



## DIAGNOSTIC AUTOMATION, INC.

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IVD



See external label

2°C-8°C



Σ=96 tests

REF

9072-11

**CHEMILUMINESCENCE  
ENZYME IMMUNOASSAY (CLIA)**

# Toxoplasma IgM

REF

9072-11

## SUMMARY OF ASSAY PROCEDURE

Step	(20-25°C Room temp.)	Volume	Incubation time
1	Sample dilution 1:40 =5 µl / 200 µl		
2	Diluted samples, controls & calibrator	100 µl	30 minutes
3	Washing buffer (3 times)	350 µl	
4	Enzyme conjugate	100 µl	30 minutes
5	Washing buffer (3 times)	350 µl	
6	Substrate A and Substrate B mixture	100µl	5 minutes
7	Read with Luminometer in 5~30 minutes		

## NAME AND INTENDED USE

Toxoplasma IgM Chemiluminescence ELISA is intended for use in the detection of IgM to Toxoplasma gondii.

## **SUMMARY AND EXPLANATION OF THE TEST**

Toxoplasmosis is caused by the intracellular parasite *Toxoplasma gondii* and may be contracted by consuming contaminated meat or by contact with cat feces containing oocysts. In adolescence and adulthood, most infections are subclinical. However, if a pregnant woman contracts toxoplasmosis, it may be passed through the placenta to the fetus, resulting in congenital toxoplasmosis, which is a cause of mortality and malformation. Asymptomatic infants may develop anomalies later in life.

## **PRINCIPLE OF THE TEST**

Purified *Toxoplasma gondii* antigen is coated on the surface of microwells. Diluted patient serum is added to wells, and the *Toxoplasma gondii* IgM specific antibody, if present, binds to the antigen. All unbound materials are washed away. After adding enzyme conjugate, it binds to the antibody-antigen complex. Excess enzyme conjugate is washed off and substrate A & substrate B mixture is added. The light generated (RLU) is proportional to the amount of IgM specific antibody in the sample. The results are read by a microwell luminometer compared in a parallel manner with calibrator and controls.

## **MATERIALS PROVIDED**

1. Microwell Strips: Purified <i>Toxoplasma</i> antigen coated wells	(12 X 8 wells)
2. Absorbent Solution: Black Cap	1 vial ( 22mL)
3. Calibrator: Factor value (f) stated on label. Red Cap	1 vial (150µL)
4. Negative control: Range Stated on label. Natural Cap	1 vial (150µL)
5. Positive control: Range stated on label. Green Cap	1 vial (150µL)
6. Washing Concentrate 10X:	1 bottle (100mL)
7. Enzyme Conjugate: Red color solution	1 vial (12 mL)
8. Substrate A : H <sub>2</sub> O <sub>2</sub> Natural bottle	1 vial (6 mL)
9. Substrate B: Luminol in buffer: Amber Bottle	1 vial (6 mL)

## **STORAGE AND STABILITY**

1. Store the kit at 2 - 8 °C.
2. Always keep microwells tightly sealed in pouch with desiccants. We recommend you use up all wells within 4 weeks after initial opening of the pouch.
3. The reagents are stable until expiration of the kit.
4. Do not expose test reagents to heat, sun or strong light during storage or usage.

## **WARNINGS AND PRECAUTIONS**

1. Potential biohazardous materials:  
The calibrator and controls contain human source components which have been tested and found nonreactive for hepatitis B surface antigen as well as HIV antibody with FDA licensed reagents. However, as there is no test method that can offer complete assurance that HIV, Hepatitis B virus or other infectious agents are absent, these reagents should be handled at the Biosafety Level 2, as recommended in the Centers for Disease Control/National Institutes of Health manual, "Biosafety in Microbiological and Biomedical Laboratories." 1984
2. Do not pipette by mouth. Do not smoke, eat, or drink in the areas in which specimens or kit reagents are handled.
3. The components in this kit are intended for use as a integral unit. The components of different lots should not be mixed.
4. This product contains components preserved with sodium azide. Sodium azide may react with lead and copper plumbing to form explosive metal azide. On disposal, flush with a large volume of water.

## SPECIMEN COLLECTION AND HANDLING

1. Collect blood specimens and separate the serum.
2. Specimens may be refrigerated at 2 - 8 °C for up to seven days or frozen for up to six months. Avoid repetitive freezing and thawing of serum sample.

## PREPARATION FOR ASSAY

1. Prepare 1x washing buffer.  
Prepare washing buffer by adding distilled or deionized water to 10x wash concentrate to a final volume of 1 liter.
2. Bring all specimens and kit reagents to room temperature (20-25 °C) and gently mix.

