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Instruction For Use
2012-11



ORG 789 ANCA-3-Line

NAME AND INTENDED USE

ANCA-3-Line Immunoblot assay is a membrane based enzyme immunoassay for the semi-quantitative measurement of IgG class autoantibodies to PR3, MPO and GBM in human serum or plasma. The assay is intended for professional in vitro diagnostic use only.

SYMBOLS USED

	In vitro diagnostic medical device		Blot strips
	Manufacturer		Sample Buffer
	Catalogue number		Enzyme Conjugate
	Sufficient for		Wash Buffer
	Batch code		BCIP Substrate
	Use by		Ready to use
	Temperature limitation		
	Consult instructions for use		
	Keep away from sunlight		
	Do not reuse		
	Date of manufacture		

SUMMARY AND EXPLANATION OF THE TEST

Anti-neutrophil cytoplasm antibodies (ANCA) represent a group of autoantibodies directed against the cytoplasmic components of neutrophil granulocytes and monocytes. The ANCA-3-Line immunoblot allows for screening for autoantibodies against PR3, MPO and GBM. The determination of these antibodies is essential for the detection of systemic vasculitis and the differentiation of inflammatory systemic diseases.

Anti-PR3 (Proteinase 3)

PR3-ANCA is the classical autoantigen in Wegener's granulomatosis with a clinical specificity of more than 95%. Granulomatosis is the primary manifestation of Wegener's disease followed by a secondary vasculitis. Generally, antibody titers correlate with disease activity. Very high titres of anti-PR3 can be found in the active generalised stage; they decrease in response to treatment and disappear with remission.

Anti-MPO (Myeloperoxidase)

The target antigen myeloperoxidase (MPO) is mainly present (70%) in microscopic polyangiitis (MPA). The detection of antibodies against MPO is of great importance for early diagnosis, since the differentiation of MPA and other autoimmune disorders with manifestations in the lung and the kidneys (e.g. Goodpasture syndrome, systemic lupus erythematosus, Wegener's disease) is often very difficult.

Anti-GBM (Glomerular Basement Membrane)

Goodpasture specific anti-GBM autoantibodies are directed against the 29 kDa NC1 domain of the alpha-3 chain of type IV collagen of the glomerular basement membrane. Primarily, Goodpasture syndrome is an autoimmune disorder of the kidneys. The syndrome is considered as an autoimmune disorder consisting of the triad of glomerulonephritis, lung hemorrhage and formation of anti-glomerular basement antibodies.

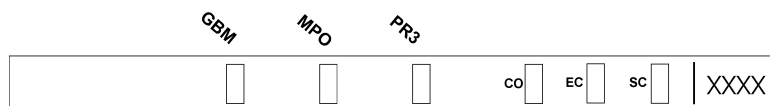
The ANCA-3-Line combines the advantages of the immunoblot technique with a set of well selected antigens.

Diseases	IF patterns	Target antigen
<i>Systemic Vasculitic Syndromes</i>		
Wegener's Granulomatosis	c-ANCA, rare p-ANCA	PR3, rare MPO
Microscopic Polyangiitis	c-ANCA, p-ANCA	PR3, MPO
Churg-Strauss-Syndrome	p-ANCA	MPO
Polyarteritis nodosa	rare ANCA	rare PR3 and MPO
Unclassified Vasculitis	Rare	no PR3 and MPO
<i>Collagen Diseases and other Rheumatic Disorders</i>		
Rheumatoid arthritis	GS-ANA, p-ANCA, atypical ANCA	unknown, ANA, rare MPO, Lactoferrin
SLE	p-ANCA	rare MPO, Lactoferrin
<i>Other Diseases</i>		
Ulcerative Colitis		Cathepsin-G, Lactoferrin

PRINCIPLE OF THE TEST

Highly purified antigens PR3, MPO and GBM as well as three control antigens for CO Cut-off Control, EC Enzyme Conjugate Control and SC Serum Control are bound to nitrocellulose membrane blot strips.

