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AESKULISA®

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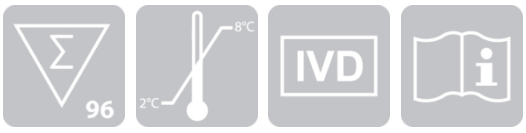
INSTRUCTION MANUAL

AESKULISA® tTg-A New Generation

REF 30-7503US



Instruction manual

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1 Intended Use

AESKULISA® tTg-A New Generation is a solid phase enzyme immunoassay for the semiquantitative and qualitative detection of IgA antibodies against tissue transglutaminase (tTG) in human serum. The assay is an aid in the diagnosis of celiac disease (gluten-sensitive enteropathy) and should be used in conjunction with other serological tests and clinical findings.

2 Clinical Application and Principle of the Assay

Gluten-sensitive enteropathy or celiac disease is characterized by atrophy of the small intestinal villi leading to a so-called flat mucosa. It is caused by a pathological intolerance to gliadin, the alcohol soluble fraction of gluten in wheat, rye and barley. The disease is HLA-associated (>95% of patients have DQ2 enREFd by DQA1*0501 and DQB*0201) and manifest at any age with a peak onset in early childhood, even in neonatals.[6] The incidence rates from 1 in 4000 to 1 in 300 European countries.

Diagnosis of celiac disease is made by small intestinal biopsy (demonstrating the flat mucosa) supported by serological markers. Antibodies against gliadin and anti-endomysium antibodies (EMA) are of major significance. They are detected so far by indirect immunofluorescence, which is restricted to subclass IgA only. The identification of tissue transglutaminase (tTg) as the major target antigen of EMA provided the opportunity of a more easy and reliable diagnosis of celiac disease.[1] tTG is an enzyme that upon wounding is released from cells where it is thought to aid in tissue repair. [2,3]

Anti-tTg antibodies show higher sensitivity and specifity than anti-Gliadin antibodies. [1] Furthermore they correlate tightly with the activity of the disease and thus are especially useful for diet monitoring. The cross-link of tTg with gliadin-specific peptides results in *neo-epitopes* of tTg. These *neo-epitopes* are structurally closer to the physiological antigens.[4,11] The ***AESKULISA®* tTg-A New Generation** is coated with tTg crosslinked with gliadin-specific peptides.

The determination of IgG antibodies to tTg is the only available specific serology for those 2% to 5% of patients with IgA deficiency.[6] A high number of subclinical cases have been detected by screening for anti-tTg, fostering the theory that the majority of celiac disease cases is undetected and untreated (Iceberg model).[5]

Principle of the test

Serum samples diluted 1:101 are incubated in the microplates coated with the specific antigen. Patient's antibodies, if present in the specimen, bind to the antigen. The unbound fraction is washed off in the following step. Afterwards anti-human immunoglobulins conjugated to horseradish peroxidase (conjugate) are incubated and react with the antigen-antibody complex of the samples in the microplates. Unbound conjugate is washed off in the following step. Addition of TMB-substrate generates an enzymatic colorimetric (blue) reaction, which is stopped by diluted acid (color changes to yellow). The rate of color formation from the chromogen is a function of the amount of conjugate bound to the antigen-antibody complex and this is proportional to the initial concentration of the respective antibodies in the patient sample.

3 Kit Contents

To be reconstituted:

5x Sample Buffer — 1 vial, 20 ml - 5x concentrated (capped white: yellow solution)
Containing: Tris, NaCl, BSA, sodium azide < 0.1%

50x Wash Buffer — 1 vial, 20 ml - 50x concentrated (capped white: green solution)
Containing: Tris, NaCl, Tween-20, sodium azide < 0.1%

Ready to use:

Negative Control — 1 vial, 1.5 ml (capped green: yellow solution)
Containing: PBS, BSA, Human serum (diluted), sodium azide < 0.1% (preservative)

Positive Control — 1 vial, 1.5 ml (capped red: yellow solution)
Containing: PBS, BSA, Human serum (diluted), sodium azide < 0.1% (preservative)

