



# Chlamydia Pneumonia IgG

## INTENDED USE

Chlamydia Pneumonia IgG ELISA Test System is intended for the detection of IgG antibody to C. Pneumonia in human serum or plasma.

## SUMMARY AND EXPLANATION

Chlamydia pneumonia, the third recognized of five possible species of Chlamydia (trachomatis, psittaci, pneumonia, pecorum and an as-yet-unnamed species) was formerly known as Chlamydia spp. strain TWAR. This respiratory pathogen which causes acute respiratory disease, pneumonia and pharyngitis is often isolated from patients with otitis media with effusion, pneumonia with pleural effusion and in asymptomatic respiratory tract infections. C. pneumonia causes up to 10% of community-acquired pneumonia cases and it is also a risk factor for coronary heart disease and Guillain-Barré syndrome. Seroprevalence of C.pneumonia among children is low and increases sharply in teenagers, continues to increase until middle age, and remains high (>50%) into old age, suggesting that most people have more than one C.pneumonia infection during their lifetime. Primary Chlamydia infection is characterized by a predominant IgM response within 2 to 4 weeks and a delayed IgG and IgA response within 6 to 8 weeks. After acute C.pneumonia infection, IgM antibodies are usually lost within 2 to 6 months IgG antibody titers rise and usually decrease slowly; whereas IgA antibodies tend to disappear rapidly. When primary Chlamydia infection is suspected, the detection of IgM is highly diagnostic. In reinfection, IgM level may be rarely detected while IgG and IgA levels rise quickly, often in one to two weeks. IgA antibodies have shown to be a reliable immunological marker of primary, chronic and recurrent infections. These antibodies usually decline rapidly to baseline levels following treatment and eradication of the Chlamydia infections.

## PRINCIPLE OF THE TEST

Diluted patient serum is added to wells coated with purified antigen. IgG specific antibody, if present, binds to the antigen. All unbound materials are washed away, and the enzyme conjugate is added to bind to the antibody-antigen complex, if present. Excess enzyme conjugate is washed off and substrate is added. The plate is incubated to allow the hydrolysis of the substrate by the enzyme. The intensity of the color generated is proportional to the amount of IgG specific antibody in the sample.

## MATERIALS AND COMPONENTS

• Microwell coated with C. pneumonia antigen	12x8x1
• Sample Diluent: 1 bottle (ready to use)	22 ml
• Calibrator: 1 vial (ready to use)	1ml
• Positive Control: 1 vial (ready to use)	1ml
• Negative Control: 1 vial (ready to use)	1ml
• Enzyme conjugate: 1 bottle (ready to use)	12ml
• TMB Substrate: 1 bottle (ready to use)	12ml
• Stop Solution: 1 bottle (ready to use)	12ml
• Wash concentrate 20X: 1 bottle	25ml

## MATERIALS REQUIRED BUT NOT PROVIDED

- Distilled or deionized water
- Precision pipettes
- Disposable pipette tips
- ELISA reader capable of reading absorbance at 450nm
- Absorbance paper or paper towel
- Graph paper

## STORAGE CONDITIONS

- Store the kit at 2-8° C.
- Keep microwells sealed in a dry bag with desiccants.
- The reagents are stable until expiration of the kit.
- Do not expose test reagents to heat, sun or strong light.

## PRECAUTIONS

1. For Research Use Only. Not for use in diagnostic procedures.
2. For Laboratory use.
3. Not for Internal or External Use in Humans or Animals.
4. There should be no eating or drinking within work area.
5. Always wear gloves and a protective lab coat.
6. No pipetting should be done by mouth. Handle all specimens and reagents as potentially infectious and biohazardous.
7. Do not add sodium azide to samples as preservative.
8. Do not use external controls containing sodium azide.
9. Use disposable pipette tips to avoid contaminating chromogenic substrate reagent. Discard reagent if it turns blue.
10. Do not pour chromogenic substrate back into container after use.
11. Do not freeze reagents.
12. Do not mix reagents from different kit lot numbers.
13. Keep reagents out of direct sunlight.
14. Handle stop reagent with care since it is corrosive.
15. Bring all reagents to room temperature.
16. Viscous forensic samples should always be diluted in phosphate buffered saline or distilled water prior to pipetting.
17. Ensure the bag containing the micro-plate strips and desiccant is sealed well, if only a few strips are used.

## SPECIMEN COLLECTION

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.

## REAGENT PREPARATION

Prepare 1X Wash buffer by adding the contents of the bottle (25 ml, 20X) to 475 ml of distilled or deionized water. Store at room temperature (20-25°C)

## TEST PROCEDURE

Bring all specimens and kit reagents to room temperature (20-25°C) and gently mix.

1. Place the desired number of coated strips into the holder.
2. Negative control, positive control, and calibrator are ready to use. Prepare 1:21 dilution of test samples, by adding 10 µl of the sample to 200 µl of sample diluent. Mix well.
3. Dispense 100 µl of diluted sera, calibrator and controls into the appropriate wells. For the reagent blank, dispense 100µl sample diluent in 1A well position. Tap the holder to remove air bubbles from the liquid and mix well. Incubate for 20 minutes at room temperature.
4. Remove liquid from all wells. Wash wells three times with 300 µl of 1X wash buffer. Blot on absorbance paper or paper towel.
5. Dispense 100 µl of enzyme conjugate to each well and incubate for 20 minutes at room temperature.
6. Remove enzyme conjugate from all wells. Wash wells three times with 300 µl of 1X wash buffer. Blot on absorbance paper or paper towel.

7. Dispense 100 µl of TMB substrate and incubate for 10 minutes at room temperature.
8. Add 100 µL of stop solution.
9. Read O.D. at 450 nm using ELISA reader within 15 min. A dual wavelength is recommended with reference filter of 600-650 nm.

## CALCULATION OF RESULTS

1. Check Calibrator Factor (CF) value on the calibrator bottle. This value might vary from lot to lot. Make sure you check the value on every kit.
2. Calculate the cut-off value: Calibrator OD x Calibrator Factor (CF).
3. Calculate the Ab (Antibody) Index of each determination by dividing the O.D. value of each sample by cut-off value.

## LIMITATIONS OF THE TEST

1. Lipemic or hemolyzed samples may cause erroneous results.

## REFERENCES

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4. Hammerschlag MR, Chirgwin K, Roblin PM, et al. Persistent infection with Chlamydia pneumoniae following acute respiratory illness. Clin Infect Dis 1992;14:178-82.
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6. Cook PJ, Honeybourne D. Chlamydia pneumoniae. J Antimicrobial Chemother 1994;34:859-73.
7. Nystrom-Rosander C, Thelin S, Hjelm E, et al. High incidence of Chlamydia pneumoniae in sclerotic heart valves of patients undergoing aortic valve replacement. Scan J Infect Dis 1997;29:361-5

## PRESENTACIÓN:

CONT. 96 TEST CODIGO: RSET053