Autoantibodies present in serum or plasma bind to the immobilized antigen. Washing of the blot strips removes unbound antibodies and unspecific sample components. Alkaline phosphatase conjugated anti-human IgG detect the bound sample antibodies forming a conjugate/antibody/antigen complex. Washing of the blot strips removes unbound conjugate. The substrate BCIP/NBT is hydrolyzed by bound enzyme conjugate to form an insoluble blue-violet product. Washing of the blot strips removes unhydrolyzed substrate and stops the reaction. The amount of color is directly proportional to the concentration of IgG antibodies present in the original sample.



WARNINGS AND PRECAUTIONS

- All reagents of this kit are intended for professional in vitro diagnostic use only.
 - Bovine serum albumin (BSA) used in components has been tested for BSE and found negative.
 - Avoid contact with the substrate BCIP/NBT.
 - Sample buffer and wash buffer contain sodium azide 0.09% as preservative. This concentration is classified non-hazardous.
 - Enzyme conjugate contains 0.05% ProClin 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. 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 substrate solution 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 control sera.

SPECIMEN COLLECTION, STORAGE AND HANDLING

- Collect whole blood specimens using acceptable medical techniques to avoid hemolysis.
- Allow blood to clot and separate the serum by centrifugation.
- Test serum should be clear and non-hemolysed. Contamination by hemolysis or lipemia is best 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 samples.
- Testing of heat-inactivated sera is not recommended.

CONTENTS OF THE KIT

▽ 16	ORG 789-16	Sufficient for 16 determinations
▽ 8	ORG 789-08	Sufficient for 8 determinations
BLT STRIPS	1x/2x 8	8 antigen coated nitrocellulose strips. Ready to use. 1 pre-developed calibration strip (coded CAL) for semiquantitative evaluation. Ready to use. Product code on strip: 789
DILUENT	1x 20 ml	Sample Buffer PB, containing PBS, BSA, detergent, preservative sodium azide 0.09%, yellow. Ready to use.
CONJUGATE	1x 20 ml	Enzyme Conjugate containing anti-human IgG antibodies, alkaline phosphatase labelled; PBS, BSA, detergent, preservative ProClin 0.05%, light red. Ready to use.
WASH	1x 20 ml	Wash Buffer WB, containing Tris, detergent, preservative sodium azide 0.09%; 50 x conc.
BCIP	1x/2x 10 ml	BCIP Substrate; containing BCIP/NBT. Ready to use.
I	1x	Incubation tray
I	1x	Instruction for Use: ELISA Mini-CD0
I	1x	Certificate of Analysis

MATERIALS REQUIRED

- Pipettes for 10 µl and 1000 µl
- Distilled or deionised water
- Graduated cylinder for 1000 ml
- Laboratory timing device
- Rocking platform
- Tweezers

STORAGE AND STABILITY

- Store the kit at 2-8 °C.
- Keep nitrocellulose strips carefully sealed in the original plastic tube with desiccants provided.
- Important: The calibration strip is very light-sensitive. Store in the dark!
- Do not expose test reagents to heat, sun or strong light during storage and usage.
- The unopened test kit is stable for 18 months from day of production. See expiry date on outer labels for individual batches.
- Diluted wash buffer is stable for at least 30 days when stored at 2-8°C. We recommend consumption on the same day.

PROCEDURAL NOTES

- Do not use kit components beyond their expiration dates.
- Do not interchange kit components from different lots.
- All materials must be at room temperature (20-28 °C).
- Have all reagents and samples ready before start of the assay. Once started, the test must be performed without interruption to get the most reliable and consistent results.
- Perform the assay steps only in the order indicated.
- Always use fresh sample dilutions
- To avoid carryover contamination, change the tip between samples.
- All incubation steps must be accurately timed.
- Control sera should routinely be assayed as unknowns to check performance of the reagents and the assay.
- Nitrocellulose strips must be handled with gloves or tweezers.
- It is important to make sure, that air-bubbles do not interfere with the strip during incubation. This could cause irregularities in coloration of developing bands and can lead to wrong results.

