

SYPH Ab

**Enzyme Immunoassay
for the determination of antibodies
to *Treponema pallidum*
in human serum and plasma**

- for "in vitro" diagnostic use only -



DIA.PRO

**Diagnostic Bioprobes Srl
Via G. Carducci n° 27
20099 Sesto San Giovanni
(Milano) - Italy**

Phone +39 02 27007161

Fax +39 02 26007726

e-mail: info@diapro.it

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A. INTENDED USE

Enzyme ImmunoAssay (ELISA) for the determination of antibodies to *Treponema pallidum* (Tp) in human plasma and sera. The kit may be used for the screening of blood units and the follow-up of Tp-infected patients.
For "in vitro" diagnostic use only.

B. INTRODUCTION

Syphilis is a sexually transmitted disease caused by *Treponema pallidum* or Tp, bacterium belonging to the family of Spirochaetaceae. Tp is gram negative and is considered strictly anaerobe, exhibiting a characteristic mobility due to periplasmic flagella. A cell wall and a cytoplasmic membrane enclose the cytoplasmic content.

Syphilis is a complex, acute, chronic infectious disease with diverse clinical manifestations, depending upon the stage of infection and the individual response. The period of incubation ranges from 10 days to 3 months and antibodies are usually detected after 2-4 weeks from the primary lesion.

Many assays have been developed for the immunological detection of the T.pallidum infection in the past (VDRL, TPHA, RPR) still currently in use at the diagnostic laboratory.

Recently, ELISA techniques have been applied to syphilis antibody screening in blood banks and Infectious Disease Departments, allowing the clinicians to use automatic analysis instruments and optical reading records.

C. PRINCIPLE OF THE TEST

Microplates are coated with purified *Treponema pallidum* synthetic antigens, derived from immunodominant protein of the bacterium..

The solid phase is first treated with the diluted sample and captures antibodies if present. After the washing step, the specifically bound antibodies are detected with an anti-human IgG&M antibody, labeled with peroxidase (HRP).

A substrate/chromogen solution is added and the intensity of the color developed by the bound enzyme is proportional to the amount of anti-Tp antibodies in the sample.

Results are evaluated against a cut-off value able to discriminate *Treponema pallidum* antibody negative individuals from positive ones.

D. COMPONENTS

Code SIAB.CE contains reagents for 192 tests.

1. Microplate MICROPLATE

n°2 microplates. 12 strips of 8 microwells coated purified synthetic Tp specific antigens (p17 and p47). Plates are sealed into a bag with desiccant.

2. Negative Control CONTROL -

1x4.0ml/vial. Ready to use control. It contains 1% goat serum proteins, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.5% Tween 20, 0.09% Na-azide and 0.1% Kathon GC as preservatives. The negative control is olive green colour coded.

3. Positive Control CONTROL +

1x4.0ml/vial. Ready to use control. It contains 1% goat serum proteins, human antibodies positive to Tp, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.5% Tween 20, 0.09% Na-azide and 0.1% Kathon GC as preservatives. The Positive Control is blue color coded.

4. Calibrator CAL ...

n°2 vials. Lyophilized calibrator. To be dissolved with the volume of EIA grade water reported on the label. It contains

foetal bovine serum proteins, human antibodies positive to Tp at about 0.25 IU/ml (WHO 1st International Standard), 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.3 mg/ml gentamicine sulphate and 0.1% Kathon GC as preservatives.

Note: The volume necessary to dissolve the content of the vial may vary from lot to lot. Please use the right volume reported on the label .

4. Wash buffer concentrate WASHBUF 20X

2x60ml/bottle. 20x concentrated solution.
Once diluted, the wash solution contains 10 mM phosphate buffer pH 7.0+/-0.2, 0.05% Tween 20 and 0.1% Kathon GC.

5. Enzyme Conjugate CONJ

2x16ml/vial. Ready to use and red colour coded reagent. It contains Horseradish Peroxidase conjugated goat polyclonal antibodies to human IgG and IgM, 5% BSA, 10 mM Tris buffer pH 6.8+/-0.1, 0.1% Kathon GC and 0.02% gentamicine sulphate as preservatives.

