







AESKUBLOTS®THE DIAGNOSTIC TOOL THAT WORKS

INSTRUCTION MANUAL

AESKUBLOTS® Vasculitis Pro Ref 4002



Product Ref.	4002
Product Desc.	Vasculitis Pro
Manual Rev. No.	006 : 2016-11-07

Instruction Manual

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1 Intended Use

AESKUBLOTS® Vasculitis Pro is a membrane based enzyme immunoassay for qualitative detection of IgG antibodies against PR3, MPO und GBM in human serum. Antigens are located as parallel lines at exactly defined positions on a nitrocellulose membrane.

The assay is a tool in differential diagnosis of autoimmune vasculitis.

2 Clinical Application and Principle of the Test

Antibodies against myeloperoxidase (MPO) and proteinase 3 (PR3) belong to the group of anti-neutrophil cytoplasmic antibodies (ANCAs) which are directed against cytoplasmic components of neutrophilic granulocytes and monocytes. ANCAs are important markers for the differential diagnosis of autoimmune vasculitis. Anti-PR3-antibodies are a specific serological marker for Granulomatosis with Polyangiitis (Wegener's) and may play an active role in the pathogenesis of WG. Anti-PR3-antibody titers are strongly associated with disease activity and inhibit the proteolytic activity of PR3. Anti-MPO-antibodies are correlated with idiopathic vasculitis or vasculitis associated necrotizing crescentic glomerulonephritis and are found frequently in 70 % of patients with microscopic polyangiitis, and in 5-50 % of patients with Churg-Strauss-syndrome.

Today, the determination of circulating autoantibodies against the glomerular basement membrane (GBM) is state-of-the art serology for the diagnosis of Goodpasture-syndrome. This autoimmune disorder of the kidney is named after Ernest Goodpasture, who was the first to describe the coexistence of a fatal lung hemorrhage with progressive glomerulonephritis.

Principle of the test

The antigens are applied as lines on a nitrocellulose membrane. The membrane is blocked to prevent unspecific reactions. Membrane-strips with specific antigens at exactly defined positions are incubated in serum samples diluted 1:101. 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. Unbound conjugate is washed off in the following step. After the addition of the TMB-substrate it is converted by an enzymatic reaction to a blue precipitate. The reaction is stopped by distilled water.



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3 Kit Contents

		TO BE R	RECONSTITU	JTED
Item	Quantity	Cap color	Solution color	Description / Contents
Blocking Reagent	3 x for 10 ml Concentrate each	white	N/A	Non-fat dry milk powder for preparation of 3 x 10 ml sample buffer
Wash Buffer (20x)	1 x 50 ml	white	colorless	20x concentrated for preparation of 1 L Tris buffer, pH 6.9 ± 0.2
		REA	ADY TO USE	•
Item	Quantity	Cap color	Solution color	Description / Contents
Conjugate, IgG	1 x 10 ml	blue	colorless	Anti-human immunoglobulin G (IgG) conjugated to horseradish peroxidase
TMB Substrate	1 x 10 ml	black	colorless	Stabilized TMB/H ₂ O ₂
Membrane strips	24 strips	colour coding: purple	N/A	Coated antigens see Intended use
tweezers, reference template, scoring sheet, adhesive strip (double-sides, black)	1 pcs. each	N/A	N/A	N/A
incubation tray	3 pcs.	N/A	N/A	N/A
Labels for sample buffer	3 pcs.	N/A	N/A	N/A

MATERIALS REQUIRED, BUT NOT PROVIDED

rocking platform, cylinder 1000 ml, pipette or cylinder for 10 ml, precision pipettes (10, 1000 μ l), absorbent or filter 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

Store all reagents and membrane-strips at 2-8°C/35-46°F in their original containers. Once prepared, reconstituted solutions are stable at 2-8°C/35-46°F for at least six weeks. Reagents and strips shall be used within the expiry date indicated on each respective component. Don't use components after the expiry dates. Avoid intense exposure of TMB solution to the light.



