

# Mycobacterium tuberculosis IgM ELISA

Enzyme immunoassay for the qualitative and quantitative determination  
of human IgM antibodies against Mycobacterium tuberculosis  
in serum and plasma.

**REF**

**RE56851**



**96**



**2-8°C**

EU: **IVD** **CE**

U.S.: *For research use only.  
Not for use in diagnostic procedures.*



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## 1. INTENDED USE

Enzyme immunoassay for the qualitative and quantitative determination of IgM antibodies against Mycobacterium tuberculosis in human serum and plasma.

## 2. SUMMARY AND EXPLANATION

Mycobacterioses (tuberculosis, leprosy, atypical mycobacterioses, paratuberculosis, and perhaps Crohn's Disease) are the infectious diseases of men and animals with the largest diffusion on earth. The infectious agents of tuberculosis are acid-resistant rod-like formed bacteria of the family Mycobacteriaceae, genus Mycobacterium. The germ was detected by Robert Koch in 1882. Owing to the very high infectious power of pathogenic mycobacteria, early diagnosis is essential to prevent spreading of the disease. Convergence of various approaches is necessary to control the mycobacterioses, immune reactions and bacterial shedding being variable during the diseases. However, usual diagnostic procedures were up to now unsatisfactory and did not allow distinguishing among different mycobacteria species. The illness is normally transferred by droplets of saliva from infected persons. The target of the infection are mostly the lungs, but also other organs like the brain, intestinal tract, bones, lymph nodes and kidneys can be afflicted. Tuberculosis is not only found in developing countries with 8 million of new infections yearly, but also in industrialized civilizations, as an actual disease with some thousands of cases yearly. Without treatment, the disease leads in 50 % of the cases to death within less than two years. Clinical symptoms are fatigue, loss of weight, lack of appetite, light fever, nocturnal sweat and pain in the chest. Especially patients with HIV are threatened by tuberculosis due to their impaired immune system. A vaccination with living attenuated bacteria is possible (BCG = Bacille Calmette Guérin). This is mostly done with newborn or young children. With older patients, before the vaccination there is normally performed the tuberculin test (Pirquet or Mantoux), where a small amount of tuberculin is injected under the skin. In a positive case, there exist antibodies against Mycobacteria, and a vaccination is not necessary. Up to recently, there have not existed any serological methods to detect tuberculosis antibodies in serum. The only available procedure was besides the skin tuberculin test the direct microscopical identification of the dyed bacteria in sputum. Meanwhile specific antigens have been prepared either by purification of natural material or by recombinant methods. This ELISA test kit for the determination of IgG antibodies uses a cocktail of highly pure proteins in order to determine an immune response against the bacteria in human serum. A fresh or chronically active infection can be diagnosed by IgA and IgM tests, which are also available.

## 3. TEST PRINCIPLE

Solid phase enzyme-linked immunosorbent assay (ELISA) based on the sandwich principle. The wells are coated with antigen. Specific antibodies of the sample binding to the antigen coated wells are detected by a secondary enzyme conjugated antibody (E-Ab) specific for human IgM. After the substrate reaction the intensity of the color developed is proportional to the amount of IgM-specific antibodies detected. Results of samples can be determined directly using the standard curve.

## 4. WARNINGS AND PRECAUTIONS

1. For *in-vitro diagnostic* use only. For professional use only.
2. Before starting the assay, read the instructions completely and carefully. Use the valid version of the package insert provided with the kit. Be sure that everything is understood.
3. In case of severe damage of the kit package please contact IBL or your supplier in written form, latest one week after receiving the kit. Do not use damaged components in test runs, but keep safe for complaint related issues.
4. Obey lot number and expiry date. Do not mix reagents of different lots. Do not use expired reagents.
5. Follow good laboratory practice and safety guidelines. Wear lab coats, disposable latex gloves and protective glasses where necessary.
6. Reagents of this kit containing hazardous material may cause eye and skin irritations. See MATERIALS SUPPLIED and labels for details. Material Safety Data Sheets for this product are available on the IBL-Homepage or upon request directly from IBL.
7. Chemicals and prepared or used reagents have to be treated as hazardous waste according to national biohazard and safety guidelines or regulations.
8. The cleaning staff should be guided by the professionals regarding potential hazards and handling.
9. Avoid contact with Stop solution. It may cause skin irritations and burns.

