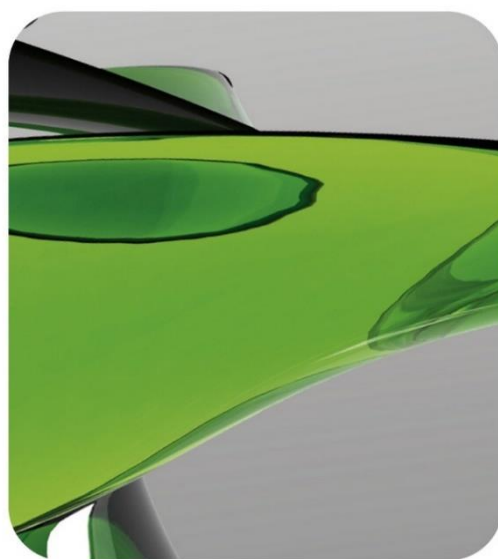




AESKU.DIAGNOSTICS

THE DIAGNOSTIC TOOL THAT WORKS



AESKULISA[®]

THE DIAGNOSTIC TOOL THAT WORKS

INSTRUCTION MANUAL

AESKULISA[®] DGP-Check

REF 30-7515US





Product Ref.	30-7515US
Product Desc.	DGP-Check
Manual Rev. No.	004: 2026-01-30

Instruction Manual

Table of Contents

1	Intended Use	1
3	Kit Contents	2
4	Storage and Shelf Life	2
5	Precautions of Use	3
6	Sample Collection, Handling and Storage	3
7	Assay Procedure	4
8	Semiquantitative and Qualitative Interpretation	7
9	Technical Data	8
10	Performance Data	8
11	Literature	10
12	Regulatory Symbols	12



Aesku.Diagnostics GmbH & Co. KG
Mikroforum Ring 2
55234 Wendelsheim
Germany
Phone: +49 6734 9622-0
Fax: +49 6734 9622-2222
Website: www.aesku.com
Mail: Info@aesku.com

1 Intended Use

AESKULISA® DGP-Check is an in-vitro diagnostic device. This solid phase enzyme immunoassay employs synthetic, deamidated gliadin-derived peptides for the combined semiquantitative and qualitative detection of IgA and IgG antibodies against deamidated Gliadin-specific peptides (DGP) 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. It is caused by a pathological intolerance to gliadin, the alcohol-soluble fraction of gluten in wheat, rye and barley. As celiac disease and dermatitis herpetiformis are aggravated by the uptake of gluten, consequently a gluten-free diet relieves the symptoms (Schuppan et al., 2009; Losowsky, 2008). Renewed consumption of gluten often leads to a return of the symptoms. The disease is HLA-associated (>95% of patients have DQ2 enREFd by DQA1*0501 and DQB1*0201) and manifests at any age with a peak onset in early childhood, even in neonatals (Liu et al., 2007). The incidence rates range from 1 in 4000 to 1 in 300 (Lagerqvist et al., 2008; Fasano, 2009; Not et al., 1998).

Diagnosis of celiac disease is made by small intestinal biopsy (demonstrating the flat mucosa) supported by serological markers. Antibodies against Gliadin and tissue Transglutaminase (tTG) are of major significance (Ivarsson et al., 2002). tTG has been identified as the major target antigen of antibodies binding to endomysium (extracellular constituent of smooth muscle) in indirect immunofluorescence test (EMA-IFT)(Salmi et al., 2006), which has been so far an important tool for the diagnosis of celiac diseases.

Circulating IgG and IgA antibodies to Gliadin are found in the serum of most but not all celiac disease patients, though the specificity of these antibodies are significantly lower compared to tTG and EMA (Fasano, 2009; Lagerqvist et al., 2008).

Recent work has revealed that gliadin reactive antibodies from celiac patients bind a very limited number of specific epitopes on the gliadin molecule. The selective deamidation of gliadin by tissue transglutaminase results in enhanced binding by anti-gliadin antibodies. Assays using deamidated and defined peptides have been shown to have higher diagnostic accuracy for celiac disease when compared to standard anti-gliadin assays. The determination of IgG antibodies to Gliadin (and/or tTG) is especially of high value as approximately 2% - 5% of celiac patients display an IgA deficiency (Salmi et al., 2006; Vermeersch et al., 2010), thus being missed by IgA subclass tests.

Moreover, antibodies to Gliadin and DGP may be the only serological marker in neonatals, as anti-tTG and EMA autoantibodies are not present at this age (Liu et al., 2007; Lagerqvist et al., 2008; Maglio et al., 2010).

