

*AESKULISA* Sclero-Pro

REF 3121

# Instruction manual

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## 1. Intended Use

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**AESKULISA Sclero-Pro** is a solid phase enzyme immunoassay for the separate qualitative detection of IgG antibodies against eight different cellular and nuclear antigens in human serum. The wells are separately coated with recombinant human 100 kDa PM-Scl, 70 kDa U1-snRNP, SS-B, SS-A 52 kDa, SS-A 60 kDa, Scl 70, centromere protein B (CenpB), Jo-1 and highly purified native human Sm. The assay is a tool in the differential diagnosis of systemic rheumatic diseases.

## 2. Clinical Application and Principle of the Assay

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Anti-nuclear antibodies (ANA) are an important tool for the differential diagnosis of systemic rheumatic diseases. Indirect immunofluorescence test (IFT) on eucaryotic cells like HeLa has been the established method for the detection of ANAs. Single antibody specificities are distinguished by fluorescence patterns but more specific testing by ELISAs employing the target antigens are available too for a simple and reliable differentiation of ANAs.

ANAs are especially found in active and inactive systemic lupus erythematosus (SLE), mixed connective tissue diseases (MCTD), scleroderma, Sjögren`s syndrome and polymyositis.

### **Antibodies against:**

- PM-Scl (**Polymyositis Scleroderma** antigen; 100 kDa) are directed against a 100 kDa protein of a nucleolar multiprotein complex consisting of 11 proteins. Anti-PM-Scl antibodies are found in patients with connective tissue diseases. They define a subset of patients with myositis in overlap with systemic sclerosis.
- U1-snRNP is directed to the 70 kDa protein of U1 snRNP. They are pathognomic for MCTD but do also occur in SLE. A high titer of antibodies against this antigen is typical for the Sharp-Syndrome.
- Sm (Smith antigen) are directed against core proteins (B,B`, D1-D3, E, F, G) of small nuclear ribonucleoproteins (snRNPs). Anti-Sm as well as antibodies against double stranded DNA (dsDNA) are highly specific for SLE and thus are included in diagnostic and classification criteria for SLE.
- SS-A (Ro; soluble cytoplasmic and/or nuclear ribonucleoproteins of 52 kDa and 60 kDa) and antibodies against SS-B (La; 48 kDa protein associated with RNA polymerase III) are mainly found in high titers for primary and secondary Sjögren`s syndrome but also in SLE, congenital heartblock and neonatal lupus.
- Scl-70 are directed against DNA-topoisomerase I. They are highly specific for systemic scleroderma and give a hint for a severe course.
- CenpB (80kDa centromere protein B) are typical for the CREST-Syndrome (69% of CREST-patients), which is a more protracted type of systemic sclerosis
- Jo-1 are directed against histidyl-tRNA synthetase (cytoplasmic protein involved in protein biosynthesis) and are found in 20-40 % of patients with polymyositis and dermatomyositis.

### ***Principle of the test***

Serum samples diluted 1:101 are incubated in the microplates coated with the specific antigen. Patient's antibodies, if present in the specimen, bind to the antigen. The unbound fraction is washed off in the following step. Afterwards anti-human immunoglobulins conjugated to horseradish peroxidase (conjugate) are incubated and react with the antigen-antibody complex of the samples in the microplates. Unbound conjugate is washed off in the following step. Addition of TMB-substrate generates an enzymatic colorimetric (blue) reaction, which is stopped by diluted acid (color changes to yellow). The rate of color formation from the chromogen is a function of the amount of conjugate bound to the antigen-antibody complex and this is proportional to the initial concentration of the respective antibodies in the patient sample.

