11. Assay Procedure Continued…

8. Using a repeating dispenser, rapidly dispense 100µl of TMB Substrate **(Reagent 4)** into each well. Incubate the plate for **10 minutes**.

9. Add 100µl of Stop Solution **(Reagent 5)** to each well. To allow equal reaction times, the Stop Solution should be added to the wells in the same order as the TMB Substrate.

10. Read the optical density (OD) of each well at 450nm in a microplate reader within 10 minutes. A 620nm filter may be used as a reference wavelength.

12. Quality Control

Quality control data is supplied on the lot-specific QC certificate included in the kit.

Controls are intended to monitor for substantial reagent failure.

Any well positive by spectrophotometer but without visible colour should be cleaned on the underside and re-read. If OD values below zero are observed, the wavelengths used should be verified, the reader re-blanked to air and the measurements repeated.

13. Interpretation of Results

Quantitative Results

Plot the OD of each standard against its concentration and draw the best-fit curve through the points. Read the unknowns off this curve.

Qualitative Results

Samples with OD > 4 U/ml IgA standard are positive.

Expected Values

Data based on 159 adult donors and 86 children.

	Gliadin IgA
Adults > 16 years (n=159)	0 - 4 U/ml
Children 0 - 16 years (n=86)	0 - 4 U/ml

Note: Samples with Gliadin IgA values between 3-4 U/ml are indeterminate.

14. Limitations of the Procedure

1. For gliadin IgA determinations, it is important to know the IgA status of a patient by measuring the total serum IgA level, as there is a high incidence of IgA deficiency in celiac disease.

2. Anti-gliadin IgA or tissue transglutaminase IgA (GD70/GD71) should be evaluated in all patients with gliadin IgG values above 10 U/ml (30 U/ml for children) as a number of patients exhibit raised gliadin IgG in the absence of celiac disease.

3. Results should be interpreted with caution in patients with Down's syndrome and systemic autoimmune disease, as these groups are also associated with raised anti-gliadin antibodies.

15. Performance Characteristics

Diagnostic Sensitivity and Specificity

Based on analysis of 53 confirmed disease positive coeliac patients, 35 patients with treated coeliac disease and Dermatitis Herpetiformis, 90 non-coeliac controls and 194 adult blood donors.

Gliadin IgA	**Disease Positive**	**Disease Negative**
Positive	34	13
Negative	19	306

Sensitivity: 64.2%
Specificity: 95.9%

16. Reproducibility

Within Assay Precision

	Mean	**n**	**CV%**
IgA Positive	134.5	10	4
IgA Negative	3.2	10	3

Between Assay Precision

	Mean	**n**	**CV%**
IgA Positive	140	3	7
IgA Negative	3.1	3	8

17. Method Summary

- Dilute sera 1:100 with Sample Diluent **(Reagent 1)**
- Dispense Standards, the Positive and Negative Controls and the diluted samples into the microplate wells
- Incubate for **30 minutes** at room temperature.
- *Wash the wells three times*
- Dispense 100µl of Conjugate **(Reagent 3)** into each well
- Incubate at room temperature for **30 minutes**
- *Wash the wells four times*
- Add 100µl of TMB Substrate **(Reagent 4)** to each well
- Incubate at room temperature for **10 minutes**
- Add 100µl Stop Solution **(Reagent 5)** to each well
- Read the optical density at 450nm (single wavelength) or 450/620nm (dual wavelength).

18. Further Reading

Maki, M *et al*, (1988) Changing pattern of childhood coeliac disease in Finland *Acta Paediatr. Scand*., 77, 408-412

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Caiulo, L *et al*, (1991) *Riv Ital Pediatr* 17, 691-695

Greco, L *et al*, (1991) Multi-centre study on the frequency of identified cases of coeliac disease in Europe and in the Mediterranean area. *ESPGAN, Capri*, 11-12 October 1991

Ceccarelli, M *et al*, (1991) Is childhood disease under-diagnosed? *Eur J Paediatrics* 150,821-822

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G·E·N·E·S·I·S Diagnostics

Gliadin IgA ELISA Kit

Quantitative/qualitative assay for antibodies to Gliadin IgA

[REF] GD017

CE [IVD]

