



REF 4057

April 4, 2008

Anti-Annexin V

- 96 determinations -



IVD *In vitro* diagnostic device

Enzyme immunoassay for the determination of IgG and / or IgM antibodies to Annexin V in human serum and plasma

REF	Catalogue number	LOT	Batch code
	Consult accompanying documents		Manufactured by
	Temperature limitation		Use by
	Consult operating instruction		Biological risk



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INTENDED USE

Anti-Annexin V is used for the separate quantitative determination of IgG or IgM antibodies to Annexin V in human serum or plasma for the diagnosis of anti-phospholipid antibody syndrome (APAS).

APAS is an autoimmune disorder comprising such clinical symptoms like arterial or venous thrombosis, thrombocytopenia and recurrent foetal loss. Primary APAS as well as systemic lupus erythematosus (SLE) are characterized by the appearance of autoantibodies to negatively charged phospholipids (1). Although significance and pathological relevance of phospholipid antibodies are not completely revealed yet, the detection of such autoantibodies is widely established and plays an important role in the diagnostics of APAS and associated systemic autoimmune diseases.

Antibodies targeting Annexin V belong to the family of antiphospholipid antibodies including for example antibodies to Cardiolipin, β 2 glycoprotein I and Prothrombin and are associated with primary and secondary APAS. Annexin V is a Ca²⁺-dependent phospholipid-binding protein with potent anticoagulant activity that is abundant in cells exposed to blood, such as platelets, thromboplasts, and endothelial cells. The high concentration of Annexin V in placental syncytiotrophoblasts has been proposed as a mechanism to maintain blood fluidity on the surface of the placenta and placental integrity.

Thrombosis and pregnancy loss in the APAS may be caused by disruption of the Annexin V shield by the antiphospholipid antibodies leading to an increase in the quantity of thrombogenic phospholipids exposed to the circulating blood. Anti-Annexin V autoantibodies are supposed to interfere with the anticoagulant function of the Annexin V causing placental thrombosis and disruption (2).

Consequently, the detection of antibodies to Annexin V should be included in the serological diagnosis of APAS especially in female patients at risk for obstetric complications.

- (1) Harris EN, Gharavi AE, Boey ML, Patel BM, Mackworth-Young GG, Loizou S and Hughes GRV: Anticardiolipin antibodies: detection by radioimmunoassay and association with thrombosis in systemic lupus erythematosus. Lancet 1983 11:1211
- (2) Rand JH, Wu XX, Quinn AS, Chen PP, McCrae KR, Bovill EG, Taatjes DJ: Human monoclonal antiphospholipid antibodies disrupt the annexin A5 anticoagulant crystal shield on phospholipid bilayers: evidence from atomic force microscopy and functional assay. Am J Pathol 2003 163: 1193-1200

PRINCIPLE OF THE TEST

Anti-Annexin V is an enzyme immunoassay for the quantitative determination of IgG or IgM antibodies to Annexin V.

The antibodies of the calibrators, controls and diluted patient samples react with an human Annexin V immobilized on the solid phase of microtiter plates. Following an incubation period of 30 min at room temperature (RT, 20 – 32 °C), unbound serum components are removed by a wash step.

The bound IgG (IgM) antibodies react specifically with anti-human-IgG (IgM) conjugated to horseradish peroxidase (HRP) within the incubation period of 30 min at RT. Excessive conjugate is separated from the solid-phase immune complexes by the following wash step.

HRP converts the colorless substrate solution of 3,3',5,5'-tetramethylbenzidine (TMB) added into a blue product. The enzyme reaction is stopped by dispensing an acidic solution (HCl) into the wells after 30 min at RT turning the solution from blue to yellow.

The optical density (OD) of the solution at 450 nm is directly proportional to the amount of specific antibodies bound. The standard curve is established by plotting the antibody concentrations of the calibrators (x-axis) and their corresponding OD values (y-axis) measured. The concentration of antibodies of the specimen is directly read off the standard curve.

PATIENT SAMPLES

Specimen collection and storage

Blood is taken by venipuncture. Serum is separated after clotting by centrifugation. Plasma can be used, too. Lipaemic, hemolytic or contaminated samples should not be run.

The samples may be kept at 2 - 8 °C for up to three days. Long-term storage requires - 20 °C. Repeated freezing and thawing should be avoided. If samples are to be used for several assays, initially aliquot samples and keep at - 20 °C.

Preparation before use

Allow samples to reach room temperature prior to assay. Take care to agitate serum samples gently in order to ensure homogeneity.