PREPARATION OF REAGENTS

WASH

Dilute the contents of one vial of the buffered wash solution concentrate (50x) with distilled or deionised water to a final volume of 1000 ml prior to use.

DILUENT

Ready to use.

Preparation of samples

Sample dilution see test procedure. Effective dilution during test is 1:101.

TEST PROCEDURE

Using tweezers insert one nitrocellulose strip into one chamber of the incubation tray:

- Add **1.0 ml sample buffer** to the strip in the chamber.
 - Allow to equilibrate for 5 minutes with gentle bobbing.
 - Add **10 µl of patient sample** directly to the chamber.
 - Incubate for **60 minutes** at room temperature (20-28 °C) with gentle bobbing.
 - Remove the diluted sample completely from the chamber.
 - Add 2.0 ml wash buffer to the chamber, incubate for 5 minutes.
 - Remove wash buffer completely. Repeat this procedure twice.
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- Add **1.0 ml enzyme conjugate** to each strip in the chamber of the incubation tray.
 - Incubate for **30 minutes** at room temperature with gentle bobbing.
 - Remove the conjugate completely from the chamber.
 - Add 2.0 ml wash buffer to the chamber, incubate for 5 minutes.
 - Remove wash buffer completely. Repeat this procedure twice.
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- Add **1.0 ml substrate** to each strip in the chamber of the incubation tray.
 - Incubate for **10 minutes** at room temperature with gentle bobbing.
 - Remove the substrate completely.
 - Add 1.0 ml distilled water to the chamber, incubate for 5 minutes.
 - Remove water completely. Repeat this procedure twice.

Carefully blot the strips with a tissue paper. Allow strips to air dry before evaluating with the calibration strip.

VALIDATION

The assay is valid if the all three control lines (**CO** Cut-off Control, **EC** Enzyme Conjugate Control and **SC** Serum Control) show a turn-over of substrate in terms of blue-violet lines! If this criteria is not met the assay is invalid and should be repeated.

Note: Borderline samples should be repeated or tested using an alternative procedure. Samples from patients diagnosed with autoimmune diseases often show multiple autoantibody specificities. Such samples may show a positive reaction with more than one antigen line.

CALCULATION OF RESULTS

The intensity of a **blue-violet line** at the position of the coated antigen is directly proportional to the concentration of IgG antibodies present in the sample tested.

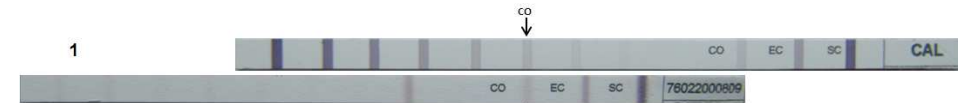
Semi-quantitative evaluation of sample strip:

negativ	intensity of patient sample line weaker than intensity of CO-line
borderline	intensity of patient sample line equivalent to intensity of CO-line
weak positive	intensity of patient sample line up to 1 level stronger than intensity of CO-line
positive	intensity of patient sample line up to 2 levels stronger than intensity of CO-line
strong positive	intensity of patient sample line ≥3 levels stronger than intensity of CO-line

Interpretation of the intensity of blue-violet lines:

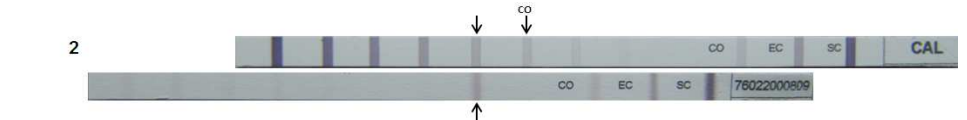
- (1) Compare intensity of the **CO-line of the sample strip** to the intensity of the lines of the calibration strip.

Example:



- (2) Compare the intensity of the **patient sample line** to the intensity of the lines of the calibration strip.

Example: Interpretation of intensity of patient sample line is "weak positive".