### 3. Kit Contents

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#### **To be reconstituted:**

5x Sample Buffer 1 vial, 20 ml - 5x concentrated (capped white: yellow solution)

Containing: Tris, NaCl, BSA, sodium azide < 0.1% (preservative)

50x Wash Buffer 1 vial, 20 ml - 50x concentrated (capped white: green solution)

Containing: Tris, NaCl, Tween 20, sodium azide < 0.1% (preservative)

#### **Ready to use:**

Negative Control 2 vials, each 1.8 ml (capped green: colorless solution)

Containing: Human serum (diluted), sodium azide < 0.1% (preservative)

Cut-off Calibrator 2 vials, each 1.8 ml (capped blue: yellow solution)

Containing: Human serum (diluted), sodium azide < 0.1% (preservative)

Conjugate 1 vial, 15 ml IgG (capped blue: blue solution)

Containing: Anti-human immunoglobulins conjugated to horseradish peroxidase

TMB Substrate 1 vial, 15 ml (capped black)

Containing: Stabilized TMB/H<sub>2</sub>O<sub>2</sub>

Stop Solution 1 vial, 15 ml (capped white: colorless solution)

Containing: 1M Hydrochloric Acid

Microtiterplate 12x8 well strips with breakaway microwells

Coating see paragraph 1

#### **Material required but not provided:**

Microtiter plate reader 450 nm reading filter and optional 620 nm reference filter (600-690 nm). Glass ware (cylinder 100-1000ml), test tubes for dilutions. Vortex mixer, precision pipettes (10, 100, 200, 500, 1000 µl) or adjustable multipipette (100-1000ml). Microplate washing device (300 µl repeating or multi-channel pipette or automated system), adsorbent paper.

Our tests are designed to be used with purified water according to the definition of the United States Pharmacopeia (USP 26 - NF 21) and the European Pharmacopeia (Eur.Ph. 4th ed.).

### 4. Storage and Shelf Life

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Store all reagents and the microplate at 2-8°C/35-46°F, in their original containers. Once prepared, reconstituted solutions are stable for 1 month at 4°C/39°F, at least. **Reagents and the microplate shall be used within the expiry date indicated on each component, only. Avoid intense exposure of TMB solution to light. Store microplates in designated foil, including the desiccant, and seal tightly.**

## 5. Precautions of Use

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### 5.1 Health hazard data

**THIS PRODUCT IS FOR IN VITRO DIAGNOSTIC USE ONLY.** Thus, only staff trained and specially advised in methods of in vitro diagnostics may perform the kit. Although this product is not considered particularly toxic or dangerous in conditions of normal use, refer to the following for maximum safety :

#### **Recommendations and precautions**

This kit contains potentially hazardous components. Though kit reagents are not classified being irritant to eyes and skin we recommend to avoid contact with eyes and skin and wear disposable gloves.

**WARNING !** Calibrators, Controls and Buffers contain sodium azide ( $\text{NaN}_3$ ) as a preservative.  $\text{NaN}_3$  may be toxic if ingested or adsorbed by skin or eyes.  $\text{NaN}_3$  may react with lead and copper plumbing to form highly explosive metal azides. On disposal, flush with a large volume of water to prevent azide build-up. Please refer to decontamination procedures as outlined by CDC or other local/national guidelines.

Do not smoke, eat or drink when manipulating the kit.

Do not pipette by mouth.

All human source material used for some reagents of this kit (controls, standards e.g.) has been tested by approved methods and found negative for HbsAg, Hepatitis C and HIV 1. However, no test can guarantee the absence of viral agents in such material completely. Thus handle kit controls, standards and patient samples as if capable of transmitting infectious diseases and according to national requirements.

### 5.2 General directions for use

Do not mix or substitute reagents or microplates from different lot numbers. This may lead to variations in the results.

Allow all components to reach room temperature (20-32°C/68-89.6°F) before use, mix well and follow the recommended incubation scheme for an optimum performance of the test.

**Incubation: We recommend test performance at 30°C/86°F for automated systems.**

Never expose components to higher temperature than 37°C/ 98.6 °F.

Always pipette substrate solution with brand new tips only. Protect this reagent from light. Never pipette conjugate with tips used with other reagents prior.

