

APL ELISATM IgM Kit

REF LAPL-K-AP-M

For the Measurement of IgM Anticardiolipin Antibodies



For In Vitro Diagnostic Use



Manufactured by: Louisville APL Diagnostics, Inc. 702 9TH ST N, STE A Texas City, TX 77590-7451 USA

Tel: 770-455-7129 Fax: 844-721-8193 Customer Support: 800-624-3192 USA & Canada only Email: support@louisvilleapl.com Suggestions: feedback@louisvilleapl.com Website: www.louisvilleapl.com

INSTRUCTIONS BOOKLET

APL ELISATM IgM Kit

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1 – INTENDED USE

The *APL ELISA*TM *IgM Kit* is a semi-quantitative enzyme linked immunosorbent assay (ELISA) for use as an aid in diagnosing the Antiphospholipid Syndrome (APS) in patients presenting with thrombosis, pregnancy losses and/or thrombocytopenia. It enables measurement of IgM Anticardiolipin antibody levels in human serum or plasma.

2 – EXPLANATION OF THE TEST

The anticardiolipin test (1) was devised to help in the diagnosis of patients with the Antiphospholipid Syndrome (2). The Antiphospholipid Syndrome is a disorder of recurrent venous thrombosis, pregnancy losses, and thrombocytopenia associated with positive anticardiolipin and/or lupus anticoagulant tests (3). Both the anticardiolipin and lupus anticoagulant tests detect antibodies which bind phospholipids (4, 5). These antibodies are heterogeneous, and the two tests do not necessarily identify the same antibodies (6-8). Hence, both tests should be performed in individuals suspected of having the Antiphospholipid Syndrome.

The APL ELISATM IgM Kit is calibrated using standard anticardiolipin units (MPL units) and can be used to detect IgM isotype. In addition to the APL ELISATM IgM Calibrator, an APL ELISATM IgM Positive Control (with a defined range) and an APL ELISATM Negative Control are included as in-house controls so that operators can determine whether a particular run is acceptable. (9-16)

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3 – PRINCIPLE

A standard indirect enzyme linked immunoassay (ELISA) technique has been employed in this assay. Calibrators, controls and sera are incubated in polystyrene microwell strips coated with the *APL ELISA*TM *Cardiolipin Antigen* and bovine β_2 GPI. This process allows IgM anticardiolipin antibodies in patient sera or plasmas to react with the *APL ELISA*TM *Cardiolipin Antigen* associated with β_2 GPI. Washing removes any unbound protein. Antibodies specific for anti-human IgM labeled with alkaline Phosphatase conjugate are added. After an additional washing, a measurable color reaction ensues with the addition of an alkaline phosphatase substrate, which undergoes a color change in the presence or absence of cardiolipin antibody and is determined by comparing the sample optical density with that of a five-point calibration curve. Results are reported in MPL units. (9-10)

4 - COMPONENTS

4.1 Contents of the APL ELISATM IgM Kit

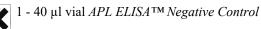
Inspect all contents of the APL ELISA™ IgM Kit against the list below.

12 - APL ELISA [™] Cardiolipin Antigen and bovine	ready to use
β_2 GPI coated polystyrene microwell strips,	
1 x 8 wells (APL ELISA TM Plate)	



1 - 30 ml bottle APL ELISA™ Sample Diluent ready to use. *
1 - 40 μl vial APL ELISA™ IgM Calibrator to be diluted to *

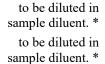
- prepare calibration curve as indicated. 1 - 10 ml bottle APL ELISATM IgM AP Conjugate ready to use #
- 1 10 ml bottle APL ELISA™ AP Substrate
- 1 15 ml bottle APL ELISA™ AP Stopping Solution
- 1 bottle APL ELISATM AP PBS Concentrate



to be diluted in * 1000 ml of dH2O.

ready to use.

ready to use.



