

Instruction for use

EIA Toxoplasma IgA

REF TgA096



Kit for professional use

IVD **CE**₁₀₂₃



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Capture enzyme immunoassay for the detection of IgA antibodies to *Toxoplasma gondii* in human serum or plasma

1 Introduction

Toxoplasmosis is a widespread parasitic disease caused by protozoan *Toxoplasma gondii* – a parasite with a complicated life cycle consisting of several morphologically different stadia. Primary hosts are members of the feline family. Humans and most warm-blooded animals can be infected by either primarily infected food (insufficiently heat-treated meat) or by ingestion of oocysts (secondary contaminated food or contaminated fingers, objects, etc.).

Acquired toxoplasmosis in immunocompetent individuals is usually asymptomatic or can manifest itself with flu-like symptoms (subfebrility, fatigue, lymphadenopathy, muscle aches), but without lasting ill effects. Severe life-threatening infections (encephalitis, hepatitis, chorioretinitis, myocarditis, generalized form of the disease) may develop in immunocompromised patients usually because of a reactivation of a latent infection.

Congenital toxoplasmosis is caused by transmission of infection from mother to foetus. The mother has been primary infected with toxoplasmosis shortly before becoming pregnant or during pregnancy. Congenital toxoplasmosis might result in severe damages of the foetus (brain calcification, hydrocephalus, vision disorders, mental affections), still birth or abortion.

Diagnosis of the disease is based on epidemiological anamnesis, clinical manifestation and laboratory tests. Direct detection of the parasite is not available for routine diagnostics. Serology is the most important tool for laboratory diagnostics of toxoplasmosis. Screening consists in determination of total antibodies by complement fixation test (CFT). Determination of specific IgA, IgE, IgM, IgG antibodies and IgG avidity is performed by ELISA and confirmation of results by immunoblot method.

IgA, IgE and IgM antibodies are significant markers of acute toxoplasmosis. IgM antibodies are a highly sensitive marker of acute infection and they can persist more than 1 year. IgA antibodies can persist for 6-9 months from the beginning of infection. IgE antibodies as a highly specific marker of acute infection can persist up to 6 months from the beginning of infection.

IgG antibodies reach maximum level in serum after 6 months from the beginning of infection and they can be detected for many years after past infection.

2 Test Principle

The kit is intended for detection of specific IgA antibodies to *Toxoplasma gondii* in a sample by means of a capture type of the EIA method (i.e. a solid phase coated with animal antibody to human IgA immunoglobulins – antibody from the analysed sample – tracer, i.e. specific antigen with labelled antibody). The labelled antibody is a mouse monoclonal antibody to p30 surface protein of *Toxoplasma gondii* conjugated with horseradish peroxidase. Peroxidase activity is determined in the test by a substrate containing TMB. Positivity is indicated when blue colour appears; after stopping solution has been added, blue changes to yellow. The yellow colour intensity is measured by a photometer at 450 nm, and it is proportional to the concentration of specific antibodies in the sample.

Antigen Used

Purified and inactivated antigen of *T. gondii* (RH strain)

3 Materials Provided

MICROPLATE	Microtitre Plate coated with antibody, 12 x 8 wells in bag with desiccant	1 pc
CONTROL -	Negative Control Solution containing no specific human antibodies, ready to use	1 × 2 ml
CUTOFF	CUT-OFF Solution containing specific human antibodies in cut-off concentration, ready to use	1 × 3 ml
CONTROL +	Positive Control Solution containing specific human antibodies, ready to use	1 × 2 ml
TRACER	Tracer Buffer with protein stabilisers containing <i>T. gondii</i> antigen and conjugate, ready to use	1 × 14 ml
DILUENT 5	Sample Diluent 5 Buffer with protein stabilisers, ready to use	1 × 105 ml
SUBSTRATE 2	TMB-Complete 2 Chromogenic substrate solution containing TMB/H ₂ O ₂ , ready to use	1 × 15 ml
WASH 20x	Wash Solution 20× concentrated buffer	1 × 75 ml
STOP	Stop Solution Acid solution, ready to use	1 × 15 ml
	Instructions for use	1 pc

4 Other Material Required for Manual Test Performance

Single and multichannel pipettes

Disposable tips

Microplate washer

Timer

Incubator (37°C)

Microplate reader

5 Storage and Stability

Store the kit at +2°C to +8°C. Do not freeze. If the kit is stored as described, the labelled expiration date is valid. The expiration date is indicated on the package. The opened kit should be used within three months.

