

Instructions for use
β2-Microglobulin ELISA

Please use only the valid version of the Instructions for Use provided with the kit

β2-MICROGLOBULIN ELISA

INTENDED USE

For the direct quantitative determination of β2-Microglobulin (β2-M) by an enzyme immunoassay in human serum.

For *in vitro* diagnostic use only.

PRINCIPLE OF THE TEST

The principle of the following enzyme immunoassay test follows the typical competitive binding scenario. Competition occurs between an unlabelled antigen (present in standards, controls and patient samples) and an enzyme-labelled antigen (conjugate) for a limited number of antibody binding sites on the microplate. The washing and decanting procedures remove unbound materials. After the washing step, the enzyme substrate is added. The enzymatic reaction is terminated by addition of the stopping solution. The absorbance is measured on a microtiter plate reader. The intensity of the colour formed is inversely proportional to the concentration of β2-M in the sample. A set of standards is used to plot a standard curve from which the amount of β2-M in patient samples and controls can be directly read.

CLINICAL APPLICATIONS

β2-Microglobulin (β2-M) is a single polypeptide chain containing 100 amino acids and is found on the surface of nucleated cells. β2 - M is continuously secreted into the circulatory system and therefore maintains a balanced serum level.

Clinical Trends:

- Decreases in the glomerular filtration rate gives rise to increases in the level of β2-M.
- β2-M is a helpful marker in the diagnosis of kidney disease and active rheumatoid arthritis.
- Patients with acquired immune deficiency syndrome (AIDS) show an increased level of β2-M.

β2-M has a low concentration in serum. We have found in a normal unselected population that in serum the highest level for β2-M is 3.8 mg/l. The total number of serum samples tested was 92, showing little differences in the normal level in males, pre- and postmenopausal females. The average for male samples = 1.582 mg/l, for premenopausal female = 1.457 mg/l, for postmenopausal female = 1.608 mg/l and finally for young people = 1.13 mg/l.

PROCEDURAL CAUTIONS AND WARNINGS

1. Users should have a thorough understanding of this protocol for the successful use of this kit. Reliable performance will only be attained by strict and careful adherence to the instructions provided.
2. Control materials or serum pools should be included in every run at a high and low level for assessing the reliability of results.
3. When the use of water is specified for dilution or reconstitution, use deionized or distilled water.
4. In order to reduce exposure to potentially harmful substances, gloves should be worn when handling kit reagents and human specimens.
5. All kit reagents and specimens should be brought to room temperature and mixed gently but thoroughly before use. Avoid repeated freezing and thawing of reagents and specimens.
6. A standard curve must be established for every run.
7. The kit controls should be included in every run and fall within established confidence limits.
8. Improper procedural techniques, imprecise pipetting, incomplete washing as well as improper reagent storage may be indicated when assay values for the controls do not reflect established ranges.
9. When reading the microplate, the presence of bubbles in the wells will affect the optical densities (ODs). Carefully remove any bubbles before performing the reading step.
10. The substrate solution (TMB) is sensitive to light and should remain colourless if properly stored. Instability or contamination may be indicated by the development of a blue colour, in which case it should not be used.
11. When dispensing the substrate and stopping solution, do not use pipettes in which these liquids will come into contact with any metal parts.
12. To prevent contamination of reagents, use a new disposable pipette tip for dispensing each reagent, sample, standard and control.
13. Do not mix various lot numbers of kit components within a test and do not use any component beyond the expiration date printed on the label.
14. Kit reagents must be regarded as hazardous waste and disposed of according to national regulations.

LIMITATIONS

1. All the reagents within the kit are calibrated for the direct determination of β2-M in human serum. The kit is not calibrated for the determination of β2-M in saliva, plasma or other specimens of human or animal origin.
2. Do not use grossly hemolyzed, grossly lipemic, icteric or improperly stored serum.
3. Any samples or control sera containing azide or thimerosal are not compatible with this kit, as they may lead to false results.
4. Only Standard A may be used to dilute any high serum samples. The use of any other reagent may lead to false results.