6. Chromogen/Substrate SUBS TMB

2x16ml/vial. Ready-to-use component. It contains 50 mM citrate-phosphate buffer pH 3.5-3.8, 4% dimethylsulphoxide, 0.03% tetra-methyl-benzidine or TMB and 0.02% hydrogen peroxide or H₂O₂.

Note: To be stored protected from light as sensitive to strong illumination.

7. Assay Diluent DILAS

1x15ml/vial. 10 mM tris buffered solution pH 8.0 +/-0.1 containing 0.1% Kathon GC for the pre-treatment of samples and controls in the plate, blocking interference.

8. Sulphuric Acid H₂SO₄ 0.3 M

1x32ml/vial. It contains 0.3 M H₂SO₄ solution.
Attention: Irritant (Xi R36/38; S2/26/30)

9. Sample Diluent: DILSPE

2x50ml/vial. It contains 1% goat serum proteins, 10 mM Na-citrate buffer pH 6.0 +/-0.1, 0.5% Tween 20, 0.09% Na-azide and 0.1% Kathon GC as preservatives. To be used to dilute the sample.

Note: The diluent changes colour from olive green to dark bluish green in the presence of sample.

10. Plate sealing foils n°4

11. Package insert n°1

Important note: Only upon specific request, Dia.Pro can supply reagents for 96, 480, 960 tests, as reported below:

1. Microplate	n°1	n°5	n°10
2. Negative Control	1x2.0ml/vial	1x10ml/vial	1x20.ml/vial
3. Positive Control	1x2.0ml/vial	1x10ml/vial	1x20.ml/vial
4. Calibrator	n°1 vial	n°5 vials	n°10 vials
5. Wash buff conc	1x60ml/bottle	5x60ml/bottles	4x150ml/bottles
6. Enz. Conjugate	1x16ml/vial	2x40ml/bottles	4x40ml/bottles
7. Chromog/Subs	1x16ml/vial	2x40ml/bottles	4x40ml/bottles
8. Assay Diluent	1x8ml/vial	1x40ml/bottle	1x80ml/bottle
9. Sulphuric Acid	1x15ml/vial	2x40ml/bottle	2x80ml/bottles
10. Sample Diluent	1x50ml/vial	5x50ml/bottles	4x125ml/bottles
11. Plate seal foils	n°2	n°10	n°20
12. Pack. insert	n°1	n°1	n°1
Number of tests	96	480	960
Code	SIAB.CE.96	SIAB.CE.480	SIAB.CE.960

E. MATERIALS REQUIRED BUT NOT PROVIDED

1. Calibrated Micropipettes (200ul and 10ul) and disposable plastic tips.
2. EIA grade water (bidistilled or deionised, charcoal treated to remove oxidizing chemicals used as disinfectants).
3. Timer with 60 minute range or higher.
4. Absorbent paper tissues.
5. Calibrated ELISA microplate thermostatic incubator capable to provide a temperature of +37°C.
6. Calibrated ELISA microwell reader with 450nm (reading) and possibly with 620-630nm (blanking) filters.
7. Calibrated ELISA microplate washer.
8. Vortex or similar mixing tools.