Sample Preparation and Storage

The following human body liquids can be used for testing: serum and citrate plasma. Anticoagulants in the plasma (except for citrate) as well as bacterially contaminated, haemolytic or chylous samples can affect the test results.

Samples can be stored at +2°C to +8°C for one week. For a longer period, store samples at -20°C. Diluted samples should be used as soon as possible.

6 Preparation of Reagents

Dilute the Wash Solution 1:20 (1 part of solution and 19 parts of distilled water); e.g. 75 ml of the concentrated the Wash Solution + 1425 ml of distilled water.

Salt crystals might develop in the bottle with the concentrated the Wash Solution. Prior to use, it is necessary to dissolve the crystals by warming the bottle in a water bath. The diluted Wash Solution is stable at +2°C to +8°C for one week.

The Controls (positive, negative and CUT-OFF) and Tracer are supplied ready to use, do not dilute further!

TMB-Complete is a one-component chromogenic substrate solution ready to use, do not dilute further!

Interchangeability of reagents

The Sample Diluent, TMB-Complete and the Avidity Solution are interchangeable in EIA kits of TestLine Clinical Diagnostics s.r.o., provided they have the identical numeric marking (e.g. Sample Diluent 2, Sample Diluent 3, etc.). The Stop Solution and the Wash Solution are universal in all kits.

7 Preparation of Samples

Mix gently the Sample Diluent prior to use.

Dilution of sera and plasma samples

Dilute well mixed samples 1:101 with the Sample Diluent:

e.g.: 10 µl of sample + 1 ml of the Sample Diluent

Mix well.

Dilute foetal and neonatal sera 1:21 with the Sample Diluent:

e.g.: 50 µl of serum + 1 ml of the Sample Diluent

Mix well.

