

MAGLUMI[®] EBV EA IgG (CLIA)

INTENDED USE

The kit is an *in vitro* chemiluminescence immunoassay for the qualitative determination of EBV EA IgG in human serum and plasma using the MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer and Biolumi series Integrated System, and the assay is used for an aid in the diagnosis of EB viral infection.

SUMMARY

Epstein-Barr virus (EBV) is an enveloped herpes virus with a 172-kb double-stranded DNA genome, and over 95% of the adult population worldwide are EBV seropositive¹. In most cases primary infection occurs subclinically during childhood, often by spread between family members via salivary contact². EBV targets oral epithelial cells and B cells, and the CD21 receptor of the B lymphocyte allows the EBV to enter the cell, being able to efficiently induce blast transformation and uncontrolled proliferation of infected B lymphocytes^{1,3}.

EBV is implicated in the pathogenesis of infectious mononucleosis (IM), Burkitt lymphoma, Hodgkin lymphoma, nasopharyngeal carcinoma (NPC), gastric cancer, and a myriad of malignancies in individuals with inherited or acquired immunodeficiency^{4,5}. Primary EBV infections whether or not accompanied by clinical signs of IM lead to the appearance of antibodies to various EBV-specific antigens⁶, and antibodies to EBV nuclear antigen-1 (EBNA-1) and EA have also been found to be most complementary in detecting primary NPC⁷.

Antibodies against the lytic antigens, viral capsid antigen (VCA) and early antigen (EA) can be demonstrated from as early as the third week of infection. Antibodies against the latent antigen, EBNA, usually only appear 1 to 6 months after primary infection (in the convalescent phase) or as part of the latency profiles of the various malignancies associated with EBV infection⁸. The main antibodies tested include immunoglobulin M (IgM) and IgG antibodies against the viral capsid antigen (VCA), IgG antibody against the nuclear antigen (NA), and IgG antibody against early antigen (EA)⁹. The determination of IgG antibodies to EBV-associated antigens is of diagnostic importance for infectious mononucleosis and EBV-associated tumors, as well as for the recognition of reactivation of latent EBV infection in patients with tumors and other diseases not related to EBV¹⁰. In general, it is not always necessary to definitively diagnose a cause for infectious mononucleosis, but specific antibody tests are available¹¹.

TEST PRINCIPLE

Indirect chemiluminescence immunoassay.

The sample, diluent, buffer, magnetic microbeads coated with EBV EA are mixed thoroughly and incubated, performing a wash cycle after a precipitation in a magnetic field. ABEI labeled with anti-human IgG antibody are then added and incubated, reacting to form immuno-complexes. After precipitation in a magnetic field, the supernatant is decanted and then a wash cycle is performed. Subsequently, the Starter 1+2 are added to initiate a chemiluminescent reaction. The light signal is measured by a photomultiplier as relative light units (RLUs), which is proportional to the concentration of EBV EA IgG present in the sample.

REAGENTS

Kit Contents

| Component | Description | 100 tests/kit | 50 tests/kit | 30 tests/kit |
|----------------------------|--|---------------|--------------|--------------|
| Magnetic Microbeads | Magnetic microbeads coated with EBV EA (~0.333 µg/mL) in PBS buffer, NaN ₃ (<0.1%). | 2.5 mL | 1.5 mL | 1.0 mL |
| Calibrator Low | A low concentration of EBV EA IgG in PBS buffer, NaN ₃ (<0.1%). | 1.0 mL | 1.0 mL | 1.0 mL |
| Calibrator High | A high concentration of EBV EA IgG in PBS buffer, NaN ₃ (<0.1%). | 1.0 mL | 1.0 mL | 1.0 mL |
| Buffer | BSA, NaN ₃ (<0.1%). | 12.5 mL | 7.0 mL | 4.8 mL |
| ABEI Label | ABEI labeled with anti-human IgG antibody (~50.0 ng/mL) in PBS buffer, NaN ₃ (<0.1%). | 12.5 mL | 7.0 mL | 4.8 mL |
| Diluent | BSA, NaN ₃ (<0.1%). | 25.0 mL | 13.5 mL | 8.0 mL |
| Negative Control | PBS buffer, NaN ₃ (<0.1%). | 1.0 mL | 1.0 mL | 1.0 mL |
| Positive Control | A high concentration of EBV EA IgG (8.00 AU/mL) in PBS buffer, NaN ₃ (<0.1%). | 1.0 mL | 1.0 mL | 1.0 mL |

All reagents are provided ready-to-use.