F. WARNINGS AND PRECAUTIONS

1. The kit has to be used by skilled and properly trained technical personnel only, under the supervision of a medical doctor responsible of the laboratory.
2. When the kit is used for the screening of blood units and blood components, it has to be used in a laboratory certified and qualified by the national authority in that field (Ministry of Health or similar entity) to carry out this type of analysis.
3. All the personnel involved in performing the assay have to wear protective laboratory clothes, talc-free gloves and glasses. The use of any sharp (needles) or cutting (blades) devices should be avoided. All the personnel involved should be trained in biosafety procedures, as recommended by the Center for Disease Control, Atlanta, U.S. and reported in the National Institute of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
4. All the personnel involved in sample handling should be vaccinated for HBV and HAV, for which vaccines are available, safe and effective.
5. The laboratory environment should be controlled so as to avoid contaminants such as dust or air-born microbial agents, when opening kit vials and microplates and when performing the test. Protect the Chromogen/Substrate from strong light and avoid vibration of the bench surface where the test is undertaken.
6. Upon receipt, store the kit at 2.8°C into a temperature controlled refrigerator or cold room.
7. Do not interchange components between different lots of the kits. It is recommended that components between two kits of the same lot should not be interchanged.
8. Check that the reagents are clear and do not contain visible heavy particles or aggregates. If not, advise the laboratory supervisor to initiate the necessary procedures for kit replacement.
9. Avoid cross-contamination between serum/plasma samples by using disposable tips and changing them after each sample.
10. Avoid cross-contamination between kit reagents by using disposable tips and changing them between the use of each one.
11. Do not use the kit after the expiration date stated on the external container and internal (vials) labels.
12. Treat all specimens as potentially infective. All human serum specimens should be handled at Biosafety Level 2, as recommended by the Center for Disease Control, Atlanta, U.S. in compliance with what reported in the Institutes of Health's publication: "Biosafety in Microbiological and Biomedical Laboratories", ed. 1984.
13. The use of disposable plastic-ware is recommended in the preparation of the liquid components or in transferring components into automated workstations, in order to avoid cross contamination.
14. Waste produced during the use of the kit has to be discarded in compliance with national directives and laws concerning laboratory waste of chemical and biological substances. In particular, liquid waste generated from the washing procedure, from residuals of controls and from samples has to be treated as potentially infective material and inactivated

before waste. Suggested procedures of inactivation are treatment with a 10% final concentration of household bleach for 16-18 hrs or heat inactivation by autoclave at 121°C for 20 min..

15. Accidental spills from samples and operations have to be adsorbed with paper tissues soaked with household bleach and then with water. Tissues should then be discarded in proper containers designated for laboratory/hospital waste.
16. The Sulphuric Acid is an irritant. In case of spills, wash the surface with plenty of water
17. Other waste materials generated from the use of the kit (example: tips used for samples and controls, used microplates) should be handled as potentially infective and disposed according to national directives and laws concerning laboratory wastes.

G. SPECIMEN: PREPARATION AND RECOMMANDATIONS

1. Blood is drawn aseptically by venepuncture and plasma or serum is prepared using standard techniques of preparation of samples for clinical laboratory analysis. No influence has been observed in the preparation of the sample with citrate, EDTA and heparin.
2. Avoid any addition of preservatives to samples; especially sodium azide as this chemical would affect the enzymatic activity of the conjugate, generating false negative results.
3. Samples have to be clearly identified with codes or names in order to avoid misinterpretation of results. When the kit is used for the screening of blood units, bar code labeling and electronic reading is strongly recommended.
4. Haemolysed (red) and visibly hyperlipemic ("milky") samples have to be discarded as they could generate false results. Samples containing residues of fibrin or heavy particles or microbial filaments and bodies should be discarded as they could give rise to false results.
5. Sera and plasma can be stored at +2°.8°C for up to seven days after collection. For longer storage periods, samples can be stored frozen at -20°C for several months. Any frozen samples should not be frozen/thawed more than once as this may generate particles that could affect the test result.
6. If particles are present, centrifuge at 2.000 rpm for 20 min or filter using 0.2-0.8u filters to clean up the sample for testing.

H. PREPARATION OF COMPONENTS AND WARNINGS

A study conducted on an opened kit has not pointed out any relevant loss of activity up to 6 re-use of the device and up to 6 months.

1. Microplates:

Allow the microplate to reach room temperature (about 1 hr) before opening the container. Check that the desiccant is not turned to dark green, indicating a defect of storage. In this case call Dia.Pro's customer service. Unused strips have to be placed back into the aluminium pouch, in presence of desiccant supplied, firmly zipped and stored at +2°.8°C. When opened the first time, residual strips are stable till the indicator of humidity inside the desiccant bag turns from yellow to green.

2. Negative Control:

Ready to use. Mix well on vortex before use.

3. Positive Control:

Ready to use. Mix well on vortex before use.

4. Calibrator:

Dissolve carefully the content of the lyophilized vial with the volume of EIA grade water reported on its label. Mix well on vortex before use.

Note: When dissolved the Calibrator is not stable. Store in aliquots at -20°C.