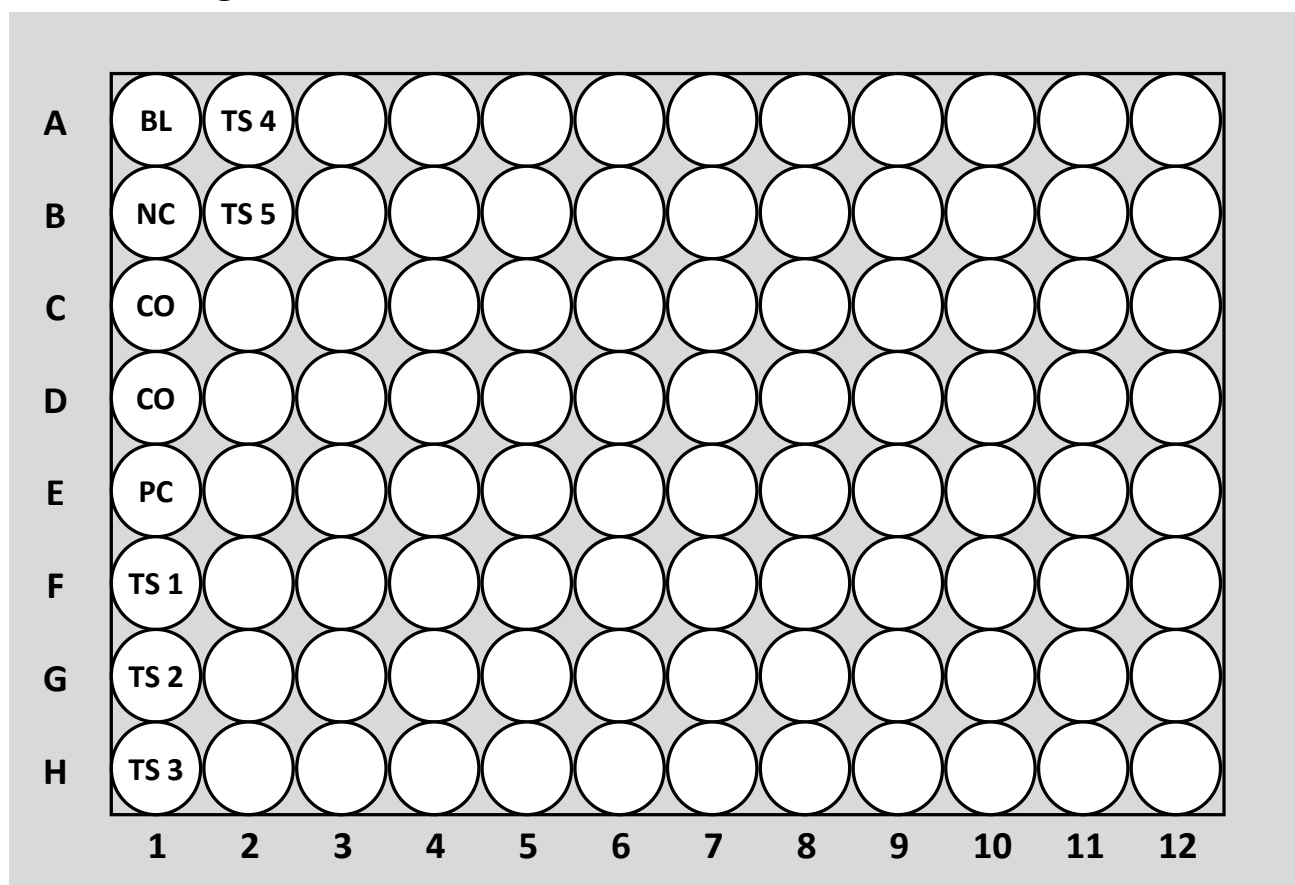
8 Assay Procedure

Allow all reagents to come to room temperature and mix well. If you do not use a whole microplate, return unnecessary strips into the bag with desiccant. Seal the bag tightly and store at +2°C to +8°C. Keep dry!

1. Dispense the controls and the diluted samples according to the working schedule.
 - Leave A1 well empty (blank).
 - Pipette 100 µl of the Negative Control into 1 well.
 - Pipette 100 µl of CUT-OFF into 2 wells.
 - Pipette 100 µl of the Positive Control into 1 well.
 - Pipette 100 µl of the diluted samples (see Chapter Preparation of Samples) into the other wells.
2. Cover the microplate with the lid and incubate at 37°C for 60 minutes.
3. Aspirate the content of the wells and wash 5× with the working strength Wash Solution. Fill the wells up to the edge. Finally, tap the inverted microplate thoroughly on an absorbent paper to remove solution remnants.
4. Pipette 100 µl of the Tracer into all wells except A1 well.
5. Cover the microplate with the lid and incubate at 37°C for 60 minutes.
6. Aspirate the content of the wells and wash 5× with the working strength Wash Solution. Fill the wells up to the edge. Finally, tap the inverted microplate thoroughly on an absorbent paper to remove solution remnants.
7. Pipette 100 µl of TMB-Complete into all wells. Avoid contamination – see Chapter Procedural Notes.
8. Cover the microplate with the lid and incubate at 37°C for 20 minutes. Keep out of light.

9. Stop the reaction by adding 100 μ l of the Stop Solution in the same order and intervals as the substrate was added.
10. Read the colour intensity in wells against blank (A1 well) using photometer set to 450 nm. The absorbance should be read within 30 minutes after stopping the reaction.

9 Working Schedule



BL	Blank (empty well)
NC	100 μ l <input type="text" value="CONTROL -"/>
CO	100 μ l <input type="text" value="CUTOFF"/>
PC	100 μ l <input type="text" value="CONTROL +"/>
TS 1-x	100 μ l diluted tested sample

10 Quality Control

The test is valid if:

The absorbance of blank is lower than 0.150.

$$\text{BLANK} < 0.150$$

The absorbance of the Negative Control is lower than half of the mean absorbance of CUT-OFF.

$$\text{CONTROL}^- < 0.5 \times \text{CUTOFF}$$

The mean absorbance of CUT-OFF is within a range of 0.200 – 1.000.

$$0.200 < \text{CUTOFF} < 1.000$$

The absorbance of the Positive Control is 1.5-fold higher than the mean absorbance of CUT-OFF.

$$\text{CONTROL}^+ > 1.5 \times \text{CUTOFF}$$

11 Results Interpretation

Calculation of Index of Positivity (IP)

Divide the absorbance of a tested sample by the mean absorbance of CUT-OFF measured in the same test run:

$$\text{IP} = \frac{\text{Absorbance of sample}}{\text{Mean absorbance of CUT-OFF}}$$

Interpretation of the test results is described in Table 1.

