

# Cytomegalovirus IgM **ELISA**

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

**RE58321** 

[i] | 淡∦ 2-8°C

#### 1. INTENDED USE

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

# 2. SUMMARY AND EXPLANATION

Cytomegaly is caused by a viral infection, which shows an inapparent progression, however leads to serious symptoms with immune-compromised patients and newborns.

The cytomegaly virus (CMV) with a particle diameter of 100 nm (inclusive envelope the virion measures 200 nm) belongs to the family of herpesviridae like Herpes 1 and Herpes 2. The transmission is effected via saliva and by long-term intimate contacts. The incubation time is 2-10 days for primary infections.

Cytomegaly appears often during the gravidity, and per year up to 5% of the pregnant women show clinical signs of the disease. In the early phase the illness frequently remains undetected, and the affected women themselves show no symptoms. When however newborns are infected (1% of the births), these show in 10% of the cases disease symptoms with late damages like retinitis, ulcera of the mucous membrane, viral pneumonia, meningitis, microencephaly, hydrocephalus and skin ulcerations. The incidence of women capable of childbearing is estimated to be 65%, so that an assessment of the immune status before pregnancy is mandatory. After a negative result, a control check is recommended in the 20th week of gestation.

Besides the symptomatic treatment a specific therapy with phosphonoformate and ganciclovir is possible. A vaccination does not exist, so that in the case of an infection only passive CMV immunoglobulins are administered.

Together with the differential assessment of the above mentioned symptoms, the diagnosis is performed clinically in tissue samples via the so-called "owl eyes". The following laboratory methods are available: CF and ELISA, determination of virus nucleic acid (PCR) as well as virus isolation (cell culture). Serologically, IgG and IgM antibodies can be detected and quantitated by the ELISA technique. Also the measurement of the avidity of the IgG molecules is appropriate.

#### 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. Avoid contact with Stop solution. It may cause skin irritations and burns.
- 9. 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.
- 10. 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 and therefore reagents should be treated as potential biohazards in use and for disposal.

Version 1.3 2008-04 1 / 6

#### 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 sun light. The storage and stability of specimen and prepared reagents is stated in the corresponding chapters.

The unopened reagents are stable until the expiry date indicated. The Kit is stable up to 3 months after the first opening when the Microtiterplate is packed in a tightly closed bag, the bottles are closed with their screw caps and the kit is stored at 2-8°C.

# 6. SPECIMEN COLLECTION AND STORAGE

# Serum, Plasma (EDTA, Citrate)

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 sun light.
Stability:	2 d	> 2 d	Avoid repeated freeze-thaw cycles.

# 7. MATERIALS SUPPLIED

Quantity	Symbol	Component		
1 x 12 x 8	MTP	Microtiter Plate		
1 X 12 X 0	IVIII	Break apart strips. Coated with specific antigen.		
1 x 15 mL	ENZCONJ IgM	Enzyme Conjugate IgM		
I X IO IIIL	LINZCOINS IGINI	Red colored. Ready to use. Contains: anti-human IgM, conjugated to peroxidase,		
		protein-containing buffer, stabilizers.		
4 x 2 mL	CAL A-D	Standard A-D		
T X Z IIIL	CAL A-D	1; 10; 40; 120; 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 Cytomegalovirus, Human serum, PBS, stabilizers.		
1 x 60 mL	DILBUF	Diluent Buffer		
1 X OO IIIL	[DI2501]	Blue colored. Ready to use. Contains: PBS Buffer, BSA, < 0.1 % NaN <sub>3</sub> .		
1 x 60 mL	WASHBUF CONC	Wash Buffer, Concentrate (10x)		
1 X OO IIIL	WACIBOI	Contains: PBS Buffer, Tween 20.		
1 x 15 mL	TMB SUBS	TMB Substrate Solution		
1 X 13 IIIL	TWID GODG	Ready to use. Contains: TMB.		
1 x 15 mL	TMB STOP	TMB Stop Solution		
I X IS IIIL	TWID STOP	Ready to use. 0.5 M H <sub>2</sub> SO <sub>4</sub> .		
2 v	2 x FOIL Adhesive Foil For covering of Microtiter Plate during incubation.			
X				
1 x	BAG	Plastic Bag		
I X	DAG	Resealable. For dry storage of non-used strips.		

# 8. MATERIALS REQUIRED BUT NOT SUPPLIED

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

Version 1.3 2008-04 2 / 6

# 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. It is advised to determine samples in duplicate to be able to identify potential pipetting errors (CV >10%).
- 5. Use a pipetting scheme to verify an appropriate plate layout.
- 6. 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.
- 7. Microplate washing is important. Improperly washed wells will give erroneous results. It is recommended to use a multichannel pipette or an automatic microplate 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.
- 8. 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

# 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	WASHBUF	180 mL	bidist. water	1:10	Warm up at 37°C to dissolve crystals, if necessary. Mix vigorously.	2-8°C	4 w

# 10.2. Dilution of Samples

Sample	to be diluted	with	Relation	Remarks
Serum / Plasma	generally	DILBUF	1:101	e.g. 5 μL + 500 μL DILBUF