## ASSAY PROCEDURE

1. Prepare 1:40 dilutions by adding 5 µl of the samples, negative control, positive control, and calibrators to 200 µl of absorbent solution. Mix well.
2. Place the desired number of coated strips into the holder.
3. Dispense 100 µl of diluted sera, calibrators, and controls into the appropriate wells. Tap the holder to remove air bubbles from the liquid and mix well. Incubate for 30 minutes at room temperature.
4. Remove liquid from all wells and repeat washing three times with washing buffer.
5. Dispense 100 µl of enzyme conjugate to each well and incubate for 30 minutes at room temperature.
6. Remove enzyme conjugate from all wells. Repeat washing three times with washing buffer.
7. Mix equal volume of Substrate A & Substrate B, then dispense 100 µl of this mixture to each well.
8. Read RLU with a microwell luminometer within 5~30 minutes.

## CALCULATION OF RESULTS

1. To obtain cut off value: Multiply the RLU of calibrator by factor (f) printed on label of calibrator.
2. Calculate the IgM Index of each determination by dividing the RLU value of each sample by obtained RLU value of cut off.

**Note: This factor (f) is a variable value for each kit.**

For example:

If Factor (f) Value on label =0.40

$900110 \times 0.40 = 360044$

Sample	RLU	Mean RLU(A)	Calculated Cut off Value(B)	INDEX A/B	Interpretation
Calibrator f = 0.40	897142 903078	900110	360044		
Positive Control	1449370 1450960	1450165		4.02	Positive
Negative Control	6556 6978	6767		0.02	Negative
Patient Sample 1	1712547 1800691	1756619		4.88	Positive
Patient Sample 2	128620 118540	123580		0.34	Negative

## QUALITY CONTROL

1. In order for the assay results to be considered valid the controls should be within the ranges indicated on the labels.
2. The RLU values vary with the different luminometer used.
3. Each laboratory should assay controls at levels in low, normal and elevated ranges for monitoring assay performance. Quality control trends should be maintained to monitor batch to batch consistency.

## INTERPRETATION

Toxo IgM Index	Interpretation
< 0.90	Negative for IgM to Toxoplasma gondii
0.91 ~ 0.99	Equivocal, sample should be retested
1 ~ 2	Low positive
2 ~ 2.5	Moderate positive
> 2.5	High positive

## PERFORMANCE CHARACTERISTICS

### Specificity and Sensitivity:

A total of 96 patient samples were used to evaluate specificity and sensitivity of the test. Toxoplasma IgM test results were compared to a commercial ELISA kit results:

		Reference ELISA			Total
		N	E	P	
Toxoplasma IgM Chemiluminescence ELISA	N	83 (D)	0	0 (B)	83
	E	0	0	0	0
	P	5 (C)	0	8 (A)	13
	Total	88	0	8	96

$$\text{Sensitivity} = A / (A+B) = 8 / 8 = 100\%$$

$$\text{Specificity} = D / (C+D) = 83 / 88 = 94\%$$

$$\text{Accuracy} = (A+D) / (A+B+C+D) = 91 / 96 = 95\%$$

### EXPECTED VALUES:

49 random samples were determined with Toxoplasma IgM Chemiluminescence ELISA. The test results were computed as IgM Index using a chosen reference serum (cut off) as IgM index 1. 3 were found to be positive (6.1%), and 46 were found to be negative (93.9%). Another set of 48 random samples were found positivity of 4%.

**Precision:**

The precision of the assay was evaluated by testing three different sera of eight replicates over 3 days. The intra-assay and inter-assay C.V. are summarized below:

	Negative	Low positive	Positive
Intra-assay	11.4%	9.8%	8.3%
Inter-assay	13.8%	12.5%	9.4%

**LIMITATIONS OF THE PROCEDURE**

1. To prevent false negative and false positive IgM test results caused by the presence of specific IgG and rheumatoid factor (RF) in some specimens, reagents provided in this kit has been formulated to resolve these interferences. However, specimens with extremely high RF and high autoimmune antibodies, the possibility of these interferences cannot be ruled out entirely.
2. Lipemic, hemolyzed, icteric or heat inactivated sera may cause erroneous results.
3. As with other serological assays, the results of these assays should be used in conjunction with information available from clinical evaluation and other diagnostic procedures.

**REFERENCE**

1. Turune, H.J., P.O. Leinikke, and K. M. Saari. Demonstration of Intraocular Synthesis of Immunoglobulin G Toxoplasma Antibodies for Specific diagnosis of Toxoplasmic Chorioretinitis by Enzyme Immunoassay. J. Clin. Microbiol. 17:988-992, 1983.
2. Lin, T.M., S.P. Halbert and G.R. O'Connor. Standardized Quantitative Enzyme-linked Immunoassay for Antibodies to Toxoplasma Gondii. J. Clin. Microbiol. Vol.11, 6:675-681, 1980.
3. Roller, A., A. Bartlett and D.E. Bidwell. Enzyme Immunoassay with Special Reference ELISA Technique. J. Clin. Path. 31:507-520, 1987.
4. Voller, A., D.E. Bidwell, A. Bartlett, D.G. Flick, M. Perkins and B. Oladshin. A Microplate Enzyme-immunoassay for Toxoplasma Antibodies. J. Clin. Path. 29:150-153, 1976.

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