



Diagnostic Automation/Cortez Diagnostics, Inc.

IMMUNODIAGNOSTICS

AccuDiag™ Scl-7o ELISA Kit

REF 2559

PIC AD2559VS1

IVD See External Label 96 Tests

Scl-7o ELISA

Method	Enzyme Linked Immunosorbent Assay
Test Principle	Indirect ELISA: Antigen Coated Plate
Detection Range	Qualitative
Sample	10 µL serum
Incubation Time	50 minutes
Shelf Life	12 Months from the manufacturing date

PRODUCT FEATURES

- Very easy to use with little training
- Highly specific and consistent Assay
- Provides accurate results quickly
- Reading of results both visually and as absorbance data

INTENDED USE

The Diagnostic Automation, Inc. (DAI) Scl-7o ELISA Kit is intended for the detection of IgG antibody to Scl-7o in human serum or plasma

SIGNIFICANCE AND SUMMARY

Systemic autoimmune disease is characterized by the presence of circulating auto-antibodies directed to a wide variety of cellular antigens. Systemic lupus erythematosus (SLE), commonly referred to as Lupus is the best-known of these diseases. Other possible connective tissue diseases include mixed connective tissue disease (MCTD), Sjögren syndrome, scleroderma, and polymyositis/dermatomyositis. The majority can be diagnosed by clinical

presentation and their antibody profiles to the various antigens involved, which include dsDNA, SM, RNP, SSA, SSB Scl-7o, Jo1 and Histones. Therefore, immunoassays for autoantibodies are useful for diagnostic and prognostic evaluations of autoimmune disease. Scl-7o IgG antibodies react with human topoisomerase I of 100 kd molecular weight as well as its 70 kd fragment. Scl-7o antibodies are present in 20-40% of diffuse scleroderma patients and in about 20% of patients with limited scleroderma. Scl-7o antibodies are sometimes reported in classical SLE without features of scleroderma, which may explain the unexpected co-existence of marker autoantibodies for SLE and scleroderma. Some patients with silica-associated systemic sclerosis (SSc) have Scl-7o antibodies.

ASSAY PRINCIPLE

Diluted patient serum is added to wells coated with purified antigen. IgG specific antibody, if present, binds to the antigen. All unbound materials are washed away and the enzyme conjugate is added to bind to the antibody-antigen complex, if present. Excess enzyme conjugate is washed off and substrate is added. The plate is incubated to allow the hydrolysis of the substrate by the enzyme. The intensity of the color generated is proportional to the amount of IgG specific antibody in the sample.

MATERIALS AND COMPONENTS

MATERIALS PROVIDED	96 Tests
1. Microwells coated with Scl-7o antigen	12x8x1
2. Sample Diluent: 1 bottle (ready to use)	22 mL
3. Calibrator: 1 Vial (ready to use)	1 mL
4. Positive Control: 1 Vial (ready to use)	1 mL
5. Negative Control: 1 Vial (ready to use)	1 mL
6. Enzyme conjugate: 1 bottle (ready to use)	12 mL
7. TMB Substrate: 1 bottle (ready to use)	12 mL
8. Stop Solution: 1 bottle (ready to use)	12 mL
9. Wash concentrate 20x: 1 bottle	25 mL

Materials required but not provided

- Distilled or deionized water
- Precision pipettes
- Disposable pipette tips
- ELISA reader capable of reading absorbance at 450 nm
- Absorbance paper or paper towel
- Graph Paper

WARNINGS AND PRECAUTIONS

- For laboratory use.
- Potential biohazardous materials:
The calibrator and controls contain human source components which have been tested and found non-reactive for hepatitis B surface antigen as well as HIV antibody with FDA licensed reagents. However, there is no test method that can offer complete assurance that HIV, Hepatitis B virus or other infectious agents are absent. These reagents should be handled at the Biosafety Level 2, as recommended in the Centers for Disease Control/National Institutes of Health manual, "Biosafety in Microbiological and Biomedical Laboratories" 1984.
- Optimal results will be obtained by strict adherence to the test protocol. Precise pipetting as well as following the exact time and temperature requirements is essential.

