

Manual

# IDK<sup>®</sup> anti-SARS-CoV-2 lgG ELISA

For the quantitative determination of human IgG antibodies against SARS-CoV-2 in EDTA plasma and serum

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REF KR5004







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# 1. INTENDED USE

*IDK*<sup>®</sup> anti-SARS-CoV-2 IgG is an enzyme-linked immunosorbent assay (ELISA) for quantitative measurement of IgG antibodies against the novel coronavirus SARS-CoV-2 in human serum or EDTA plasma. The assay is a research device and is intended to be used by professional users in a laboratory environment. This ELISA can be performed manually or using an automated platform. This test serves as complement to direct infection diagnosis and provides evidence for a beginning immunoreaction against SARS-CoV-2.

# 2. INTRODUCTION

The virus SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) is an enveloped, single stranded RNA virus and is a family member of the coronavirus family *Coronaviridae* [1,2].

Coronaviruses have a similar composition as they are composed of similar structural proteins including the spike (S), envelope (E), membrane (M), and nucleocapsid (N) protein and several non-structural proteins. Their members cause a variety of diseases in different vertebrate species [6, 8]. As of February 2020, seven human pathogenic coronaviruses are known: besides SARS-CoV[-1], SARS-CoV-2 and MERS-CoV, there are HCoV-HKU1, HCoV-OC43, HCoV-NL63 and HCoV-229E. While SARS-CoV[-1], SARS-CoV-2 and MERS-CoV can cause severe respiratory and systemic diseases, infections with the last four mentioned usually only lead to mild cold symptoms [3, 8].

After an infection with SARS-CoV-2, the virus accesses host cells via the protein ACE2 (angiotensin-converting enzyme) and causes the disease COVID-19. The severity of disease ranges from asymptomatic, mild (fever, cold, cough, tiredness, shortness of breath, and loss of smell), and severe to most severe forms with death [4, 5, 7]. Aging and several co-morbidities (e.g. diabetes mellitus, cardiovascular diseases, and chronic pulmonary diseases) are described as risk factors for severe progressive forms of COVID-19 [3, 12, 13].

Seroconversion occurs on different time points depending on the used method and the measured class of antibodies. Around 7 days after onset of symptoms, IgG antibodies against SARS-CoV-2 can be detected in the blood of majority of patients. The persistence of anti-SARS-CoV-2 antibodies in the blood decreases individually over a period of up to several weeks [9, 10, 11].

Cat. No.	Label	Kit components	Quantity
KR5004	PLATE	Microtiter plate, pre-coated	12 x 8 wells
KR0001.C.100	WASHBUF	Wash buffer concentrate, 10 x	2 x 100 ml
KR5004	CONJ	Conjugate, ready-to-use	1 x 12.5 ml
KR5004	STD 1–6	Standards 1–6, ready-to-use (0; 1.25; 2.5; 5; 10; 20 ng/ml)	6 x 1 ml
KR5004	CTRL 1	Control 1, ready-to-use	1 x 1 ml
KR5004	CTRL 2	Control 2, ready-to-use	1x1ml
KR5004	SAMPLEBUF	Sample dilution buffer, ready-to-use	1 x 110 ml
KR0002.15	SUB	Substrate (tetramethylbenzidine), ready-to-use	1 x 15 ml
KR0003.15	STOP	Stop solution, ready-to-use	1 x 15 ml
	FOL	Foil to cover the microtiter plate	3 x

#### 3. MATERIAL SUPPLIED

For reorders of single components, use the catalogue number followed by the label as product number.

# 4. MATERIAL REQUIRED BUT NOT SUPPLIED

- Ultrapure water\*
- Calibrated precision pipettors and 10–1000 µl single-use tips
- Microtiter plate thermoshaker at 37 °C (for example model Shake ID2 available at Immundiagnostik AG)
- A multi-channel dispenser or repeating dispenser
- Vortex
- Standard single-use laboratory glass or plastic vials, cups, etc.
- Microtiter plate reader (required filters see chapter 7)

\* Immundiagnostik AG recommends the use of ultrapure water (water type 1; ISO 3696), which is free of undissolved and colloidal ions and organic molecules (free of particles >0.2 µm) with an electrical conductivity of 0.055 µS/cm at 25 °C (≥ 18.2 MΩ cm).

#### 5. PREPARATION AND STORAGE OF REAGENTS

- Bring all reagents to room temperature (18–30 °C) prior to use.
- To run the assay more than once, ensure that reagents are stored at conditions stated on the label. Prepare only the appropriate amount necessary for each run. The kit can be used up to 4 times within the expiry date stated on the label.
- Preparation of the wash buffer: The wash buffer concentrate (WASHBUF) should be diluted with ultrapure water 1:10 before use (100 ml WASHBUF + 900 ml ultrapure water), mix well. Crystals could occur due to high salt concentration in the concentrate. The crystals must be redissolved at room temperature or in a water bath at 37 °C before dilution of the buffer solutions. The WASHBUF is stable at 2–8 °C until the expiry date stated on the label. Wash buffer (1:10 diluted WASHBUF) can be stored in a closed flask at 2–8 °C for 1 month.
- All other test reagents are ready to use. Test reagents are stable until the expiry date (see label) when stored at **2–8°C**.