10. Some reagents contain sodium azide (NaN<sub>3</sub>) as preservatives. In case of contact with eyes or skin, flush immediately with water. NaN<sub>3</sub> may react with lead and copper plumbing to form explosive metal azides. When disposing reagents, flush with a large volume of water to avoid azide build-up.
11. All reagents of this kit containing human serum or plasma have been tested and were found negative for anti-HIV I/II, HBsAg and anti-HCV. However, a presence of these or other infectious agents cannot be excluded absolutely. For this reason reagents should be treated as potential biohazards in use and for disposal.

## 5. STORAGE AND STABILITY

The kit is shipped at ambient temperature and should be stored at 2-8 °C. Keep away from heat or direct sunlight. The storage and stability of specimens and prepared reagents is stated in the corresponding chapters.

The microtiter strips are stable up to the expiry date of the kit in the broken, but tightly closed bag when stored at 2-8 °C.

## 6. SPECIMEN COLLECTION AND STORAGE

### Serum, Plasma (EDTA, Heparin)

The usual precautions for venipuncture should be observed. It is important to preserve the chemical integrity of a blood specimen from the moment it is collected until it is assayed. Do not use grossly hemolytic, icteric or grossly lipemic specimens. Samples appearing turbid should be centrifuged before testing to remove any particulate material.

Storage:	2-8 °C	-20 °C	Keep away from heat or direct sunlight. Avoid repeated freeze-thaw cycles.
Stability:	2 days	> 2 days	

## 7. MATERIALS SUPPLIED

Quantity	Symbol	Component
1 x 12 x 8	<b>MTP</b>	<b>Microtiter Plate</b> Break apart strips. Coated with specific antigen.
1 x 15 mL	<b>ENZCONJ IgM</b>	<b>Enzyme Conjugate IgM</b> Red colored. Ready to use. Contains: anti-human IgM, conjugated to peroxidase, protein-containing buffer, stabilizers.
1 x 4 x 2 mL	<b>CAL A-D</b>	<b>Standard A-D</b> 1; 10; 30; 100 U/mL. Ready to use. Standard A = Negative Control Standard B = Cut-Off Control Standard C = Weakly Positive Control Standard D = Positive Control Contains: IgM antibodies against Mycobacterium tuberculosis, PBS, stabilizers.
1 x 60 mL	<b>DILBUF</b>	<b>Diluent Buffer</b> Ready to use. Contains: PBS Buffer, BSA, < 0.1 % NaN <sub>3</sub> .
1 x 60 mL	<b>WASHBUF CONC</b>	<b>Wash Buffer, Concentrate (10x)</b> Contains: PBS Buffer, Tween 20.
1 x 15 mL	<b>TMB SUBS</b>	<b>TMB Substrate Solution</b> Ready to use. Contains: TMB.
1 x 15 mL	<b>TMB STOP</b>	<b>TMB Stop Solution</b> Ready to use. 0.5 M H <sub>2</sub> SO <sub>4</sub> .
2 x	<b>FOIL</b>	<b>Adhesive Foil</b> For covering of Microtiter Plate during incubation.
1 x	<b>BAG</b>	<b>Plastic Bag</b> Resealable. For dry storage of non-used strips.