1 - 40 μl vial APL ELISATM IgM Positive Control

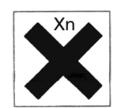
* Contains 0.2% Sodium Azide as preservative

Contains 0.05% Sodium Azide as preservative

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4.2 Warnings

- This product should only be used by appropriately trained personnel.
- The use of automated systems to run the assays, to dilute samples, or to wash plates, should be validated and compared with the manual system by the user.
- Materials of human origin included in the APL ELISA™ IgM Kit have tested negative for HIV-I antibodies and Hepatitis B surface antigen. However, these materials and other sera to be tested should be handled as if they are infectious.
- Sodium Azide under acidic conditions yields hydrazoic acid, a very toxic compound. Azide compounds have been classified, under the directives of the European Community (CEE) as Xn (Harmful) and should be discarded with running water to avoid deposit in the piping system
- Avoid contact of any component of the kit with skin or mucous membranes. If an accident occurs, rinse the affected area immediately with water and consult a physician.
- The Stopping Solution contains a caustic solution (NaOH-3N). Use with care to avoid contact with skin and eyes. Avoid exposure to acids, metals, and other compounds which may react with bases. Spills should be cleaned up immediately.



Xi

- R20 Harmful if inhaled.
- R21 Avoid contact with skin.
- R22 Harmful if swallowed.
- R32 Contact with acids liberates very toxic gas.
- S2 Keep out of the reach of children.
- S13 Keep away from food, drink, and animal feeding stuffs.
- S36 Wear suitable protective clothing.
- S37 Use gloves.
- S46 If swallowed, seek medical advise immediately and show this container or label.

R36: Irritating to eyes.

R38: Irritating to skin.

4.3 Required materials to run the test but not provided

- Micropipette/Multichannel pipette to deliver 5-1000 μl
- 1 liter cylinder
- Test tubes and racks
- Distilled water.
- ELISA plate reader with a 405 nm filter
- Automatic or semiautomatic ELISA plate washer (optional)
- Magnetic stirrer
- Vortex mixer

4.4 Storage and Stability

⁸ It is recommended that the *APL ELISA™ IgM Kit* be stored at 2-8 °C until expiration date, either unopened or the unused components after opening it.

- Do not freeze any of the components in the APL ELISATM IgM Kit.
- Do not mix reagents between separate lots.
- Do not change any component. Substitutions will result in unreliability
- Do not use reagents beyond the expiration date.

5 – SPECIMEN COLLECTION AND STORAGE

Testing can be performed using human serum or plasma. Heat-inactivated samples (56°C for 30 minutes or more) should be avoided. Samples that are hemolyzed, lipemic or grossly contaminated should also be avoided. If patient samples will not be tested within 24 hours, they should be stored frozen at -20°C or below.

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6 – INSTRUCTIONS TO USE THE KIT

6.1 Procedural Precautions (11-16)

- Read instruction booklet in its entirety and review prior to testing.
- Bring all reagents and samples to room temperature before use.
- Store all unused samples in the refrigerator as soon as possible after use.
- The APL ELISATM IgM Calibrator should only be used in the APL ELISATM IgM Kit.
- Monitor incubation times carefully.
- Start the incubation time immediately after adding the last reagent.
- Use clean tips for each sample and reagent used.
- Pour reagents into appropriately labeled reservoirs
- Do not use Tween or other detergents, and ensure glassware is free of this agent.
- Substrate and stopping solutions must be handled carefully. Avoid contact of these solutions with skin and mucous surfaces
- Estimate the volume needed of each reagent for the run before starting. Make estimate according to the number of samples to be tested.