PERFORMANCE CHARACTERISTICS

CALIBRATION

The sensitivity, specificity and dose response of the ANCA-3-Line immunoblot was evaluated using clinically defined in house quality control sera containing varying relative amounts of sera with known specificity.

Measuring range

The evaluation of the intensity of the blue lines as described above allows a semi-quantitative determination of IgG class autoantibodies in the sample tested into quantification ranges:

negative, borderline, weak positive, positive, strong positive

Expected values

In a normal range study with samples from healthy blood donors the following ranges have been established with this assay. Cut-off: borderline

Interpretation of results

normal:	negative
elevated:	weak positive, positive, strong positive

Linearity

Patient samples containing high levels of specific antibody were serially diluted in sample buffer. Activity of each dilution step was determined using the calibration strip.

Linearity				
Sample	Dilution	Observed	Expected	O/E
1	1:100	strong positive	strong positive	PASS
.	1:200	positive	positive	PASS
.	1:400	weak positive	weak positive	PASS
.	1:800	borderline	borderline	PASS
.	1:1600	negative	negative	PASS
2	1:100	strong positive	strong positive	PASS
.	1:200	positive	positive	PASS
.	1:400	weak positive	weak positive	PASS
.	1:800	borderline	borderline	PASS
.	1:1600	negative	negative	PASS

Sensitivity

This immunoblot assay is a semi-quantitative assay method. Any reactivity less than borderline is considered

negative and cannot be quantified any further.

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			Inter-Assay		
Sample	Mean	Result	Sample	Mean	Result
1	negative	PASS	1	negative	PASS
2	weak	PASS	2	weak	PASS
3	positive	PASS	3	positive	PASS

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

Study population	n	n pos	%
Wegner's Granulomatosis	75	62	82.7
Microscopic Polyangiitis	15	9	60.0
Normal human sera	80	1	1.3

		Clinical Diagnosis		
		Pos	Neg	
ORG 789	Pos	71	1	170
ANCA-3-Line	Neg	19	79	
		90	80	
Sensitivity:	78.9	%		
Specificity:	98.8	%		
Overall agreement:	88.2	%		

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.

REFERENCES

- Cohen Tervaert J.W., Goldschmeding, R., Elema, J.D., Limburg, P.C. et al Association of autoantibodies to myeloperoxidase with different forms of vasculitis. *Arthritis Rheum.* 33 (8):1264-1272, 1990
- Cotch, M.F., Hoffman, G.S., Yerg, D.E., et.al. The epidemiology of Wegener's granulomatosis. Estimates of the five-year period prevalence, annual mortality, and geographic disease distribution from population-based data sources. *Arthritis Rheum.*, Vol 39, 87-92, 1996
- de Grot, K., Schnabel, A., Gross, W. L. ANCA-assozierte Vaskulitiden (Wegener Granulomatose, Churg-Strauß Syndrom, Mikroskopische Polyangiitis) - 1. Diagnostisches Procedere. *Z. Rheumatol.*, Vol 54, 291 - 302, 1995
- Gross, W.L. Systemic necrotizing vasculitis. *Baillieres.Clin.Rheumatol.*, Vol. 11, 259-284, 1997
- Gross, W.L., Csernok, E., Helmchen, U. Antineutrophil cytoplasmic autoantibodies, autoantigens, and systemic vasculitis. *APMIS* , Vol. 103, 81-97, 1995
- Jenette, J. C. Falk, R. J. Antineutrophil cytoplasmic autoantibodies and associated diseases. A review. *Am. J. Kidney Dis.*, Vol 15, 517 - 529, 1990
- Jenette, C.J., Falk, R.J., Andrassy, K., Bacon, P.A. et al. Nomenclature of systemic vasculitides. Proposal of an international consensus conference. *Arthritis Rheum.* Vol. 37, 187-192, 1994
- Kallenberg, C.G Vasculitis 1995: new concepts in pathophysiology. *Isr.J Med Sci.*, Vol. 32, 7-12, 1996

