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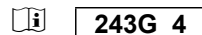
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Electronic Instruction For Use: version



ORG 243G Anti-Annexin V IgG

INTENDED PURPOSE

Anti-Annexin V IgG is an ELISA-based test system for the quantitative measurement of IgG class autoantibodies against annexin V in human serum or plasma samples. This product is intended for professional in vitro diagnostic use only.

Antiphospholipid syndrome (APS, Hughes Syndrome) is a systemic autoimmune disease that causes thromboses, recurrent miscarriage or stillbirths, and stroke. Clinical symptoms are accompanied by specific autoantibodies in the blood, which bind to phospholipids like cardiolipin, or phospholipid-binding proteins like beta-2-glycoprotein I. Autoantibodies against proteins of the coagulation cascade, e.g. prothrombin or annexin V may also be found in patients with APS with otherwise negative phospholipid antibody results. In primary APS autoantibodies against phospholipids appear independently, while in secondary APS phospholipid antibodies are detected in conjunction with other autoimmune diseases, such as lupus erythematosus, rheumatoid arthritis, or Sjögren's syndrome.

SYMBOLS USED

	In vitro diagnostic medical device
	Manufacturer
	Catalogue number
	Sufficient for ... determinations
	Batch code
	Use by
	Temperature limitation
	Consult instructions for use
	Keep away from sunlight
	Do not reuse
	Date of manufacture
	CE marked according to 98/79/EC
	Electronic Instruction For Use: version

	Alegria® Test Strips
	Wash Buffer
	System Fluid
	Ready to use

PRINCIPLE OF THE TEST

Human Annexin V is bound to reaction wells.

The Alegria® assay features barcoded 8-well-microstrips, called Alegria® Test Strips. Each strip is designed for a single determination of one patient sample. The Alegria® Test Strip holds a complete set of reagents. Included are enzyme conjugate, enzyme substrate, sample buffer and a test specific control. Furthermore each strip has two antigen-coated wells which serve as reaction wells for one control and one patient sample.

The determination is based on an indirect enzyme linked immune reaction with the following steps: Antibodies present in positive samples bind to the antigen coated on the surface of the two reaction wells forming an antibody antigen complex. After incubation, a first washing step removes unbound and unspecific bound molecules. Subsequently added enzyme conjugate binds to the immobilized antibody-antigen complex. After incubation, a second washing step removes unbound enzyme conjugate. Addition of enzyme substrate solution results in hydrolysis and color development during incubation. The intensity of the blue color correlates with the concentration of the antibody-antigen-complex and can be measured photometrically at 650 nm.

The Alegria® Test Strip is based on the proprietary SMC®-Technology (Sensotronic Memorized Calibration): information about the assay, analysis and evaluation, and the lot-specific expiry date is contained on the barcode printed on each Alegria® Test Strip.

The Alegria® Test Strip can be used with the diagnostic instrument Alegria® - a fully automated Random Access Analyser. By means of SMC®-Technology data encoded on the barcode are transferred from the Alegria® Test Strip to the instrument and the assay is automatically processed and evaluated. The instrument reads the date of expiry and rejects further processing if the Alegria® Test Strip is out of date.

WARNINGS AND PRECAUTIONS

- All reagents of this kit are intended for professional in vitro diagnostic use only.
- Components containing human serum were tested and found negative for HBsAg, HCV, HIV1 and HIV2 by FDA approved methods. No test can guarantee the absence of HBsAg, HCV, HIV1 or HIV2, and so all human serum based reagents in this kit must be handled as though capable of transmitting infection.
- Bovine serum albumin (BSA) used in components has been tested for BSE and found negative.
- Avoid contact with the substrate TMB (3,3',5,5'-Tetramethyl-benzidine).
- System fluid contains acid, classification is non-hazardous. Avoid contact with skin.
- Control, sample buffer and wash buffer contain sodium azide 0.09% as preservative. This concentration is classified as non-hazardous
- Enzyme conjugate, control and sample buffer contain ProClin 300 0.05% as preservative. This concentration is classified as non-hazardous.