Warnings and Precautions

- For *in vitro* diagnostic use.
- For professional use only.
- Exercise the normal precautions required for handling all laboratory reagents.
- Personal protective measures should be taken to prevent any part of the human body from contacting samples, reagents, and controls, and should comply with local operating requirements for the assay.
- A skillful technique and strict adherence to the package insert are necessary to obtain reliable results.
- Do not use kit beyond the expiration date indicated on the label.
- Do not interchange reagent components from different reagents or lots.
- Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).
- All waste associated with biological samples, biological reagents and disposable materials used for the assay should be considered potentially infectious and should be disposed of in accordance with local guidelines.
- This product contains sodium azide. Sodium azide may react with lead or copper plumbing to form highly explosive metal azides. Immediately after disposal, flush with a large volume of water to prevent azide build-up. For additional information, see Safety Data Sheets available for professional user on request.

Note: If any serious incident has occurred in relation to the device, please report to Shenzhen New Industries Biomedical Engineering Co., Ltd. (Snibe) or our authorized representative and the competent authority of the Member State in which you are established.

Reagent Handling

- To avoid contamination, wear clean gloves when operating with a reagent kit and sample. When handling reagent kit, replace the gloves that have been in contact with samples, since introduction of samples will result in unreliable results.
- Do not use kit in malfunction conditions; e.g., the kit leaking at the sealing film or elsewhere, obviously turbid or precipitation is found in reagents (except for Magnetic Microbeads) or control value is out of the specified range repeatedly. When kit in malfunction conditions, please contact Snibe or our authorized distributor.
- To avoid evaporation of the liquid in the opened reagent kits in refrigerator, it is recommended that the opened reagent kits to be sealed with reagent seals contained within the packaging. The reagent seals are single use, and if more seals are needed, please contact Snibe or our authorized distributor.
- Over time, residual liquids may dry on the septum surface. These are typically dried salts and have no effect on assay efficacy.
- Use always the same analyzer for an opened reagent integral.
- For magnetic microbeads mixing instructions, refer to the Preparation of the Reagent section of this package insert.
- For further information about the reagent handling during system operation, please refer to Analyzer Operating Instructions.

Storage and Stability

- Do not freeze the integral reagents.
- Store the reagent kit upright to ensure complete availability of the magnetic microbeads.
- Protect from direct sunlight.

| Stability of the Reagents | |
|---------------------------|----------------------------------|
| Unopened at 2-8°C | until the stated expiration date |
| Opened at 2-8°C | 6 weeks |
| On-board | 4 weeks |

| Stability of Controls | |
|--------------------------|----------------------------------|
| Unopened at 2-8°C | until the stated expiration date |
| Opened at 10-30°C | 6 hours |
| Opened at 2-8°C | 6 weeks |
| Frozen at -20°C | 3 months |
| Frozen and thawed cycles | no more than 3 times |

■ SPECIMEN COLLECTION AND PREPARATION

Specimen Types

Only the specimens listed below were tested and found acceptable.

| Specimen Types | Collection Tubes |
|----------------|--|
| Serum | Tubes without additive/accessory, or tubes containing clot activator or clot activator with gel. |
| Plasma | K2-EDTA, Na-heparin or Li-heparin |

• The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. Follow tube manufacturers' instructions carefully when using collection tubes.

Specimen Conditions

- Do not use heat-inactivated samples or grossly hemolyzed/hyperlipidaemia specimens and specimens with obvious microbial contamination.
- Ensure that complete clot formation in serum specimens has taken place prior to centrifugation. Some serum specimens, especially those from patients receiving anticoagulant or thrombolytic therapy, may exhibit increased clotting time. If the serum specimen is centrifuged before a complete clotting, the presence of fibrin may cause erroneous results.
- Samples must be free of fibrin and other particulate matter.
- To prevent cross contamination, use of disposable pipettes or pipette tips are recommended.