- Kallenberg, C.G. Laboratory findings in the vasculitides. *Baillieres Clin Rheumatol.*, Vol 11, 395-421, 1997
- Schmitt, W. H., Gross, W. L. Antineutrophile zytoplasmatische Antikörper (ANCA). *Internist*, Vol. 36, 282 - 290, 1995
- Wiik, A., Stumman, L., Kjeldsen, L., Borregaard, N., et al. The diversity of perinuclear antineutrophil cytoplasmic antibodies (pANCA) antigens. *Clin. Exp. Immunol.*, Vol. 101, Suppl. I, 15-17, 1995
- Bolton, W.K. Goodpasture's syndrome. *Kidney Int.*, Vol. 50, 1753-1766, 1996
- Daly, C., Conlon, P. J., Medwar, W., Walshe, J. J. Characteristics and outcome of anti-glomerular basement membrane disease: a single centre experience. *Ren. Fail.*, Vol. 18, 105-112, 1996
- Goodpasture, E. W. The significance of certain pulmonary lesions to the etiology of influenza. *Am. J. Med. Sci.*, Vol.158, 864-870, 1919
- Hellmark, T., Segelmark, M., Bygren, P., Wieslander, J. Glomerular basement membrane autoantibodies. in: Peter, J. B., Shoenfeld, Y. (Hrsg.), *Autoantibodies*, S. 291-298, 1996
- Hudson, B.G., Reeders, S. T., Tryggvason, K. Type IV collagen: structure, gene organization, and role in human diseases. *J. Biol. Chem.*, Vol. 268, 26033-26036, 1993
- Hudson, B. G., Wieslander, J., Wisdom, B. J., Noelken, M. E. Goodpasture syndrome: Molecular architecture and function of basement membrane antigen. *Lab. Invest.*, Vol. 61, 256-269, 1989
- Kalluri, R., Gattone, V. H., Noelken, M. E., Hudson, B. G. The alpha-3 chain of type IV collagen induces
- Kalluri, R., Melendez, E., Rumpf, K. W., Sattler, K., et al. Specificity of circulating and tissue bound autoantibodies in Goodpasture syndrome *Proc. Assoc. Am. Physicians*, Vol. 108, 134-139, 1996
- Saxena, R., Sturfelt, G., Nived, O., Wieslander, J. Significance of anti-entactin antibodies in patients with systemic lupus erythematosus and related disorders. *Ann. Rheum. Dis.*, Vol. 53, 659-665, 1994
- Wieslander, J., Bygren, P., Heinegard, D. Isolation of the specific glomerular basement membrane antigen involved in Goodpasture syndrome. *Proc. Natl. Acad. Sci. USA*, Vol. 81, 1544-1548, 1984a
- Wieslander, J., Barr, J.F., Butkowski, R. J., Edwards, S. J. et al. Goodpasture antigen of the glomerular basement membrane: localization to noncollagenous regions of type IV collagen. *PNAS*, Vol. 81, 3838-3842, 1984b.
- Schultz H: From infection to autoimmunity: a new model for induction of ANCA against the bactericidal/permeability increasing protein (BPI). *Autoimmun.Rev* 2007, 6:223-227.

- 1 Add **blot strip** into the incubation tray
 - Add **1000 µl** sample buffer per strip into the incubation tray
 - Shake **5 minutes** while incubating
- 2 Add **10 µl** patient sample and resuspend
 - Shake **60 minutes** while incubating
 - Discard content and wash 3 times for **5 minutes** with **2000 µl** wash buffer, discard wash
- 3 Add **1000 µl** enzyme conjugate solution per strip
 - Shake **30 minutes** while incubating
 - Discard content and wash 3 times for **5 minutes** with **2000 µl** wash buffer, discard wash
- 4 Add **1000 µl** substrate per strip
 - Shake **10 minutes** while incubating
 - Discard content and wash 3 times for **5 minutes** with **1000 µl distilled water**, dry blot strips. Read after complete drying, only