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 intensity 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				
Item	Quantity	Cap color	Solution color	Description / Contents
Sample Buffer (5x)	1 x 20ml	White	Yellow	5 x concentrated Tris, sodium chloride (NaCl), bovine serum albumin (BSA), sodium azide <0.1 % (preservative)
Wash Buffer (50x)	1 x 20ml	White	Green	50 x concentrated Tris, NaCl, Tween 20, sodium azide <0.1 % (preservative)
READY TO USE				
Item	Quantity	Cap color	Solution color	Description / Contents
Negative Control	1 x 1.5ml	Green	Colorless	Human serum (diluted), bovine serum albumin (BSA), sodium azide <0.1 % (preservative)
Positive Control	1 x 1.5ml	Red	Yellow	Human serum (diluted), bovine serum albumin (BSA), sodium azide <0.1 % (preservative)
Cut-off Calibrator	1 x 1.5ml	Blue	Yellow	Human serum (diluted), bovine serum albumin (BSA), sodium azide <0.1 % (preservative)
Calibrators	6 x 1.5ml	White	Yellow *	Concentration of each calibrator: 0, 3, 10, 30, 100, 300 U/ml. Human serum (diluted), bovine serum albumin (BSA), sodium azide <0.1 % (preservative)
Conjugate, IgA/IgG	1 x 15ml	White	Red	Containing: Anti-human immunoglobulins conjugated to horseradish peroxidase, bovine serum albumin (BSA)
TMB Substrate	1 x 15ml	Black	Colorless	Stabilized tetramethylbenzidine and hydrogen peroxide (TMB/H ₂ O ₂)
Stop Solution	1 x 15ml	White	Colorless	1M Hydrochloric Acid
Microtiter plate	12 x 8 well strips	N/A	N/A	With breakaway microwells coated with deamidated gliadin specific peptides.
* Color increasing with concentration				
MATERIALS REQUIRED, BUT NOT PROVIDED				
Microtiter plate reader 450 nm reading filter and recommended 620 nm reference 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 at 2-8°C/35.6-46.4°F for 1 month. Reagents and the microplate shall be used within the expiry date indicated on each component. Opened components are stable for 1 month. Avoid intense exposure of TMB solution to light. Store microplate 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 the intended use, refer to the following for maximum safety:

Recommendations and precautions

This kit contains potentially hazardous components. Though 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. On 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.

The kit contains material of animal origin as stated in the table of contents, handle according to national requirements.

5.2 General directions for use

In case that the product information, including the labeling, is defective or incorrect please contact the manufacturer or the supplier of the test kit.

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 ($20\text{--}32^\circ\text{C}/68\text{--}89.6^\circ\text{F}$) before use, mix well and follow the recommended incubation scheme for an optimum performance of the test.

Never expose components to higher temperature than $37^\circ\text{C}/98.6^\circ\text{F}$.

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

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.

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 ($<1000 \times g$). Blood samples should be collected in clean, dry and empty tubes.

After separation, the serum samples should be used during the first 8h, respectively stored tightly closed at $2\text{--}8^\circ\text{C}/35.6\text{--}46.4^\circ\text{F}$ up to 48h, or frozen at $-20^\circ\text{C}/-4^\circ\text{F}$ for longer periods (according to CLSI Guideline H18-A3).



Product Ref.	30-7515US
Product Desc.	DGP-Check
Manual Rev. No.	004: 2026-01-30

7 Assay Procedure

7.1 Preparations prior to starting

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).

To avoid mistakes we suggest to mark the cap of the different calibrators.

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 Pipetting Scheme

We suggest pipetting calibrators, controls and samples as follows:

For <i>QUANTITATIVE</i> interpretation					For <i>QUALITATIVE</i> interpretation				
	1	2	3	4...		1	2	3	4...
A	Cal A	Cal E	P1		A	NC	P2		
B	Cal A	Cal E	P1		B	NC	P2		
C	Cal B	Cal F	P2		C	CC	P3		
D	Cal B	Cal F	P2		D	CC	P3		
E	Cal C	PC	P3		E	PC	...		
F	Cal C	PC	P3		F	PC	...		
G	Cal D	NC	...		G	P1	...		
H	Cal D	NC	...		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