Preparation for Analysis

- Inspect all specimens for foam. Remove foam with an applicator stick before analysis. Use a new applicator stick for each specimen to prevent cross contamination.
- Frozen specimens must be completely thawed before mixing. Mix thawed specimens thoroughly by low speed vortexing or by gently inverting. Visually inspect the specimens. If layering or stratification is observed, mix until specimens are visibly homogeneous. If specimens are not mixed thoroughly, inconsistent results may be obtained.
- Specimens should be free of fibrin, red blood cells, or other particulate matter. Such specimens may give reliable results and must be centrifuged prior to testing. Transfer clarified specimen to a sample cup or secondary tube for testing. For centrifuged specimens with a lipid layer, transfer only the clarified specimen and not the lipemic material.
- The sample volume required for a single determination of this assay is 10 µL.

Specimen Storage

Specimens removed from the separator, red blood cells or clot may be stored up to 8 hours at 10-30°C or 7 days at 2-8°C, or 6 months frozen at -20°C. Frozen specimens subjected to up to 5 freeze/thaw cycles have been evaluated.

Specimen Shipping

- Package and label specimens in compliance with applicable local regulations covering the transport of clinical specimens and infectious substances.
- Do not exceed the storage limitations listed above.

■ PROCEDURE

Materials Provided

EBV EA IgG (CLIA) assay, control barcode labels.

Materials Required (But Not Provided)

- General laboratory equipment.
- Fully-auto chemiluminescence immunoassay analyzer Maglumi 600, Maglumi 800, Maglumi 1000, Maglumi 2000, Maglumi 2000 Plus, Maglumi 4000, Maglumi 4000 Plus, MAGLUMI X8, MAGLUMI X3, MAGLUMI X6 or Integrated System Biolumi 8000, Biolumi CX8.
- Additional accessories of test required for the above analyzers include Reaction Module, Starter 1+2, Wash Concentrate, Light Check, Tip, and Reaction Cup. Specific accessories and accessories' specification for each model refer to corresponding Analyzer Operating Instructions.
- Please use accessories specified by Snibe to ensure the reliability of the test results.

Assay Procedure

Preparation of the Reagent

- Take the reagent kit out of the box and visually inspect the integral vials for leaking at the sealing film or elsewhere. If there is no leakage, please tear off the sealing film carefully.
- Open the reagent area door; hold the reagent handle to get the RFID label close to the RFID reader (for about 2s); the buzzer will beep; one beep sound indicates successful sensing.
- Keeping the reagent straight insert to the bottom along the blank reagent track.
- Observe whether the reagent information is displayed successfully in the software interface, otherwise repeat the above two steps.
- Resuspension of the magnetic microbeads takes place automatically when the kit is loaded successfully, ensuring the magnetic microbeads are totally resuspended homogenous prior to use.

Assay Calibration

- Select the assay to be calibrated and execute calibration operation in reagent area interface. For specific information on ordering calibrations, refer to the calibration section of Analyzer Operating Instructions.
- Execute recalibration according to the calibration interval required in this package insert.

Quality Control

- When new lot used, check or edit the quality control information.
- Scan the control barcode, choose corresponding quality control information and execute testing. For specific information on ordering quality controls, refer to the quality control section of the Analyzer Operating Instructions.

Sample Testing

- After successfully loading the sample, select the sample in interface and edit the assay for the sample to be tested and execute testing. For specific information on ordering patient specimens, refer to the sample ordering section of the Analyzer Operating Instructions.

To ensure proper test performance, strictly adhere to Analyzer Operating Instructions.

Calibration

Traceability: This method has been standardized against the Snibe internal reference standard.

Test of assay specific calibrators allows the detected relative light unit (RLU) values to adjust the master curve.

Recalibration is recommended as follows:

- Whenever a new lot of Reagent or Starter 1+2 is used.
- Every 28 days.
- The analyzer has been serviced.
- Control values lie outside the specified range.

