REFERENCES

- Gad El-Rab MO; Kambal AM. Evaluation of a Brucella enzyme immunoassay test (ELISA) in comparison with bacteriological culture and agglutination. J Infect 1998; 36(2):197-201.
- Mikolon AB; Gardner IA; Hietala SK; Hernandez de Anda J; Chamizo Pestana E; Hennager SG; Edmondson AJ. Evaluation of North American antibody detection tests for diagnosis of brucellosis in goats. J Clin Microbiol 1998; 36(6):1716-22.
- Bowden RA; Cloeckaert A; Zygmunt MS; Bernard S; Dubray G. Surface exposure of outer membrane protein and lipopolysaccharide epitopes in Brucella species studied by enzyme-linked immunosorbent assay and flow cytometry. Infect Immun 1995; 63(10):3945-52.
- Baldi PC; Miguel SE; Fossati CA; Wallach JC. Serological follow-up of human brucellosis by measuring IgG antibodies to lipopolysaccharide and cytoplasmic proteins of Brucella species. Clin Infect Dis 1996;22(3):446-55
- Casao MA; Leiva J; Diaz R; Gamazo C. Anti-phosphatidylcholine antibodies in patients with brucellosis. J Med Microbiol 1998; 47(1):49-54.

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Cat#: BA053M (96 Tests)
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Brucella IgM ELISA

Catalog No.: BA053M (96 Tests)

INTENDED USE

The Calbiotech, Inc (CBI) Brucella IgM ELISA Kit is intended for the detection of IgM antibody to Brucella in human serum or plasma.

SUMMARY AND EXPLANATION

Brucella is a gram negative coccobacilli capable of infecting a wide range of animal and man. Of the three species causing human infection, *B. melitensis* is the most patogenic followed by *B. suis* and *B. abortus*. Brucellosis is transmitted through contaminated and untreated milk and milk products and by direct contact with infected animals (cattle, sheep, goats, pigs, camels, buffaloes, and, very recently, seals), animal carcasses, and abortion materials. Worldwide, millions of individual are at risk, especially in developing countries where the infection in animals has not been brought under control, heat treatment procedures of milk (e.g. pasteurization) are not routinely applied, and food habits such as consumption of raw milk. The incubation period of brucellosis is usually one to three weeks, but sometimes may be several months. The illness may be mild and self-limiting or severe. The disease is accompanied by continued, intermittent, or irregular fever, headache, weight loss and generalized aching and fatigue. Urogenital symptoms may dominate the clinical presentation in some patients.

This method uses *B. abortus* outer membrane, which is shared by the other species. Brucella IgG and IgA antibodies persist for many years after infection. A significant increase in Brucella IgG level is in patients with symptoms of brucellosis is indicative of recent exposure. IgM antibodies are present in acute brucellosis and also found in about 33% of patients with chronic brucellosis.

PRINCIPLE OF THE TEST

Diluted patient serum (serum diluent contains sorbent to remove Rheumatoid Factor and human IgG interference) is added to wells coated with purified antigen. IgM 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 IgM specific antibody in the sample.

	MATERIALS PROVIDED	96 Tests
1.	Microwell coated with Brucella antigen	12x8x1
2.	Sample Diluent: 1 bottle (ready to use)	22 ml
3.	Calibrator: 1 Vial (ready to use)	1ml
4.	Positive Control: 1 vial (ready to use)	1ml
5.	Negative Control: 1 vial (ready to use)	1ml
6.	Enzyme conjugate: 1 bottle (ready to use)	12ml
7.	TMB Substrate: 1 bottle (ready to use)	12ml
8.	Stop Solution: 1 bottle (ready to use)	12ml
9.	Wash concentrate 20X: 1 bottle	25ml

Brucella IgM R8 RC

MATERIALS NOT PROVIDED

- Distilled or deionized water
- 2. Precision pipettes
- Disposable pipette tips
- ELISA reader capable of reading absorbance at 450nm
- 5. Absorbance paper or paper towel3
- Graph paper

STORAGE AND STABILITY

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

WARNINGS AND 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.
- Always wear gloves and a protective lab coat.
- 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.
- Do not use external controls containing sodium azide.
- 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.
- Viscous forensic samples should always be diluted in phosphate buffered saline or distilled water prior to pipetting.
- Ensure the bag containing the micro-plate strips and desiccant is sealed well, if only a few strips are used.

SPECIMEN COLLECTION AND HANDLING

- Collect blood specimens and separate the serum.
- Typically, 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).

ASSAY 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.
- 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.
- Dispense 100 μl of diluted sera, calibrator and controls into the appropriate wells. For the reagent blank, dispense 100 μl 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.
- 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.
- 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.
- 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

- 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).
- 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

- To enhance sensitivity and specificity of this IgM test provided sample diluent has been formulated to block IgG and Rheumatoid Factor (RF) interferences. Turbidity could be seen after diluting serum with sample diluent. This turbidity is due to the blocking of serum IgG and shows no interference with test results. It can be removed by centrifugation.
- In specimens with high RF and high autoimmune antibodies, the possibility of eliminating the interferences cannot be ruled out entirely.
- 3. Lipemic or hemolyzed samples may cause erroneous results.