6.2 Detailed Procedure

- a. Phosphate Buffered Saline (PBS).
 - Remove the powder from the bottle labeled $APL ELISA^{TM}AP PBS$ Concentrate and add to a 1 liter cylinder.
 - Add distilled water to complete 1 liter.
 - Stir with a magnetic stirrer until *APL ELISA*TM*AP PBS Concentrate* powder is completely dissolved.
 - Pour required amount into a reservoir labeled PBS, and keep at room temperature until ready for use.
 - Store excess in the refrigerator.
- b. Plates
 - Remove the plate(s) from the pouch at least 10 minutes before use
 - If the whole plate will not be used, select the strips to be used and cut

the plastic cover with a sharp blade

- Separate and return unused strips to the pouch and place them in the refrigerator.
 - After finishing the test, take out the used strips from the frame and discard them.
 - Clean and dry the frame.
 - Reattach the unused strips to the frame. Put the frame back into the pouch and seal the pouch with tape. Store the pouch in the refrigerator.
- c. Dilution of Calibrators, Samples and Controls
 - Place test tubes in racks.
 - Label the first column of 5 tubes, *C1* to *C5* (calibrators), label the 6th tube *P* (positive control), label the 7th tube *N* (negative control), and the 8th tube *B* (sample diluent, blank) to complete the first column of tubes.
 - Label remaining tubes, U## (unknown ##), with the identification of the patients and/or other samples to be tested.
 - A calibration curve should be constructed every run
 - For the calibrators:
 - ▶ Pipette 490 μ l of *APL ELISA*TM Sample Diluent in tube labeled C1.
 - ➢ Pipette 250 µl of APL ELISA™ Sample Diluent to all the remaining tubes of the calibrators (C2 to C5).
 - Add 10 µl of APL ELISA™ IgM Calibrator (1/50 dilution) to C1 labeled tube and vortex (avoid excessive bubbling).
 - Transfer 250 µl from C1 tube to the C2 tube, vortex and continue double dilutions through tubes C3 to C5.
 - For the Positive Control, the Negative Control and unknown samples:
 - Dilute 10 µl of APL ELISATM IgM Positive Control in 490 µl of APL ELISATM Sample Diluent. (tube P)
 - ➢ Dilute 10 µl of APL ELISA™ Negative Control in 490 µl of APL ELISA™ Sample Diluent. (tube N)
 - For each sample, dilute 10 µl of the sample in 490 µl of APL ELISA™ Sample Diluent. (tube U##).
 - Vortex after each dilution is made
- d.. Addition of diluted calibrators, controls and samples to ELISA plates
 - All test samples, calibrators and controls should be run in duplicate.
 - Add 50 µl of the diluted calibrators in duplicate to wells labeled *C1* to *C5*.
 - Add 50 µl of the diluted *APL ELISA™ Negative Control* to duplicate

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wells labeled N.

- Add 50 μ l of the diluted *APL ELISA*TM *IgM Positive Control* to duplicate wells labeled *P*.
- Add 50 μ l of *APL ELISA*TM *Sample Diluent* to duplicate wells labeled *B*.
- Add 50 μ l of the diluted patient samples in duplicate wells labeled U.
- After addition, tap the plate(s) gently once or twice to ensure even distribution.
- Incubate plate(s) for 30 minutes in a moist chamber at room temperature.
- e. Washing Plates
 - After incubation period, wash plates x 3 with $APL ELISA^{TM} AP PBS$.
 - This can be performed with an automatic or semiautomatic plate washer or using a multichannel pipette.
 - Add 100 μ l of *APL ELISA*TM*AP PBS* to each well for each wash.
 - A reservoir should be labeled *APL ELISA*TM*AP PBS* for operators using a multichannel pipette. *APL ELISA*TM*AP PBS* can be added to this reservoir and required amounts removed as necessary.
 - After each addition of $APL ELISA^{TM} AP PBS$, tap plates gently, and then discard the $APL ELISA^{TM} AP PBS$.
 - Make sure strips remain in place.
 - At the end of the third wash, invert plates and gently tap by turning face down on a flat area covered with blotting paper.
- f. Addition of APL ELISATM IgM AP Conjugate
 - Carefully remove the estimated necessary amount of solution from the bottle labeled *APL ELISA*TM*IgM AP Conjugate* and put it into a properly labeled reservoir for pipetting
 - Remove 50 µl aliquots of *APL ELISA™ IgM AP Conjugate* in groups of 8 (using a multichannel pipette) and add to consecutive columns of the plates.
 - After addition of the conjugate, incubate the plates covered for 30 minutes at room temperature.
- g. Addition of Substrate APL ELISATM AP Substrate Solution
 - Preheat at 37°C for 10- 15 minutes the necessary amount of substrate solution.
 - This will speed up color reaction.
 - After the plates have been incubated with *APL ELISA*TM *IgM AP Conjugate* for 30 minutes, wash the plate x 3 with PBS as described above in paragraph 'e'.