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I M M U N O D I A G N O S T I C S

- Do not pipette by mouth. Do not smoke, eat, or drink in the areas in which specimens or kit reagents are handled.
- The components in this kit are intended for use as an integral unit. The components of different lots should not be mixed.
- Control sera and sample diluent contain preserved with sodium azide. Sodium azide may react with lead and copper plumbing to form explosive metal azide. On disposal, flush with a large volume of water.

SPECIMEN COLLECTION AND HANDLING

- Collect blood specimens and separate the serum.
- Typically, specimens may be refrigerated at 2–8°C for up to seven days or frozen for up to six months. Avoid repetitive freezing and thawing.

REAGENT PREPARATION

Prepare 1x Wash buffer by adding the contents of the bottle (25 mL, 20x) to 475 mL of distilled or deionized water. Store at room temperature (18–26°C).

ASSAY PROCEDURE

Bring all specimens and kit reagents to room temperature (20–25°C) and gently mix.

- Place the desired number of coated strips into the holder.
- Negative control, positive control, and calibrator are ready to use. Prepare 1:21 dilution of test samples, by adding 10 µL of the sample to 200 µL of sample diluent. Mix well.
- Dispense 100 µL of diluted sera, calibrator and controls into the appropriate wells. For the reagent blank, dispense 100 µL sample diluent in 1A well position. Tap the holder to remove air bubbles from the liquid and mix well. Incubate for 20 minutes at room temperature.
- Remove liquid from all wells. Wash wells three times with 300 µL of 1X wash buffer. Blot on absorbance paper or paper towel.
- Dispense 100 µL of enzyme conjugate to each well and incubate for 20 minutes at room temperature.
- Remove enzyme conjugate from all wells. Wash wells three times with 300 µL of 1X wash buffer. Blot on absorbance paper or paper towel.
- Dispense 100 µL of TMB substrate and incubate for 10 minutes at room temperature.
- Add 100 µL of stop solution.
- Read O.D. at 450 nm using ELISA reader within 15 min. A dual wavelength is recommended with reference filter of 600–650 nm.

CALCULATION OF RESULTS

- Check Calibrator Factor (CF) value on the calibrator bottle. This value might vary from lot to lot. Make sure you check the value on every kit.
- Calculate the cut-off value: Calibrator OD x Calibrator Factor (CF).
- Calculate the Ab (Antibody) Index of each determination by dividing the O.D. value of each sample by cut-off value.

Example of typical results:

Calibrator mean OD = 0.8

Calibrator Factor (CF) = 0.5

Cut-off Value = 0.8 x 0.5 = 0.400

Positive Control O.D. = 1.2

Ab Index = 1.2 / 0.4 = 3

Patient sample O.D. = 1.6

Ab Index = 1.6 / 0.4 = 4.0

LIMITATIONS OF THE ASSAY

- Lipemic or hemolyzed samples may cause erroneous results.

QUALITY CONTROL

The test run may be considered valid provided the following criteria are met:

- The O.D. of the Calibrator should be greater than 0.250.
- The Ab Index for Negative control should be less than 0.9.
- The Ab Index for Positive Control should be greater than 1.2.

INTERPRETATION

The following is intended as a guide to interpretation of test results; each laboratory is encouraged to establish its own criteria for test interpretation based on sample populations encountered.

Antibody Index Interpretation

- <0.9 No detectable antibody to Scl-70 by ELISA.
- 0.9–1.1 Borderline positive. Follow-up testing is recommended if clinically indicated.
- >1.1 Detectable antibody to Scl-70 by ELISA.

PERFORMANCE CHARACTERISTICS

- Sensitivity and Specificity**
122 patient sera were tested by this Scl-70 IgG ELISA and a reference ELISA method. 14 sera were positive and 103 were negative by both methods (95% agreement). The results are summarized below:

	Scl-70 IgG ELISA		
	+	–	Total
Reference ELISA Kit			
+	14	2	16
–	3	103	106
Total	17	105	122

STORAGE AND STABILITY

- Store the kit at 2–8°C.
- Keep microwells sealed in dry bag with desiccants.
- The reagents are stable until expiration of the kit
- Do not expose test reagents to heat, sun, or strong light.

REFERENCES

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MANUFACTURER AND BRAND DETAILS

 ISO 13485:2016 bsi ISO 13485 Quality Management for Medical Devices CERTIFIED	
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