

Immunoassay

REF CMK0201 / CMK0202 / CMK0203 / CMK0205

50 tests*1 / 100 tests*1 / 100 tests*2 / 50 tests*2

CMV IgM CLIA Microparticles

This assay is based on a chemiluminescent microparticle immunoassay (CLIA Microparticles) for the quantitative determination of CMV IgM (specific IgM antibodies to Cytomegalovirus) in human serum or plasma.

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Key to Graphical Symbols Used

LOT

batch code



use by



manufacturer



contains sufficient for <n> tests

IVD

in vitro diagnostic medical device



temperature limitation

REF

catalogue number



consult instructions for use

EC REP

authorized representative in the European Community

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IVD

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Contact your local dealers for all product-related questions in your local language

Introduction

CMV (cytomegalovirus) is a species of virus that belongs to the viral family known as Herpesviridae. It causes severe and fatal diseases in immune-compromised individuals, including organ transplant recipients and individuals with AIDS. It is also a leading cause of virus-associated birth defects and is associated with atherosclerosis and coronary restenosis.¹

Most healthy people who are infected by CMV after birth have no symptoms.² Some develop a syndrome similar to infectious mononucleosis or glandular fever, with prolonged fever, and a mild hepatitis.³ Most infections with CMV are not diagnosed because the virus usually produces few, if any, symptoms and tends to reactivate intermittently without symptoms.

IgM antibodies are the first to be produced by the body in response to a CMV infection. They are present in most individuals within a week or two after the initial exposure. IgM antibody production rises for a short time period and then declines. After several months, the level of CMV IgM antibody usually falls below detectable levels. Additional IgM antibodies are produced when latent CMV is reactivated.

Measurement Principle

This assay is based upon the two-step capture method. In the first step, sample and mouse monoclonal anti-human IgM coated microparticles are combined. During the incubation, the antibodies present in the sample bind to the anti-human IgM coated on the microparticles. After the washing, in the second step, Enzyme Conjugate is added to the reaction mixture. During the incubation, the HPR-conjugated CMV antigen in the Enzyme Conjugate is allowed to react with the CMV IgM already bound to the solid phase in the first step. After a second washing, a complex is generated among the solid phase, antibodies in the sample and enzyme-linked antigens by immunological reactions. The complex catalyzes substrate, resulting in a chemiluminescent reaction. The resulting chemiluminescent reaction is measured as RLU. The RLU is proportional to the amount of CMV IgM in the sample.

Materials Provided

1. Calibrators

6 vials lyophilized calibrator A through F, the matrix is PBS (phosphate buffered saline) containing BSA (bovine serum albumin). Contains Bronidox and ProClin 300® preservative.

Reconstitute each lyophilized calibrator with 1.0 mL of distilled water. Invert the calibrator to mix it completely and then allow the reconstituted material to stand for at least 5 minutes.

2. Reagent pack

Reagent pack provided ready to use.

	50*1	100*1	100*2	50*2
Microparticles Solution	1.2 mL*1	2.3 mL*1	2.3 mL*2	1.2 mL*2
Enzyme Conjugate	5.5 mL*1	11.0 mL*1	11.0 mL*2	5.5 mL*2
Sample Diluent	5.5 mL*1	11.0 mL*1	11.0 mL*2	5.5 mL*2

● Microparticles Solution

Mouse monoclonal anti-human IgM coated microparticles in PBS buffer containing casein. Contains ProClin 300® and sodium azide preservatives.

● Enzyme Conjugate

Horseradish peroxidase labeled CMV antigens in a Tris-HCl buffer containing bovine serum and casein. Contains ProClin 300® and Bronidox preservative.

● Sample Diluent

Tris-HCl buffer containing BSA. Contains ProClin 300® and sodium azide

preservatives.

Assay Analyzers on which the kit can be used

- AutoLumo A2000 Plus
- AutoLumo A2000 Plus B
- AutoLumo A1000

The chemiluminescent microparticle immunoassay (CLIA Microparticles) is intended for use on Assay Analyzer which is AutoLumo A2000 Plus, AutoLumo A2000 Plus B or AutoLumo A1000.

Materials Required but not Provided

1. Assay Analyzer
2. Reaction vessel(s) for sample and reagent reaction
3. Sample cup(s) or tube(s) for sample containing
4. Diluent Universal
5. Chemiluminescent Substrate
6. System Wash for washing the pipetting needles
7. Wash Buffer used in the washing procedure
8. Distilled water or deionized water

Metrological Traceability of Calibrators

The measurand or analyte in the CMV IgM calibrators is traceable to the manufacturer's working calibrators.