- Add 50 μ l of *APL ELISA*TM*AP* Substrate Solution per well, in groups of 8 or 12 using a multichannel pipette, until complete the plate.
- Put the plates in a dark box or dark container and place the plate(s) in a 37°C incubator to speed color development.
- Check the O.D. readings of the plates in the spectrophotometer until calibrator C1 reaches an O.D. reading of 1.1-1.2 (at 405 nm). This process takes approximately 15-30 minutes if incubation with substrate is done at 37°C, or up to 45 minutes if color development is done at room temperature.
- h. Stopping of the color reaction
 - Stop the color reaction by adding 100 µl of *APL ELISA™ AP Stopping Solution* to each well, in groups of 8 or 12 using a multichannel pipette.
 - Read the plate(s) once again at 405 nm.
 - Use the data obtained to establish a calibration curve.

7 – RESULTS

7.1 Elaboration of the calibration curve

- A calibration curve should be constructed every time. (11-16)
- Determine mean optical density (O.D.) reading of the calibrators (C1 to C5), positive control (P) and reagent blank (B).
- Subtract the mean O.D. readings of reagent blank (B) from all mean readings.
- Plot mean O.D. of C1 C5 against appropriate concentration using a log-log (Figure 1) or a log-logit (Figure 2) calibration plot.
- This is best done using a computer with appropriate software.
- The initial concentration of **the calibrator** is listed on the calibrator label.

Figure 1: Example of a calibration curve for *IgM aCL* antibodies using a log-log plot.

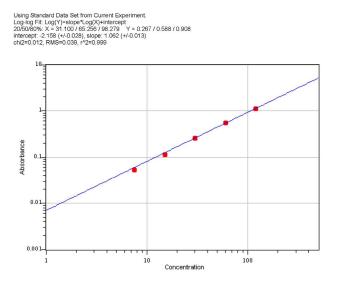
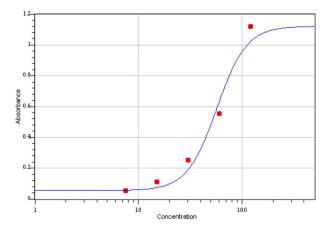


Figure 2: Example of a calibration curve of *IgM aCL* antibodies using a loglogit plot.





7.2 Example of a calibration curve.

The O.D. values obtained from a typical run is found in Table 1

- Do not use these values to construct a calibration curve.
- This is an example only.
- O.D. values obtained for the given run should be used.

Table 1. Calibration Curve Typical Values.

	Typical Curve IgM APL	
<u>Calibrator</u>	<u>O. D.</u>	MPL
APL ELISA [™] IgM Calibrator (C1)	1.122	120
APL ELISA [™] IgM Calibrator (C2)	0.556	60
APL ELISA [™] IgM Calibrator (C3)	0.256	30
APL ELISA [™] IgM Calibrator (C4)	0.114	15
APL ELISA [™] IgM Calibrator (C5)	0.054	7.5
APL ELISA [™] IgM Positive Control	0.454	In range
APL ELISA [™] Negative Control	0.028	<15

MPL: 1 MPL unit is the anticardiolipin binding activity of $1\mu g/ml$ of an affinity purified IgM antibody.