During handling of all reagents, controls and serum samples observe the existing regulations for laboratory safety regulations and good laboratory practice:

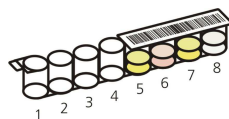
- First aid measures: In case of skin contact, immediately wash thoroughly with water and soap. Remove contaminated clothing and shoes and wash before reuse. If system fluid comes into contact with skin, wash thoroughly with water. After contact with the eyes carefully rinse the opened eye with running water for at least 10 minutes. Get medical attention if necessary.
 - Personal precautions, protective equipment and emergency procedures:
Observe laboratory safety regulations. Avoid contact with skin and eyes. Do not swallow. Do not pipette by mouth. Do not eat, drink, smoke or apply makeup in areas where specimens or kit reagents are handled. When spilled, absorb with an inert material and put the spilled material in an appropriate waste disposal.
 - Exposure controls / personal protection: Wear protective gloves of nitril rubber or natural latex. Wear protective glasses. Used according to intended use no dangerous reactions known.
 - Conditions to avoid: Since substrate solution is light-sensitive. Store Alegria® strips in the dark.
 - For disposal of laboratory waste the national or regional legislation has to be observed.
- Observe the guidelines for performing quality control in medical laboratories by assaying controls and/or pooled sera.

CONTENTS OF THE KIT

▽ 24 ORG 243G-24

Sufficient for 24 determinations

ALEGRIA TEST STRIPS 24



Alegria® Test Strips are modules of 8 wells each composed of:

Wells 1 + 2: empty and not coated (wells for the sample dilution)

Wells 3 + 4: coated with antigen (reaction wells)

Well 5: Control; yellow; containing test specific antibodies, PBS, BSA, detergent; preservative sodium azide 0.09% and ProClin 300 0.05%.

Well 6: Enzyme Conjugate; light red; containing anti-human IgG antibodies, HRP labelled; PBS, BSA, detergent, preservative ProClin 300 0.05%..

Well 7: Sample Buffer: yellow; containing PBS, BSA, detergent, preservative sodium azide 0.09% and ProClin 300 0.05%.

Well 8: TMB Substrate: clear; containing 3,3', 5,5'- Tetramethylbenzidin.

Code on barcode: **AnnexV IgG** on printout: **AnnexV-G**

WASH

1x 20 ml Wash Buffer, containing Tris, detergent, preservative sodium azide 0.09%; 50 x conc.

SYSTEM FLUID

1x 2.5 ml System Fluid, contains acid; 1000 x concentrate



1 Certificate of Analysis

STORAGE AND STABILITY

- Store test kit at 2-8°C in the dark.
- Do not expose reagents to heat, sun, or strong light during storage and usage.
- Store Alegria® Test Strips sealed and desiccated in the clip bag provided.
- Shelf life of the unopened test kit is 15 months from day of production.
Unopened reagents are stable until expiration of the kit. See labels for individual batch.
- Diluted Wash Buffer and System Fluid are stable for at least 30 days when stored at 2-8°C.
Once transferred to the reagent container we recommend consumption on the same day.

MATERIALS REQUIRED

- Vortex mixer
- Pipettes for 10 µl
- Measuring cylinder for 1000 ml and 2500 ml
- Distilled or deionized water

SPECIMEN COLLECTION, STORAGE AND HANDLING

- Collect whole blood specimens using acceptable medical techniques to avoid hemolysis.
- Allow blood to clot and separate the serum or plasma by centrifugation.
- Test serum should be clear and non-hemolyzed. Contamination by hemolysis or lipemia should be avoided, but does not interfere with this assay.
- Specimens may be refrigerated at 2-8°C for up to five days or stored at -20°C up to six months.
- Avoid repetitive freezing and thawing of serum or plasma samples. This may result in variable loss of antibody activity.
- Testing of heat-inactivated sera is not recommended.

PROCEDURAL NOTES

- Do not use kit components beyond their expiration dates.
- All materials must be at room temperature (20-28°C) prior to use.
- To avoid carryover or contamination, change the pipette tip between samples.

PREPARATION OF REAGENTS

WASH

Dilute the content of the Wash Buffer concentrate (50x) with distilled or deionized water to a final volume of 1000 ml prior to use. Transfer the diluted Wash Buffer into the instrument reagent container. If only one Alegria run is to be performed on one day we recommend transferring only 500 ml diluted Wash Buffer.

SYSTEM FLUID

Dilute the content of the System Fluid concentrate (1000x) with distilled or deionized water to a final volume of 2500 ml prior to use. Transfer the diluted System Fluid into the instrument reagent container.