Note: *Patient samples have to be diluted 1 + 100 (v/v), e.g. 10 µl sample + 1.0 ml sample diluent (C), prior to assay.*

TEST COMPONENTS FOR 96 DETERMINATIONS

A Ag 96	Microtiter plate , 12 breakable strips per 8 wells coated with native human Annexin V	1 vacuum sealed with desiccant
B BUF WASH 50x	Concentrated wash buffer sufficient for 1000 ml solution	20 ml concentrate capped white
C DIL 5x	Concentrated sample diluent	20 ml concentrate capped white
D CONJ G	Conjugate containing anti-human-IgG- (sheep) coupled with horseradish peroxidase	15 ml ready for use capped blue
E CONJ M	Conjugate containing anti-human-IgM- (sheep) coupled with HRP	15 ml ready for use capped green
F SOLN TMB	Substrate 3,3',5,5'-tetramethylbenzidine in citrate buffer containing hydrogen peroxide	15 ml ready for use capped black
G HCl 1.0 M	Stop solution 1.0 hydrochloric acid	15 ml ready for use capped white
1 - 6 CAL	Calibrators (diluted serum) conc.: 0, 3, 10, 30, 100, 300 U/ml	1.5 ml each ready for use
P CONTROL	Positive control (diluted serum) conc.: see leaflet enclosed	1.5 ml ready for use capped red +
N CONTROL	Negative control (diluted serum) conc.: see leaflet enclosed	1.5 ml ready for use capped green -

Materials required

- micropipette 100 - 1000 µl
- micropipette 10 - 100 µl
- 8-channel wash comb with vacuum pump and waste bottle or microplate washer
- microplate reader with optical filters for 450 nm and 620 nm or 690 nm
- distilled or de-ionized water

Size and storage

Anti-Annexin V has been designed for 96 determinations.

The expiry date of each component is reported on its respective label that of the complete kit on the box labels.

Upon receipt, all components of the Anti-Annexin V have to be kept at 2 - 8 °C, preferably in the original kit box.

After opening all kit components are stable for at least 2 months, provided proper storage.

Preparation before use

Allow all components to reach room temperature prior to use in the assay.

The microtiter plate is vacuum sealed in a foil with desiccant. The plate consists of a frame and strips with breakable wells. Allow the sealed microplate to reach room temperature before opening. Unused wells should be stored refrigerated and protected from moisture in the original cover carefully resealed.

Prepare a sufficient amount of wash solution by diluting the concentrated wash buffer 50 times with de-ionized or distilled water. For example, dilute 1 ml of the concentrate with 49 ml of distilled water per strip. The wash solution prepared is stable at 2 - 8 °C up to 30 days.

Prepare a sufficient amount of sample diluent by diluting the concentrated diluent 5 times with de-ionized or distilled water. For example, dilute 10 ml of the concentrate with 40 ml of distilled water. The sample diluent prepared is stable at 2 - 8 °C up to 30 days.

Make sure the soak time of the wash buffer in the wells is at least 5 seconds per wash cycle.

Avoid exposure of the TMB substrate solution to light!

ASSAY PROCEDURE

- Dilute patient sera with sample diluent (made of C) 1+100 (v/v), e.g. 10 µl serum + 1.0 ml sample diluent (made of C).
- Avoid any time shift during pipetting of reagents and samples.

1. Bring all reagents to room temperature (18-25°C) before use. Mix gently without causing foam.
2. Dispense **100 µl** calibrators (1 - 6) **100 µl** positive and negative control **100 µl** diluted patient samples into the respective wells.
3. Incubate **30 min** at room temperature (20-32°C).
4. Decant, then wash each well **three** times using **300 µl** wash solution (made of B).
5. Add **100 µl** of conjugate (D) or (E) solution to each well.
6. Incubate **30 min** at room temperature (20-32°C).
7. Decant, then wash each well **three** times using **300 µl** wash solution (made of B).
8. Add **100 µl** of substrate (F) to each well.
9. Incubate **30 min protected from light** at room temperature (20-32°C).
10. Add **100 µl** of stop solution (G) to each well, incubate for **5 min** and mix gently.
11. Read the OD at **450 nm** versus 620 or 690 nm within **30 min** after adding the stop solution.

DATA PROCESSING

We recommend log / lin processing for best results.

The standard curve is established by plotting the mean OD-values of the calibrators 1 - 6 on the ordinate, y-axis, (lin. scale) versus their respective Anti-Annexin V IgG or IgM concentrations on the abscissa, x-axis, (log. scale).

Anti-Annexin V antibody concentrations of the unknown samples are directly read off in U/ml against the respective OD values.

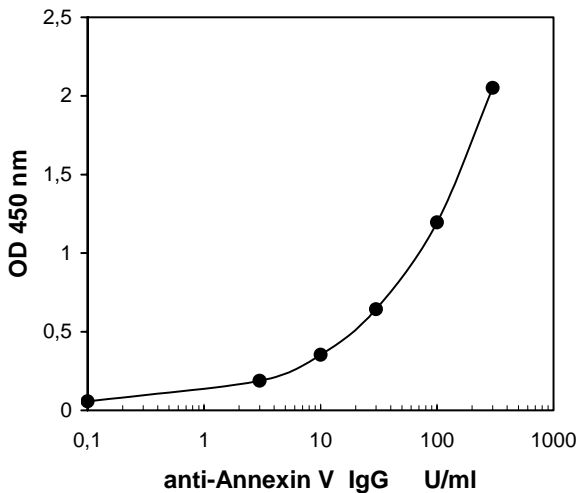
Anti-Annexin V may be used also with Computer Assisted Analysis using software able to plot log/lin curves with four-parameter fit.