**A definite clinical diagnosis should not be based on the results of the performed test only, but should be made by the physician after all clinical and laboratory findings have been evaluated. The diagnosis is to be verified using different diagnostic methods.**

## 6. Sample Collection, Handling and Storage

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Use preferentially freshly collected serum samples. Blood withdrawal must follow national requirements.

Do not use icteric, lipemic, hemolysed or bacterially contaminated samples. Sera with particles should be cleared by low speed centrifugation (<1000 x g). Blood samples should be collected in clean, dry and empty tubes. After separation, the serum samples should be used immediately, respectively stored tightly closed at 2-8°C/35-46°F up to three days, or frozen at -20°C/-4°F for longer periods.

## 7. Assay Procedure

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### 7.1 Preparations prior to pipetting

Dilute concentrated reagents:

Dilute the concentrated sample buffer 1:5 with distilled water (e.g. 20 ml plus 80 ml).

Dilute the concentrated wash buffer 1:50 with distilled water (e.g. 20 ml plus 980 ml).

#### **Samples:**

Dilute serum samples 1:101 with sample buffer (1x)

e.g. 1000 µl sample buffer (1x) + 10 µl serum. Mix well !

#### **Washing:**

Prepare 20 ml of diluted wash buffer (1x) per 8 wells or 200 ml for 96 wells

e.g. 4 ml concentrate plus 196 ml distilled water.

#### **Automated washing:**

Consider excess volumes required for setting up the instrument and dead volume of robot pipette.

#### **Manual washing:**

Discard liquid from wells by inverting the plate. Knock the microwell frame with wells downside vigorously on clean adsorbent paper. Pipette 300 µl of diluted wash buffer into each well, wait for 20 seconds. Repeat the whole procedure twice again.

#### **Microplates:**

Calculate the number of wells required for the test. Remove unused wells from the frame, replace and store in the provided plastic bag, together with desiccant, seal tightly (2-8°C/35-46°F).

### 7.2 Work flow

**For pipetting scheme see Annex A, for test procedure see Annex B:**

**We recommend pipetting samples and calibrators in duplicate.**

**Cut-off calibrator should be used for qualitative testing only.**

- Pipette 100 µl of each patient's diluted serum into the designated microwells.
- Pipette 100 µl cut-off calibrator and negative control into the designated wells.
- Incubate for 30 minutes at 20-32°C/68-89.6°F.
- Wash 3x with 300 µl washing buffer (diluted 1:50).
- Pipette 100 µl conjugate into each well.
- Incubate for 30 minutes at 20-32°C/68-89.6°F.
- Wash 3x with 300 µl washing buffer (diluted 1:50).
- Pipette 100 µl TMB substrate into each well.
- Incubate for 30 minutes at 20-32°C/68-89.6°F, protected from intense light.
- Pipette 100 µl stop solution into each well, using the same order as pipetting the substrate.
- Incubate 5 minutes minimum.
- Agitate plate carefully for 5 sec.
- Read absorbance at 450 nm (optionally 450/620 nm) within 30 minutes.

## 8. Qualitative Interpretation

Read the optical density of the cut-off calibrator and the patient samples. Multiply the OD of the cut-off calibrator by the parameterspecific factor, provided with the lot specific QC certificate. Compare patient's OD with the calculated parameter OD cut-off value. For qualitative interpretation we recommend to consider sera within a range of 20% around the cut-off value as equivocal. All samples with higher ODs are considered positive, samples with lower ODs are considered negative.

ANA-8Profil	O.D. 450/620 nm
Negative Control	0.033
Cut-off Calibrator	0.550

### Example of interpretation

We recommend pipetting cut-off calibrator for each run.