ALEGRIA TEST STRIPS

Take the required number of Alegria® Test Strips out of the clip bag and let them reach room temperature (20-28°C). Do not remove foil covering the empty wells until you are ready to start the assay.

TEST PROCEDURE

Alegria® Test Strips with SMC® technology are used with the diagnostic instrument Alegria®. Detailed information about operating the instrument can be taken from the Instrument User Manual.

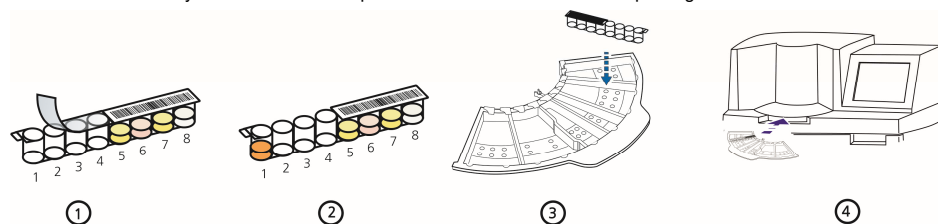
(1) Remove the foil from the empty wells 1 to 4 of the Alegria® Test Strip.

Do not remove foil with printed barcode, covering wells 5 to 8.

(2) Pipette 10 µl undiluted sample at the bottom of well 1.

(3) Insert the strip into the SysTray.

(4) Place loaded SysTrays into the correct position in the Alegria® instrument and start run. All further steps will be done automatically. The test run is completed when the instrument starts printing the results.



CALIBRATION

This assay system is calibrated in relative arbitrary units, since no international reference preparation is available for this assay.

CALCULATION OF RESULTS

By means of SMC® Technology (Sensotronic Memorized Calibration), all test data are transferred to the system through individual barcodes on the Alegria® Test Strip. Calculation and interpretation of results will be performed automatically.

PERFORMANCE CHARACTERISTICS

Measuring range

The calculation range of this Alegria® assay is 0 - 100 U/ml

Expected values

In a normal range study with samples from healthy blood donors the following ranges have been established with this Alegria® assay: Cut-off 8 U/ml

Interpretation of results

Normal:	< 5 U/ml
Borderline:	5 - 8 U/ml
Elevated:	> 8 U/ml

LIMITATIONS OF THE PROCEDURE

This assay is a diagnostic aid. A definite clinical diagnosis should not be based on the results of a single test, but should be made by the physician after all clinical and laboratory findings have been evaluated concerning the entire clinical picture of the patient. Also every decision for therapy should be taken individually. The above pathological and normal reference ranges for antibodies in patient samples should be regarded as recommendations only. Each laboratory should establish its own ranges according to ISO 15189 or other applicable laboratory guidelines.

Linearity

Three patient samples containing high levels of specific antibody were serially diluted in sample buffer to demonstrate the dynamic range of the assay. Activity for each dilution was calculated by means of SMC® Technology.

Sample	Dilution	Observed	Expected	O/E
		U/ml	U/ml	[%]
1	1:100	96.3	96.3	100
	1:200	48.9	48.2	102
	1:400	23.9	24.1	99
2	1:100	65.3	65.3	100
	1:200	32.9	32.7	101
	1:400	16.2	16.3	99
3	1:100	26.6	26.6	100
	1:200	13.1	13.3	98
	1:400	6.8	6.7	102
	1:800	3.4	3.3	102

Sensitivity

Functional sensitivity was determined to be: 1 U/ml

Reproducibility

Intra-assay precision: Coefficient of variation (CV) was calculated for each of three samples from the results of 24 determinations in a single run. Results for precision-within-assay are shown in the table below.

Inter-assay precision: Coefficient of variation (CV) was calculated for each of three samples from the results of 6 determinations in 5 different runs. Results for run-to-run precision are shown in the table below.

Intra-Assay		
Sample	Mean U/ml	% CV
1	14.7	1.9
2	41.0	2.5
3	95.5	2.7

Inter-Assay		
Sample	Mean U/ml	% CV
1	14.7	2.8
2	41.6	8.2
3	92.2	6.3

Interfering substances

No interference has been observed with haemolytic (up to 1000 mg/dl) or lipemic (up to 3 g/dl triglycerides) sera or plasma, or bilirubin (up to 40 mg/dl) containing sera or plasma. Nor have any interfering effects been observed with the use of anticoagulants (Citrate, EDTA, Heparine). However for practical reasons it is recommended that grossly hemolyzed or lipemic samples should be avoided.

