

# **ab108705 – Anti-Adenovirus IgG Human ELISA Kit**

## Instructions for Use

For the qualitative measurement of IgG class antibodies against Adenovirus in Human serum and plasma (citrate).

This product is for research use only and is not intended for diagnostic use.

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## 1. BACKGROUND

Abcam's anti-Adenovirus IgG Human *in vitro* ELISA (Enzyme-Linked Immunosorbent Assay) kit is designed for the accurate qualitative measurement of IgG class antibodies against Adenovirus in Human serum and plasma.

A 96-well plate has been precoated with Adenovirus antigens to bind cognate antibodies. Controls or test samples are added to the wells and incubated. Following washing, a horseradish peroxidase (HRP) labelled anti-Human IgG conjugate is added to the wells, which binds to the immobilized Adenovirus-specific antibodies. TMB is then catalyzed by the HRP to produce a blue color product that changes to yellow after adding an acidic stop solution. The density of yellow coloration is directly proportional to the amount of Adenovirus IgG sample captured in plate.

Adenoviruses are double-stranded DNA viruses of about 70-90 nm which lack an envelope. The capsid contains 252 capsomeres and shows icosahedral symmetry. The capsomeres consist of hexons, pentons and fiberprotein trimers which are responsible for the induction of group- and type-specific antibodies. Adenoviruses were first isolated in 1953 from tonsils and adenoid tissue by Rowe. More than 80 adenoviruses are known at present, 47 of these pathogenic to Humans. They cause disease in different organ systems, most commonly the respiratory system, but can also cause conjunctivitis, gastroenteritis and cystitis.

Adenovirus infections are common with most infections appearing during childhood. They pass but remain latent, so the virus can still be detected in tonsils after two years. It is transferred via saliva and faeces. Routes of infection are the mouth, nasal pharynx and the conjunctiva of the eye. Most infections pass without symptoms. Around 5 % of all coughs and sneezes in children are caused by adenoviruses. Epidemics may occur in crowded populations, for example acute respiratory disease in military groups, pharyngoconjunctival fever in swimming pools, and epidemic keratoconjunctivitis in medical facilities. Potential infection of hospitals and swimming pools has led to an increase in hygiene measures to prevent an outbreak.

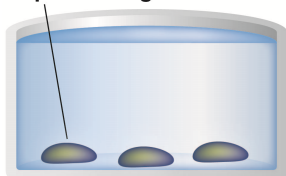
| Species    | Disease                             | Symptoms                                                                                        | Mechanism of Infection                                                                                                                  |
|------------|-------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Adenovirus | Infection of the respiratory system | Tonsillitis, pharyngitis, bronchitis, pneumonia, Pertussis syndrome, pharyngoconjunctival fever | Contact with infected material infection mainly by droplets and smear often in connection with swimming pools (inadequate chlorination) |
|            | Infection of the eye                | epidemic keratoconjunctivitis, acute haemorrhagic conjunctivitis                                |                                                                                                                                         |
|            | Infection of the urogenital area    | Cystitis, acute haemorrhagic cystitis, genital ulcers                                           |                                                                                                                                         |
|            | Other infections                    | New born enteritis, meningitis                                                                  |                                                                                                                                         |

The presence of viral infection may be identified by

- Cell culture: cytopathogenic effect (CPE)
- PCR
- Serology: complement fixation (CF), neutralization (N) and hemagglutination-inhibition (HAI); Detection of antibodies and the hexon antigen by ELISA.

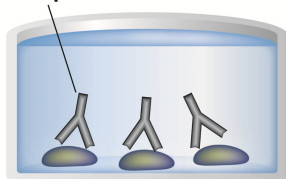
## 2. ASSAY SUMMARY

**Capture Antigens**



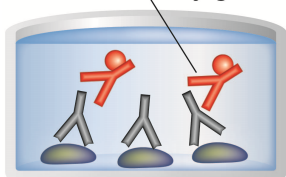
Prepare all reagents, samples and controls as instructed.

**Sample**



Add samples and controls to wells used. Incubate at 37°C.