<b>QC-Certificate:</b>	Jo-1 Factor :	<b>0.95</b>
<b>Measured:</b>	OD <sub>Cut-off Calibrator (Jo-1)</sub> :	<b>0.550</b>
<b>Calculation:</b>	OD <sub>Cut-off Parameter (Jo-1)</sub> :	$0.550 \times 0.95 =$ <b>0.5225</b>
<b>Negative:</b>	OD <sub>Patient</sub> < 0.8 x OD <sub>Cut-off Parameter</sub> = 0.8 x <b>0.5225</b> =	<b>0.418</b>
<b>Positive:</b>	OD <sub>Patient</sub> > 1.2 x OD <sub>Cut-off Parameter</sub> = 1.2 x <b>0.5225</b> =	<b>0.627</b>
<b>Equivocal:</b>	<b>0.418</b> ≤ OD <sub>Patient</sub> ≤ <b>0.627</b>	

ID Nr.	Sample OD Jo-1	OD - Calculation	Interpretation
1	0.99	> <b>0.627</b>	→ Positive
2	0.49	≥ <b>0.418</b> und ≤ <b>0.627</b>	→ Equivocal
3	0.27	< <b>0.418</b>	→ Negative

**Do not use this example for interpreting patients results!**

For lot specific data, see enclosed quality control leaflet. Medical laboratories might perform an in-house Quality Control by using own controls and/or internal pooled sera, as foreseen by EU regulations.

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

$$\text{Index Value} = \frac{\text{OD (patient sample)}}{\text{OD (cut-off parameter)}}$$

Negative:	OD-Patient < 0.8
Equivocal:	0.8 ≤ OD-Patient ≤ 1.2
Positive:	OD Patient > 1.2

## 9. Technical Data

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<b>Sample material:</b>	serum
<b>Sample volume:</b>	10 µl of sample diluted 1:101 with 1x sample buffer
<b>Total incubation time:</b>	90 minutes at 20-32°C/68-89.6°F
<b>Storage:</b>	at 2-8°C/35-46°F use original vials, only
<b>Number of determinations:</b>	96 tests

## 10. Performance Data

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### 10.1 Specificity and sensitivity

The microplate is coated with highly purified and/or recombinant antigens (100 kDa PM-Scl, 70 kDa U1-snRNP, SS-B, SS-A 52 kDa, SS-A 60 kDa, Scl 70, centromere protein B (CenpB), Jo-1 and Sm). No crossreactivities to other autoantigens have been found.

Since Sclero Pro consists of various antigens, the values are shown in a table respectively.

	Sensitivity
U1-snRNP	100 % for mixed connective tissue disease
SS-A	80% for Sjögren's syndrome
Scl 70	20-48% for systemic scleroderma
Jo-1	25% for polymyositis and dermatomyositis
CenpB	up to 80% for CREST-Syndrome
Sm	10-30% for SLE

### 10.2 Linearity

Chosen sera have been tested with this kit and found to dilute linearly. However, due to the heterogeneous nature of human autoantibodies there might be samples that do not follow this rule.

Sample No.	Dilution Factor	measured concentration OD Ratio	expected concentration OD Ratio	Recovery (%)
1	1 / 100	4.4	4.5	97.8
	1 / 200	2.4	2.3	104.3
	1 / 400	1.2	1.2	100.0
	1 / 800	0.6	0.6	100.0
2	1 / 100	3.7	3.8	97.4
	1 / 200	1.8	1.9	94.7
	1 / 400	0.95	1.0	95.0
	1 / 800	0.55	0.5	110.0



### 10.3 Precision

To determine the precision of the assay, the variability (intra and inter-assay) was assessed by examining its reproducibility of three serum samples selected to represent a range over the standard curve.

Intra-Assay			Inter-Assay		
Sclero-Pro	Mean OD Ratio	CV (%)	Sclero-Pro	Mean OD Ratio	CV (%)
RNP-70	1.5	0.5	RNP-70	1.5	0.5
Sm	2.1	0.9	Sm	2.6	0.9
SSA 52/60	1.8	1.1	SSA 52/60	3.1	1.5
SSB	3.2	0.7	SSB	2.5	1.5
ScI-70	3.5	0.5	ScI-70	1.9	1.4
PMScl	1.9	0.9	PMScl	3.6	0.6
CenpB	2.6	1.5	CenpB	2.2	2.0
Jo-1	3.4	1.6	Jo-1	1.9	1.7

### 10.4 Calibration

The Aeskulisa Sclero-Pro is calibrated against reference sera from the CDC (Centers for Disease Control and Prevention) Atlanta.