Cut-off Control — 1 vial, 1.5 ml (capped blue: yellow solution)
Containing: PBS, BSA, Human serum (diluted), sodium Azide < 0.1% (preservative)

Calibrators — 6 vials, 1.5 ml each 0, 3, 10, 30, 100, 300 U/ml
(color increasing with concentration: yellow solutions)
Containing: PBS, BSA, Human serum (diluted), sodium azide < 0,1% (preservative)

Conjugate — 1 vial,15 ml IgA (capped red: red solution)
Containing: PBS, BSA, Anti-human immunoglobulins conjugated to horseradish peroxidase

TMB Substrate — 1 vial,15 ml (capped black)
Containing: Stabilized TMB/H_2O_2

Stop Solution — 1 vial, 15 ml (capped white: colorless solution)
Containing: 1M Hydrochloric Acid

Microtiterplate — 12x8 well strips with breakaway microwells
Coating highly purified native human tissue- Transglutaminase and Gladin-specific peptides

Material required but not provided:

Microtiter plate reader 450 nm reading filter and optional 620 nm filter (600-690 nm). Glass ware (cylinder 100-1000 ml), test tubes for dilutions. Vortex mixer, precision pipettes (10, 100, 200, 500, 1000 µl) or adjustable multipipette (100-1000 µl). Microplate washing device (300 µl repeating or multichannel pipette or automated system), adsorbent paper.
Our tests are designed to be used with purified water according to the definition of the United States Pharmacopeia and the European Pharmacopeia.

4 Storage and Shelf Life

Store all reagents and the microplate at 2-8°C/35.6-46.4°F, in their original containers. Once prepared, reconstituted solutions are stable for 1 month at 2-8°C/35.6-46.4°F, at least. ***Reagents and the microplate shall be used within the expiry date indicated on each component, only. Avoid intense exposure of TMB solution to light. Store microplates in designated foil, including the desiccant, and seal tightly.***

5 Precautions of Use

5.1 Health hazard data

THIS PRODUCT IS FOR IN VITRO DIAGNOSTIC USE ONLY. Thus, only staff trained and specially advised in methods of in vitro diagnostics may perform the kit. Although this product is not considered particularly toxic or dangerous in conditions of normal use, refer to the following for maximum safety:

Recommendations and precautions
This kit contains potentially hazardous components. Though the kit reagents are not classified being irritant to eyes and skin we recommend to avoid contact with eyes and skin and wear disposable gloves.
WARNING! Calibrators, Controls and Buffers contain sodium azide (NaN_3) as a preservative. NaN_3 may be toxic if ingested or adsorbed by skin or eyes. NaN_3 may react with lead and copper plumbing to form highly explosive metal azides. At disposal, flush with a large volume of water to prevent azide build-up. Please refer to decontamination procedures as outlined by CDC or other local/national guidelines.
Do not smoke, eat or drink when manipulating the kit.
Do not pipette by mouth.
All human source material used for some reagents of this kit (controls, standards e.g.) has been tested by FDA approved methods and found negative for HbsAg, Hepatitis C and HIV 1. However, no test can guarantee the absence of viral agents in such material completely. Thus, handle kit controls, standards and patient samples as if capable of transmitting infectious diseases and according to national requirements.

5.2 General directions for use

Do not mix or substitute reagents or microplates from different lot numbers. This may lead to variations in the results.

Allow all components to reach room temperature (20-26°C/68-78.8°F) before use, mix well and follow the recommended incubation scheme for an optimum performance of the test.

Never expose components to higher temperature than 37°C/ 98.6 °F.

Always pipette substrate solution with brand new tips only. Protect this reagent from light. Never pipette conjugate with tips used with other reagents prior.

Limitations
A definite clinical diagnosis should not be based on the results of the performed test only, but should be made by the physician after all clinical and laboratory findings have been evaluated. The diagnosis is to be verified using different diagnostic methods. The performance of the assay has not been established in the pediatric population.
Though seven gliadin-positive (tTg-negative) sera have shown no cross reactivity with this assay, cross reactivities with gliadin cannot be excluded. Sera from patients with infectious diseases may also show cross reactivities.