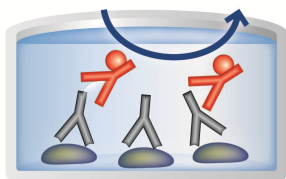
**Labeled HRP-Conjugate**



Wash each well and add prepared labeled HRP-Conjugate. Incubate at room temperature.

**Substrate**

**Colored Product**



After washing, add TMB substrate solution to each well. Incubate at room temperature. Add Stop Solution to each well. Read immediately.

## 3. PRECAUTIONS

**Please read these instructions carefully prior to beginning the assay.**

All kit components have been formulated and quality control tested to function successfully as a kit. Modifications to the kit components or procedures may result in loss of performance.

## 4. STORAGE AND STABILITY

**Store kit at 2-8°C immediately upon receipt.**

Refer to list of materials supplied for storage conditions of individual components. Observe the storage conditions for individual prepared components in section 9. Reagent Preparation.

## 5. MATERIALS SUPPLIED

| Item                                              | Amount   | Storage Condition (Before Preparation) |
|---------------------------------------------------|----------|----------------------------------------|
| Adenovirus (IgG) Coated Microplate (12 x 8 wells) | 96 Wells | 2-8°C                                  |
| IgG Sample Diluent***                             | 100 mL   | 2-8°C                                  |
| Stop Solution                                     | 15 mL    | 2-8°C                                  |
| 20X Washing Solution*                             | 50 mL    | 2-8°C                                  |
| Adenovirus anti-IgG HRP Conjugate**               | 20 mL    | 2-8°C                                  |
| TMB Substrate Solution                            | 15 mL    | 2-8°C                                  |
| Adenovirus IgG Positive Control***                | 2 mL     | 2-8°C                                  |
| Adenovirus IgG Cut-off Control***                 | 3 mL     | 2-8°C                                  |
| Adenovirus IgG Negative Control***                | 2 mL     | 2-8°C                                  |

\* Contains 0.1 % Bronidox L after dilution

\*\* Contains 0.2 % Bronidox L

\*\*\* Contains 0.1 % Kathon

### 6. MATERIALS REQUIRED, NOT SUPPLIED

These materials are not included in the kit, but will be required to successfully utilize this assay:

- Microplate reader capable of measuring absorbance at 450 nm or 620 nm
- Incubator at 37°C
- Multi and single channel pipettes to deliver volumes between 10 and 1,000 µL
- Optional: Automatic plate washer for rinsing wells
- Vortex tube mixer
- Deionised or (freshly) distilled water
- Disposable tubes
- Timer

### 7. LIMITATIONS

- ELISA kit intended for research use only. Not for use in diagnostic procedures
- 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. Nevertheless, all materials should still be regarded and handled as potentially infectious
- Use only clean pipette tips, dispensers, and lab ware.
- Do not interchange screw caps of reagent vials to avoid cross-contamination
- Close reagent vials tightly immediately after use to avoid evaporation and microbial contamination
- After first opening and subsequent storage check conjugate and control vials for microbial contamination prior to further use

- To avoid cross-contamination and falsely elevated results pipette patient samples and dispense conjugate, without splashing, accurately to the bottom of wells

### 8. TECHNICAL HINTS

- Avoid foaming or bubbles when mixing or reconstituting components
- Avoid cross contamination of samples or reagents by changing tips between sample, standard and reagent additions.
- Ensure plates are properly sealed or covered during incubation steps
- Complete removal of all solutions and buffers during wash steps is necessary for accurate measurement readings
- **This kit is sold based on number of tests. A ‘test’ simply refers to a single assay well. The number of wells that contain sample, control or standard will vary by product. Review the protocol completely to confirm this kit meets your requirements. Please contact our Technical Support staff with any questions**

## 9. REAGENT PREPARATION

Equilibrate all reagents, samples and controls to room temperature (18-25°C) prior to use.

### 9.1 1X Washing Solution

Prepare 1X Washing Solution by diluting 20X Washing Solution with deionized water. To make 200 mL 1X Washing Solution combine 10 mL 20X Washing Solution with 190 mL deionized water. Mix thoroughly and gently.