5. The results obtained with this kit should never be used as the sole basis for a clinical diagnosis. For example, the occurrence of heterophilic antibodies in patients regularly exposed to animals or animal products has the potential of causing interferences in immunological tests. Consequently, the clinical diagnosis should include all aspects of a patient's background including the frequency of exposure to animals / products if false results are suspected.
6. Some individuals may have antibodies to mouse protein which can possibly interfere in this assay. Therefore, the results from any patients who have received preparation of mouse antibodies for diagnosis or therapy should be interpreted with caution.

SAFETY CAUTIONS AND WARNINGS
POTENTIAL BIOHAZARDOUS MATERIAL

Human serum that may be used in the preparation of the standards and controls has been tested and found to be non- reactive for Hepatitis B surface antigen and has also been tested for the presence of antibodies to HCV and Human Immunodeficiency Virus (HIV) and found to be negative. No test method however, can offer complete assurance that HIV, HCV and Hepatitis B virus or any infectious agents are absent. The reagents should be considered a potential bio-hazard and handled with the same precautions as applied to any blood specimen.

CHEMICAL HAZARDS

Avoid contact with reagents containing TMB, hydrogen peroxide and sulfuric acid. If contacted with any of these reagents, wash with plenty of water. TMB is a suspected carcinogen.

SPECIMEN COLLECTION AND STORAGE

Approximately 0.1 ml of serum is required per duplicate determination. Collect 4 - 5 ml of blood into an appropriately labelled tube and allow it to clot. Centrifuge and carefully remove the serum layer. Store at 4 °C for up to 24 hours or at -10 °C or lower if the analyses are to be done at a later date. Consider all human specimens as possible biohazardous materials and take appropriate precautions when handling.

SPECIMEN PRETREATMENT

This assay is a direct system; no specimen pretreatment is necessary.

REAGENTS AND EQUIPMENT NEEDED BUT NOT PROVIDED

1. Precision pipettes to dispense 20, 50, 100, 150 and 300 µl.
2. Disposable pipette tips.
3. Distilled or deionized water.
4. Plate shaker.
5. Microplate reader with a filter set at 450 nm and an upper OD limit of 3.0 or greater* (see assay procedure step 10).

REAGENTS PROVIDED

- 1. AA E-0030** **WASH-CONC 10x** **Wash Buffer Concentrate** – Requires Preparation **X10**

Contents: One vial containing buffer with a non-ionic detergent and a non-mercury preservative.

Volume: 50 ml/vial

Storage: Refrigerate at 2 - 8 °C

Stability: 12 months or as indicated on label.

Preparation: Dilute 1:10 in distilled or deionized water before use. If the whole plate is to be used dilute 50 ml of the wash buffer concentrate in 450 ml of water.

- 2. AA E-0055** **SUBSTRATE** **TMB Substrate** - Ready To Use


Contents: One vial containing tetramethylbenzidine and hydrogen peroxide in a non-DMF or DMSO containing buffer.

Volume: 16 ml/vial

Storage: Refrigerate at 2 - 8 °C

Stability: 12 months or as indicated on label.

3. AA E-0080 STOP-SOLN **Stopping Solution** - Ready To Use

Contents: One vial containing 1M sulfuric acid.
 Volume: 6 ml/vial
 Storage: Refrigerate at 2 - 8 °C
 Stability: 12 months or as indicated on label.
 Hazards identification: 

H290 May be corrosive to metals.
 H314 Causes severe skin burns and eye damage.

4. Standards and Controls- Ready To Use

Listed below are approximate concentrations, please refer to vial labels for exact concentrations:

Cat. no.	Symbol	Standard	Concentration	Volume/Vial
TM E-4601	STANDARD A	Standard A	0 mg/l	2.0 ml
TM E-4602	STANDARD B	Standard B	0.2 mg/l	0.5 ml
TM E-4603	STANDARD C	Standard C	0.6 mg/l	0.5 ml
TM E-4604	STANDARD D	Standard D	1.6 mg/l	0.5 ml
TM E-4605	STANDARD E	Standard E	4 mg/l	0.5 ml
TM E-4606	STANDARD F	Standard F	10 mg/l	0.5 ml
TM E-4651	CONTROL 1	Control 1	Refer to vial labels for expected value and acceptable range!	0.5 ml
TM E-4652	CONTROL 2	Control 2		0.5 ml

Contents: β_2 -M in a protein-based buffer with a non-mercury preservative. Prepared by spiking buffer with a defined quantity of β_2 -M.