6 Sample Collection, Handling and Storage

Use preferentially freshly collected serum samples. Blood withdrawal must follow national requirements. Do not use icteric, lipemic, hemolysed or bacterially contaminated samples. Sera with particles should be cleared by low speed centrifugation (<1000 x g). Blood samples should be collected in clean, dry and empty tubes. After separation, the serum samples should be used immediately, respectively stored tightly closed at 2-8°C/35.6-46.4°F up to three days, or frozen at -20°C/-4°F for longer periods.

7 Assay Procedure

7.1 Preparations prior to pipetting

Dilute concentrated reagents:

Dilute the concentrated sample buffer 1:5 with distilled water (e.g. 20 ml plus 80 ml).
Dilute the concentrated wash buffer 1:50 with distilled water (e.g. 20 ml plus 980 ml).

Samples
Dilute serum samples 1:101 with sample buffer (1x)
e.g. 1000 µl sample buffer (1x) + 10 µl serum. Mix well !

Washing
Prepare 20 ml of diluted wash buffer (1x) per 8 wells or 200 ml for 96 wells
e.g. 4 ml concentrate plus 196 ml distilled water.

Automated washing:
Consider excess volumes required for setting up the instrument and dead volume of robot pipette.

Manual washing:
Discard liquid from wells by inverting the plate. Knock the microwell frame with wells downside vigorously on clean adsorbent paper. Pipette 300 µl of diluted wash buffer into each well, wait for 20 seconds. Repeat the whole procedure twice again.

Microplates
Calculate the number of wells required for the test. Remove unused wells from the frame, replace and store in the provided plastic bag, together with desiccant, seal tightly (2-8°C/35.6-46.4°F).

7.2 Work flow

For pipetting scheme see Annex A, for the test procedure see Annex B
We recommend pipetting samples and calibrators in duplicate.

- Pipette 100 µl of each patient‘s diluted serum into the designated microwells.
- Pipette 100 µl calibrators OR cut-off control and negative and positive controls into the designated wells.
- Incubate for 30 minutes at room temperature (20-26°C/68-78.8°F).
- Wash 3x with 300 µl washing buffer (diluted 1:50).
- Pipette 100 µl conjugate into each well.
- Incubate for 30 minutes at room temperature (20-26°C/68-78.8°F).
- Wash 3x with 300 µl washing buffer (diluted 1:50).
- Pipette 100 µl TMB substrate into each well.
- Incubate for 30 minutes at room temperature (20-26°C/68-78.8°F).
- Pipette 100 µl stop solution into each well, using the same order as pipetting the substrate.
- Incubate 5 minutes minimum.
- Agitate plate carefully for 5 sec.
- Read absorbance at 450 nm (optionally 450/620 nm) within 30 minutes.

8 Semiquantitative and Qualitative Interpretation

For **semi-quantitative interpretation** establish the standard curve by plotting the **optical density (OD) of each calibrator (y-axis)** with respect to the corresponding concentration values in **U/ml (x-axis)**. For best results we recommend log/lin coordinates and 4-Parameter Fit. From the OD of each sample, read the corresponding antibody concentrations expressed in **U/ml.**

Normal Range	Positive Results
≤ **15 U/ml**	**> 15 U/ml**

Example of a standard curve
We recommend pipetting calibrators in parallel for each run.

Calibrators IgA	*OD 450/620 nm*	*CV % (Variation)*
0 U/ml	0.073	3.1
3 U/ml	0.179	2.3
10 U/ml	0.342	1.2
30 U/ml	0.662	0.1
100 U/ml	1.310	0.9
300 U/ml	2.263	0.3

Example of calculation

Patient	Replicate (OD)	Mean (OD)	Result (U/ml)
P 01	0.808/0.831	0.820	39.6
P 02	1.081/1.071	1.076	66.1

For lot specific data, see enclosed quality control certificate. Medical laboratories might perform an in-house Quality Control by using own controls and/or internal pooled sera, as foreseen by EU regulations. ***Do not use this example for interpreting patients results!***

Each laboratory should establish its own normal range based upon its own techniques, controls, equipment and patient population according to their own established procedures.