- All other solutions are supplied ready to use

## 10. SAMPLE COLLECTION AND STORAGE

- Use Human serum or plasma (citrate) samples with this assay. If the assay is performed within 5 days of sample collection, the specimen should be kept at 2-8°C; otherwise it should be aliquoted and stored deep-frozen (-20 to -80°C). If samples are stored frozen, mix thawed samples well before testing.

*Avoid repeated freezing and thawing.*

Heat inactivation of samples is not recommended

## 11. SAMPLE PREPARATION

- Before assaying, all samples should be diluted 1:100 with IgG Sample Diluent. Add 10 µL sample to 1 mL IgG Sample Diluent to obtain a 1:100 dilution. Mix gently and thoroughly.

## 12. PLATE PREPARATION

- The 96 well plate strips included with this kit are supplied ready to use. It is not necessary to rinse the plate prior to adding reagents
- Unused well strips should be returned to the plate packet and stored at 4°C
- For each assay performed, a minimum of 1 well must be used as a blank, omitting sample and conjugate from well addition
- For statistical reasons, we recommend each standard and sample should be assayed with a minimum of two replicates (duplicates)

## 13. ASSAY PROCEDURE

- Equilibrate all materials and prepared reagents to room temperature prior to use.
- Please read the test protocol carefully before performing the assay. Reliability of results depends on strict adherence to the test protocol as described.
- If performing the test on ELISA automatic systems we recommend increasing the washing steps from three to five and the volume of washing solution from 300  $\mu$ L to 350  $\mu$ L to avoid washing effects.
- All controls (Adenovirus IgG Positive, Adenovirus IgG Negative and Adenovirus IgG Cut-off) must be included with each assay performed to determine test results
- **Assay all standards, controls and samples in duplicate.**
  - 13.1. Prepare all reagents, standards, and samples as directed in the previous sections.
  - 13.2. Remove excess microplate strips from the plate frame, return them to the foil pouch containing the desiccant pack, reseal and return to 4°C storage.
  - 13.3. Add 100  $\mu$ L of controls or diluted sample into appropriate wells. Leave one well for substrate blank.
  - 13.4. Cover wells with the foil supplied in the kit and incubate for 1 hour at 37°C.
  - 13.5. Remove the foil, aspirate the contents of the wells and wash each well three times with 300  $\mu$ L of 1X Washing Solution. Avoid spill over into neighboring wells. The soak time between each wash cycle should be >5 sec. After the last wash, remove the remaining 1X Washing Solution by aspiration or decanting. Invert the plate and blot it against clean paper towels to remove excess liquid.  
Note: Complete removal of liquid at each step is essential for good assay performance.

- 13.6. Add 100  $\mu$ L Adenovirus anti-IgG HRP Conjugate into all wells except for the blank well. Cover with foil.
- 13.7. Incubate for 30 minutes at room temperature. Do not expose to direct sunlight.
- 13.8. Repeat step 13.5.
- 13.9. Add 100  $\mu$ L TMB Substrate Solution into all wells
- 13.10. Incubate for exactly 15 minutes at room temperature in the dark.
- 13.11. Add 100  $\mu$ L Stop Solution into all wells in the same order and at the same rate as for the TMB Substrate Solution.  
Note: Any blue color developed during the incubation turns into yellow.
- 13.12. Highly positive samples can cause dark precipitates of the chromogen. These precipitates have an influence when reading the optical density. Predilution of the sample with PBS for example 1:1 is recommended. Then dilute the sample 1:100 with IgG Sample Diluent and multiply the results in Standard Units by 2 (See Section 14. Calculations.)
- 13.13. Measure the absorbance of the specimen at 450 nm within 30 minutes of addition of the Stop Solution.

*Dual wavelength reading using 620 nm as reference wavelength is recommended.*

## 14. CALCULATIONS

In order for an assay to be considered valid, the following criteria must be met:

- **Substrate blank:** Absorbance value < **0.100**
- **Negative control:** Absorbance value < **0.200** and < **cut-off**
- **Cut-off control:** Absorbance value **0.150 – 1.300**
- **Positive control:** Absorbance value > **cut-off**

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

### Calculation of Results

Calculate the mean background subtracted absorbances for each sample and compare to mean Cut-off control value.