**8. MATERIALS REQUIRED BUT NOT SUPPLIED**

1. RF Absorbent (can be ordered separately from IBL under **REF** KIRF561)
2. Micropipettes (Multipette Eppendorf or similar devices, < 3 % CV). Volumes: 5; 50; 100; 500 µL
3. Calibrated measures
4. Tubes (1 mL) for sample dilution
5. 8-Channel Micropipettor with reagent reservoirs
6. Wash bottle, automated or semi-automated microtiter plate washing system
7. Microtiter plate reader capable of reading absorbance at 450 nm (reference wavelength 600-650 nm)
8. Bidistilled or deionised water
9. Paper towels, pipette tips and timer

**9. PROCEDURE NOTES**

1. Any improper handling of samples or modification of the test procedure may influence the results. The indicated pipetting volumes, incubation times, temperatures and pretreatment steps have to be performed strictly according to the instructions. Use calibrated pipettes and devices only.
2. Once the test has been started, all steps should be completed without interruption. Make sure that required reagents, materials and devices are prepared ready at the appropriate time. Allow all reagents and specimens to reach room temperature (18-25 °C) and gently swirl each vial of liquid reagent and sample before use. Mix reagents without foaming.
3. Avoid contamination of reagents, pipettes and wells/tubes. Use new disposable plastic pipette tips for each component and specimen. Do not interchange caps. Always cap not used vials. Do not reuse wells/tubes or reagents.
4. Use a pipetting scheme to verify an appropriate plate layout.
5. Incubation time affects results. All wells should be handled in the same order and time sequences. It is recommended to use an 8-channel Micropipettor for pipetting of solutions in all wells.
6. Microtiter plate washing is important. Improperly washed wells will give erroneous results. It is recommended to use a multichannel pipette or an automatic microtiter plate washing system. Do not allow the wells to dry between incubations. Do not scratch coated wells during rinsing and aspiration. Rinse and fill all reagents with care. While rinsing, check that all wells are filled precisely with Wash Buffer, and that there are no residues in the wells.
7. Humidity affects the coated wells/tubes. Do not open the pouch until it reaches room temperature. Unused wells/tubes should be returned immediately to the resealed pouch including the desiccant.

**10. PRE-TEST SETUP INSTRUCTIONS**

In order to avoid interferences of specific IgG and rheumatoid factors, patient sera should be treated with RF absorbent (**REF** KIRF561).

**10.1. Preparation of Components**

The contents of the kit for 96 determinations can be divided into 3 separate runs.  
The volumes stated below are for one run with 4 strips (32 determinations).

Dilute / dissolve	Component		Diluent	Relation	Remarks	Storage	Stability
20 mL	<b>WASHBUF CONC</b>	200 mL	bidist. water	1:11	Warm up at 37°C to dissolve crystals, if necessary. Mix vigorously.	2-8 °C	8 weeks
1 mL	RF-Absorbent	20 mL	<b>DILBUF</b>	1:21	Incubate ≥ 1 min.	2-8 °C	8 weeks

**10.2. Dilution of Samples**

Sample	to be diluted	with	Relation	Remarks
Serum / Plasma	generally	<b>DILBUF</b> (+ RF-Absorbent)	1:101	e.g. 5 µL + 500 µL <b>DILBUF</b>

Samples containing concentrations higher than the highest standard have to be diluted further.

Samples with RF-Absorbent: Do not incubate >20 min to avoid adsorption of specific antibodies.

Pretreated samples may be turbid.

**11. TEST PROCEDURE**

1.	Pipette <b>100 µL</b> of each <b>Standard and diluted sample</b> into the respective wells of the Microtiter Plate. In the qualitative test only Standard B is used.
2.	Cover plate with adhesive foil. <b>Incubate 60 min at 18-25 °C.</b>
3.	Remove adhesive foil. Discard incubation solution. Wash plate <b>3 x</b> with <b>300 µL</b> of <b>diluted Wash Buffer</b> . Remove excess solution by tapping the inverted plate on a paper towel.
4.	Pipette <b>100 µL</b> of <b>Enzyme Conjugate</b> into each well.
5.	Cover plate with new adhesive foil. <b>Incubate 30 min at 18-25 °C.</b>
6.	Remove adhesive foil. Discard incubation solution. Wash plate <b>3 x</b> with <b>300 µL</b> of <b>diluted Wash Buffer</b> . Remove excess solution by tapping the inverted plate on a paper towel.
7.	For adding of Substrate and Stop Solution use, if available, an 8-channel Micropipettor. Pipetting should be carried out in the same time intervals for Substrate and Stop Solution. Use positive displacement and avoid formation of air bubbles.
8.	Pipette <b>100 µL</b> of <b>TMB Substrate Solution</b> into each well.
9.	<b>Incubate 20 min at 18-25 °C</b> in the dark (without adhesive foil).
10.	Stop the substrate reaction by adding <b>100 µL</b> of <b>TMB Stop Solution</b> into each well. Briefly mix contents by gently shaking the plate. Color changes from blue to yellow.
11.	<b>Measure</b> optical density with a photometer at <b>450 nm</b> (Reference-wavelength: 600-650 nm) within <b>60 min</b> after pipetting of the Stop Solution.

