

Human Toxoplasma IgM antibody ELISA Kit

Human Toxoplasma IgM antibody ELISA Kit has been designed for the qualitative determination of specific IgM antibodies against Toxoplasma gondii in serum and plasma.

Catalog number: ARG82911

Package: 96 wells

For research use only. Not for use in diagnostic procedures.

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MANUFACTURED BY:

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INTRODUCTION

Toxoplasma gondii is an obligate intracellular parasitic protozoan (specifically an apicomplexan) that causes toxoplasmosis. Found worldwide, *T. gondii* is capable of infecting virtually all warm-blooded animals, but felids, such as domestic cats, are the only known definitive hosts in which the parasite may undergo sexual reproduction.

T. gondii has been shown to alter the behavior of infected rodents in ways that increase the rodents' chances of being preyed upon by felids. Support for this "manipulation hypothesis" stems from studies showing that *T. gondii*-infected rats have a decreased aversion to cat urine. Because cats are the only hosts within which *T. gondii* can sexually reproduce to complete and begin its lifecycle, such behavioral manipulations are thought to be evolutionary adaptations that increase the parasite's reproductive success. Rats that do not avoid cats' habitations will more likely become cat prey.

T. gondii is one of the most common parasites in developed countries; serological studies estimate that 30–50% of the global population has been exposed to, and may be chronically infected with, *T. gondii*; although infection rates differ significantly from country to country. For example, estimates have shown the highest IgG seroprevalence to be in Ethiopia, at 64.2%, as of 2018. [Provided by Wikipedia: Toxoplasma gondii]

PRINCIPLE OF THE ASSAY

This assay employs the enzyme immunoassay technique. Specific anti-human IgM-class antibodies has been pre-coated onto a microtiter plate. Each sample or Control A to C are pipetted into the wells and any specific Antibody present is bound by the immobilized specific anti-human IgM-class antibodies. After washing away any unbound substances, a HRP-conjugated Toxoplasma gondii antigen is added to each well and incubate. After washing away any unbound substances. The immune complex formed by the bound conjugate is visualized by adding TMB substrate which gives a blue reaction product. The intensity of this product is proportional to the amount of specific antibodies in the sample. The color development is stopped by the addition of Stop Solution and the intensity of the color is measured at a wavelength of 450 nm.

MATERIALS PROVIDED & STORAGE INFORMATION

Store the unopened kit at 2-8 °C. Use the kit before expiration date.

Component	Quantity	Storage information
Antibodies-coated microplate (anti-human IgM-class antibodies)	8 X 12 strips	4°C.
Control A; blue cap; Negative Control	2 ml (Ready-to-use)	
Control B; green cap; Cut- off Control	2 ml (Ready-to-use)	4°C.
Control C; red cap; Positive Control	2 ml (Ready-to-use)	
HRP-Conjugate (Rubella Virus antigen)	12 ml (Ready-to-use)	4°C
20X Wash buffer	50 ml	4°C
Sample Diluent Buffer	100 ml (Ready-to-use)	4°C
TMB Substrate	15 ml (Ready-to-use)	4°C (Protect from light)
STOP Solution	15 ml (Ready-to-use)	4°C
Cover foil	1 piece	4°C

MATERIALS REQUIRED BUT NOT PROVIDED

- Microplate reader capable of measuring absorbance at 450 / 620 nm
- Incubator 37°C
- Vortex / mixer
- Pipettes and pipette tips
- Deionized or distilled water
- Automated microplate washer (optional)

TECHNICAL HINTS AND PRECAUTIONS

- Wear protective gloves, clothing, eye, and face protection especially while handling blood or body fluid samples.
- Store the kit at 4°C at all times and do not use after the expiry date.
- It is very important to bring all reagents and samples to room temperature (20-25°C) and mix them before starting the test run.
- All materials of human or animal origin should be regarded and handled as potentially infectious.
- All components of human origin used for the production of these reagents have been tested for anti-HIV antibodies, anti-HCV antibodies and HBsAg and have been found to be non-reactive.
- If crystals are observed in the 20X Wash buffer, warm up to 37°C until the crystals are completely dissolved.
- Do not interchange reagents or Microplates of different production lots.
- Ensure complete reconstitution and dilution of reagents prior to use.
- Before pipetting all reagents should be mixed thoroughly by gentle tilting or swinging. Vigorous shaking with formation of foam should be avoided.
- It is highly recommended that the standards, samples and controls be assayed in duplicates.
- Change pipette tips between the addition of different reagent or samples.
- For further internal quality control each laboratory should additionally use known samples.

SAMPLE COLLECTION & STORAGE INFORMATION

The sample collection and storage conditions listed below are intended as general guidelines. Sample stability has not been evaluated.

<u>Serum</u>: Use a serum separator tube (SST) and allow samples to clot for 30 minutes before centrifugation for 15 minutes at 1000 x g. Remove serum and assay immediately. The samples can be stored at 2-8 °C up to 5 days or aliquot and store samples at \leq -20 °C or lower for longer storage. Avoid repeated freeze-thaw cycles.