For **qualitative interpretation** read the optical density of the cut-off control and the patient samples. Compare patient´s OD with the OD of the cut-off control. All samples which are higher than cut-off are considered positive.

Negative: **OD patient < OD cut-off**
Positive: **OD patient > OD cut-off**

9 Technical Data

Sample material: serum
Sample volume: 10 µl of sample diluted 1:101 with 1x sample buffer
Total incubation time: 90 minutes at room temperature (20-26°C/68-78.8°F)
Calibration range: 0-300 U/ml
Analytical sensitivity: 1.0 U/ml
Storage: at 2-8°C/35.6-46.4°F use original vials, only
Number of determinations: 96 tests

10 Performance Data

10.1 Analytical sensitivity

The analytical sensitivity of this kit has been found at 1.0 U/ml.

10.2 Specificity and sensitivity

The microplate is coated with **recombinant human tissue-transglutaminase and gliadin- specific peptides**. No cross reactivities to other autoantigens have been found. To test cross reactivity with gliadin, 7 sera positive for gliadin were tested and did not react with this assay, though this can be different for other gliadin positive sera.

For determination of sensitivity and specificity sera of 165 patients suffering from Celiac disease (n=102) and related diseases (see bottom table) were assessed on the ***AESKULISA***® and a predicate device. The results as a comparison to the predicate device and disease information are shown in the table below (The data has been acquired with the ***AESKULISA***® **tTg-A New Generation** (REF 7503US)).

		AESKULISA® tTg-A New Generation		
		positive	negative	
diagnose	positive	62	2	64
	negative	5	96	101
		67	98	165

sensitivity: 96.9 %
specificity: 95.0 %
agreement: 95.8 %

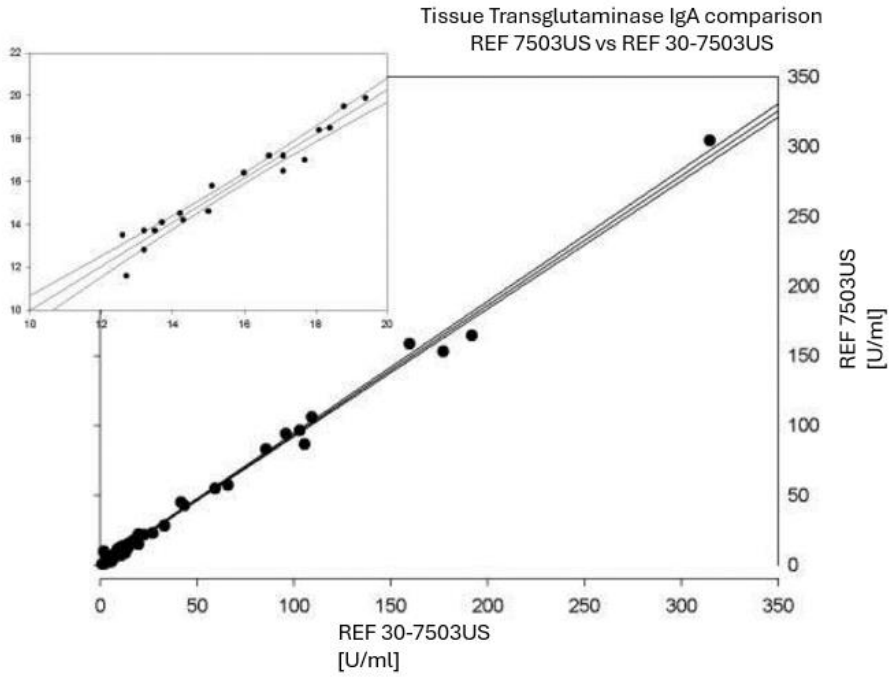
		positive	negative	
predicate device	positive	25	2	27
	negative	42	96	138
		67	98	165