## 12. QUALITY CONTROL

The test results are only valid if the test has been performed following the instructions. Moreover the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or comparable standards /laws. User and/or laboratory must have a validated system to get diagnosis according to GLP. All standards/controls must be found within the acceptable ranges as stated on the QC Certificate. If the criteria are not met, the run is not valid and should be repeated. Each laboratory should use known samples as further controls. It is recommended to participate at appropriate quality assessment trials.

In case of any deviation the following technical issues should be proven: Expiration dates of (prepared) reagents, storage conditions, pipettes, devices, incubation conditions and washing methods.

## 13. CALCULATION OF RESULTS

The evaluation of the test can be performed either quantitatively or qualitatively.

### 13.1. Qualitative Evaluation

The Cut-off value is given by the optical density (OD) of the Standard B (Cut-off standard). The Cut-off index (COI) is calculated from the mean optical densities of the sample and Cut-off value. If the optical density of the sample is within a range of 20% around the Cut-off value (grey zone), the sample has to be considered as borderline. Samples with higher ODs are positive, samples with lower ODs are negative.

For a quantification, the Cut-off index (COI) of the samples can be formed as follows:

$$\text{COI} = \frac{\text{OD Sample}}{\text{OD Standard B}}$$

### 13.2. Quantitative Evaluation

The obtained OD of the standards (y-axis, linear) are plotted against their concentration (x-axis, logarithmic) either on semi-logarithmic graph paper or using an automated method. A good fit is provided with cubic spline or point-to-point curve, because these methods give the highest accuracy in the data calculation.

For the calculation of the standard curve, apply each signal of the standards (one obvious outlier of duplicates might be omitted and the more plausible single value might be used).

The concentration of the samples can be read directly from the standard curve.

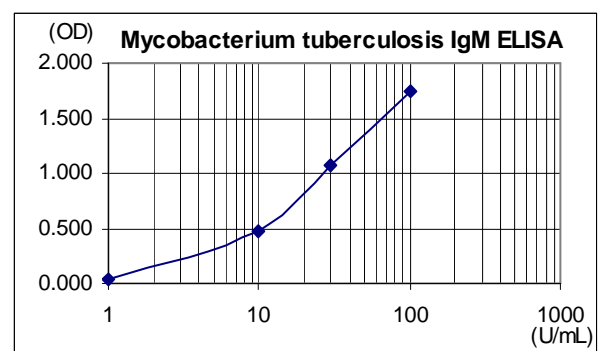
The initial dilution has been taken into consideration when reading the results from the graph. Results of samples of higher predilution have to be multiplied with the dilution factor.

Samples showing concentrations above the highest standard have to be diluted as described in PRE-TEST SETUP INSTRUCTIONS and reassayed.

### Typical Calibration Curve

(Example. Do not use for calculation!)

Standard	U/mL	OD <sub>Mean</sub>
A	1	0.034
B	10	0.472
C	30	1.075
D	100	1.739



## 14. INTERPRETATION OF RESULTS

Method	Range	Interpretation
Quantitative (Standard curve)	< 8 U/mL	negative
	8 – 12 U/mL	equivocal
	> 12 U/mL	positive
Qualitative (Cut-off Index, COI)	< 0.8	negative
	0.8 – 1.2	equivocal
	> 1.2	positive

The results themselves should not be the only reason for any therapeutical consequences. They have to be correlated to other clinical observations and diagnostic tests.