1. Materials Included in the Kit

- **[MTP]** 96 wells in 12 X 8 break-apart strips, pre-coated with gliadin, with holder in a foil bag with desiccant
- **[DIL]** 150mM Tris-buffered saline, pH 7.2 with antimicrobial agent, 10ml, (blue), **concentrate** (x15)
- **[WB]** 100mM Tris-buffered saline with detergent, pH 7.2, 100 ml, **concentrate** (x10)
- **[CONJ]** goat anti-human IgA (yellow) conjugated to horseradish peroxidase in protein stabilising solution and antimicrobial agent, 12 ml, ready to use
- **[SUBS]** aqueous solution of TMB and hydrogen peroxide, 12 ml, ready to use
- **[STOP]** 0.25M sulphuric acid, 12 ml, ready to use
- **[STD[1..6]** 0, 6.25, 12.5, 25, 50 & 100 U/ml, 1ml of 10mM Tris-buffered saline containing human serum IgA antibodies to gliadin, ready to use
- **[CO]** 4 U/ml**,** 1ml of 10mM Tris-buffered saline containing human serum IgA antibodies to gliadin, ready to use
- **[PC]** 1ml of 10mM Tris-buffered saline containing human serum antibodies to gliadin, ready to use
- **[NC]** 1ml of 10mM Tris-buffered saline containing normal human serum, ready to use.
- **Instructions for use**

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2. Other Equipment Required

Test tubes for dilution • graduated cylinder for preparing wash buffer • precision pipettes and disposable tips to deliver 10µl, 100µl, 1ml • EIA microplate washer or multi-channel pipette or wash bottle • distilled or de-ionised water • absorbent paper • EIA microplate reader with 450nm and optional 620nm reference filter. Alternatively, a suitable, self-validated automated system may be used.

Instrumentation, whether manual or automated, should meet the following criteria: pipettes with better than 3% imprecision with no carry over between pipetting steps; microplate washers should remove 99% of fluid; automated machines should minimise time between washing and adding the next reagent.

3. Intended Use

The Gliadin IgA kit is a rapid ELISA methods for the detection of antibodies to gliadin, a principal component of wheat, barley and rye gluten. The assay is intended to aid the diagnosis of coeliac disease. The components of the kit are for *in vitro* diagnostic use only.

4. Explanation of the Test

Gliadin is a mixture of glutamine-containing, alcohol soluble proteins, termed prolamins, present in wheat, barley and rye gluten. These proteins are associated with the harmful effects of coeliac disease and gluten-sensitive enteropathy in humans. The proteins cause characteristic changes in the small intestinal mucosa. If patients are placed on a strictly gluten-free diet, the symptoms of the disease can be avoided. Serum IgA antibodies to gliadin have been closely associated with coeliac disease.

5. Principle of the Test

Diluted serum samples are incubated with gliadin immobilised on microtitre wells. After washing away unbound serum components, goat anti-human IgA conjugated to horseradish peroxidase is added to the wells, and this binds to surface-bound antibodies in the second incubation. Unbound conjugate is removed by washing, and a solution containing 3,3',5,5'-tetramethylbenzidine (TMB) and enzyme substrate is added to trace specific antibody binding. Addition of Stop Solution terminates the reaction and provides the appropriate pH for colour development. The optical densities of the standards, controls and samples are measured using a microplate reader at 450nm.

6. Safety Precautions

1. All reagents in this kit are for *in vitro* diagnostic use only.
2. Only experienced laboratory personnel should use this test. The test protocol must be followed strictly.
3. CAUTION: the device contains material of human and animal origin and should be handled as a potential transmitter of diseases. All human source material used in the preparation of standards and control for this product have been tested and found negative by ELISA for antibodies to HIV, HbsAg and HCV. No test method, however, can offer complete assurance that infectious agents are absent. Therefore, all reagents containing human material should be handled as if potentially infectious. Operators should wear gloves and protective clothing when handling any patient sera or serum based products.
4. Reagents of this kit contain antimicrobial agents and the Substrate solution contains 3,3',5,5'-tetramethylbenzidine. Avoid contact with the skin and eyes. Rinse immediately with plenty of water if any contact occurs.
5. The Stop Solution contains 0.25M sulphuric acid. Avoid contact with skin and eyes. Rinse immediately with plenty of water if contact occurs.
6. Any liquid that has been brought into contact with potentially infectious material has to be discarded in a container with a disinfectant. Dispose of plates and specimens as clinical waste. Any unused reagents should be flushed away with copious amounts of water. Disposal must be performed in accordance with local legislation.