rel. sensitivity: 92.6 %
rel. specificity: 69.6 %
rel. agreement: 73.3 %

Disease	# Tested pred / AESKU	# positive pred. device (%)	# positive AESKU (%)
Celiac Disease	64 / 64	21 (32.8)	62 (96.9)
Celiac Disease (gluten free diet)	38 / 38	1 (2.6)	0 (0.0)
Disease control (total)	70 / 210	5 (7.1)	5 (2.4)
Crohns Disease	51 / 51	0 (0.0)	1 (2.0)
Crohns Disease	0 / 58	n / d	0 (0.0)
Ulcerative Colits	4 / 4	1 (25.0)	0 (0.0)
Ulcerative Colits	0 / 2	n / d	0 (0.0)
Helminthiasis	2 / 2	2 (100)	2 (100)
Lactose Intolerance	2 / 2	2 (100)	2 (100)
Gliadin positive sera	0/7	n / d	0 (0.0)
Healthy donors	4/4	0 (0.0)	0 (0.0)
Healthy donors	0/80	n / d	0 (0.0)

The comparability of this data was assessed with 76 sera tested on both REF 7503US (30-15-15 minutes protocol) and REF 30-7503US (30-30-30 protocol). A linear regression analysis of the two products showed that the two products are equivalent. Included in these sera are more than 20 sera close to the cut-off (Range 10-20 U/ml is the panel upper left)

Y=b[0] + b[1]X	**value**	**range (CI95%)**
b[0]	**1.95**	**0.77 / 3.1**
b[1]	**0.886**	**0.865 / 0.907**
r^2	**0.99**	



10.3 Linearity

Chosen sera have been tested with this kit and found to dilute linearly. However, due to the heterogenerous nature of human autoantibodies there might be samples that do not follow this rule. The data has been measured by the 30-15-15 protocol (REF 7503US).

Sample No.	Dilution Factor	measured concentration (U/ml)	expected concentration (U/ml)	Recovery (%) 90-110%
1	1 / 100	76.5	71.0	107.7
	1 / 200	36.6	35.5	103.1
	1 / 400	17.2	17.8	96.8
	1 / 800	8.5	8.9	95.8
2	1 / 100	62.2	59.0	105.4
	1 / 200	29.7	29.5	100.7
	1 / 400	13.3	14.8	90.2
	1 / 800	7.0	7.4	94.9

10.4 Precision

To determine the precision of the assay, the variability (intra and inter-assay) was assessed by examining its reproducibility on three serum samples selected to represent a range over the standard curve. (n=18). The data has been measured by the 30-15-15 protocol (REF 7503US) (Range CV ≤ 10).

Intra-Assay			Inter-Assay		
Sample No.	Mean (U/ml)	CV (%)	Sample No.	Mean (U/ml)	CV (%)
1	13.8	7.0	1	10.1	2.3
2	56.7	5.2	2	38.9	0.8
3	166.5	5.5	3	169.4	4.2

10.5 Calibration

Due to the lack of international reference calibration this assay is calibrated in arbitrary units (U/ml).

11 Literature

1. **Dietrich W, Ehnis T, Bauer M, Donner P, Volta U, Riecken EO, Schuppan D (1997)**. *Identification of tissue transglutaminase as the autoantigen of celiac disease.* Nat Med 3: 797-801.
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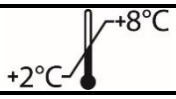
12 Regulatory Symbols

IVD	For in vitro diagnostic use
REF	Catalog number
LOT	Lot
UDI	Unique Device Identifier
Σ 96	96 tests
	See instructions for use
	Use by
	Store at 2-8°C (35.6-46.4°F)
	Manufactured by
CON +	Positive Control
CON −	Negative Control
CAL	Calibrator
CO-CAL	Cut off Calibrator
CONJ	Conjugate
MP	Coated microtiter plate
WASHB 50x	Wash buffer
SUB	Substrate buffer
STOP	Stop solution
SB 5x	Sample buffer
Rx only	For Prescription Use only

Annex

A: Pipetting scheme

We suggest pipetting calibrators, controls and samples as follows:
For **semi-quantitative interpretation** use calibrators to establish a standard curve
For **qualitative interpretation** use cut-off control

For **semi-quantitative interpretation** use calibrators to establish a standard curve