**15. PERFORMANCE**

<b>Mycobacterium ELISA</b>	<b>IgG</b>	<b>IgA</b>	<b>IgM</b>
Intra-Assay-Precision	7.6 %	7.9 %	7.9 %
Inter-Assay Precision	9.4 %	7.4 %	7.4 %
Inter-Lot-Precision	3.1 – 9.9 %	5.7 – 8.9 %	5.7 – 8.9 %
Analytical Sensitivity	1.09 U/mL	1.34 U/mL	1.22 U/mL
Recovery	86 – 95 %	87 – 96 %	87 – 91 %
Linearity	82 – 113 %	78 – 111 %	78 -118 %
Cross-Reactivity	No cross-reactivity to <i>Helicobacter pylori</i> and <i>Bordetella pertussis</i> .		
Interferences	No interferences to bilirubin up to 0.3 mg/mL, haemoglobin up to 8.0 mg/mL and triglycerides up to 5.0 mg/mL.		
Clinical Specificity	99 %	99 %	100 %
Clinical Sensitivity	100 %	100 %	100 %



**16. PRODUCT LITERATURE REFERENCES**

1. Abebe F, Holm-Hansen C, Wiker HG, Bjune G, Progress in Serodiagnosis of *Mycobacterium tuberculosis* Infection, *Scand J Immunol* 66: 176–191 (2007)
2. Barnes PF, Lee HQ, Davidson PT, Tuberculosis in patients with HIV infection, *Medical clinics of North America* 77(6): 1369-89 (1993)
3. Bloom BR, Murray CJL, Tuberculosis: commentary on a re-emergent killer, *Science* 257: 1055-64 (1992)
4. Karamat KA, Rafi S, Abbasi SA, Drug Resistance in Mycobacterium Tuberculosis: A Four Years Experience, *JPMA*: 262-65 (1999)
5. Kochi A, Global tuberculosis situation and the control strategy of the WHO, *Tubercle* 72: 1-6 (1991)
6. Marks LG, Genetics of tuberculosis, *Medical clinics of North America* 77(6): 1219-33 (1993)
7. Mustafa AS, Shaban FA, Abal AT, Al-Attayah R, Wiker HG, Lundin KEA, Oftung F, Huygen K, Identification and HLA Restriction of Naturally Derived Th1-Cell Epitopes from the Secreted *Mycobacterium tuberculosis* Antigen 85B Recognized by Antigen-Specific Human CD4 +T-Cell Lines, *Infect Immun* 68(7): 3933-3940 (2000)
8. Raja A, Uma Devi KR, Ramalingam B, Brennan PJ, Immunoglobulin G, A, and M responses in serum and circulating immune complexes elicited by the 16-kilodalton antigen of Mycobacterium tuberculosis, *Clin Diagn Lab Immunol* 9(2): 308-12 (2002)
9. Raja A, Uma Devi KR, Ramalingam B, Improved diagnosis of pulmonary tuberculosis by detection of antibodies against multiple Mycobacterium tuberculosis antigens, *Diagn Microbiol Infect Dis* 60(4): 361-68 (2008)
10. Silva VMC, Sardella IG, Luiz RR, Cunha AJLA, Cavalcanti AH, Mahavir S, Barreto MM, Rodrigues RS, Carvalho TF, Saad MHF, Immunoreactivity of five antigens of *Mycobacterium tuberculosis* in patients attending a public health care facility in an area with high endemicity for TB, *Microbiol Immunol* 52: 544–550 (2008)
11. Snider DE Jr, La Montagne JR, The neglected global tuberculosis problem: a report of the 1992 World Congress on tuberculosis, *J Infect Dis* 169: 1189-96 (1994)
12. Toman K. Tuberculosis case-finding and chemotherapy. Questions and answers. Geneva, *World Health Organization*, 3-74 (1979)
13. Tuberculosis control as an integral part of primary health care. Geneva, *World Health Organization* (1988)
14. Uma Devi KR, Ramalingam B, Brennan PJ, Narayanan PR, Raja A, Specific and early detection of IgG, IgA and IgM antibodies to *Mycobacterium tuberculosis* 38 kDa antigen in pulmonary tuberculosis, *Tuberculosis* 81(3): 249–253 (2001)