Warnings and Precautions

1. For professional use only.
2. Follow the instruction for use carefully. Reliability of assay results cannot be guaranteed if there are any deviations from the instructions in this instruction for use.
3. Refer to the material safety data sheet and product labeling for any chemical hazards that may be present in this assay.
4. Handle the potentially contaminated materials and wastes safely according to local requirement.
5. This assay contains materials of animal origin. Bovine components originate from countries where BSE has not been reported.
6. Some reagents contain ProClin 300® may cause sensitization by skin contact, which must be avoided to contact with skin. This material and its container must be disposed in a safe way. If swallowed, seek medical advice immediately and show this container or label.
7. Do not smoke, drink, eat or use cosmetics in the working area.
8. Wear protective clothing and disposable gloves when dealing with samples and reagents. Wash hands after operations.
9. Conduct the assay away from bad ambient conditions. e. g. ambient air containing high concentration corrosive gas such as sodium hypochlorite acid, alkaline, acetaldehyde and so on, or containing dust.
10. Do not use reagents beyond the labeled expiry date.
11. Do not mix or use components from kits with different batch codes.
12. When storing the calibrators, be certain the vials are securely sealed.
13. Ensure the microparticles are resuspended before loading it on the analyzer.
14. Do not substitute any reagent in this kit from other manufacturers or other lots.
15. When any damage to the protective packaging or any change of analytical performance is observed, do not use the kit.

Storage

1. Store the kit at 2-8 °C. Do not freeze. Avoid strong light. When stored as directed, all reagents are stable until the expiration date.
2. Refrigerate the reagent pack at 2-10 °C for a minimum of 2 hours

prior to use.

3. Store the unsealed reagents pack upright on the analyzer or 2-10°C for a maximum of 28 days. After 28 days, the reagent pack must be discarded. Once they are removed from the analyzer, store them at 2-10 °C in an upright position.
4. Once the reagent pack is open, it can be stored at 2-8 °C for 1 month.
5. Seal and return the remaining reconstituted calibrators at 2-8 °C immediately after the experiment, under which conditions the stability will be retained for 1 week, for longer use, store reconstituted calibrators in aliquots and freeze at -20°C, which can be stored up to 2 months. Avoid multiple freeze-thaw cycles, do not freeze-thaw more than 3 cycles.

Sample

1. Collect samples in accordance with correct medical practices. After the blood collection, please follow the tube manufacturer's processing instructions for serum or plasma collection tubes.
2. Plasma samples collected in tubes containing EDTA, heparin or sodium citrate have been tested and may be used with this assay.
3. Do not use samples with the following conditions:
 - heat-inactivated
 - pooled
 - grossly hemolyzed
 - obvious microbial contamination
 - cadaver samples or any other body fluids
 - sodium azide preservative
4. Sediments and suspended solids in samples may interfere with the test result which should be removed by centrifugation. Ensure that complete clot formation in serum samples has taken place prior to centrifugation. Some samples, especially those from patients receiving anticoagulant or thrombolytic therapy, may exhibit increased clotting time. If the sample is centrifuged before a complete clot forms, the presence of fibrin may cause erroneous results. Be sure that the samples are not decayed prior to use.
5. Prior to shipment, it is recommended that samples be removed from the clot, serum separator or red blood cells.
6. Insufficient processing of the sample or disruption of the sample during transportation may cause depressed results.
7. Use caution when handling patient samples to prevent cross contamination. Use of disposable pipettes or pipette tips is recommended.
8. Cap and store the samples at 18-25 °C for no more than 8 hours, for longer use samples should be capped and stored at 2-8 °C up to 48 hours. Or freeze the samples that need to be stored or transported for more than 48 hours at -20 °C. Avoid multiple freeze-thaw cycles. Mix thawed samples thoroughly by low speed vortex or by inverting 10 times. Visually inspect the samples, if layering or stratification is observed, continue mixing until samples are visibly homogeneous. After thawing, bring to room temperature and mix well by gently shaking.
9. Centrifuge the thawed samples containing red blood cells or particulate matter, or which are hazy or cloudy in appearance prior to use to ensure consistency in the results.
10. Note that interfering levels of fibrin may be present in samples that do not have obvious or visible particulate matter.
11. If proper sample collection and preparation cannot be verified, or if samples have been disrupted due to transportation or sample handling, an additional centrifugation step is recommended. Centrifugation conditions should be sufficient to remove particulate matter.
12. For optimal results, inspect all samples for bubbles. Remove bubbles with a tip prior to analysis. Use a new tip for each sample to prevent cross contamination.

Measurement Procedure

1. Check the consumable materials

- Verify adequate volume of consumable materials is present prior to running the test.
- Refer to the Assay Analyzer's operation manual.

2. Load the kit

- Mix contents of new (un-punctured) reagent packs by gently inverting pack several times before loading on the analyzer. Avoid foam formation in all reagents. Don't invert the open (punctured) packs. If necessary, shake gently to mix horizontally after the first loading.
- Read the bar code on the reagent pack automatically to obtain the required parameters for the test.
- If the bar code cannot be read in exceptional cases, they can be recognized manually.
- Refer to the Assay Analyzer's operation manual.

