



DIAGNOSTIC AUTOMATION, INC.




21250 Califa Street, Suite 102 and 116, Woodland Hills, California 91367 USA

Tel: (818) 591-3030 Fax: (818) 591-8383

onestep@rapidtest.com

technicalsupport@rapidtest.com

www.rapidtest.com

IVD			 96 tests	REF 8402-25
------------	---	---	--	--------------------

Japanese Encephalitis IgG ELISA

REF 8402-25

Test	Japanese Encephalitis IgG ELISA
Method	ELISA: Enzyme Linked Immunosorbent Assay
Principle	ELISA - Indirect; Antigen Coated Plate
Detection Range	Qualitative Positive; Weak Positive; Negative control
Sample	50 µL Serum
Specificity	Not Determined
Sensitivity	Not Determined
Total Time	135 min
Shelf Life	12 Months from the manufacturing date

** Laboratory results can never be the only base of a medical report. The patient history and further tests have to be taken into account*

INTENDED USE

The Diagnostic Automation Inc. Japanese Encephalitis IgG ELISA test for exposure to Japanese Encephalitis Virus (JEV) is an ELISA system for the detection of antibodies in human serum to JEV derived recombinant antigen (JERA) (1-4). This kit is for research use only

PRINCIPLE OF THE TEST

The Diagnostic Automation Inc. Japanese Encephalitis IgG ELISA consists of one enzymatically amplified "two-step" sandwich-type immunoassay.

In this assay, JE IgG Positive Control (represents reactive or equivocally reactive serum), JE Negative Control (represents non-reactive serum), and unknown serum samples are diluted with Sample Dilution Buffer for IgG then incubated in microtitration wells. After incubation and washing, the wells are treated with an antibody specific for human IgG and labeled with the enzyme horseradish peroxidase (HRP). After a second incubation and washing step, the wells are incubated with the tetramethylbenzidine (TMB) substrate.

An acidic stopping solution is then added and the degree of enzymatic turnover of the substrate is determined by absorbance measurement at 450 nanometers. Above a certain threshold, the ratio of the absorbencies of the JERA and the control wells accurately determines whether antibodies to JEV are present.

MATERIALS PROVIDED

Warning: Do not use any reagents where damage to the packaging has occurred.

The Japanese Encephalitis IgG ELISA kit contains sufficient reagents for one plate of 96 wells (12 x 8 strips) each. The kit contains the following reagents:

Japanese Encephalitis IgG ELISA Assay-specific materials:

1. **Coated Microtiter Strips for JEV Human IgG:** Strip holder in ziplock foil, containing 96 polystyrene microtiter wells coated with monoclonal antibody bound to recombinant JERA (Rows A, B, C, and D) and Control antigen NCA (Rows E, F, G and H). Store at 2-8°C until ready to use.
2. **Sample Dilution Buffer for IgG:** Two bottle, 25 mL, for serum sample dilution. Store at 2-8°C until ready to use.
3. **JE IgG Positive Control:** One vial, 50 µL. The JE IgG Positive Control will aid in monitoring the integrity of the kit as well. Store at 2-8°C until ready to use.
4. **JE Negative Control:** One vial, 50 µL. The JE Negative Control will aid in monitoring the integrity of the kit as well. Store at 2-8°C until ready to use.
5. **Ready to Use Enzyme Conjugate-HRP for JE IgG:** One bottle, 6 mL of a pre-diluted goat anti-human IgG-HRP conjugate to be used as is in the procedure below. Store at 2-8°C until ready to use. **Note:** The conjugate should be kept in a light -protected bottle at all times as provided.
6. **10X Wash Buffer:** One bottle, 120 mL of Wash Buffer to be used in all the washing steps of this procedure. Store at 2-8°C until ready to use.
7. **Wash Solution:** One bottle, 20 ml of wash solution to be used in between the washing steps after the addition of enzyme conjugate-HRP of this procedure. Store at 2-8°C until ready to use.

8. **Liquid TMB Substrate:** One bottle, 9 mL of liquid substrate to be used in this procedure. Store at 2-8°C until ready to use.
Note: The substrate should be kept in a light -protected bottle at all times as provided.
9. **Stop Solution:** One bottle, 6 mL to be used to stop the reaction. Store at 2-8°C until ready to use. **Caution:** Stop Solution contains strong acid. Wear protective gloves, mask and safety glasses. Dispose of all materials according to safety rules and regulations.