7. Technical Precautions

1. Strips and solutions should not be used if the foil bag is damaged or liquids have leaked.
2. Allow all reagents and the microplate to reach room temperature before use. Ensure that the microplate foil bag containing any unused strips is well sealed and contains the desiccant to avoid moisture. Store at 2 – 8ºC after use.
3. The sample diluent X15 concentrate contains 0.09% sodium azide as preservative. Prepare sufficient working strength diluent for the assay run. However, if the working strength diluent is to be stored for more than 1 week, add sodium azide (0.9g/L). Store unused sample diluent concentrate and dilute sample diluent at 2 - 8ºC.
4. Include the Positive Control in every test run to monitor for reagent stability and correct assay performance.
5. Strictly observe the indicated incubation times and temperature.
6. When automating, consider excess volumes required for setting up the instrument and dead volume of robot pipette
7. Ensure that no cross-contamination occurs between wells. Keep all pipettes and other equipment used for Conjugate completely separate from the TMB Substrate reagent.
8. When pipetting Conjugate or TMB Substrate, aliquots for the required numbers of wells should be taken to avoid multiple entry of pipette tips into the reagent bottles. Never pour unused reagents back into the original bottles.
9. Do not allow microwells to dry between incubation steps.
10. Strictly follow the described wash procedure. Insufficient washing may cause high background signal.
11. Avoid direct sunlight and exposure to heat sources during all incubation steps.
12. Replace colour-coded caps on their correct vials to avoid cross-contamination
13. It is important to dispense all samples and the positive control into the wells without delay. Therefore ensure that all samples are ready to dispense.

8. Shelf Life and Storage Conditions

On arrival, store the kit at 2 - 8°C. Once opened the kit is stable for 3 months (or until its expiry date if less than 3 months). Do not use kits beyond their expiry date. Do not freeze any kit component. The diluted Wash Buffer and Sample Diluent (see Technical Precautions) have a shelf life of 3 months if stored in a closed bottle at 2 - 8ºC.

9. Specimen Collection and Storage

Serum and plasma samples may be used and should be stored at -20°C for long-term storage. Frozen samples must be mixed well after thawing and prior to testing. Repeated freezing and thawing can affect results. Addition of preservatives to the serum sample may adversely affect the results. Microbially contaminated, heat-treated or specimens containing particulate matter should not be used. Grossly haemolysed, icteric or lipaemic specimens should be avoided.

10. Preparation of Reagents

1. Dilute the Sample Diluent **(Reagent 1)** 1:14 in distilled water to make sufficient buffer for the assay run e.g. add 10ml sample diluent concentrate to 140 ml water.

2. Dilute the Wash Buffer **(Reagent 2)** 1:9 in distilled water to make sufficient buffer for the assay run e.g. add 50ml wash buffer concentrate to 450ml water.

11. Assay Procedure

1. Dilute patient samples 1:100 in diluted Sample Diluent (e.g. 10µl serum plus 1ml diluent).

2. Assemble the number of strips required for the assay.

3. For quantitative assays, dispense 100 µl of each Standard, the Negative and Positive Controls and the diluted patient samples into appropriate wells. For qualitative assays, dispense only the 10 U/ml Standard, together with controls and samples.

4. Incubate for **30 minutes** at room temperature.

5. After 30 minutes, decant or aspirate the well contents and wash the wells 3 times using automated washing or the manual wash procedure (see below). Careful washing is the key to good results. **Do not allow the wells to dry out.**

   Manual Wash Procedure
   Empty the wells by inversion. Using a multi-channel pipette or wash bottle, fill the wells with Wash Buffer. Empty by inversion and blot the wells on absorbent paper. Repeat this wash process 2 more times.

6. Dispense 100µl of Conjugate **(Reagent 3)** into each well. Incubate the wells for **30 minutes** at room temperature.

7. After 30 minutes, discard the well contents and carefully wash the wells 4 times with Wash Buffer. Ensure that the wells are empty but do not allow to dry out.