Storage: Refrigerate at 2 - 8 °C

Stability: 12 months in unopened vials or as indicated on label. Once opened, the standards should be used within 14 days or aliquoted and stored frozen. Avoid multiple freezing and thawing cycles.

5. TM E-4613 ASSAY-BUFF **Assay Buffer** - Ready To Use

Contents: One vial containing a protein-based buffer with a non-mercury preservative.
 Volume: 15 ml/vial
 Storage: Refrigerate at 2 - 8 °C
 Stability: 12 months or as indicated on label.

6. TM E-4631 96 **Mouse Anti- β_2 -M Antibody-Coated Break-Apart Well Microplate** - Ready To Use

Contents: One 96 well (12x8) monoclonal antibody-coated microplate in a resealable pouch with desiccant.
 Storage: Refrigerate at 2 - 8 °C
 Stability: 12 months or as indicated on label.

7. TM E-4640 CONJUGATE-CONC 50x **β_2 -M-Horseradish Peroxidase (HRP) Conjugate Concentrate** - Requires Preparation **X50**

Contents: β_2 -M-HRP conjugate in a protein-based buffer with a non-mercury preservative.
 Volume: 0.4 ml/vial
 Storage: Refrigerate at 2 - 8 °C
 Stability: 12 months or as indicated on label.
 Preparation: Dilute 1:50 in assay buffer before use (eg. 40 μ l of HRP in 2 ml of assay buffer). If the whole plate is to be used dilute 240 μ l of HRP in 12 ml of assay buffer. Discard any that is left over.

ASSAY PROCEDURE

Specimen Pretreatment: **None**

All reagents must reach room temperature before use. Standards, controls and specimen samples should be assayed in duplicate. Once the procedure has been started, all steps should be completed without interruption.

1. Prepare working solutions of the β_2-M-HRP conjugate and wash buffer .
2. Remove the required number of well strips. Reseal the bag and return any unused strips to the refrigerator.
3. Pipette 20 μl of each standard, control and specimen sample into correspondingly labelled wells in duplicate.
4. Pipette 100 μl of the conjugate working solution into each well. <i>(We recommend using a multichannel pipette).</i>
5. Incubate on a plate shaker (approximately 200 rpm) for 1 hour at room temperature .
6. Wash the wells 3 times with 300 μl of diluted wash buffer per well and tap the plate firmly against absorbent paper to ensure that it is dry <i>(The use of a washer is recommended).</i>
7. Pipette 150 μl of TMB substrate into each well at timed intervals.
8. Incubate on a plate shaker for 15 - 20 minutes at room temperature . <i>(or until Standard A attains dark blue colour for desired OD).</i>
9. Pipette 50 μl of stopping solution into each well at the same timed intervals as in step 7.
10. Read the plate on a microplate reader at 450 nm within 20 minutes after addition of the stopping solution. <i>If the OD exceeds the upper limit of detection or if a 450nm filter is unavailable, a 405 or 415nm filter may be substituted. The optical densities will be lower, however, this will not affect the results of patient / control samples.</i>

CALCULATIONS

1. Calculate the mean optical density of each standard duplicate.
2. Draw a standard curve on semi-log paper with the mean optical densities on the Y-axis and the standard concentrations on the X-axis. If immunoassay software is being used, a 4-parameter or 5-parameter curve is recommended.
3. Calculate the mean optical density of each unknown duplicate.
4. Read the values of the unknowns directly off the standard curve.
5. If a sample reads more than 10 mg/l then dilute it with Standard A at a dilution of no more than 1:20. The result obtained should be multiplied by the dilution factor.