MATERIALS REQUIRED BUT NOT PROVIDED

1. Microtitration plate reader capable of absorbance measurement at 450 nm
2. Biological or High-Grade Water
3. Vacuum Pump, Plate Washer
4. 37 °C Incubator
5. 1-10 µL Single-Channel Pipettor, 50-200 µL Single-and Multi-Channel Pipettors.
6. Polypropylene tubes or 96 well dilution plates
7. Parafilm or similar plate cover
8. Timer
9. Vortex

WARNINGS AND PRECAUTIONS

1. A thorough understanding of this package insert is necessary for successful use of the product. Reliable results will only be obtained by using precise laboratory techniques and accurately following the package insert.
2. Do not mix various lots of any kit component within an individual assay.
3. Do not use any component beyond the expiration date shown on its label.
4. Avoid exposure of the reagents to excessive heat or direct sunlight during storage and incubation.
5. Some reagents may form a slight precipitate, mix gently before use.
6. Incomplete washing will adversely affect the outcome and assay precision.
7. To minimize potential assay drift due to variation in the substrate incubation time, care should be taken to add the stopping solution into the wells in the same order and speed used to add the TMB solution.
8. Avoid microbial contamination of reagents, especially Ready to Use Enzyme Conjugate-HRP. Avoid contamination of the TMB Substrate Solution with the Enzyme Conjugate-HRP as well.
9. A non humidified chamber should be used for all incubations.
10. Wear protective clothing, eye protection and disposable gloves while performing the assay. Wash hands thoroughly afterwards.
11. Do not eat, drink, smoke or apply cosmetics where immunodiagnostic materials are being handled.
12. Do not pipette by mouth.
13. Use a clean disposable pipette tip for each reagent, Standard, Control or specimen.
14. Cover working area with disposable absorbent paper.

WARNING: POTENTIAL BIOHAZARDOUS MATERIAL

This kit may contain reagents made with human serum or plasma. The serum or plasma used has been heat inactivated unless otherwise stated. Handle all sera and kits used as if they contain infectious agents. Observe established precautions against microbiological hazards while performing all procedures and follow the standard procedures for proper disposal of specimens.

CHEMICAL HAZARD

Material Safety Data Sheets (MSDS) are available for all components of this kit. Review all appropriate MSDS before performing this assay. Avoid all contact between hands and eyes or mucous membranes during testing. If contact does occur, consult the applicable MSDS for appropriate treatment.

SPECIMEN COLLECTION AND PREPERATION

- Human serum must be used with this assay. Whole blood or plasma cannot be tested directly.
- Remove serum from the clot of red cells as soon as possible to avoid hemolysis.
- Testing should be performed as soon as possible after collection. Do not leave sera at room temperature for prolonged periods.
- Serum should be used and the usual precautions for venipuncture should be observed. The samples may be stored at 2-8°C for up to 7 days, or frozen at -20°C or lower for up to 30 days. To maintain long-term longevity of the serum, store at -70°C. Avoid repeated freezing and thawing of samples.
- Frozen samples should be thawed to room temperature and mixed thoroughly by gentle swirling or inversion prior to use. Always quick spin before use.
- If sera are to be shipped, they should be packed in compliance with Federal Regulations covering transportation of infectious agents.
- Do not use sera if any indication of growth is observed.

PROCEDURE

Bring all kit reagents and specimens **to room temperature (~25°C) before use**. Thoroughly mix the reagents and samples before use by gentle inversion.

Note: For long-term storage, all serum, including the experimental, cannot be repeatedly thawed and frozen. Sera should be further aliquoted in a smaller volume and stored at -70°C. Always quick spin serum samples contained in vials or tubes to collect sample at the bottom.

Preparation for Assay:

- Preparation of 1X Wash Buffer
Dilute the 10X Wash Buffer to 1X using Biological or High-Grade Water. To prepare a 1X wash buffer solution, mix 120 ml 10X Wash buffer with 1080 ml distilled (or deionized) water and rinse out any crystals. Swirl until well mixed and all crystals are dissolved. After diluting to 1X, store at room temperature for a maximum of 6 months. Use 300 µL/well for each wash cycle.