Study results

<u>Study population</u>	<u>n</u>	<u>n_pos</u>	<u>%</u>
Recurrent pregnancy loss (RPL)	26	13	50.0
Normal human sera	120	5	4.2

		Clinical Diagnosis		
		Pos	Neg	
ORG 243G	Pos	13	5	146
Anti-Annexin V IgG	Neg	13	115	
		26	120	

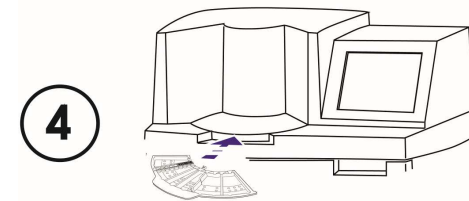
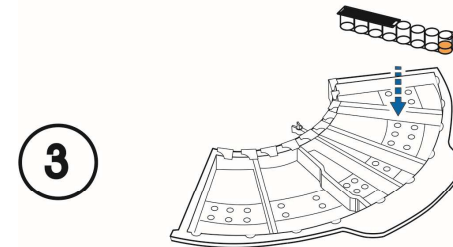
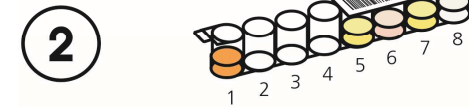
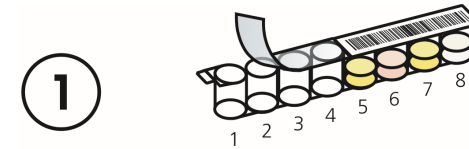
Sensitivity: 50.0 %
 Specificity: 95.8 %
 Overall agreement: 87.7 %

REFERENCES

- Banzato A, Pozzi N, Frasson R, De F, V, Ruffatti A, Bison E et al. Antibodies to Domain I of beta(2)Glycoprotein I are in close relation to patients risk categories in Antiphospholipid Syndrome (APS). *Thromb Res* 2011; 128(6):583-6.
- Bertolaccini ML, Amengual O, Atsumi T, Binder WL, de LB, Forastiero R et al. 'Non-criteria' aPL tests: report of a task force and preconference workshop at the 13th International Congress on Antiphospholipid Antibodies, Galveston, TX, USA, April 2010. *Lupus* 2011; 20(2):191-205.
- de Laat B, de Groot PG. Autoantibodies directed against domain I of beta2-glycoprotein I. *Curr Rheumatol Rep* 2011; 13(1):70-6.
- de Laat B, Mertens K, de Groot PG. Mechanisms of disease: antiphospholipid antibodies-from clinical association to pathologic mechanism. *Nat Clin Pract Rheumatol* 2008; 4(4):192-9.
- de Laat B, Pengo V, Pabinger I, Musial J, Voskuyl AE, Bultink IE et al. The association between circulating antibodies against domain I of beta2-glycoprotein I and thrombosis: an international multicenter study. *J Thromb Haemost* 2009; 7(11):1767-73.
- Espinosa G, Cervera R. Antiphospholipid syndrome. *Arthritis Res Ther* 2008; 10(6):230.
- Favaloro EJ, Wong RC. Laboratory testing for the antiphospholipid syndrome: making sense of antiphospholipid antibody assays. *Clin Chem Lab Med* 2011; 49(3):447-61.
- Fischer MJ, Rauch J, Levine JS. The antiphospholipid syndrome. *Arthritis Rheum* 2007; 27(1):35-46.
- Giannakopoulos B, Passam F, Ioannou Y, Krilis SA. How we diagnose the antiphospholipid syndrome. *Blood* 2009; 113(5):985-94.
- Greaves M, Cohen H, Machin SJ, Mackie I. Guidelines on the investigation and management of the antiphospholipid syndrome. *Br J Haematol* 2000; 109(4):704-15.
- Hughes GR. Hughes syndrome: antiphospholipid syndrome. *J R Coll Physicians Lond* 1998; 32(3):260-4.
- Hughes GR. Hughes Syndrome (the antiphospholipid syndrome): ten clinical lessons. *Autoimmun Rev* 2008; 7(3):262-6.
- Hughes GR. Antiphospholipid syndrome, migraine and stroke. *Lupus* 2010; 19(5):555-6.
- Hughes GR, Harris NN, Gharavi AE. The anticardiolipin syndrome. *J Rheumatol* 1986; 13(3):486-9.
- Koike T, Bohgaki M, Amengual O, Atsumi T. Antiphospholipid antibodies: lessons from the bench. *J Autoimmun* 2007; 28(2-3):129-33.
- Lakos G, Favaloro EJ, Harris EN, Meroni PL, Tincani A, Wong RC et al. International consensus guidelines on anticardiolipin and anti-beta2-glycoprotein I testing: report from the 13th International Congress on Antiphospholipid Antibodies. *Arthritis Rheum* 2012; 64(1):1-10.
- Mackworth-Young C. Primary antiphospholipid syndrome: a distinct entity? *Autoimmun Rev* 2006; 5(1):70-5.
- Miyakis S, Lockshin MD, Atsumi T, Branch DW, Brey RL, Cervera R et al. International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). *J Thromb Haemost* 2006; 4(2):295-306.
- Molina JF, Gutierrez-Urena S, Molina J, Uribe O, Richards S, De CC et al. Variability of anticardiolipin antibody isotype distribution in 3 geographic populations of patients with systemic lupus erythematosus. *J Rheumatol* 1997; 24(2):291-6.
- Oku K, Atsumi T, Amengual O, Koike T. Antiprothrombin antibody testing: detection and clinical utility. *Semin Thromb Hemost* 2008; 34(4):335-9.
- Pengo V, Biasiolo A, Bison E, Chantarangkul V, Tripodi A. Antiphospholipid antibody ELISAs: survey on the