#### 6. PREPARATION OF THE ASSAY

#### Sample storage

Freshly collected serum can be stored for 14 days at room temperature or for up to 4 weeks at 2–8 °C. Long-term storage is recommended at -20 °C. More than 3 freeze-thaw cycles should be avoided.

#### Diluted samples are not stable and cannot be stored.

#### Dilution of samples

Samples are diluted **1:101 in sample dilution buffer**. For example:

• 10 µl sample + 1 000 µl sample dilution buffer, mix well = 1:101

For analysis, pipet 100 µl diluted sample per well.

# 7. ASSAY PROCEDURE

#### Principle of the test

This ELISA serves for the determination of IgG antibodies against the spike protein (S1) of SARS-CoV-2. Standards, controls and diluted samples are added to a microtiter plate coated with a specific antigen. By adding the peroxidase conjugate (peroxidase labelled detection antibody), the antibodies against SARS-CoV-2 in the sample are marked. They are detected via the peroxidase conjugate with the peroxidase converting the substrate TMB to a blue product. The enzymatic reaction is stopped by adding an acidic solution. The samples convert from blue to yellow. The colour change should be measured in a photometer at 450 nm. The interpretation is made using the cut-off value.

#### Test procedure

Bring all reagents and samples to room temperature (18–30 °C) and mix well.

Mark the positions of controls/samples on a protocol sheet.

Take as many microtiter strips (PLATE) as needed from kit. Store unused strips covered with the foil included in the kit together with the desiccant bag in the re-closed aluminum packaging at 2–8 °C. Strips are stable until the expiry date stated on the label.

For automated ELISA processors, the given protocol may need to be adjusted according to the specific features of the respective automated platform. For further details, please contact your supplier or Immundiagnostik AG.

We recommend carrying out the tests in duplicates.

1.	Pipet each <b>100 µl of standards, controls and diluted samples</b> into the wells of the microtiter plate.
2.	Cover the strips and incubate for <b>1 hour shaking (900 rpm)*</b> on a horizontal shaker at room temperature (18–30 °C).
3.	Discard the content of each well and wash <b>5 times</b> with <b>250 µl wash buffer</b> . After the final washing step, remove residual wash buffer by firmly tapping the plate on absorbent paper.
4.	Add <b>100 µl conjugate</b> (CONJ) into each well.
5.	Cover the strips and incubate for <b>1 hour shaking (900 rpm)*</b> on a horizontal shaker at room temperature (18–30 °C).

6.	Discard the content of each well and wash <b>5 times</b> with <b>250 µl wash buffer</b> . After the final washing step, remove residual wash buffer by firmly tapping the plate on absorbent paper.
7.	Add <b>100 µl substrate</b> (SUB) into each well.
8.	Incubate for <b>10–15 minutes</b> at room temperature (18–30 °C) until a sufficient- ly large difference in colour occurs**.
9.	Add <b>100 µl stop solution</b> (STOP) into each well and mix shortly by using the <b>shake function (900 rpm)*</b> of the microplate reader.
10.	Determine <b>absorption immediately</b> with an ELISA reader at <b>450 nm</b> against 620 nm (or 690 nm) as a reference.

\* We recommend shaking the strips with an orbit of 2 mm.

\*\* The intensity of the colour change is temperature sensitive. We recommend observing the colour change and stopping the reaction upon good differentiation.

# 8. RESULTS

The following algorithm can be used to calculate results

#### Point-to-point calculation

We recommend a linear ordinate for the optical density and a linear abscissa for the concentration.

The plausibility of the pairs of values should be examined before the automatic evaluation of the results. If this option is not available with the used program, a manual control of the paired values should be made.

#### EDTA plasma and serum samples

The obtained results have to be multiplied by the **dilution factor of 101** to get the actual concentrations in ng/ml.

In case **another dilution factor** has been used, multiply the obtained results by the dilution factor used.

#### Interpretation of results

Values above the cut-off value = 175 ng/ml are positive for anti-SARS-CoV-2 lgG antibodies.

< 175 ng/ml	negative for anti-SARS-CoV-2 IgG antibodies
≥ 175 ng/ml	positive for anti-SARS-CoV-2 IgG antibodies
> 2 0 2 0 ng/ml	positive for anti-SARS-CoV-2 IgG antibodies,
	values out of measuring range *

\* samples can be further diluted and re-assayed

#### 9. LIMITATIONS

Samples which cannot be clearly interpreted (e.g. because of high coefficients of variation of replicates) should be measured again.

Samples with concentrations above the measurement range (see definition below) can be further diluted and re-assayed. Please consider this higher dilution when calculating the results.

Samples with concentrations lower than the measurement range (see definition below) cannot be clearly quantified.