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5 Precautions of Use and General Introductions

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 under the conditions of intended 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 avoiding contact with eyes and skin and wearing disposable gloves.

Substrate contains kathon (1% v/v) as preservative. It must not be swallowed or allowed to come into contact skin or mucous membrane.

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

Handle patient samples as if capable of transmitting infectious diseases and according to national requirements.

5.2 General directions for use

To differentiate between the various **AESKUBLOTS**®-tests available, a color coding is applied above the reference line of the strips:

Colour coding	AESKUBLOTS®
yellow	ANA-12 Pro
orange	ANA-17 Pro
blue	Myositis Pro
brown	Liver Pro
purple	Vasculitis Pro
black	Gastro Pro
green	Borrelia-G and Borrelia-M

In case that the product information, including the labeling, is incorrect please contact the manufacturer or the supplier of the test kit.

Blocking Reagent and wash buffer may be interchanged between lots and test kits. All other components are specific for each test kit and are not to be interchanged. Do not exchange reagent components between autoimmunity and borrelia diagnostic tests!

For handling of conjugate do not use polystyrene vessels.

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.

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 priorly used with other reagents.

The intensity of the band colour does not necessarily correlate with antibody titers obtained by other reference methodologies.

Samples from apparent normal blood donors may contain autoantibodies.



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If the patient sample contains elevated levels of immune complexes or other immunoglobulin aggregates, false positive results by non-specific binding cannot be ruled out.

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

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 during the first 8 h. Alternativly, the samples should be stored in tightly closed vials at 2-8°C/35-46°F for up to 48 h, or frozen at -20°C/-4°F for longer periods. Avoid repeated thawing and freezing. Do not use heat inactivated samples.

7 Assay Procedure

7.1 Preparations prior to starting

Confirm that no salt crystals have been formed in the concentrate. If this happened, dissolve the crystals by slightly warming, room temperature should be enough, the concentrate.

Dilute concentrated wash buffer 1:20 with distilled water (e.g. 950 ml plus 50 ml).

For preparation of sample buffer: add 10 ml wash buffer to one bottle Blocking Reagent and mix well.

7.2 Test Steps

Important notes:

Follow exactly this protocol. Make sure that the two components mentioned in the protocol are added to the tray in step 2, 6, 9.

Do not let strip dry out during incubation steps.

Do not touch strip with fingers, use tweezers.

Remove diluted samples completely after incubation of strip to avoid carry over.

Continuously shake strip during incubation steps.

Give sample buffer, conjugate and substrate together with the wash buffer to one side of the incubation tray. Do not allow to flow over the strip.

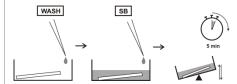


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Step Description

1. Ensure the preparations, from step 7.1 above, have been carried out prior to test begin.

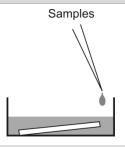
2.



Put strip in correct orientation into incubation tray (reference line and colour coding upwards). Put 700 μ l wash buffer and 300 μ l sample buffer in the incubation tray. Moisten strip with the solution and incubate for 5 minutes with agitation.

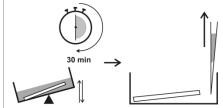
CONTROLS & SAMPLES

3.



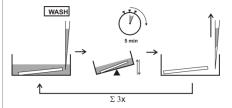
Pipette 10 μ I serum sample into the designated incubation trays with sample buffer.

4.



Incubate for 30 minutes at 20-32°C/68-89.6°F with agitation. After that remove sample completely.

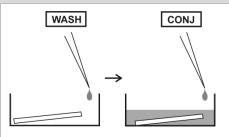
5.



Wash 3 times for 5 minutes with 1.5 ml wash buffer by agitation. Remove wash buffer after every washing step.