Table 1 Interpretation of results

Index of Positivity (IP)	Evaluation
lower than 0.9	negative
0.9 to 1.1	borderline
higher than 1.1	positive

Examination of borderline samples, i.e. samples with Index of Positivity from 0.9 to 1.1, should be repeated from a new sample collected after 2 to 6 weeks regarding to the disease specifics.

Serological finding can be interpreted only in the context of results of other laboratory tests and patient clinical picture.

12 Safety Precautions

The kit is intended for in vitro diagnostic use only.

The sera used for controls were tested and found to be negative for HIV 1 and HIV 2, HBsAg, HCV, TPHA. In spite of this fact, they still need to be handled as potentially infectious materials.

Some reagents contain sodium azide, which is a toxic compound. Avoid contact with skin.

The Stop Solution contains diluted acid solution. Avoid contact with eyes and skin.

It is necessary to observe the local safety rules and regulations.

First aid

In case of contact with eyes, flush with copious amount of water and seek medical assistance. In case of contact with skin and clothing, remove all the contaminated clothes. Wash the skin with soap and plenty of running water. In case of contact with solutions containing plasma or clinical samples, disinfect the skin. In case of accidental ingestion, flush the mouth with drinking water and seek medical assistance.

Remnants disposal

All the materials used for performing the test must be treated as potentially infectious due to the contact with biological materials. Therefore they need to be disposed together with biological waste.

Expired kit disposal

Disassemble the kit and dispose the components as biological material. Discard the packaging material as required by local regulations.

13 Procedural Notes

In order to obtain reliable results, it is necessary to **strictly follow the Instructions for Use**. Always use clean preferably disposable tips and glassware.

Microtitre Plate – in order to prevent water condensation on the surface of the microplate, always allow the bag with the microplate to warm up to room temperature before opening.

Wash Solution – use high quality distilled water for preparing the working strength Wash Solution.

Washing procedure – keep to the prescribed number of wash cycles and fill the wells to the upper edge. The soak time (i.e. interval between two different wash cycles during which the wells stay filled up with the Wash Solution) should be approx. 30-60 seconds.

TMB-Complete – the vessel used for multichannel pipetting should not be used for other reagents. Do not return the surplus TMB-Complete from the pipetting vessel into the vial.

Non-reproducible results might be caused by improper methodology as following:

- insufficient mixing of reagents and samples before use
- improper replacement of vial caps
- using the same tip for pipetting different reagents
- reagent exposure to excessive temperature; bacterial or chemical contamination
- insufficient washing or filling of the wells (the wells should be filled to the upper edge), improper aspiration of Wash Solution remnants
- contamination of the well edges with Conjugate or samples
- using reagents from different kit lots
- contact of reagents with oxidants, heavy metals and their salts

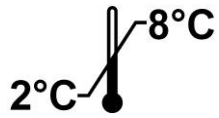
The kit might be used for sequential examinations. When preparing working strength solutions, use only the amount of reagents needed for the analysis.

The kit might be used in all types of automatic EIA analysers.

If necessary, TestLine Clinical Diagnostics s.r.o. can offer a certified modification of the Instructions for Use for the specific type of analyser.

The producer cannot guarantee that the kit will function properly if the assay procedure instructions are not strictly adhered to.

14 IFU Symbols



Temperature limitation



Keep dry



Expiry date



Lot number



Manufactured by



Consult instructions



Catalogue number



Number of tests














In vitro diagnostic medical device

Notes

Notes

Notes

Summary of EIA Toxoplasma IgA Protocol

Step No.	Symbol	Test steps
1		Dilute samples serum/plasma 1:101 (10 µl + 1 ml) foetal and neonatal serum/plasma 1:21 (50 µl + 1 ml)
2		Pipette Controls and diluted samples – 100 µl Blank = empty well
3		Incubate at 37°C for 60 min
4		Aspirate and wash the wells 5×
5		Pipette Tracer – 100 µl Blank = empty well
6		Incubate at 37°C for 60 min
7		Aspirate and wash the wells 5×
8		Pipette Substrate (TMB-Complete) – 100 µl Including blank
9		Incubate at 37°C for 20 min
10		Pipette Stop Solution – 100 µl Including blank
11		Read colour intensity at 450 nm