Note: Determine if any precipitate, microbial growth, or turbidity is found in the 1X Wash Buffer solution before use. Do not use the 1X Wash Buffer If such contamination is found.

- Coated Micro titer Strips select the number of Coated Microtiter Strips required for the assay. The remaining unused strips should be quickly placed back into the pouch with desiccant, sealed, and stored at 2-8°C until ready to use or expiration.

Assay Procedure

Important: Carefully review the table below to understand the JERA and NCA organization. Rows A, B, C, and D are coated with JERA while rows E, F, G and H have been coated with NCA.

Positive and negative controls should be assayed in duplicate for both JERA and NCA portions of assay. Unknown serum samples to be tested can be assayed singly or in duplicate but must be

Diagnostic Automation/ Cortez Diagnostics, Inc.
21250 Califa St, Suite 102 and 116, Woodland Hills, CA 91367 USA Phone: 818-591-3030 Fax : 818-591-8383
Email: onestep@rapidtest.com Website: www.rapidtest.com

assayed for both JERA and NCA portions of assay. Refer to flow chart at the end of this section for illustration of this procedure. Up to forty-four test specimens can be tested on one 96-well plate.

1. Mark the Coated Microtiter Strips to be used.
2. Dilute your test sera, the JE Negative Control, and the JE IgG Positive Control to 1/300 using the provided Sample diluent.

Note: You may use small polypropylene tubes for these dilutions and use at least 3 μ L of test sera and JE Negative Control and JE IgG Positive Control; for example add 3 μ L serum to 897 μ L of "Sample Dilution Buffer" for IgG).

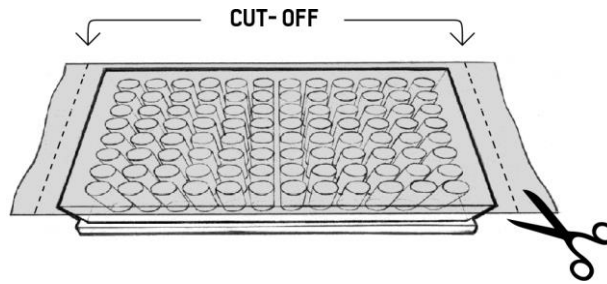
3. Apply the 50 μ L/well of 1/300 diluted test sera, JE Negative Control, and JE IgG Positive Control to the plate by multi-channel pipettor.

An exemplary arrangement for twenty-two test serum samples in duplicate is shown below.

Example for Serum Sample Application												
	1	2	3	4	5	6	7	8	9	10	11	12
A	JE Negative Control	S#1	S#3	S#5	S#7	S#9	S#11	S#13	S#15	S#17	S#19	S#21
B	JE Negative Control	S#2	S#4	S#6	S#8	S#10	S#12	S#14	S#16	S#18	S#20	S#22
C	JE IgG Positive Control	S#23	S#25	S#27	S#29	S#31	S#33	S#35	S#37	S#39	S#41	S#43
D	JE IgG Positive Control	S#24	S#26	S#28	S#30	S#32	S#34	S#36	S#38	S#40	S#42	S#44
E	JE IgG Positive Control	S#24	S#26	S#28	S#30	S#32	S#34	S#36	S#38	S#40	S#42	S#44
F	JE IgG Positive Control	S#23	S#25	S#27	S#29	S#31	S#33	S#35	S#37	S#39	S#41	S#43
G	JE Negative Control	S#2	S#4	S#6	S#8	S#10	S#12	S#14	S#16	S#18	S#20	S#22
H	JE Negative Control	S#1	S#3	S#5	S#7	S#9	S#11	S#13	S#15	S#17	S#19	S#21

Note: Rows A-D is pre-coated with Japanese Encephalitis Recombinant Antigen (JERA). Rows E-H is pre-coated with Normal Cell Antigen (NCA).

4. Cover the plate with parafilm just on the well opening surface and both sides, so the bottom of the plates is not covered.