3. Order tests

- Place the sample cup(s) or tube(s) on the sample rack, 10 µL of serum or plasma samples for each test. But consider the sample container and 150 µL of system dead volumes, which can be refer to the appropriate Assay Analyzer manuals for the minimum sample volume required.
- Load the sample rack and input the sample information on the system software interface.
- Select "run" to start the test, the analyzer automatically operates tests. It performs the following functions:
 - Moves the sample to the set point
 - Loads a reaction vessel into the process path
 - Aspirates and transfers Diluent Universal and sample into the reaction vessel
 - Aspirates and transfers the diluted sample to the reaction vessel
 - Adds Microparticles Solution and Sample Diluent to the reaction vessel
 - Mixes, incubates and washes the reaction mixture
 - Adds Enzyme Conjugate to the reaction vessel
 - Mixes, incubates and washes the reaction mixture
 - Adds Chemiluminescent Substrate
 - Measures chemiluminescent emission to determine the quantity of CMV IgM in the sample
 - Discards the used reaction vessel
 - Calculates the result
- Refer to the Assay Analyzer's operation manual.

4. Calibrate the curve

- Analyzer can read the bar code on the reagent pack automatically to obtain the required parameters for the test.
- If the bar code cannot be read in exceptional cases, they can be recognized manually.
- Transfer the calibrators into the sample cups or tubes and place them on the sample rack. Conduct duplicate detection on the system.
- Load the sample rack and input calibrators' information on the system software interface.
- Select "run" to start the test and generate the calibration curve, calibration is required every 28 days.
- Once a calibration curve is accepted and stored, all subsequent samples may be tested without further calibration unless:
 - Controls are out of range after repeated measurements
 - A reagent kit and Chemiluminescent Substrate with new batch code is used
 - Beyond the expiration date of a calibration curve
 - Important parts of the analyzer are replaced or repaired.

- Refer to the Assay Analyzer’s operation manual.

5. Dilute the sample

Samples with a CMV IgM value exceeding 250 AU/mL may be diluted manually. Human serum negative for CMV IgM is used to dilute the samples. The concentration after dilution should be > 12 AU/mL. After dilution, multiply the result by the dilution factor. But please note: antibodies to Rubella are heterogenous. A non-linear dilution behavior is frequently observed.

Control Procedure

Controls for the various concentration ranges should be run individually when the test is in use, once per reagent kit, and following each calibration.

The control intervals and limits should be adapted to each laboratory’s individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

Follow the applicable government regulations and local guidelines for quality control.

Measurement Results

The sample test results are determined automatically by the system software. The amount of CMV IgM in the samples is determined from the measured light production by means of the stored calibration data. Refer to the Assay Analyzer’s operation manual on reviewing the stored data.

Interpretation of Results

Results obtained with the CMV IgM CLIA Microparticles can be interpreted as follows:

Nonreactive: < 8 AU/mL

Equivocal: 8-12 AU/mL.

Reactive: ≥ 12 AU/mL

A nonreactive result cannot always rule out acute CMV infection, because the infection maybe be in its very early stage and the patient is still unable to synthesize CMV virus specific IgM.

An equivocal result may be indicative either of recent infection or of past infection with long-lasting CMV virus IgM. A second sample should be collected within a reasonable period of time (e.g., within one week). Serological data from detection of additional CMV virus markers may provide useful information for clinical interpretation of results.

The CMV IgM results in a given samples, as determined by assays from different manufacturers, can vary due to differences in assay and reagent methods.

Limitations of the Procedure

1. This assay is intended as an aid for the clinical diagnosis. Conduct this assay in conjunction with clinical examination, patient’s medical history and other test results.
2. If the results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
3. For the samples who have received blood transfusions or other blood products in recent months, the positive result should be given careful analysis.
4. If the patient is immune-compromised or is receiving immunosuppressive therapy (for example, transplant recipients, AIDS patients), the reference value of their IgM antibodies serological detection is limited, and wrong medical explanation may be obtained.

5. CMV IgM may be present for more than half a year in some patients’ body; consequently, a positive result might not definitely indicate a recent infection. Moreover some secondary infection patients will produce IgM antibody, so the additional IgG antibody avidity assays can be used to determine whether the primary infection or secondary infection.
6. Samples from neonates, cord blood, pretransplant patients or body fluids other than serum and plasma, such as urine, saliva or amniotic fluid have not been tested.
7. This test measures concentrations within the range of 1-250 AU/mL. If CMV IgM concentrations above the measuring range to be expected, it is recommended to dilute samples with human serum negative for CMV IgM, the maximum dilution is 1:9 of this test, allowing samples to be quantitated up to approximately 2500 AU/mL.