Quality Control

Controls are recommended for the determination of quality control requirements for this assay and should be run in singlicate to monitor the assay performance. Refer to published guidelines for general quality control recommendations, for example Clinical and Laboratory Standards Institute (CLSI) Guideline C24 or other published guidelines¹².

Quality control is recommended once per day of use, or in accordance with local regulations or accreditation requirements and your laboratory's quality control procedures, quality control could be performed by running the EBV EA IgG assay:

- Whenever the kit is calibrated.
- Whenever a new lot of Starter 1+2 or Wash Concentrate is used.

Controls are only applicable with MAGLUMI and Biolumi systems and only used matching with the same top eight LOT numbers of corresponding reagents. For each target value and range refer to the label.

The performance of other controls should be evaluated for compatibility with this assay before they are used. Appropriate value ranges should be established for all quality control materials used.

Control values must lie within the specified range, whenever one of the controls lies outside the specified range, calibration should be repeated and controls retested. If control values lie repeatedly outside the predefined ranges after successful calibration, patient results must not be reported and take the following actions:

- Verify that the materials are not expired.
- Verify that required maintenance was performed.
- Verify that the assay was performed according to the package insert.
- If necessary, contact Snibe or our authorized distributors for assistance.

If the controls in kit are not enough for use, please order EBV EA IgG (CLIA) Controls (REF: 1602011001MT) from Snibe or our authorized distributors for more.

RESULTS

Calculation

The analyzer automatically calculates the EBV EA IgG concentration in each sample by means of a calibration curve which is generated by a 2-point calibration master curve procedure. The results are expressed in AU/mL. For further information please refer to the Analyzer Operating Instructions.

Interpretation of Results

The expected results for the EBV EA IgG assay was obtained by testing 350 EBV EA IgG positive patients and 780 EBV EA IgG negative people in China, gave the following expected value by ROC curve:

- Non-reactive: A result less than 4.00 AU/mL (<4.00 AU/mL) is considered to be negative.
- Reactive: A result greater than or equal to 4.00 AU/mL (≥4.00 AU/mL) is considered to be positive.

Results may differ between laboratories due to variations in population and test method. It is recommended that each laboratory establish its own reference interval. EBV EA IgG is usually detected in patients with acute primary infection and reactivated infection. However, low titres of EBV EA IgG may be found in patients with no detectable evidence of recent infection.

A positive result is indicative of recent or reactivated infection. A negative result, however, does not always rule out acute infection. If exposure to Epstein-Barr virus is suspected despite a negative finding, a second sample should be collected no less than one or two weeks later and should be tested to look for a significant rise in EBV VCA IgM or EBV VCA IgG levels, which is indicative of primary infection.

LIMITATIONS

- Results should be used in conjunction with patient's medical history, clinical examination and other findings.
- If the EBV EA IgG results are inconsistent with clinical evidence, additional testing is needed to confirm the result.
- Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits which employ mouse monoclonal antibodies^{13,14}. Additional information may be required for diagnosis.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with *in vitro* immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed¹⁵.
- Bacterial contamination or heat inactivation of the specimens may affect the test results.

SPECIFIC PERFORMANCE CHARACTERISTICS

Representative performance data are provided in this section. Results obtained in individual laboratories may vary.

Precision

Precision was determined using the assay, samples and controls in a protocol (EP05-A3) of the CLSI (Clinical and Laboratory Standards Institute): duplicates at two independent runs per day for 5 days at three different sites using three lots of reagent kits (n = 180). The following results were obtained:

| Sample | Mean (AU/mL) (n=180) | Within-Run | | Between-Run | | Reproducibility | |
|------------------|-------------------------|------------|------|-------------|------|-----------------|------|
| | | SD (AU/mL) | %CV | SD (AU/mL) | %CV | SD (AU/mL) | %CV |
| Serum Pool 1 | 1.525 | NA | NA | NA | NA | NA | NA |
| Serum Pool 2 | 5.917 | 0.210 | 3.55 | 0.119 | 2.01 | 0.295 | 4.99 |
| Serum Pool 3 | 12.043 | 0.357 | 2.96 | 0.193 | 1.60 | 0.493 | 4.09 |
| Plasma Pool 1 | 1.472 | NA | NA | NA | NA | NA | NA |
| Plasma Pool 2 | 6.000 | 0.209 | 3.48 | 0.101 | 1.68 | 0.401 | 6.68 |
| Plasma Pool 3 | 11.756 | 0.386 | 3.28 | 0.218 | 1.85 | 0.546 | 4.64 |
| Negative Control | 0.508 | NA | NA | NA | NA | NA | NA |
| Positive Control | 8.003 | 0.247 | 3.09 | 0.094 | 1.17 | 0.315 | 3.94 |