The upper limit of the measurement range can be calculated as:

highest concentration of the standard curve  $\times$  sample dilution factor to be used (20 ng/ml x 101 = 2020 ng/ml)

The lower limit of the measurement range can be calculated as:

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LoQ \times sample dilution factor to be used (0.4 ng/ml x 101 = 40.40 ng/ml)
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Obtained values above the LoQ but below the cut-off value may be due to unspecific reactions. Negative results (< 175 ng/ml) indicate for the absence of detectable anti-SARS-CoV-2 IgG antibodies.

Negative results do not rule out an acute infection with SARS-CoV-2. The serum or plasma samples may be collected at a very early stage of infection when the body has not yet produced IgG antibodies. These are produced about 11–14 days after the start of an infection. They arise at late infection stages or after an infection has been overcome. Therefore, this test cannot be used to diagnose an acute infection.

The results **should always** be interpreted in the context of the patient's history and clinical presentation.

In case of only weak positive results, it is recommended to re-sample and analyse after  $\sim$  14 days.

The clinical relevancy of quantitative anti-SARS-CoV-2 ELISAs is currently unknown. Therefore, no conclusion can be drawn about a possible immunity.

Results obtained with this assay cannot be compared with values obtained with other assays.

# **10. QUALITY CONTROL**

Immundiagnostik AG recommends the use of external controls for internal quality control, if possible.

Control samples should be analysed with each run. Results, generated from the analysis of control samples, should be evaluated for acceptability using appropriate statistical methods. The results for the samples may not be valid if within the same assay one or more values of the quality control sample are outside the acceptable limits.

# **11. PERFORMANCE CHARACTERISTICS**

#### Analytical sensitivity

The following values have been estimated based on the concentrations of the standard without considering possibly used sample dilution factors.

Limit of blank, LoB	0.26 ng/ml
Limit of detection, LoD	0.4 ng/ml
Limit of quantitation, LoQ	0.4 ng/ml

#### Accuracy - Precision

#### Repeatability (Intra-Assay); n = 40

The repeatability was assessed with 4 serum samples under **constant** parameters (same operator, instrument, day and kit lot) without considering possibly used sample dilution factors.

Sample	Mean value [ng/ml]	<b>CV</b> [%]
1	14.99	2.4
2	5.85	2.5
3	13.63	6.7
4	2.51	3.3

#### Reproducibility (Inter-Assay); n = 20

The reproducibility was assessed with 3 serum samples under **varying** parameters (different operators, instruments, days and kit lots) without considering possibly used sample dilution factors.

Sample	Mean value [ng/ml]	<b>CV</b> [%]
1	16.02	9.0
2	6.58	12.2
3	16.08	10.7

#### **12. PRECAUTIONS**

- Human materials used in kit components were tested and found to be negative for HIV, Hepatitis B and Hepatitis C. However, for safety reasons, all kit components should be treated as potentially infectious.
- Kit reagents contain sodium azide or ProClin as bactericides. Sodium azide and ProClin are toxic. Substrates for the enzymatic colour reactions are toxic and carcinogenic. Avoid contact with skin or mucous membranes.
- The stop solution consists of diluted sulphuric acid, a strong acid. Although diluted, it still must be handled with care. It can cause burns and should be handled with gloves, eye protection, and appropriate protective clothing. Any spill should be wiped up immediately with copious quantities of water. Do not breath vapour and avoid inhalation.

# **13. TECHNICAL HINTS**

- Do not interchange different lot numbers of any kit component within the same assay. Furthermore, we recommend not assembling wells of different microtiter plates for analysis, even if they are of the same batch.
- Control samples should be analysed with each run.
- Reagents should not be used beyond the expiration date stated on kit label.
- Substrate solution should remain colourless until use.
- To ensure accurate results, proper adhesion of plate sealers during incubation steps is necessary.

- Avoid foaming when mixing reagents.
- Do not mix plugs and caps from different reagents.
- The assay should always be performed according to the enclosed manual.

#### 14. GENERAL NOTES ON THE TEST AND TEST PROCEDURE

- The guidelines for laboratories should be followed.
- *IDK*<sup>®</sup> is a trademark of Immundiagnostik AG.
- Incubation time, incubation temperature and pipetting volumes of the components are defined by the producer. Any variation of the test procedure, which is not coordinated with the producer, may influence the results of the test. Immundiagnostik AG can therefore not be held responsible for any damage resulting from incorrect use.
- Warranty claims and complaints regarding deficiencies must be logged within 14 days after receipt of the product. The product should be send to Immundiagnostik AG along with a written complaint.

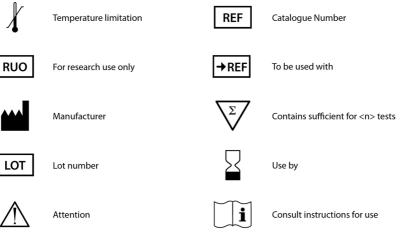
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#### Used symbols:







LOT

Consult specification data sheet

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