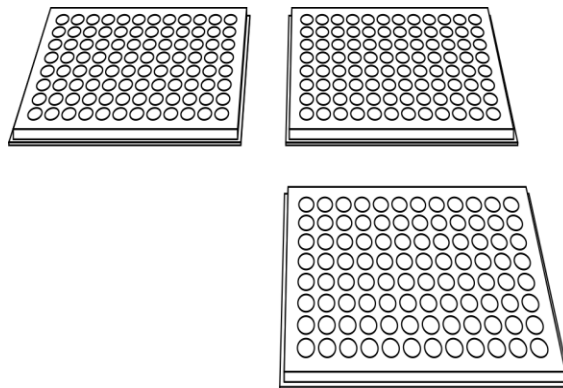
Note: This is to make sure the temperature distribution is evenly spread out in all wells from bottom and sides; any extra parafilm can be cut-out once the top is sealed to block evaporation.

5. Incubate the plate at 37°C for 1hour in an incubator.

Note: Do not stack plates on top of each other. They should be spread out as a single layer. This is very important for even temperature distribution. Do not use any CO₂ in the incubator.



INCORRECT METHOD



CORRECT METHOD

6. After the incubation, wash the plate 6 times with automatic plate washer using 1x Wash buffer (300µL per well).
7. Add 50µl /well of Ready to Use Enzyme Conjugate- HRP into all wells by multi-channel pipettor.
8. Cover the plate with parafilm just on the well opening surface and both sides, so the bottom of the plate should not be covered (see step 4).
9. Incubate the plate at 37°C for 1hour in darkness in an incubator.

Note: Do not stack plates on top of each other. They should be spread out as a single layer (see step 5). This is very important for even temperature distribution. Do not use CO₂
10. After the incubation, wash the plate 6 times with automatic plate washer using 1x Wash buffer.
11. Add 150µl /well of Wash Solution into all wells by multi-channel pipettor.

12. Incubate the plate at room temperature for 5 minutes without any cover on the plate.
13. After the incubation, wash the plate 6 times with automatic plate washer using 1x Wash buffer.
14. Add 75µl /well of Liquid TMB substrate into all wells by multi-channel pipettor.
15. Incubate the plate in a dark place (or container) for 10 minutes without any cover on the plate.
16. After the incubation, add 50µl /well of Stop solution into all wells by multi-channel pipettor and incubate at room temperature for 1 minute without any cover on the plate.
17. After the incubation, read the RAW OD 450 value with a Microplate reader. Please make sure the microplate reader does NOT subtract or normalize any blank values or wells.

QUALITY CONTROL

Each kit contains positive and negative control sera. The negative and positive controls are intended to monitor for substantial reagent failure. The positive control will not ensure precision at the assay cutoff. The test is invalid and must be repeated if the ISR value of either the controls do not meet the specifications. Acceptable Immune Status Ratio (ISR) values for these controls are found on specification table below. The results below are given strictly for guidance purposes only. Applicable for raw spectrophotometric readings only.

Calculation of the Negative Control: Calculate the mean JE Negative Control values with JERA and with the Control antigen:

Example: JE Negative Control

	OD	
	JERA	NCA
No1	0.235	0.230
No 2	0.245	0.224
Total	0.480	0.454

Average JERA = $0.480 \div 2 = 0.240$
 Average NCA = $0.454 \div 2 = 0.227$
 Calculate JERA / NCA ratio: $0.240 \div 0.227 = 1.06$

Any JE Negative control Jera / NCA Ratio greater than 1.5 indicates that the test procedure must be repeated.

Calculation of the Positive Control: Calculate JE IgG Positive Control values with JERA and with the NCA.

	OD	
	JERA	NCA
No1	0.938	0.126
No 2	0.898	0.111
Total	1.836	0.237

Average JERA $= 1.836 \div 2 = 0.918$
Average NCA $= 0.237 \div 2 = 0.119$
Calculate JERA / NCA ratio: $= 0.918 \div 0.119 = 7.71$

Any JE Positive Control JERA / NCA Ratio Less than 5.0 indicates that the test procedure must be repeated. Non-fulfillment of these criteria is an indication of deterioration of reagents or an error in the test procedure and the assay must be repeated.

Factor (For Assay Verification)	Tolerance
Mean JE Negative Control OD in JERA	<0.400
Mean JE IgG Positive Control OD in JERA	>0.400
JE IgG Positive Control Immune Status Ratio (ISR)	>5.000
JE Negative Control Immune Status Ratio (ISR)	<1.500

CALCULATION

Calculation of the Immune Status Ratio (ISR): Compute the average of the unknown sample replicates with the JERA, and the replicates with the NCA, then calculate the JERA/NCA ratio (ISR). An ISR of less than **2.0** for the IgG assay should be presumed negative. An ISR of greater than **5.0** for the IgG assay should be presumed positive. The table below summarizes how results should be interpreted.