5. Wash buffer concentrate:

The whole content of the 20x concentrated solution has to be diluted with bidistilled water up to 1200 ml and mixed gently end-over-end before use.

Once diluted, the wash solution is stable for 1 week at +2..8°C.

In the preparation avoid foaming as the presence of bubbles could give origin to a bad washing efficiency.

Note: Once diluted, the wash solution is stable for 1 week at +2..8°C.

6. Enzyme conjugate:

Ready to use. Mix well on vortex before use.

Be careful not to contaminate the liquid with oxidizing chemicals, air-driven dust or microbes.

If this component has to be transferred use only plastic, possibly sterile disposable containers.

7. Chromogen/Substrate:

Ready to use. Mix well on vortex before use.

Be careful not to contaminate the liquid with oxidizing chemicals, air-driven dust or microbes.

Do not expose to strong illumination, oxidizing agents and metallic surfaces.

If this component has to be transferred use only plastic, possible sterile disposable container.

8. Assay Diluent:

Ready to use. Mix well on vortex before use.

9. Sulphuric Acid:

Ready to use. Mix well on vortex before use.

Attention: Irritant (Xi R36/38; S2/26/30)

Legenda: R 36/38 = Irritating to eyes and skin.

S 2/26/30 = In case of contact with eyes, rinse immediately with plenty of water and seek medical advice.

10. Sample Diluent:

Ready to use. Mix well on vortex before use.

I. INSTRUMENTS AND TOOLS USED IN COMBINATION WITH THE KIT

1. Micropipettes have to be calibrated to deliver the correct volume required by the assay and must be submitted to regular decontamination (household alcohol, 10% solution of bleach, hospital grade disinfectants) of those parts that could accidentally come in contact with the sample. They should also be regularly maintained in order to show a precision of 1% and a trueness of +/-2%. Decontamination of spills or residues of kit components should also be carried out regularly.
2. The ELISA incubator has to be set at +37°C (tolerance of +/-0.5°C) and regularly checked to ensure the correct temperature is maintained. Both dry incubators and water baths are suitable for the incubations, provided that the instrument is validated for the incubation of ELISA tests.
3. The ELISA washer is extremely important to the overall performances of the assay. The washer must be carefully validated and correctly optimized using the kit controls and reference panels, before using the kit for routine laboratory tests. Usually 4-5 washing cycles (aspiration + dispensation of 350ul/well of washing solution = 1 cycle) are sufficient to ensure that the assay performs as expected. A soaking time of 20-30 seconds between cycles is suggested. In order to set correctly their number, it is recommended to run an assay with the kit controls and well characterized negative and positive reference samples, and check to match the values reported below in the section "Internal Quality Control". Regular calibration of the volumes delivered by, and maintenance (decontamination and cleaning of needles) of the washer has to be carried out according to the instructions of the manufacturer.

4. Incubation times have a tolerance of ±5%.

5. The ELISA microplate reader has to be equipped with a reading filter of 450nm and ideally with a second filter (620-630nm) for blanking purposes. Its standard performances should be (a) bandwidth ≤ 10 nm; (b) absorbance range from 0 to ≥ 2.0; (c) linearity to ≥ 2.0; repeatability ≥ 1%. Blanking is carried out on the well identified in the section "Assay Procedure". The optical system of the reader has to be calibrated regularly to ensure that the correct optical density is measured. It should be regularly maintained according to the manufacturer's instructions.
6. When using an ELISA automated work station, all critical steps (dispensation, incubation, washing, reading, data handling) have to be carefully set, calibrated, controlled and regularly serviced in order to match the values reported in the section "Internal Quality Control". The assay protocol has to be installed in the operating system of the unit and validated as for the washer and the reader. In addition, the liquid handling part of the station (dispensation and washing) has to be validated and correctly set. Particular attention must be paid to avoid carry over by the needles used for dispensing and for washing. This must be studied and controlled to minimize the possibility of contamination of adjacent wells. The use of ELISA automated work stations is recommended for blood screening when the number of samples to be tested exceed 20-30 units per run.
7. Dia.Pro's customer service offers support to the user in the setting and checking of instruments used in combination with the kit, in order to assure compliance with the requirements described. Support is also provided for the installation of new instruments to be used with the kit.