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

Version 1.3 2008-04 3 / 6

# 11. TEST PROCEDURE

1.	Pipette 100 μL of each Standard and diluted sample into the respective wells of the Microtiter Plate.
2.	Cover plate with adhesive foil. Incubate 60 min at 18-25°C.
3.	Remove adhesive foil. Discard incubation solution. Wash plate 3 $x$ with 300 $\mu$ L of diluted Wash Buffer. Remove excess solution by tapping the inverted plate on a paper towel.
4.	Pipette 100 μL of Enzyme Conjugate into each well.
5.	Cover plate with new adhesive foil. Incubate 30 min at 18-25°C.
6.	Remove adhesive foil. Discard incubation solution. Wash plate 3 $x$ with 300 $\mu$ L of diluted Wash Buffer. 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 100 μL of TMB Substrate Solution into each well.
9.	Incubate 20 min at 18-25°C in the dark (without adhesive foil).
10.	Stop the substrate reaction by adding 100 $\mu$ L of TMB Stop Solution 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 other applicable standards/laws. 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 qualitatively or quantitatively.

### 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. Samples with higher ODs are positive, samples with lower ODs are negative.

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. In such a case the repetition of the test with the same serum or with a new sample of the same patient, taken after 2-4 weeks, is recommended. Both samples should be measured in parallel in the same run.

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

COI = OD Sample
OD Standard B

Version 1.3 2008-04 4 / 6

# 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, 4 Parameter Logisitcs or Logit-Log.

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.

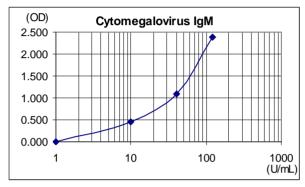
Samples showing concentrations above the highest standard have to be diluted as described in PRE-TEST

SETUP INSTRUCTIONS and reassayed.

# **Typical Calibration Curve**

(Example. Do not use for calculation!)

Standard	U/mL	<b>OD</b> <sub>Mean</sub>
Α	1	0.027
В	10	0.483
С	40	1.100
D	120	2.410



### 14. INTERPRETATION OF RESULTS

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

In an in-house study, apparently healthy subjects showed the following results:

Cytomogalovirus	n	Interpretation			
Cytomegalovirus	"	positive	equivocal	negative	
IgG	176	43.8 % 1.7 % 54.5 %		54.5 %	
IgM	88	1.1 %	10.2 %	88.6 %	

It is recommended that each laboratory establishes its own range of normal values.

#### 16. LIMITATIONS OF THE PROCEDURE

Specimen collection has a significant effect on the test results. See SPECIMEN COLLECTION AND STORAGE for details.

For cross-reactivities, see PERFORMANCE.

Azide and thimerosal at concentrations > 0.1 % interfere in this assay and may lead to false results.

The following blood components do not have a significant effect (+/- 20% of expected) on the test results up to the below stated concentrations:

Hemoglobin	8.0 mg/mL
Bilirubin	0.3 mg/mL
Triglyceride	5.0 mg/mL

Special characteristics of these samples due to regional, ethnic or cultural differences like high titers of autoantibodies or heterophilic antibodies (rheumatoid factors) may interfere with test results. Critical samples should be confirmed by an additional method or usage of appropriate reagents.

Version 1.3 2008-04 5 / 6

# 17. PERFORMANCE

Analytical Specificity (Cross Reactivity)	Analytical Specificity Cross Reactivity)  No cross-reactivities were found to:		Rubella, Toxoplasma, Measles, Mumps, Varicella Parainfluenza and EBV-VCA. Interferences of dsDNA IgG positive samples or samples of donors suffering from an acute EBV infection cannot totally be excluded.		
Precision	Mean (U/mL)	CV (%)			
Intra-Assay	35.0 – 55.6	9.9 – 13.8			
Inter-Assay	2.4 – 74.4	2.7 – 26.6			
Inter-Lot	Inter-Lot 2.3 – 85.2				
Analytical Sensitivity	1.03 U/mL				
Linearity	Range (U/mL)	Serial dilution up to	Range (%)		
Linearity	30.2 – 52.8	1/4	72 - 117		
Recovery	Mean recover	y after spiking	100 – 110 %		
Clinical specificity	98% (n = 88)				
Clinical sensitivity	100% (n = 24)				