## 11. Literature

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- Froelich CH, Wallmann H, Skosey JL and Teodorescu M (1990).**  
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*Antinuclear antibodies: diagnostic markers for autoimmune diseases and probes for cell biology.*  
Adv. Immunol 44: 93-151.

## ANNEX A: Pipetting scheme

We suggest pipetting calibrators, controls and samples as follows:

Antigen		1	2	3	4	5	6	7	8	9	10	11	12
U1-70-RNP	<b>A</b>	CC	NC	P1	P2	P3	...						
Sm	<b>B</b>	CC	NC	P1	P2	P3	...						
SS-A	<b>C</b>	CC	NC	P1	P2	P3	...						
SS-B	<b>D</b>	CC	NC	P1	P2	P3	...						
ScI70	<b>E</b>	CC	NC	P1	P2	P3	...						
PmScI	<b>F</b>	CC	NC	P1	P2	P3	...						
CenpB	<b>G</b>	CC	NC	P1	P2	P3	...						
Jo-1	<b>H</b>	CC	NC	P1	P2	P3	...						

CC: Cut-off calibrator

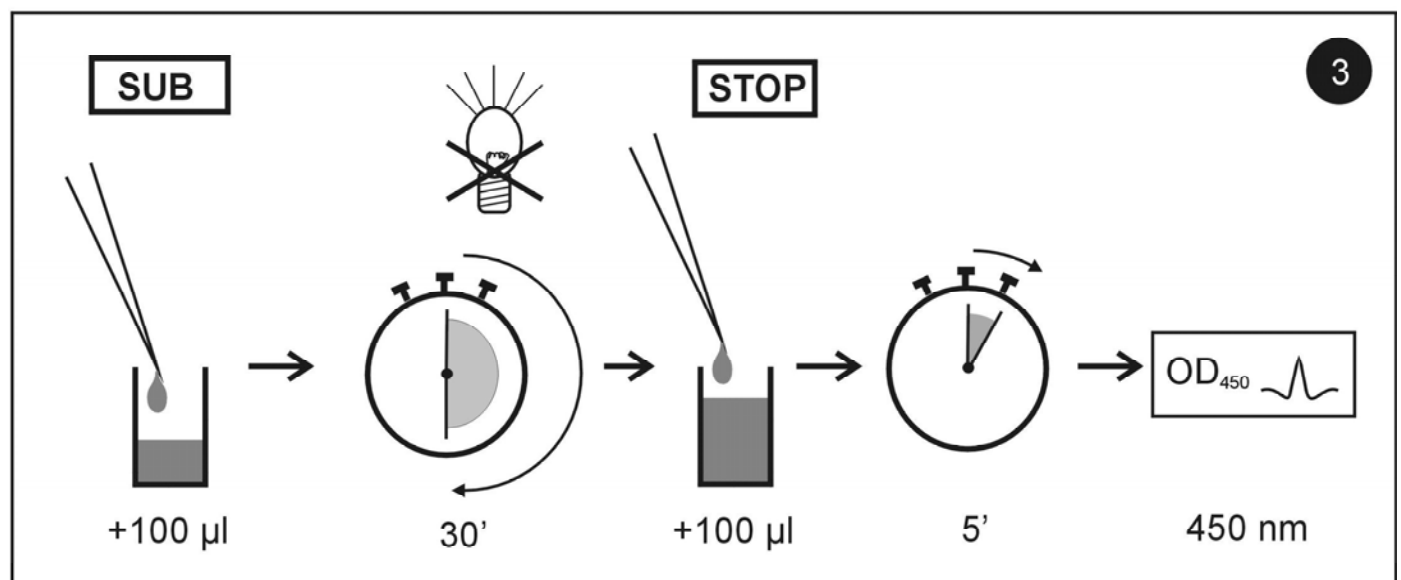
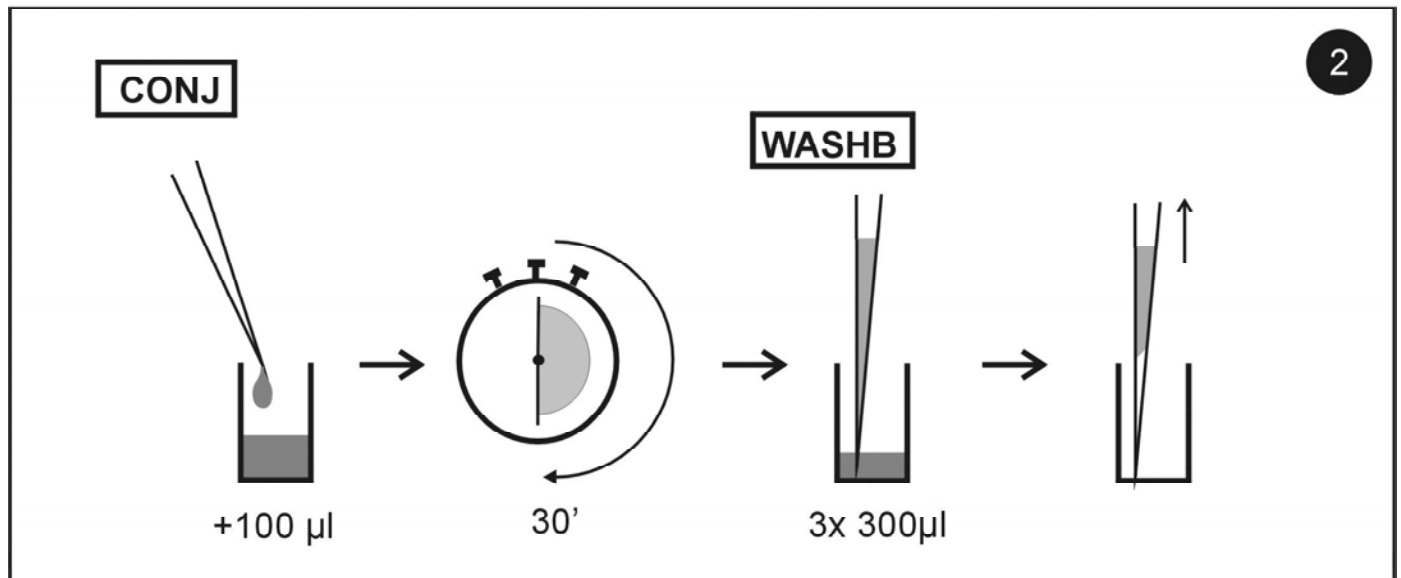
NC: negative control

P1: patient 1

P2: patient 2

P3: patient 3

## Annex B: Test Procedure










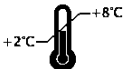















Assay/Test: \_\_\_\_\_ Incubation / Inkub. : 1. \_\_\_\_\_ min Date/ Datum: \_\_\_\_\_

Temperature/Temperatur: \_\_\_\_\_ °F \_\_\_\_\_ °C 2. \_\_\_\_\_ min Signature/Unterschrift: \_\_\_\_\_