L. PRE ASSAY CONTROLS AND OPERATIONS

1. Check the expiration date of the kit printed on the external label of the kit box. Do not use if expired.
2. Check that the liquid components are not contaminated by naked-eye visible particles or aggregates. Check that the Chromogen/Substrate is colorless or pale blue by aspirating a small volume of it with a sterile transparent plastic pipette. Check that no breakage occurred in transportation and no spillage of liquid is present inside the box. Check that the aluminum pouch, containing the microplate, is not punctured or damaged.
3. Dilute all the content of the 20x concentrated Wash Solution as described above.
4. Dissolve the Calibrator as described above.
5. Allow all the other components to reach room temperature (about 1 hr) and then mix as described.
6. Set the ELISA incubator at +37°C and prepare the ELISA washer by priming with the diluted washing solution, according to the manufacturers instructions. Set the right number of washing cycles as found in the validation of the instrument for its use with the kit.
7. Check that the ELISA reader has been turned on at least 20 minutes before reading.
8. If using an automated workstation, turn it on, check settings and be sure to use the right assay protocol.
9. Check that the micropipettes are set to the required volume.
10. Check that all the other equipment is available and ready to use.
11. In case of problems, do not proceed further with the test and advise the supervisor.

M. ASSAY PROCEDURE

The assay has to be carried out according to what reported below, taking care to maintain the same incubation time for all the samples in testing.

Automated assay:

In case the test is carried out automatically with an ELISA system, we suggest to make the instrument aspirate 200 ul Sample Diluent and then 10 ul sample. All the mixture is then carefully dispensed directly into the appropriate sample well of the microplate. Before the next sample is aspirated, needles have to be duly washed to avoid any cross-contamination among samples. Do not dilute controls/calibrator as they are ready to use. Dispense 200 ul controls/calibrator in the appropriate control/calibration wells.

Important Note: Visually monitor that samples have been diluted and dispensed into appropriate wells. This is simply achieved by checking that the colour of dispensed samples has turned to dark bluish-green while the colour of the negative control has remained olive green.

For the next operations follow the operative instructions reported below for the Manual Assay.

It is strongly recommended to check that the time lap between the dispensation of the first and the last sample will be calculated by the instrument and taken into consideration by delaying the first washing operation accordingly.

Manual assay:

- Place the required number of Microwells in the microwell holder. Leave the 1st well empty for the operation of blanking.
- Dispense 200 ul of Negative Control in triplicate 200 ul Calibrator in duplicate and 200 ul Positive Control in single in proper wells. Do not dilute Controls and Calibrator—as they are pre-diluted, ready to use!
- Add 200 ul of Sample Diluent (DILSPE) to all the sample wells; then dispense 10 ul sample in each properly identified well. Mix gently the plate, avoiding overflowing and contaminating adjacent wells, in order to fully disperse the sample into its diluent.

Important note: Check that the color of the Sample Diluent, upon addition of the sample, changes from light green to dark bluish green, monitoring that the sample has been really added.

- Dispense 50 ul Assay Diluent (DILAS) into all the controls/calibrator and sample wells. Check that the color of samples has turned to dark blue.
- Incubate the microplate for **45 min at +37°C**.

Important note: Strips have to be sealed with the adhesive sealing foil, supplied, only when the test is carried out manually. Do not cover strips when using ELISA automatic instruments.

- Wash the microplate with an automatic washer as reported previously (section I.3).
- Pipette 100µl Enzyme Conjugate into each well, except the 1st blanking well, and cover with the sealer. Check that this red colored component has been dispensed in all the wells, except A1.

Important note: Be careful not to touch the plastic inner surface of the well with the tip filled with the Enzyme Conjugate. Contamination might occur.

- Incubate the microplate for **45 min at +37°C**.
- Wash microwells as in step 6.

- Pipette 100µl Chromogen/Substrate mixture into each well, the blank well included. Then incubate the microplate at **room temperature (18-24°C) for 15 minutes**.

Important note: Do not expose to strong direct illumination. High background might be generated.