7.3 Expected results

- The range within which the *APL ELISA™ IgM Positive Control* should fall is indicated in the label.
- If the *APL ELISA*TM *IgM Positive Control* falls outside the range indicated in the label, the operator should review the calculations and procedure for errors. If there are no apparent errors, the assay should be repeated.
- The *APL ELISA™ Negative Control* should give values lower than the suggested cut-off points of 10 MPL units.
- Values lower than 25 MPL and above the cut-off point for IgM are considered "indeterminate (Grey Zone)".
 Samples falling in this category should be retested to confirm positivity at a later date. (9, 17)
- If a patient sample has a higher O.D. reading than calibrator C1, the sample should be serially diluted and tested again. The values obtained in MPL units should be multiplied by the appropriate dilution factor(s).

8 – QUALITY CONTROL

- The *APL ELISA™ IgM Positive Control* and the *APL ELISA™ Negative Control* have been provided to help ensure that the assay is performing correctly.
- The *APL ELISA™ IgM Positive Control* has a defined IgM anticardiolipin level. Its range is indicated in the label of the vial.
- The assay is considered to be performing correctly when the IgM anticardiolipin level of the *APL ELISA™ IgM Positive Control* falls within the defined range.
- The *APL ELISA*TM *Negative Control* should give values lower than the suggested cut-off points of 10 MPL units.
- The net O.D. of the highest calibrator should be ≥ 1.0
- The mean O.D. of reagent blank should be less than 0.2.

9 – LIMITATIONS

- Diagnosis of the Antiphospholipid Syndrome cannot be based solely on a positive antiphospholipid antibody test.
- Criteria for this diagnosis include a history of one of the following clinical features: thrombosis, pregnancy loss or thrombocytopenia, combined with a positive anticardiolipin/antiphospholipid ELISA test and/or positive lupus anticoagulant test.
- Patients may have positive lupus anticoagulant but negative anticardiolipin/antiphospholipid tests; hence, both tests should be performed in patients suspected of having the Antiphospholipid Syndrome.
- In addition, a variety of infectious states (including HIV positive patients) and drug-induced disorders may yield false positive tests.

10 – CHARACTERISTICS OF THE ASSAY

10.1 Specificity

<u>Normal</u>

Samples from 200 normal healthy donors were tested in the *APL ELISA*TM *IgM Kit.* A cut-off value of 10 MPL units was determined based on the 95th percentile since values didn't follow a normal distribution.

Disease

Positive samples from different diseases were tested in the *APL ELISA*TM*IgM Kit.* The values obtained are listed in the following table.

Sample	Number of samples tested.	Number of samples positive *
APS and SLE	20	20
Syphilis +	20	0
Rheumatoid Factor	9	0
Other autoimmune diseases	24	6

* Positive is defined as greater than 10 MPL units for IgM aCL

10.2 Sensitivity

- Sera from 20 patients defined with the Antiphospholipid Syndrome were tested using the APL ELISATM IgM Kit.
- 20 patients tested positive for IgM anticardiolipin antibodies.

10.3 Precision

Intra-assay Variations

Intra-assay variations were determined by running 3 samples for IgM aCL antibodies in the *APL ELISA*TM IgM Kit, 12 times in the same plate. Statistics were calculated and are shown in the following table.

Sample	Mean	Standard deviation	% Coefficient of Variation
А	98.6	8.0	10.3
В	78.9	7.8	9.3
С	10.3	1.2	8.9

10.4 Reproducibility

Inter-assay Variations

Inter-assay variations were determined by testing 3 positive samples (high, medium and low) samples for *IgM aCL* antibodies on the *APL ELISA*TM*IgM Kit* on 17 different runs.

Statistics were calculated and are shown in the following table.