Name: \_\_\_\_\_ 3. \_\_\_\_\_ min

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

	<ul style="list-style-type: none"> <li>◆ Diagnosi in vitro</li> <li>◆ Pour diagnostic in vitro</li> <li>◆ In Vitro Diagnostikum</li> <li>◆ Para uso Diagnóstico in vitro</li> </ul>	<ul style="list-style-type: none"> <li>◆ For in vitro diagnostic use</li> <li>◆ Para uso diagnóstico in vitro</li> <li>◆ In Vitro Διαγνωστικό μέσο</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Numero d'ordine</li> <li>◆ Référence Catalogue</li> <li>◆ Bestellnummer</li> <li>◆ Número de catálogo</li> </ul>	<ul style="list-style-type: none"> <li>◆ Catalogue number</li> <li>◆ Numéro de catálogo</li> <li>◆ Αριθμός παραγγελίας</li> </ul>
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	<ul style="list-style-type: none"> <li>◆ Rispettare le istruzioni per l'uso</li> <li>◆ Voir les instructions d'utilisation</li> <li>◆ Gebrauchsanweisung beachten</li> <li>◆ Ver as instruções de uso</li> </ul>	<ul style="list-style-type: none"> <li>◆ See instructions for use</li> <li>◆ Ver las instrucciones de uso</li> <li>◆ Λάβετε υπόψη τις οδηγίες χρήσης</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Da utilizzarsi entro</li> <li>◆ Utilise avant le</li> <li>◆ Verwendbar bis</li> <li>◆ Utilizar antes de</li> </ul>	<ul style="list-style-type: none"> <li>◆ Use by</li> <li>◆ Utilizar antes de</li> <li>◆ Χρήση μέχρι</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Conservare a 2-8°C</li> <li>◆ Conserver à 2-8°C</li> <li>◆ Lagerung bei 2-8°C</li> <li>◆ Conservar entre 2-8°C</li> </ul>	<ul style="list-style-type: none"> <li>◆ Store at 2-8°C (35-46°F)</li> <li>◆ Conservar a 2-8°C</li> <li>◆ Φυλάσσεται στους 2-8°C</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Prodotto da</li> <li>◆ Fabriqué par</li> <li>◆ Hergestellt von</li> <li>◆ Fabricado por</li> </ul>	<ul style="list-style-type: none"> <li>◆ Manufactured by</li> <li>◆ Fabricado por</li> <li>◆ Κατασκευάζεται από</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Calibratore cut-off</li> <li>◆ Etalon Seuil</li> <li>◆ Grenzwert Kalibrator</li> <li>◆ Calibrador de cut-off</li> </ul>	<ul style="list-style-type: none"> <li>◆ Cut off Calibrator</li> <li>◆ Calibrador de cut-off</li> <li>◆ Οριακός ορός Αντιδραστήριο βαθμονόμησης</li> </ul>
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	<ul style="list-style-type: none"> <li>◆ Piastra ad aghi rivestita</li> <li>◆ Pinplate sensibilisée</li> <li>◆ Beschichtete Pinplatte</li> <li>◆ Pinplate revestida</li> </ul>	<ul style="list-style-type: none"> <li>◆ Coated pinplate</li> <li>◆ Pinplate sensibilizada</li> <li>◆ Επικαλυμμένη πλάκα Pin</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Tampone di lavaggio</li> <li>◆ Tampon de Lavage</li> <li>◆ Waschpuffer</li> <li>◆ Solução de lavagem</li> </ul>	<ul style="list-style-type: none"> <li>◆ Wash buffer</li> <li>◆ Solución de lavado</li> <li>◆ Ρυθμιστικό διάλυμα πλύσης</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Tampone substrato</li> <li>◆ Substrat</li> <li>◆ Substratpuffer</li> <li>◆ Substrato</li> </ul>	<ul style="list-style-type: none"> <li>◆ Substrate buffer</li> <li>◆ Tampón sustrato</li> <li>◆ Ρυθμιστικό διάλυμα υποστρώματος</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Reagente bloccante</li> <li>◆ Solution d'Arrêt</li> <li>◆ Stopreagenz</li> <li>◆ Solução de paragem</li> </ul>	<ul style="list-style-type: none"> <li>◆ Stop solution</li> <li>◆ Solución de parada</li> <li>◆ Αντιδραστήριο διακοπής αντίδρασης</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Tampone campione</li> <li>◆ Tampon Echantillons</li> <li>◆ Probenpuffer</li> <li>◆ Diluente de amostra</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sample buffer</li> <li>◆ Tampón Muestras</li> <li>◆ Ρυθμιστικό διάλυμα δειγμάτων</li> </ul>