- Pipette 100µl Sulphuric Acid into all the wells using the same pipetting sequence as in step 10 to stop the enzymatic reaction. Addition of acid will turn the positive control and positive samples from blue to yellow.
- Measure the colour intensity of the solution in each well, as described in section I.5, at 450nm filter (reading) and possibly at 620-630nm (background subtraction), blanking the instrument on A1.

Important notes:

- If the second filter is not available ensure that no finger prints are present on the bottom of the microwell before reading at 450nm. Finger prints could generate false positive results on reading.
- Reading has to be carried out just after the addition of the Stop Solution and anyway not any longer than 20 minutes after its addition. Some self oxidation of the chromogen can occur leading to high background.

N. ASSAY SCHEME

Method	Operations
Controls & Calibrator	200 ul
Samples	200ul dil.+10ul
Assay Diluent (DILAS)	50 ul
1st incubation	45 min
Temperature	+37°C
Wash step	4-5 cycles
Enzyme conjugate	100 ul
2nd incubation	45 min
Temperature	+37°C
Wash step	4-5 cycles
TMB/H ₂ O ₂	100 ul
3rd incubation	15 min
Temperature	r.t.
Sulphuric Acid	100 ul
Reading OD	450nm

An example of dispensation scheme is reported below:

		Microplate											
		1	2	3	4	5	6	7	8	9	10	11	12
A	BLK	S2											
B	NC	S3											
C	NC	S4											
D	NC	S5											
E	CAL	S6											
F	CAL	S7											
G	PC	S8											
H	S1	S9											

Legenda: BLK = Blank NC = Negative Control
CAL = Calibrator PC = Positive Control S = Sample

O. INTERNAL QUALITY CONTROL

A check is carried out on the controls and the calibrator any time the kit is used in order to verify whether their OD450nm values are as expected and reported in the table below.

Check	Requirements
Blank well	< 0.100 OD450nm value
Negative Control (NC)	< 0.050 mean OD450nm value after blanking
Calibrator (0.25 WHO IU/ml)	S/Co > 1.1
Positive Control	> 1.000 OD450nm value

If the results of the test match the requirements stated above, proceed to the next section.

If they do not, do not proceed any further and operate as follows:

Problem	Check
Blank well > 0.100 OD450nm	1. that the Chromogen/Sustrate solution has not got contaminated during the assay
Negative Control (NC) > 0.050 OD450nm after blanking	1. that the proper washing solution has been used and the washer has been primed with it before use; 2. that no mistake has been done in positioning the positive control in the kit box; 5. that the washer needles are not blocked or partially obstructed.
Calibrator S/Co < 1.1	1. that the procedure has been correctly executed; 2. that no mistake has been done in its distribution (ex.: dispensation of negative control instead 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the calibrator has occurred.
Positive Control < 1.000 OD450nm	1. that the procedure has been correctly executed; 2. that no mistake has been done in the distribution of controls (dispensation of negative control instead of positive control. In this case, the negative control will have an OD450nm value > 0.150, too. 3. that the washing procedure and the washer settings are as validated in the pre qualification study; 4. that no external contamination of the positive control has occurred.

Should these problems happen, after checking, report any residual problem to the supervisor for further actions.

P. CALCULATION OF THE CUT-OFF

The tests results are calculated by means of a cut-off value determined on the Negative Control (NC) with the following formula:

$$\text{Cut-Off} = \text{NC mean OD450nm} + 0.350$$

The value found for the test is used for the interpretation of results as described in the next paragraph.

Important note: When the calculation of results is done by the operative system of an ELISA automated work station be sure that the proper formulation is used to calculate the cut-off value and generate the right interpretations of results.

Q. INTERPRETATION OF RESULTS

Test results are interpreted as ratio of the sample OD450nm and the Cut-Off value (or S/Co) according to the following table:

S/Co	Interpretation
< 0.9	Negative
0.9 - 1.1	Equivocal
> 1.1	Positive

A negative result indicates that the patient has not been infected by Tp or that the blood unit may be transfused.

Any patient showing an equivocal result should be tested again on a second sample taken 1-2 weeks later from the patient and examined. The blood unit should not be transfused.