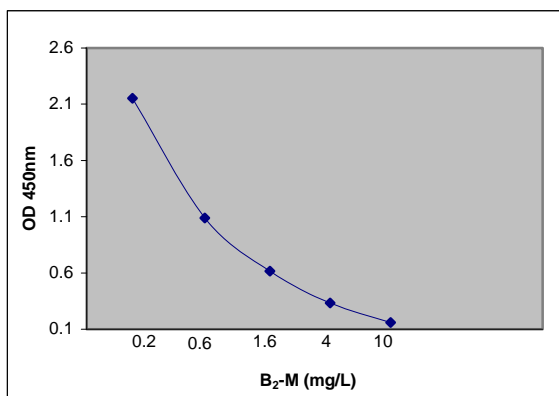
TYPICAL TABULATED DATA

Sample data only. **Do not** use to calculate results.

Standard	OD 1	OD 2	Mean OD	Value (mg/l)
A	2.542	2.558	2.550	0
B	2.037	2.043	2.040	0.2
C	1.006	1.021	1.014	0.6
D	0.447	0.441	0.444	1.6
E	0.206	0.212	0.209	4
F	0.116	0.112	0.114	10
Unknown	0.469	0.456	0.453	1.57

TYPICAL STANDARD CURVE

Sample curve only. **Do not** use to calculate results.



PERFORMANCE CHARACTERISTICS

SENSITIVITY

The lower detection limit is calculated from the standard curve by determining the resulting concentration of the mean OD of Standard A (based on 10 replicate analyses) minus 2 SD. Therefore, the sensitivity of the **β₂-MICROGLOBULIN ELISA** kit is **0.1 mg/l**.

SPECIFICITY (CROSS-REACTIVITY)

The following compounds were tested for cross-reactivity with the **β₂-MICROGLOBULIN ELISA** kit with β₂-M cross-reacting at 100%.

Compound	% Cross-Reactivity
β ₂ -Microglobulin	100
Human IgG	< 0.00001

INTRA-ASSAY PRECISION

Three samples were assayed ten times each on the same Standard curve. The results (in mg/l) are tabulated below:

Sample	Mean	SD	CV %
1	0.78	0.08	5.5
2	3.43	0.03	6.4
3	15.63	0.01	2.9

INTER-ASSAY PRECISION

Two samples were assayed ten times over a period of four weeks. The results (in mg/l) are tabulated below:

Sample	Mean	SD	CV %
1	0.92	0.09	9.5
2	3.64	0.14	3.8

RECOVERY

Spiked samples were prepared by adding defined amounts of **β₂-MICROGLOBULIN** to two patient serum samples (1:1). The results (in mg/l) are tabulated below:

Sample	Obs. Result	Exp. Result	Recovery %
1 Unspiked	1.70	-	-
+4	3.21	2.85	112.6
+12	7.94	6.85	115.9
+32	17.05	16.85	101.2
2 Unspiked	2.51	-	-
+4	3.25	3.26	99.7
+12	8.14	7.26	112.1
+32	17.69	17.26	102.5

LINEARITY

Two patient serum samples were diluted with Standard A. The results (in mg/l) are tabulated below:

Sample	Obs. Result	Exp. Result	Recovery %
1	15.96	-	-
1:5	3.14	3.19	98.4
1:10	1.57	1.60	98.1
1:20	0.77	0.80	96.3
2	17.71	-	-
1:5	3.63	3.54	102.5
1:10	1.94	1.77	109.6
1:20	1.00	0.89	112.4

EXPECTED NORMAL VALUES

As for all clinical assays each laboratory should collect data and establish their own range of expected normal values.







Group	N	Mean (mg/l)	Range (mg/l)
Males (Age 24 - 70)	46	1.58	1.15 - 3.85
Females (Age 19 - 45)	25	1.46	0.73 - 3.56
Postmenopausal Females	14	1.61	1.28 - 2.34
Young Males and Females (Age 3 - 17)	7	1.13	0.89 - 1.36