Using the recommended dilution of 1 + 100 (v/v) for patient's sera, no correction factor is necessary, as all other kit components are supplied accordingly.

Example of Typical Assay Results

well	OD (a)	OD (b)	OD (mean)	U/ml
Calibrator 1	0.053	0.063	0.058	0
Calibrator 2	0.185	0.193	0.189	3
Calibrator 3	0.360	0.348	0.354	10
Calibrator 4	0.629	0.660	0.644	30
Calibrator 5	1.180	1.210	1.195	100
Calibrator 6	2.079	2.023	2.051	300
Patient 1	0.654	0.668	0.661	32

TYPICAL STANDARD CURVE



Specimens with an OD > calibrator 6 should be diluted with anti-Annexin V antibody negative serum and tested again. Results are multiplied with the dilution factor chosen.

Test validity

The test run is valid if:

- the mean OD of the calibrator 1 is ≤ 0.15
- the mean OD of the calibrator 6 is ≥ 1.3

If the above mentioned quality criteria are not met, repeat the test and make sure that the test procedure is followed correctly (incubation times and temperatures, sample and wash buffer dilution, wash steps etc.). In case of repeated failure of the quality criteria contact your supplier.

REFERENCE VALUES

Anti-Annexin V	IgG oder IgM	U/ml
positive		> 18
borderline		12 - 18
negative		< 12

It is recommended that each laboratory establishes its own normal and pathological reference ranges for serum Anti-Annexin V levels, as usually done for other diagnostic parameters, too. Therefore, the above mentioned reference values provide a guide only to values which might be expected.

Limitations of Method

Healthy individuals should be tested negative by the Anti-Annexin V. However, anti-Annexin V autoantibody positive apparently healthy persons do occur.

Any clinical diagnosis should not be based on the results of in vitro diagnostic methods alone. Physicians are supposed to consider all clinical and laboratory findings possible to state a diagnosis.

CHARACTERISTIC ASSAY DATA

Calibration

No international reference material for this parameter is available so the assay is calibrated in arbitrary units.

Linearity

Selected positive serum samples have been tested by this assay and found to dilute linearly. However, due to the heterogeneous nature of human autoantibodies there might be sera that do not follow this rule.

Sensitivity

The analytical sensitivity of this assay has been determined at 1.0 U/ml.

Specificity

The microtitration plate is coated with highly purified native Annexin V. No cross reactivity to other autoantigens have been found.

Precision

The intra and inter assay precision was assessed by examination of 3 serum samples selected to represent a range over the standard curve.

Intraassay		Interassay	
mean (U/ml)	CV %	mean (U/ml)	CV %
31,0	3,8	29,0	3,1
78,0	4,3	74,0	4,8
127,0	4,1	124,0	5,1

INCUBATION SCHEME

Anti-Annexin V (4057)

Dilute patients sample 10 µl serum + 1.0 ml sample diluent (made of C)

1	Bring all ready for use reagents to room temperature (18-25°C) before use.				
2	Pipette	Calibrators (1 - 6) Control (P + N) 1 + 100 prediluted patient sera	100 µl	100 µl	100 µl
3	Incubate 30 minutes at room temperature (20-32°C)				
4	Wash Decant, 3 x 300 µl (made of B)				
5	Pipette conjugate (D or E)		100 µl	100 µl	100 µl
6	Incubate 30 minutes at room temperature (20-32°C)				
7	Wash Decant, 3 x 300 µl (made of B)				
8	Pipette substrate (F)		100 µl	100 µl	100 µl
9	Incubate protected from light 30 minutes at room temperature (20-32°C)				
10	Pipette stop solution (G)		100 µl	100 µl	100 µl
11	Measure 450 nm versus 620 (690) nm after 5 min (within 30 min).				

SAFETY PRECAUTIONS

- **This kit is for in vitro use only.** Follow the working instructions carefully. GA GENERIC ASSAYS GmbH and its authorized distributors shall not be liable for damages indirectly or consequentially brought about by changing or modifying the procedure indicated. The kit should be performed by trained technical staff only.
- The expiration dates stated on the respective labels are to be observed. The same relates to the stability stated for reconstituted reagents.
- Do not use or mix reagents from different lots.
- Do not use reagents from other manufacturers.
- Avoid time shift during pipetting of reagents.
- All reagents should be kept at 2 - 8 °C before use in the original shipping container.
- Some of the reagents contain small amounts of Sodium azide (< 0.09 % w/v) and Kathon (1.0 % v/v) as preservative. They must not be swallowed or allowed to come into contact with skin or mucosa.
- Source materials derived from human body fluids or organs used in the preparation of this kit were tested and found negative for HBsAg and HIV as well as for HCV antibodies. However, no known test guarantees the absence of such viral agents. Therefore, handle all components and all patient samples as if potentially hazardous.
- Since the kit contains potentially hazardous materials, the following precautions should be observed:
 - Do not smoke, eat or drink while handling kit material,
 - Always use protective gloves,
 - Never pipette material by mouth,
 - Wipe up spills promptly, washing the affected surface thoroughly with a decontaminant.