Sample	Mean	Standard deviation	% Coefficient of Variation
А	123.0	20.3	9.3
В	25.4	1.4	5.3
С	10.6	1.3	9.8

10.5 Recovery

- The *APL ELISA™ AP IgM Calibrator* was diluted with normal serum as indicated in the table and the diluted samples run in the *APL ELISA™ IgM Kit*.
- The expected values, in MPL units, were calculated by dividing the concentration of the *APL ELISA*TM*AP IgM Calibrator* by the dilution factor.
- The observed values, in MPL units, were determined from the calibration curve.

Calibrator Dilution	Observed MPL	Expected MPL	% of Recovery
Neat	119.0	120.0	99
1:2	65.0	60.0	108
1:4	32.0	30.0	107
1:8	16.0	15.0	107
1:16	7.5	7.5	100
1:32	3.9	3.75	104

11 – REFERENCES

- Miyakis S, Lockshin MD, Atsumi T, Branch DW, Brey RL, et al. International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). J Thromb Haemost. 2006; 4: 295-306
- Harris EN, Gharavi AE, Boey ML, Patel BM, Mackworth-Young CG, et al. Anti-cardiolipin antibodies: detection by radioimmunoassay and association with thrombosis. Lancet. 1983; ii: 1211-1214
- 3. Harris EN. Syndrome of the black swan. Br. J. Rheumatol. 1987; 26: 324-36
- 4. Harris EN, Gharavi AE, Tincani A, Chan JKH, Englert H, et al. Affinity-purified anticardiolipin and anti-DNA antibodies. J. Lab Clin. Immunol. 1985; 17: 155-162
- Pengo V, Thiagarajan P, Shapiro SS, Heine MJ. Immunological specificity and mechanism of action of IgG lupus anticoagulants. Blood. 1987; 70: 69-76
- 6. Derksen RHWM, Beisma D, Bouma BN. Discordant effects of prednisone on anti-cardiolipin antibodies and the lupus anticoagulant. Arthr. Rheum. 1986; 29: 1295-6
- 7. Triplett DA, Brandt JT. Lupus anticoagulants: misnomer, paradox, riddle, epiphenomenon. Hematologic Pathol. 1988; 2: 121-143
- 8. Lockshin MD, Qamar T, Druzin ML, Goei S. Antibody to cardiolipin, lupus anticoagulant, and fetal death. J. Rheumatol. 1987; 14: 259-262
- Pierangeli SS, Harris EN. A protocol for determination of anticardiolipin antibodies by ELISA. Nat Protoc. 2008; 3: 840-8
- 10. Harris EN. Antiphospholipid antibodies. Br J Haematol. 1990; 74: 1-9
- 11. Harris EN, Gharavi AE, Patel SP, Hughes GR. Evaluation of the anti-cardiolipin antibody test: report of an international workshop held April 4 1986. Clin Exp Immunol. 1987; 68: 215-22
- Harris EN. Special report. The second international anti-cardiolipin standardization workshop / the Kingston Anti-phospholipid Antibody Study (KAPS) group. Am J Clin Pathol. 1990; 94: 476-84
- Pierangeli SS, Stewart M, Silva LK, Harris EN. An antiphospholipid wet workshop: 7th International Symposium on Antiphospholipid Antibodies. J Rheumatol. 1998; 25: 156-60
- Harris EN, Pierangeli SS. 'Equivocal' antiphospholipid syndrome. J Autoimmun. 2000; 15: 81-5
- Pierangeli SS, Gharavi AE, Harris EN. Testing for antiphospholipid antibodies: problems and solutions. Clin Obstet Gynecol. 2001; 44: 48-57
- Harris EN, Pierangeli SS. Revisiting the anticardiolipin test and its standardization. Lupus. 2002; 11: 269-75
- 17. Budd R, Harley E, Quarshie A, Henderson V, Harris EN, et al. A re-appraisal of the normal cut-off assignment for anticardiolipin IgM tests. J Thromb Haemostasis. 2006; 4: 2210-2214

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