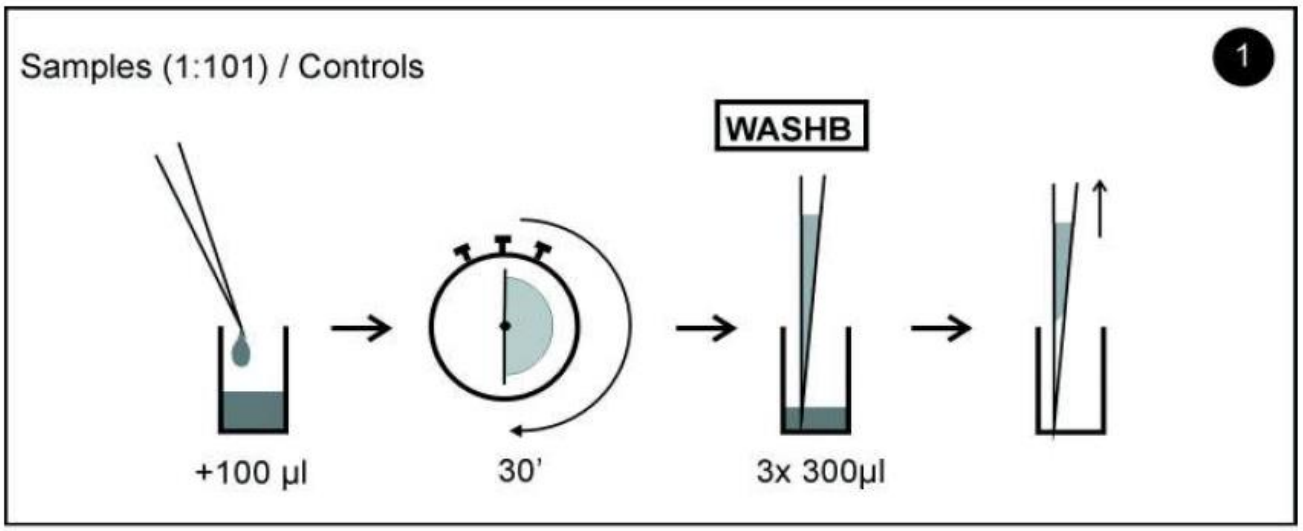
	1	2	3	4	5	
A	CalA	CalE	P1			
B	CalA	CalE	P1			
C	CalB	CalF	P2			
D	CalB	CalF	P2			
E	CalC	PC	P3			
F	CalC	PC	P3			
G	CalD	NC	...			
H	CalD	NC	...			

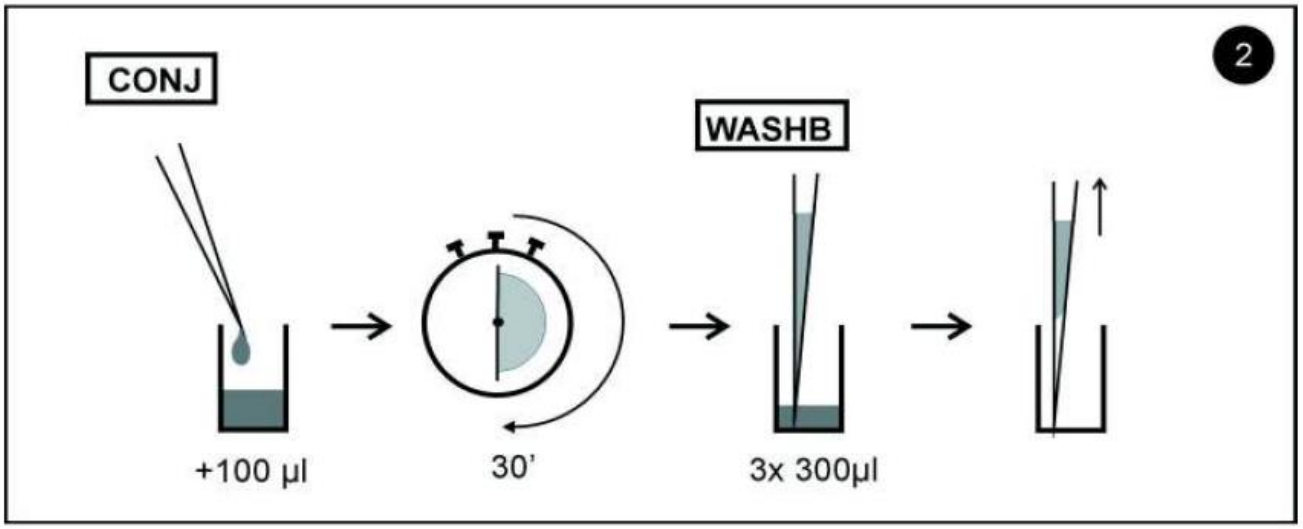
For **qualitative interpretation** use cut-off control