Analytical Specificity

Interference

Interference was determined using the assay, three samples containing different concentrations of analyte were spiked with potential endogenous and exogenous interferences in a protocol (EP7-A2) of the CLSI. The measurement deviation of the interference substance is within ±10%. The following results were obtained:

| Interference | No interference up to | Interference | No interference up to |
|-------------------------------------|-----------------------|----------------------|-----------------------|
| Hemoglobin | 1500 mg/dL | Heparin lithium salt | 80 IU/mL |
| Intralipid | 3000 mg/dL | Biotin | 0.5 mg/dL |
| Bilirubin | 50 mg/dL | Ribavirin | 2 mg/mL |
| HAMA | 40 ng/mL | Acyclovir | 6.6 mg/dL |
| ANA | 398 AU/mL | Interferon α | 15000 IU/mL |
| Rheumatoid factor | 2000 IU/mL | Levamisole | 1.5 mg/mL |
| Human albumin | 12 g/dL | Acetylsalicylic acid | 0.65 mg/mL |
| Systemic Lupus Erythematosus Plasma | / | Ibuprofen | 50 mg/dL |
| K2-EDTA | 22.75 μmol/mL | Methylcobalamin | 50 μg/mL |
| Heparin sodium salt | 80 IU/mL | Ganciclovir | 1000 μg/mL |

Cross-Reactivity

The assay is highly specific for EBV EA IgG antibodies, with no observed cross-reactivity to Toxo IgG, CMV IgG, HSV-1 IgG, HSV-2 IgG, HHV-6 IgG, HHV-7 IgG, HHV-8 IgG, Rubella IgG, Anti-HAV IgG, Anti-HBs, HBeAb IgG, HBcAb IgG, Anti-HCV, Anti-HIV, Anti-Treponema pallidum, EBV NA IgG, EBV VCA IgG, EBV VCA IgM, EBV VCA IgA, EBV EA IgA, *M.Pneumoniae* IgG, *C.Pneumoniae* IgG, Parvovirus B19 IgM, VZV IgG, Influenza A virus IgG, Influenza B virus IgG, Adenovirus IgG and CVB IgG.

High-Dose Hook

No high-dose hook effect was seen for EBV EA IgG concentrations up to 5000 AU/mL.

Clinical Sensitivity

The clinical sensitivity of the EBV EA IgG assay was determined in China by testing 125 samples collected from expected positive population with commercial assay confirmation of EBV EA IgG positive result.

| N of samples | Reactive | Sensitivity | 95% CI |
|--------------|----------|-------------|--------|
|--------------|----------|-------------|--------|

| | | | |
|-----|-----|--------|-----------------|
| 125 | 124 | 99.20% | 97.64%-100.000% |
|-----|-----|--------|-----------------|

Clinical Specificity














The clinical specificity of the EBV EA IgG assay was determined in China by testing 175 samples collected from expected negative population with commercial assay confirmation of EBV EA IgG negative result.

| N of samples | Non-reactive | Specificity | 95% CI |
|--------------|--------------|-------------|----------------|
| 175 | 174 | 99.43% | 98.31%-100.00% |

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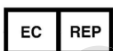
SYMBOLS EXPLANATIONS

| | | | |
|---|---|---|---|
|  | Consult instructions for use |  | Manufacturer |
|  | Temperature limit (Store at 2–8°C) |  | Use-by date |
|  | Contains sufficient for <n> tests |  | Keep away from sunlight |
|  | This way up |  | Authorized representative in the European Community |
|  | <i>In vitro</i> diagnostic medical device |  | Kit component |
|  | Catalogue number |  | Batch code |
|  | CE marking | | |

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