ISR	Results	Interpretation
<2.0	Negative	No detectable IgG antibody by the ELISA test
2.0-5.0	Equivocal	Need confirmatory test
>5.0	Positive	Indicates presence of detectable IgG antibody.

LIMITATIONS

- For research use only. Not for use in diagnostic procedures.
- Since this is an indirect screening method, the presence of false positive and negative results must be considered.
- The reagents supplied in this kit are optimized to measure JERA reactive antibody levels in serum.
- Repeated freezing and thawing of reagents supplied in the kit and of specimens must be avoided.
- This kit has not been optimized for vaccine induced seroconversion studies.

PERFORMANCE CHARACTERISTICS

Sensitivity: The sensitivity of this assay has not been established.

Specificity: All well confirmed JE sera were positive by the Japanese Encephalitis IgG ELISA IgG ELISA System. As a control, a number of normal sera and sera infected with unrelated agents such as CMV, EBV and VZV were tested. All produced ISRs that were below the cut-off value.

Cross Reactivity for Japanese Encephalitis IgG ELISA IgG ELISA:

<i>Tested positive serum</i>	<i>Total specimens</i>	<i>Positive</i>	<i>Positive and Equivocal result</i>
Rheumatoid Factor	10	1	1/8
Anti-nuclear Antibody	10	1	1/10
Cytomegalovirus (CMV)	10	0	0/10
Epstein-Barr virus (EBV)	15	0	0/15
Varicella-zoster virus (VZV)	10	0	0/10
West Nile virus (WNV)	2	1	2/2
Saint Louis Encephalitis (SLEV)	2	1	1/2
Dengue virus (DENV)	7	3	3/7

REFERENCES

1. Martin, D.A., Muth, D.A., Brown, T., Johnson, A.J., Karabatsos, R., Roehrig, J.T. 2000. Standardization of Immunoglobulin M Capture Enzyme-Linked Immunosorbent Assays for Routine Diagnosis of Arboviral Infections. *J. Clin. Microbiol.* 38(5):1823-1826.
2. Cardoso MJ, Wang SM, Sum MS, Tio PH. Antibodies against prM protein distinguish between previous infection with dengue and Japanese encephalitis viruses. *BMC Microbiol.* 2002 May 5;2(1):9
3. Pandey B, Yamamoto A, Morita K, Kurosawa Y, Rai S, Adhikari S, Kandel P, Kurane I. Serodiagnosis of Japanese encephalitis among Nepalese patients by the particle agglutination assay. *Epidemiol Infect.* 2003 Oct;131(2):881-5.
4. Thakare JP, Gore MM, Risbud AR, Banerjee K, Ghosh SN. Detection of virus specific IgG subclasses in Japanese encephalitis patients. *Indian J Med Res.* 1991 Sep;93:271-6.
5. Lowry PW, Truong DH, Hinh LD, Ladinsky JL, Karabatsos N, Cropp CB, Martin D, and Gubler DJ. Japanese encephalitis among hospitalized pediatric and adult patients with acute encephalitis syndrome in Hanoi, Vietnam 1995. *Am. J. Trop. Med. Hyg.* 1998;58(3):324-329.
6. Tsai TF. Factors in the changing epidemiology of Japanese encephalitis and West Nile fever. In: Saluzzo JF ed., *Factors in the Emergence of Arboviral Diseases.* Amsterdam: Elsevier, 1997;179-189.
7. Tsai TF. Japanese encephalitis. In: Feigin RD and Cherry JD (eds.), *Textbook of Pediatric Infectious Diseases*, 4th edition, Philadelphia: W.B. Saunders, 1997;1993-2001.
8. Rosen L. The natural history of Japanese encephalitis. *Annu. Rev. Microbiol.*, 1986;40:395-414.

Date Adopted	2018-06-07
REF 8402-25	DA-JE IgG



DIAGNOSTIC AUTOMATION, INC.

21250 Califa Street, Suite 102 and 116, Woodland Hills, California 91367 USA

Tel: (818) 591-3030 Fax: (818) 591-8383

ISO 13485-2003



Revision Date : 2018-05-01