A positive result is indicative of Tp infection and therefore the patient should be treated accordingly or the blood unit should be discarded.

Important notes:

1. Interpretation of results should be done under the supervision of the responsible of the laboratory to reduce the risk of judgment errors and misinterpretations.
2. Any positive result should be confirmed by an alternative method capable to detect IgG and IgM antibodies (confirmation test) before a diagnosis is formulated.
3. As long as the assay is able to detect also IgM antibodies some discrepant results with other commercial products for the detection of anti Tp antibodies - lacking anti hlgM conjugate in the formulation of the enzyme tracer and therefore missing IgM reactivity - may be present. The real positivity of the sample for antibodies to Tp should be then confirmed by examining also IgM reactivity, important for the diagnosis of Tp infection.
4. When test results are transmitted from the laboratory to an informatics center, attention has to be done to avoid erroneous data transfer.
5. Diagnosis of infection has to be done and released to the patient only by a qualified medical doctor.

An example of calculation is reported below:

The following data must not be used instead of real figures obtained by the user.

Negative Control: 0.019 – 0.020 – 0.021 OD450nm
Mean Value: 0.020 OD450nm
Lower than 0.050 – Accepted
Positive Control: 2.189 OD450nm
Higher than 1.000 – Accepted
Cut-Off = 0.020 + 0.350 = 0.370
Calibrator: 0.550 - 0.530 OD450nm
Mean value: 0.540 OD450nm S/Co = 1.4
S/Co higher than 1.1 – Accepted
Sample 1: 0.070 OD450nm
Sample 2: 1.690 OD450nm
Sample 1 S/Co < 0.9 = negative
Sample 2 S/Co > 1.1 = positive

R. PERFORMANCES

Evaluation of Performances has been conducted externally in a clinical laboratory approved and qualified for IVD.

1. LIMIT OF DETECTION

The 1st International Standard of WHO for Tp antibodies, not anymore available at the moment, was tested to define the sensitivity of the assay. A value of about 0.125 WHO IU/ml was found as the limit of detection of the assay.

Sensitivity has been also determined by means of a preparation available from Boston Biomedica Inc., USA, named Accurun n° 156. Upon dilution of this sample in negative control, the preparation is detected positive till a dilution of 1:5.

Moreover, a preparation titrated in haemoagglutination titer was used to determine the limit of detection. The kit shows a

comparative sensitivity better than a titer 1:80 of the Fujrebio assay based on the classic haemoagglutination.

2. DIAGNOSTIC SPECIFICITY AND SENSITIVITY

The Performance Evaluation of the device was carried out in a trial conducted on more than total 500 samples.

2.1 Diagnostic specificity:

It is defined as the probability of the assay of scoring negative in the absence of specific analyte. A total of more 500 unselected donors, including 1st time donors, were examined.

The diagnostic specificity was assessed against a kit US FDA approved. A clinical specificity of $\geq 99.5\%$ was seen.

Moreover, diagnostic specificity was assessed by testing a panel of more than 100 potentially interfering specimens (other infectious diseases, E.coli antibody positive, dialysis patients, pregnant women, hemolyzed, lipemic, etc.).

A value of specificity of 100% was assessed.

No false reactivity due to the method of specimen preparation has been observed. Both plasma, derived with different standard techniques of preparation (citrate, EDTA and heparin), and sera have been used to determine the value of specificity.

Frozen specimens have been tested, as well, to check for interferences due to collection and storage.

No interference was observed if the sample is clear, particle free and not contaminated.

2.2 Diagnostic Sensitivity

It defined as the probability of the assay of scoring positive in the presence of the specific analyte.

The diagnostic sensitivity has been assessed externally on a total number of more than 100 specimens; a diagnostic sensitivity of 100% was found.

3. PRECISION:

It has been calculated on two samples, one negative and one low positive, examined in 16 replicates in three separate runs. A value between 5-20% was observed, depending on the OD450nm value.

The variability shown did not result in sample misclassification.

S. LIMITATIONS

Repeatable false positive results were assessed as less than 1% of the normal population.

Frozen samples containing fibrin particles or aggregates after thawing have been observed to generate some false results.

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