# Symbols / Symbole / Symbôles / Símbolos / Símbolos / Σύμβολα

	Cat.-No.: / Kat.-Nr.: / No.- Cat.: / Cat.-No.: / N.º Cat.: / N.-Cat.: / Αριθμός-Κατ.:
	Lot-No.: / Chargen-Bez.: / No. Lot: / Lot-No.: / Lote N.º: / Lotto n.: / Αριθμός -Παραγωγή:
	Use by: / Verwendbar bis: / Utiliser à: / Usado por: / Usar até: / Da utilizzare entro: / Χρησιμοποιείται από:
	No. of Tests: / Kitgröße: / Nb. de Tests: / No. de Determ.: / N.º de Testes: / Quantità dei tests: / Αριθμός εξετάσεων:
	Concentrate / Konzentrat / Concentré / Concentrar / Concentrado / Concentrato / Συμπύκνωμα
	Lyophilized / Lyophilisat / Lyophilisé / Liofilizado / Liofilizado / Liofilizzato / Λυοφιλιασμένο
	In Vitro Diagnostic Medical Device. / In-vitro-Diagnostikum. / Appareil Médical pour Diagnostics In Vitro. / Dispositivo Médico para Diagnóstico In Vitro. / Equipamento Médico de Diagnóstico In Vitro. / Dispositivo Medico Diagnostico In vitro. / Ιατρική συσκευή για In-Vitro Διάγνωση.
	Evaluation kit. / Nur für Leistungsbewertungszwecke. / Kit pour évaluation. / Juego de Reactivos para Evaluació. / Kit de avaliação. / Kit di valutazione. / Κιτ Αξιολόγησης.
	Read instructions before use. / Arbeitsanleitung lesen. / Lire la fiche technique avant emploi. / Lea las instrucciones antes de usar. / Ler as instruções antes de usar. / Leggere le istruzioni prima dell'uso. / Διαβάστε τις οδηγίες πριν την χρήση.
	Keep away from heat or direct sun light. / Vor Hitze und direkter Sonneneinstrahlung schützen. / Garder à l'abri de la chaleur et de toute exposition lumineuse. / Manténgase alejado del calor o la luz solar directa. / Manter longe do calor ou luz solar directa. / Non esporre ai raggi solari. / Να φυλάσσεται μακριά από θερμότητα και άμεση επαφή με το φως του ηλίου.
	Store at: / Lagern bei: / Stocker à: / Almacene a: / Armazenar a: / Conservare a: / Αποθήκευση στους:
	Manufacturer: / Hersteller: / Fabricant: / Productor: / Fabricante: / Fabricante: / Παραγωγός:
	Caution! / Vorsicht! / Attention! / ¡Precaución! / Cuidado! / Attenzione! / Προσοχή!
<p>Symbols of the kit components see MATERIALS SUPPLIED.  Die Symbole der Komponenten sind im Kapitel KOMPONENTEN DES KITS beschrieben.  Voir MATERIEL FOURNI pour les symbôles des composants du kit.  Símbolos de los componentes del juego de reactivos, vea MATERIALES SUMINISTRADOS.  Para símbolos dos componentes do kit ver MATERIAIS FORNECIDOS.  Per i simboli dei componenti del kit si veda COMPONENTI DEL KIT.  Για τα σύμβολα των συστατικών του κιτ συμβουλευτείτε το ΠΑΡΕΧΟΜΕΝΑ ΥΛΙΚΑ.</p>	

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**LIABILITY:** Complaints will be accepted in each mode –written or vocal. Preferred is that the complaint is accompanied with the test performance and results. Any modification of the test procedure or exchange or mixing of components of different lots could negatively affect the results. These cases invalidate any claim for replacement. Regardless, in the event of any claim, the manufacturer's liability is not to exceed the value of the test kit. Any damage caused to the kit during transportation is not subject to the liability of the manufacturer