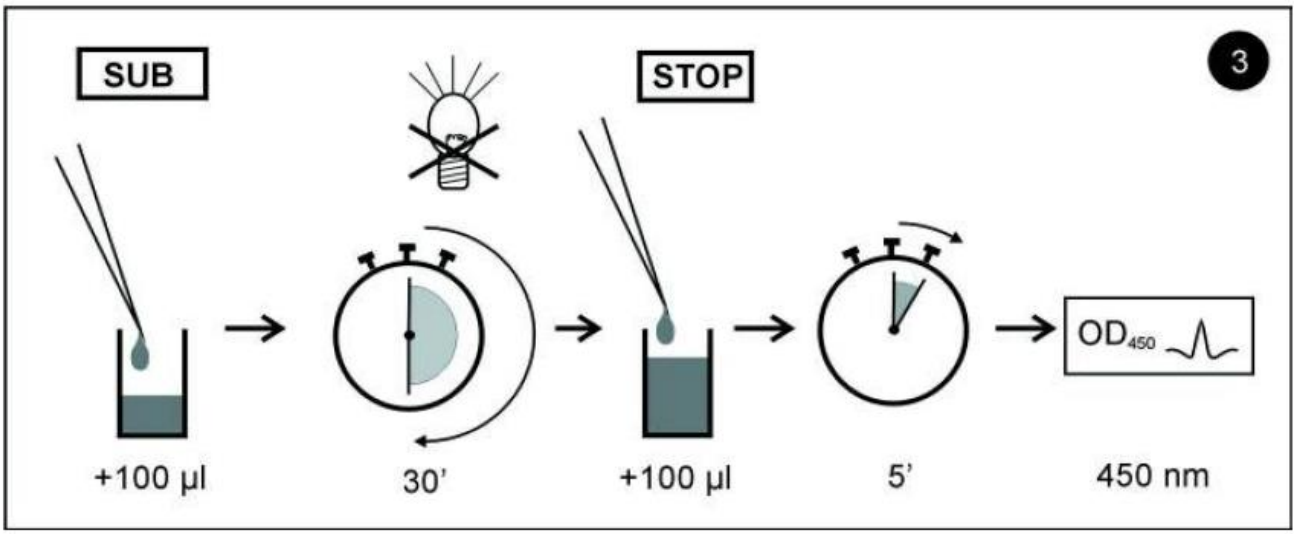
	1	2	3	4	5	
A	NC	P2				
B	NC	P2				
C	CC	P3				
D	CC	P3				
E	PC	...				
F	PC	...				
G	P1	...				
H	P1	...				

CalA: calibrator A, CalB: calibrator B, CalC: calibrator C, CalD: calibrator D, CalE: calibrator E, CalF: calibrator F
PC: positive control
NC: negative control
CC: Cut-off control
P1: patient 1
P2: patient 2
P3: patient 3

B: Test Procedure







Assay/Test: _____ Incubation/ Inkub. : 1. _____min Date/Datum: _____

Temperature/Temperatur: _____ °F_____°C 2. _____min Signature/Unterschrift: _____

Name:_____ 3. _____min

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

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AESKU.DIAGNOSTICS THE DIAGNOSTIC TOOL THAT WORKS

Product Ref.	30-7503US
Product Desc.	tTg-A New Generation
Manual Rev. No.	009: 2026-01-16