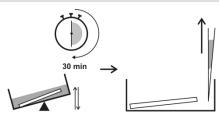
CONJUGATE

6.



Pipette 700 µl wash buffer and 300 µl conjugate into each incubation tray with strip.

7.

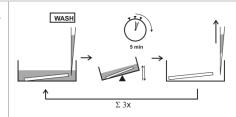


Incubate for 30 minutes at 20-32°C/68-89.6°F with agitation. Remove conjugate.



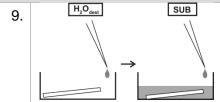
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8.

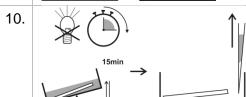


Wash 3 times for 5 minutes with 1.5 ml wash buffer by agitation. Remove wash buffer after every washing step.

SUBSTRATE



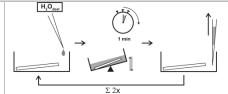
Pipette 700 μ l dH₂O and 300 μ l substrate into each incubation tray with strip.



Incubate for 15 minutes at 20-32°C/68-89.6°F with agitation, protected from intense light. Remove substrate.

STOP

11.



Pipette 2 ml dH_2O into each incubation tray with strip. Incubate 1 minute with agitation. Remove dH_2O . Repeat this step one time.

- 12. Remove strip of the incubation tray. Dry strip between filter paper
- 13. Analyze results within 24 h.



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8 Qualitative Interpretation

8.1 Manual Analysis

Test results can be considered valid, if:

- Functional control is visible
- Cut-off control is visible
- Colour intensity of cut-off control is weaker than colour intensity of functional control

Fix dried strip onto scoring sheet aligned with reference line. Align reference template with the strip reference line. Interpret results only in reference to cut-off control of each strip.

Each test kit contains a colour copy with all bands provable in the test.

The analysis is carried out by means of comparing the colour intensities of the bands with colour intensity of the cut-off control. The test is equivocal if the intensities do not significant differ. Is the colour more intensive the test result is positive, if the colour intensity is weaker, the test is negative.

The results can be recorded on the scoring sheet.

In case that the values of the controls do not meet the criteria, the test is invalid and has to be repeated. We recommend retesting samples that are borderline.

The following technical issues should as well be checked: expiry date of (prepared) reagents, storage conditions, pipettes, equipment, incubation conditions and washing methods.

If the samples tested show aberrant values or any kind of deviation or if the validation criteria are not met because of reasons outside the operator's responsibility, please contact the manufacturer or the supplier of the test kit.

Medical laboratories might perform an in-house quality control by using their own controls and/or internal pooled sera, as stated in national regulations.

9 Technical Data

Sample material: serum

Sample volume: 10 µl of sample

Total incubation time: 112 minutes at 20-32°C/68-89.6°F

Storage: at 2-8°C/35-46°F; use original vials only.

Number of determinations: 24 tests



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10 Performance Data

10.1 Relative Sensitivity and Specificity

In order to determine the positive agreement (relative sensitivity), 50 sera from IIF or ELISA antibody-positive patients were tested in **AESKUBLOTS® Vasculitis Pro.** For determination of the negative agreement (relative specificity), 170 sera from blood donors were analyzed.

	positive agreement (relative sensitivity)	negative agreement (relative specificity)
PR3	96 %	100 %
MPO	92 %	100 %
GBM	100 %	100 %

11 Literature

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Turner AN, **Rees AJ** (1998). Anti-glomerular basement membrane disease. In: Rapidly progressive glomerulonephritis. Pusey CD, Rees AJ, eds., Oxford University Press, Oxford.

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		" Cataloge number
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	" Número de catálogo	"1 -1
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	" Chargen Bezeichnung	" Χαρακτηρισμός παρτίδας
	" Lote	"FC Declaration of Conformity
	"Conformità europea	" EC Declaration of Conformity
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	" Europäische Konformität	¨ Ευρωπαϊκή συμφωνία
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