The Cut-off control value is the mean absorbance value of the Cut-off control wells.

Example: Absorbance value Cut-off control Well 1 = 0.156

Absorbance value Cut-off control Well 2 = 0.168

Mean Cut Off value:  $(0.156 + 0.168)/2 = 0.162$

### Interpretation of Results

Samples are considered to give a positive signal if the absorbance value is greater than 10% over the cut-off value.

Samples with an absorbance value of less than 10% above or below the Cut-off control value should be considered as inconclusive (grey zone) i.e. neither positive or negative. It is recommended to repeat the assay using fresh samples. If results of the second test are again less than 10% above or below the Cut-off control value the sample has to be considered negative.

Samples are considered negative if the absorbance value is lower than 10% below the cut-off.

## Results in Standard Units

$\frac{\text{Patient (mean) absorbance value} \times 10}{\text{Cut-off}} = \text{Standard Units}$

*Example:*  $\frac{1.786 \times 10}{0.38} = 47 \text{ Standard Units}$

|            |      |                |
|------------|------|----------------|
| Cut-off:   | 10   | Standard Units |
| Grey zone: | 9-11 | Standard Units |
| Negative:  | <9   | Standard Units |
| Positive:  | >11  | Standard Units |

## 15. TYPICAL SAMPLE VALUES

### PRECISION –

| Positive Serum | Intra-Assay | Inter-Assay |
|----------------|-------------|-------------|
| n=             | 24          | 12          |
| Mean           | 0.81        | 25          |
| %CV            | 6.1         | 4.3         |

## 16. ASSAY ANALYTICAL SPECS

### SPECIFICITY -

The specificity is > 90 % and is defined as the probability of the assay scoring negative in the absence of the specific analyte.

### SENSITIVITY -

The sensitivity is > 90 % and is defined as the probability of the assay scoring positive in the presence of the specific analyte.

## 17. INTERFERENCES

Interferences with hemolytic, lipemic or icteric sera are not observed up to a concentration of 10 mg/mL hemoglobin, 5 mg/mL triglycerides and 0.2 mg/mL bilirubin.

## 18. TROUBLESHOOTING

| Problem    | Cause                                                                                          | Solution                                                                                                       |
|------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Low signal | Incubation time too short                                                                      | Try overnight incubation at 4 °C                                                                               |
|            | Precipitate can form in wells upon substrate addition when concentration of target is too high | Increase dilution factor of sample                                                                             |
|            | Using incompatible sample type (e.g. serum vs. cell extract)                                   | Detection may be reduced or absent in untested sample types                                                    |
|            | Sample prepared incorrectly                                                                    | Ensure proper sample preparation/dilution                                                                      |
| Large CV   | Bubbles in wells                                                                               | Ensure no bubbles present prior to reading plate                                                               |
|            | All wells not washed equally/thoroughly                                                        | Check that all ports of plate washer are unobstructed/wash wells as recommended                                |
|            | Incomplete reagent mixing                                                                      | Ensure all reagents/master mixes are mixed thoroughly                                                          |
|            | Inconsistent pipetting                                                                         | Use calibrated pipettes & ensure accurate pipetting                                                            |
|            | Inconsistent sample preparation or storage                                                     | Ensure consistent sample preparation and optimal sample storage conditions (e.g. minimize freeze/thaws cycles) |

## RESOURCES

| Problem         | Cause                                                        | Solution                                                                                                 |
|-----------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| High background | Wells are insufficiently washed                              | Wash wells as per protocol recommendations                                                               |
|                 | Contaminated wash buffer                                     | Make fresh wash buffer                                                                                   |
|                 | Waiting too long to read plate after adding stop solution    | Read plate immediately after adding stop solution                                                        |
| Low sensitivity | Improper storage of ELISA kit                                | Store all reagents as recommended. Please note all reagents may not have identical storage requirements. |
|                 | Using incompatible sample type (e.g. Serum vs. cell extract) | Detection may be reduced or absent in untested sample types                                              |

### 19. NOTES



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