# 18. PRODUCT LITERATURE REFERENCES

- 1. Almeida, L. N. et al.: Cytomegalovirus seroepidemiology in an urban community of Sao Paulo, Brazil. Rev. Saude Publica 35(2): 124 (2001).
- 2. Boeckh, M. et al.: Quantitation of cytomegalovirus: methodologic aspects and clinical applications. Clin. Microbiol. Rev. 11: 533 (1998).
- 3. Bryant, P. et al.: Cytomegalovirus transmission from breast milk in premature babies: does it matter? Arch. Dis. Child. Fetal Neonatal Ed. 87: 75 (2001).
- 4. Genser, B. et al.: Evaluation of five commercial enzyme immunoassays for the detection of human cytomegalovirus-specific IgM antibodies in the absence of a commercially available gold standard. Clin. Chem. Lab. Med. 39(1): 62 (2001).
- 5. Joassin, L. et al.: Elimination of nonspecific cytomegalovirus immunoglobulin M activities in the enzymelinked immunosorbent assay by using anti-human immunoglobulin. J. Clin. Microbiol. 23(3): 576 (1986).
- 6. Nielsen, S. L. et al.: Improvement of serological diagnosis of neonatal cytomegalovirus infection by simultaneously testing for specific immunoglobulins E and M by ab-capture enzyme-linked immunosorbent assay. J. Clin. Microbiol. 25(8): 1406 (1987).
- 7. Pappin, A. et al.: Stability of cytomegalovirus antibodies in plasma during prolonged storage of blood components. Clin. Diagn. Lab. Immunol. 2(1): 25 (1995).
- 8. Revello, M. G. et al.: Diagnosis and Management of Human Cytomegalovirus Infection in the Mother, Fetus, and Newborn Infant. Clin. Microbiol. Rev. 15: 680 (2002).
- 9. Ronholm, E. et al.: Detection of immunoglobulin G antibodies to cytomegalovirus antigens by antibody capture enzyme-linked immunosorbent assay. J. Clin. Microbiol. 24(6): 998 (1986).
- 10. de Souza, S. et al.: Evaluation of an in-house specific immunoglobulin G (IgG) avidity ELISA for distinguishing recent primary from long-term human cytomegalovirus (HCMV) infection. Rev. Inst. Med. Trop. Sao Paulo 45(6): 323 (2003).
- 11. Spector, S. A. et al.: Plasma cytomegalovirus (CMV) DNA load predicts CMV disease and survival in AIDS patients. J. Clin. Investig. 101: 497 (1998).
- 12. van Zanten, J. et al.: Humoral immune response against human cytomegalovirus (HCMV)-specific proteins after HCMV infection in lung transplantation as detected with recombinant and naturally occurring proteins. Clin. Diagn. Lab. Immunol. 2(2): 214 (1995).

Version 1.3 2008-04 6 / 6

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

REF	CatNo.: / KatNr.: / No Cat.: / CatNo.: / N.º Cat.: / Ν.–Cat.: / Αριθμός-Κατ.:				
LOT	Lot-No.: / Chargen-Bez.: / No. Lot: / Lot-No.: / Lote N.º: / Lotto n.: / Αριθμός -Παραγωγή:				
Σ	Use by: / Verwendbar bis: / Utiliser à: / Usado por: / Usar até: / Da utilizzare entro: / Χρησιμοποιείται από:				
Σ	No. of Tests: / Kitgröße: / Nb. de Tests: / No. de Determ.: / N.º de Testes: / Quantità dei tests: / Αριθμός εξετάσεων:				
CONC	Concentrate / Konzentrat / Concentré / Concentrar / Concentrado / Concentrato / Συμπύκνωμα				
LYO	Lyophilized / Lyophilisat / Lyophilisé / Liofilizado / Liofilizado / Liofilizzato / Λυοφιλιασμένο				
IVD	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.				
ű	Evaluation kit. / Nur für Leistungsbewertungszwecke. / Kit pour évaluation. / Juego de Reactivos para Evaluació. / Kit de avaliação. / Kit di evaluazione. / Κιτ Αξιολόγησης.				
[]i	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.				
类	Keep away from heat or direct sun light. / Vor Hitze und direkter Sonneneinstrahlung schützen. /				
1	Store at: / Lagern bei: / Stocker à: / Almacene a: / Armazenar a: / Conservare a: / Αποθήκευση στους:				
***	Manufacturer: / Hersteller: / Fabricant: / Productor: / Fabricante: / Fabbricante: / Παραγωγός:				
<u> </u>	Caution! / Vorsicht! / Attention! / ¡Precaución! / Cuidado! / Attenzione! / Προσοχή!				
	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.				
S	ímbolos 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.				

COMPLAINTS: Complaints may be submitted initially written or vocal. Subsequently they need to be filed including the test performance and results in writing in case of analytical reasons.

Για τα σύμβολα των συστατικών του κιτ συμβουλευτείτε το ΠΑΡΕΧΟΜΕΝΑ ΥΛΙΚΑ.

WARRANTY: The product is warranted to be free from material defects within the specific shelf life and to comply with product specifications delivered with the product. The product must be used according to the Intended use, all instructions given in the instructions for use and within the product specific shelf life. 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.

LIMITATION OF LIABILITY: IN ALL CIRCUMSTANCES THE EXTENT OF MANUFACTURER'S LIABILITY IS LIMITED TO THE PURCHASE PRICE OF THE KIT(S) IN QUESTION. IN NO EVENT SHALL MANUFACTURER BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES, INCLUDING DAMAGES FOR LOST PROFITS, LOST SALES, INJURY TO PERSON OR PROPERTY OR ANY OTHER INCIDENTAL OR CONSEQUENTIAL LOSS.

IBL International GmbH Flughafenstr. 52A, 22335 Hamburg, Germany	E-MAIL: I	+ 49 (0) 40 532891 -0 Fax: -11 BL@IBL-International.com http://www.IBL-International.com
--	-----------	--