<u>Plasma</u>: Collect plasma using citrate or heparin as an anticoagulant. Centrifuge for 15 minutes at 1000 x g within 30 minutes of collection. Assay immediately. The samples can be stored at 2-8 °C up to 5 days or aliquot and store samples at \leq -20 °C or lower for longer storage. Avoid repeated freeze-thaw cycles.

Note:

- > Heat inactivation of samples is not recommended.
- Before assaying, all samples should be diluted 1+100 with Sample Diluent Buffer. Dispense 10 μL of sample and 1 mL of Sample Diluent Buffer into tubes to obtain a 1+100 dilution and thoroughly mix with a Vortex.

REAGENT PREPARATION

1X Wash buffer: Dilute 20X Wash buffer into distilled water to yield 1X
 Wash buffer. (E.g., add 50 mL of 20X Wash Buffer into 950 mL of distilled
 water to a final volume of 1000 mL)

ASSAY PROCEDURE

All materials should be equilibrated to room temperature (20-25°C) before use. Controls and samples should be assayed in duplicates.

- 1. Remove excess microplate strips from the plate frame, return them to the foil pouch containing the desiccant pack, and reseal it.
- 2. Add **100** μ L of **diluted samples** and **Controls** into respective wells. Leave one well empty for the **substrate blank**.
- 3. Cover the plate with the foil and incubate for 60 ± 5 minutes at 37 ± 1 °C.
- 4. Aspirate each well and wash, repeating the process 2 times for a total 3 washes. Wash by filling each well with 1× Wash Buffer (300 μL) using a squirt bottle, manifold dispenser, or autowasher. The interval between washing and aspiration should be > 5 sec. Complete removal of liquid at each time is essential to good performance. After the last wash, remove any remaining Wash Buffer by aspirating, decanting or blotting against clean paper towels.

Note: If performing the test on ELISA automatic systems we recommend increasing the washing steps from **three** up to **five** and the volume of Washing Buffer from **300** μ L to **350** μ L to avoid washing effects.

- 5. Add 100 μ L of HRP-Conjugate into each well (except the substrate blank well). Incubate for 30 minutes at RT in the dark.
- 6. Wash as according to step 4.
- Add 100 μL of TMB Substrate to each well (including the well for substrate blank). Cover the plate and incubate for exactly 15 minutes at RT in the dark.

- 8. Add $100 \,\mu$ L of Stop Solution to each well (including substrate blank wells).
- Read the OD with a microplate reader at 450 nm within 30 minutes. (620 nm as optional reference wave length) and use the substrate controls as blank.

CALCULATION OF RESULTS

- Adjust the ELISA Microtiterplate reader to zero using the Substrate Blank. If - due to technical reasons - the ELISA Microplate reader cannot be adjusted to zero using the Substrate Blank, subtract its absorbance value from all other absorbance values measured in order to obtain reliable results.
- Measure the absorbance of all wells at 450 nm and record the absorbance values for each standard / control and sample in the plate layout. Measurement using a reference wavelength of 620 nm is recommended. Where applicable calculate the mean absorbance values of all duplicates.
- 3. In order for an assay run to be considered valid, these Instructions for Use have to be strictly followed and the following criteria must be met: Substrate Blank: absorbance value < 0.100 Control A (Negative control): absorbance value < Cut-off Control B (Cut-off control): absorbance value > 0.150 – 1.300 Control C (Positive control): absorbance value > Cut-off

If these criteria are not met, the test is not valid and must be repeated.

INTERPRETATION OF RESULTS

- 1. The Cut-off is the mean absorbance value of the Cut-off Control determinations.
- 2. (Sample (mean) absorbance value x 10) / Cut-off = U (Unit)
- < 9U (Negative): The sample contains no antibodies against the pathogen.
 A previous contact with the antigen (pathogen resp. vaccine) is unlikely.
- 4. **9-11U (Equivocal):** Antibodies against the pathogen could not be detected clearly.

It is recommended to repeat the test with a fresh sample in 2 to 4 weeks. If the result is equivocal again the sample is judged as negative.

5. **>11U (Positive):** Antibodies against the pathogen are present. There has been a contact with the antigen (pathogen resp. vaccine).

QUALITY ASSURANCE

Cross-Reactivity

The polyclonal B-cell activation induced by Epstein-Barr virus (EBV) may result in false-positive Toxoplasma gondii IgM antibody results.

Sensitivity

The sensitivity is defined as the probability of the assay of scoring positive in the presence of the specific analyte. It is 99.32% (95% confidence interval: 88.43%-100%).

Interferences

Interferences with hemolytic, lipemic or icteric samples are not observed up to a concentration of 10 mg/mL hemoglobin, 5 mg/mL triglycerides and 0.5 mg/mL bilirubin.

Intra-assay and Inter-assay precision

The CV value of intra-assay precision was 1.92-6.58% and inter-assay precision was 3.30-13.54%.