupus erythematosus and other connective tissue diseases. *J. Rheumatol.* 6:189-192, 1979.
7. Clark G, Reichlin M, Tomasi TB: Characterization of soluble cytoplasmic antigen reactive with sera from patients with systemic lupus erythematosus. *J. Immunol.* 102:117, 1969.
8. Alexander E, Arnett FC, Provost TT, Stevens MB: The Ro(SSA) and La(SSB) antibody system and Sjögren's syndrome. *J. Rheum.* 9:239-246, 1982.
9. Alspaugh MA, Talal N, and Tan E: Differentiation and characterization of autoantibodies and their antigens in Sjögren's syndrome. *Arthritis Rheum.* 19:216-222, 1976.
10. Marguerie C, Bunn CC, Beynon HL, et al: Polymyositis, pulmonary fibrosis and autoantibodies to aminoacyl-tRNA synthetase enzymes. *Quart. J. Med.* 77:1019-1038, 1990.
11. Tan EM: Antinuclear antibodies: Diagnostic markers for autoimmune diseases and probes for cell biology. *Adv. Immunol.* 44:93-151, 1989.
12. Sontheimer RD, Thomas JR, Gilliam JN: Subacute cutaneous lupus erythematosus: A cutaneous marker for a distinct lupus erythematosus subset. *Arch. Derm.* 115:1409-1415, 1979.
13. Provost TT, Arnett FC, Reichlin M: Homozygous C2 deficiency, lupus erythematosus and anti Ro (SSA) antibodies. *Arth. Rheum.* Vol. 26, No. 10:1279-1282, 1983.
14. LeRoy EC, Black CM, Fleishmajer R, et al: Scleroderma (systemic sclerosis): Classification, subsets and pathogenesis. *J. Rheumatol.* 15:202-205, 1988.
15. Weiner ES, Hildebrandt S, Senecal JL, et al: Prognostic significance of anticentromere antibodies and anti-topoisomerase 1 antibodies in Raynaud's disease. A prospective study. *Arthritis Rheum.* 34:68-77, 1991.
16. Mongey AB, Hess EV: Antinuclear antibodies and disease specificity. *Advances in Int. Med.* 36 (1): 151-169, 1989.
17. Procedures for the Handling and Processing of Blood Specimens. NCCLS Document H18-A, Vol. 10, No. 12, Approved Guideline, 1990.
18. Procedures for the collection of diagnostic blood specimens by venipuncture. 2nd edition. Approved Standard (1984). Published by National Committee for clinical Laboratory Standards.
19. Sturgess A: Review; Recently characterized autoantibodies and their clinical significance. *Aust. N.Z., J. Med.* 22:279-289, 1992.
20. U.S. Department of Labor, Occupational Safety and Health Administration: Occupational Exposure to Bloodborne Pathogens, Final Rule. *Fed. Register* 56:64175-64182, 1991.

<p><b>ISO 13485</b> <b>ISO 9001</b></p>  <p> <b>Diagnostic Automation/ Cortez Diagnostics, Inc.</b> 23961 Craftsman Road, Suite E/F, Calabasas, California 91302 USA</p>			
<b>Date Adopted</b>	<b>Cat # 2558-2-FD</b>		
<b>2013-04-29</b>	<b>AccuDiag™- Sm/RNP ELISA -2013</b>		
<table border="1"> <tr> <td>EC</td> <td>REP</td> </tr> </table>	EC	REP	<p><b>CEpartner4U, Esdoornlaan 13, 3951DB Maarn. The Netherlands.</b> <a href="http://www.cepartner4u.eu">www.cepartner4u.eu</a></p>
EC	REP		
Revision C Date: 1-14-2014			

### Abbreviated Test Procedure

1. Dilute Serum: 1:21
2. Add diluted serum to microwell 100 µL/ well
3. → Incubate 25 to 5 minutes
4. Wash
5. Add Conjugate – 100 µL/well
6. → Incubate 25 to 5 minutes
7. Wash
8. Add TMB 100 µL/ well
9. → Incubate 10 to 15 minutes
10. Add Stop Solution 50 µL/well – Mix
11. Read within 30 minutes