REFERENCES

1. Ling TGI, Mattiasson B. A General Study of the Binding and Separation in Partition Affinity Ligand Assay. Immunoassay of Beta 2-Microglobulin. J of Immunol Methods. 1983; 59(3):327-37.
2. Evrin PE, et al. A Turbidimetric Immunochemical Method for Determination of Serum β 2-Microglobulin Using a Centrifugal Analyzer. Clinica Chemica Acta. 1986; 155(2):151-7.
3. Curry R, et al. Rapid Semi-Quantitative Isolation of Beta 2- Microglobulin From Urine. J of Immunol Methods. 1981; 47(3):365-73. Francioli P, et al. Beta 2-Microglobulin and Immunodeficiency in a Homosexual Man. New Engl J Med. 1982; 307(22):1402-3.
4. Martinez-Brú C, et al. Beta 2-Microglobulin and Immunoglobulins Are More Useful Markers of Disease Progression in HIV Than Neopterin and Adenosine Deaminase. Ann Clin Biochem. 1999; 36:601.
5. Tachibana K, et al. A Two-Site Sandwich Radioimmunoassay of Beta 2-Microglobulin With Monoclonal Antibodies. J of Immunol Methods. 1984; 75(1):43-51.
6. Uotila M, et al. Two-Site Sandwich Enzyme Immunoassay With Monoclonal Antibodies to Human Alpha-Fetoprotein. J of Immunol Methods. 1981; 42(1):11-5.
7. Brodsky FM, et al. Characterization of a Monoclonal Anti-Beta 2- Microglobulin Antibody and its Use in the Genetic and Biochemical Analysis of Major Histocompatibility Antigens. Eur J Immunol. 1979; 9(7):536-45.
8. Nilsson K, et al. Involvement of Lymphoid and Non-lymphoid Cells in the Production of β 2-Microglobulin—a Homologue of the Constant Domains of IgG. Nature. 1973; 244:44.
9. Leclair K, et al. A Rapid Method for Isolation of Antigenically Active Human Cell Surface Antigens Associated with Beta 2- Microglobulin Using a Monoclonal Antibody. J of Immunol Methods. 1981; 41(2):137-44.
10. O' Reilly D, et al. A Simple, Precise and Sensitive Nephelometric Assay for Beta 2-Microglobulin in Body Fluids. J of Immunol Methods. 1983; 57(1-3):265-73.
11. Revillard JP, et al. Lyon Medical. 1979; 241:681.
12. Wibell L, et al. Serum 2 -Microglobulin in Renal Disease. Nephron. 1973; 10(5):320-31.
13. Burnett RW. Accurate Estimation of Standard Deviations for Quantitative Methods Used in Clinical Chemistry. Clin Chem. 1975; 21(13):1935-8.
14. Sönnnerborg AB, et al. Elevated Neopterin and Beta 2-Microglobulin Levels in Blood and Cerebrospinal Fluid Occur Early in HIV-1 Infection. AIDS. 1989; 3(5):277-83.
15. Domingo P, et al. Prognostic Value of Serum Beta 2-Microglobulin in HIV Infection. Lancet. 1992; 340:371.
16. Lacey JN, et al. Serum Beta 2- Microglobulin and Human Immunodeficiency Virus Infection. AIDS. 1987; 1(2):123.
17. Bhalla RB, et al. Abnormally High Concentrations of Beta 2 Microglobulin in Acquired Immunodeficiency Syndrome (AIDS) Patients. Clin Chem. 1983; 29(8):1560.
18. Lambin P, et al. Neopterin and Beta 2-Microglobulin in Serum of HIV-Seropositive Subjects During a Two-Year Follow-Up. Clin Chem. 1988; 34(6):1367-8.
19. Fahey JL, et al. The Prognostic Value of Cellular and Serologic Markers in Infection with Human Immunodeficiency Virus Type 1. New Engl J Med. 1990; 322(3):166-72.
20. Check JH, et al. Falsely Elevated Steroidal Assay Levels Related to Heterophile Antibodies Against Various Animal Species. Gynecol Obstet Invest. 1995; 40(2):139-40.

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Symbols:

	Storage temperature		Manufacturer		Contains sufficient for <n> tests
	Expiry date	LOT	Batch code	IVD	For in-vitro diagnostic use only!
	Consult instructions for use	CONT	Content	CE	CE labelled
	Caution	REF	Catalogue number		