performance of clinical laboratories assessed by using lyophilized affinity-purified IgG with anticardiolipin and anti-beta2-Glycoprotein I activity. Thromb Res 2007; 120(1):127-33.

22. Pierangeli SS, de Groot PG, Dlott J, Favaloro E, Harris EN, Lakos G et al. 'Criteria' aPL tests: report of a task force and preconference workshop at the 13th International Congress on Antiphospholipid Antibodies, Galveston, Texas, April 2010. Lupus 2011; 20(2):182-90.
23. Pierangeli SS, Favaloro EJ, Lakos G, Meroni PL, Tincani A, Wong RC et al. Standards and reference materials for the anticardiolipin and anti-beta-2-glycoprotein I assays: a report of recommendations from the APL Task Force at the 13th International Congress on Antiphospholipid Antibodies. Clin Chim Acta 2012; 413(1-2):358-60.
24. Sinico RA, Bollini B, Sabadini E, Di Toma L, Radice A. The use of laboratory tests in diagnosis and monitoring of systemic lupus erythematosus. J Nephrol JID - 9012268 2002; 15 Suppl 6:S20-S27.
25. Tincani A, Andreoli L, Casu C, Cattaneo R, Meroni P. Antiphospholipid antibody profile: implications for the evaluation and management of patients. Lupus 2010; 19(4):432-5.
26. Tincani A, Morozzi G, Afeltra A, Alessandri C, Allegri F, Bistoni O et al. Antiprothrombin antibodies: a comparative analysis of homemade and commercial methods. A collaborative study by the Forum Interdisciplinare per la Ricerca nelle Malattie Autoimmuni (FIRMA). Clin Exp Rheumatol 2007; 25(2):268-74.
27. Wilson WA, Gharavi AE, Koike T, Lockshin MD, Branch DW, Piette JC et al. International consensus statement on preliminary classification criteria for definite antiphospholipid syndrome: report of an international workshop. Arthritis Rheum 1999; 42(7):1309-11.
28. Wong RC, Favaloro EJ, Adelstein S, Baumgart K, Bird R, Brighton TA et al. Consensus guidelines on anti-beta 2 glycoprotein I testing and reporting. Pathology 2008; 40(1):58-63.
29. Wong RC, Gillis D, Adelstein S, Baumgart K, Favaloro EJ, Hendle MJ et al. Consensus guidelines on anti-cardiolipin antibody testing and reporting. Pathology 2004; 36(1):63-8.



Notice to the user (European Union):

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the EU Member State in which the user and/or the patient is established .