Performance Characteristics

1. Measurement Precision

3 clinical samples (1, 2 and 3) and 3 quality controls (4, 5 and 6) were assayed, using 3 lots of reagent, in replicates of two at two separate times per day for 20 testing days. Data from this study are summarized in the following table.

Lot	Panel Member	n	Mean (AU/mL)	Within-run	Total
				%CV	%CV
1	1	80	97.18	5.64	7.75
	2	80	61.03	3.03	7.26
	3	80	23.88	3.82	6.42
2	1	80	105.87	4.40	6.75
	2	80	65.66	2.98	5.98
	3	80	25.25	2.27	5.24
3	1	80	104.54	4.09	7.48
	2	80	67.95	2.68	6.63
	3	80	24.56	2.80	7.34
1	4	80	110.98	3.90	5.94
	5	80	42.84	2.46	5.11
	6	80	19.94	4.37	9.98
2	4	80	117.35	2.89	5.15
	5	80	44.76	2.12	4.04
	6	80	20.80	2.83	6.44
3	4	80	108.15	2.58	6.08
	5	80	41.12	2.23	6.11
	6	80	19.02	2.89	8.28

*Representative data; results in individual laboratories may vary from these data.

2. Analytical Sensitivity

Analytical sensitivity represents lowest measurable analyte level that can be distinguished from zero, is ≤1 AU/mL.

A study was conducted on 3 reagent batches using 5 human serum-based panels which were prepared at target concentrations. The panel were assayed in replicates of 3 over 4 days for a total of 60 replicates per batch.

3. Analytical Specificity

Cross reaction: the specificity of the CMV IgM CLIA Microparticles was evaluated by testing a total of 97 samples for potential cross-reactivity (HSV-1 IgM, HSV-2 IgM, Toxo IgM, Rubella IgM, Mycoplasma Pneumoniae IgM, Chlamydia Pneumoniae IgM, HCV, Treponema Pallidum, HIV, HEV IgM and parvovirus B19 IgM antibodies).The data are summarized in the following table.

Category	N	CMV IgM CLIA Microparticles		
		Reactive	Nonreactive	Equivocal
HSV-1 IgM	2	0	2	0
HSV-2 IgM	2	0	2	0
Rubella IgM *	11	1	10	0
Toxo IgM	9	0	9	0
HEV IgM	10	0	10	0
MP IgM	4	0	4	0
CP IgM	4	0	4	0
HIV antibodies	10	0	10	0
TP antibodies	10	0	10	0
HCV antibodies**	10	1	9	0
Parvovirus B19 IgM	3	0	3	0
RF***	10	0	10	0
ANA****	12	0	12	0

*One sample was repeatedly reactive with CMV IgM CLIA Microparticles and was negative tested with reference assay;

**One sample repeatedly reactive with CMV IgM CLIA Microparticles and was reactive tested with reference assay;

***RF: Rheumatoid factor;

****ANA: anti-nuclear antibody.

Interference: Controlled studies of potentially interfering substances or conditions showed that the assay performance was not affected by anti-coagulants (sodium citrate, EDTA, heparin), bilirubin (up to 20 mg/dL), hemoglobin (up to 1000 mg/dL), triglyceride (up to 3000 mg/dL).

4. Clinical Specificity and Clinical Sensitivity

A total of 1634 samples obtained from clinical routine were tested in comparison to commercially available CMV IgM assay. Sample with inconsistent results were re-tested with other two commercially available CMV IgM assays. The results are finally determined as reactive on the conditions that 3 out of 4 assays abovementioned with reactive results. The relative specificity was as follows:

N	Relative specificity	Lower 95% confidence limit
1459	98.96% (1430/1445)	98.44%

1428 samples were found concordantly negative and 17 samples with inconsistent results were confirmed negative according to abovementioned protocol. Among which 15 samples were found reactive with the CMV IgM CLIA Microparticles assay, while were found nonreactive with the comparison test and other two reference assays;

N	Relative specificity	Lower 95% confidence limit
166	100% (166/166)	99.84%

151 samples were found positive, 15 samples were determined positive among samples with inconsistent results by re-tested with other two reference assays.

Literature References

1. Wang X, Huang DY, Huong S-M, Huang E-S. Integrin alphavbeta3 is a coreceptor for human cytomegalovirus. *Nat. Med.* 2005;11(5):515-521.
2. Teton Data Systems (Firm); STAT!Ref (Online service), Ryan K. *Sherris medical microbiology an introduction to infectious diseases*. New York:: McGraw-Hill; 2004.
3. Bottieau E, Clerinx J, Van den Enden E, et al. Infectious mononucleosis-like syndromes in febrile travelers returning from the tropics. *J Travel*