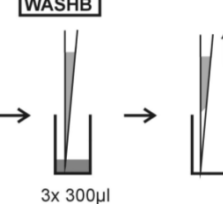
CC: cut-off calibrator

P1: patient 1

P2: patient 2

P3: patient 3

7.3 Test Steps

Step	Description
1.	Ensure preparations from step 7.1 above have been carried out prior to pipetting.
2.	Use the following steps in accordance with quantitative/ qualitative interpretation results desired:
CONTROLS & SAMPLES	
3.	 Pipette into the designated wells as described in chapter 7.2 above, 100 µl of either: - Calibrators (CAL.A to CAL.F) for <i>QUANTITATIVE</i> or - Cut-off Calibrator (CC) for <i>QUALITATIVE</i> interp. and 100 µl of each of the following: - Negative control (NC) and Positive control (PC), and - Patients diluted serum (P1, P2...)
4.	 Incubate for 30 minutes at 20-32°C/68-89.6°F.
5.	 Wash 3x with 300 µl washing buffer (diluted 1:50).

CONJUGATE

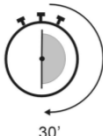
6.

CONJ



Pipette 100 µl conjugate into each well.

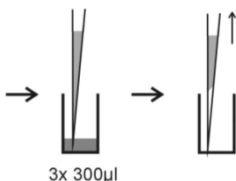
7.



Incubate for 30 minutes at 20-32°C/68-89.6°F.

8.

WASHB



Wash 3x with 300 µl washing buffer (diluted 1:50).

SUBSTRATE

9.

SUB



Pipette 100 µl TMB substrate into each well.

10.

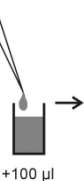


Incubate for 30 minutes at 20-32°C/68-89.6°F, protected from intense light.

STOP

11.

STOP



Pipette 100 µl stop solution into each well, using the same order as pipetting the substrate.

12.

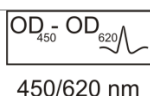


Incubate 5 minutes minimum.

13.

Agitate plate carefully for 5 sec.

14.



Read absorbance at 450 nm (recommended 450/620 nm) within 30 minutes.

8 Semiquantitative and Qualitative Interpretation

For **semiquantitative 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	Equivocal Range	Positive Results
< 16 U/ml	16 - 24 U/ml	>24 U/ml

Example of a standard curve

Do NOT use this example for interpreting patient's result

Calibrators IgA/G	OD 450/620 nm	CV % (Variation)
0 U/ml	0.040	0.0
3 U/ml	0.126	1.5
10 U/ml	0.287	2.7
30 U/ml	0.513	4.0
100 U/ml	1.086	4.5
300 U/ml	1.974	5.6

Example of calculation

Patient	Replicate (OD)	Mean (OD)	Result (U/ml)
P 01	1.007/1.011	1.009	98.4
P 02	0.533/0.523	0.528	38.2

Samples above the highest calibrator range should be reported as >Max. They should be diluted as appropriate and re-assayed. Samples below calibrator range should be reported as < Min. Equivocal samples should be considered "non-conclusive" and should be further investigated.

For lot specific data, see enclosed quality control leaflet. Medical laboratories might perform an in-house quality control by using own controls and/or internal pooled sera, as foreseen by national regulations.

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

In case the values of the controls do not meet the criteria the test is invalid and has to be repeated.

The following technical issues should be verified: Expiration dates of (prepared) reagents, storage conditions, pipettes, devices, photometer, incubation conditions and washing methods.

If the items tested show aberrant values or any kind of deviation or that the validation criteria are not met without explicable cause, please contact the manufacturer or the supplier of the test kit.

For **qualitative interpretation** read the optical density of the cut-off calibrator and the patient samples. Consider sera within a range of 20% around the cut-off value as equivocal. All samples with higher ODs are considered positive, samples with lower ODs are considered negative.

Negative:	OD patient	<	0.8 x OD cut-off
Equivocal:	0.8 x OD cut-off	≤	OD patient ≤ 1.2 x OD cut-off
Positive:	OD patient	>	1.2 x 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 (20-32°C/68-89.6°F)
Calibration range:	0-300 U/ml
Analytical sensitivity:	1.44 U/ml
Reportable range:	1.84 – 300 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

Testing sample buffer 60 times on **AESKULISA® DGP-Check** gave a limit of blank of 0.202 U/ml and 8 low negative samples for 8 times gave a limit of detection of 1.44 U/ml.

10.2 Method Comparison

The microplates are coated with synthetic, deamidated gliadin-derived peptides. No Cross reactivity with other autoantibodies have been found. A total of 216 adult and pediatric samples (for composition see table) have been tested on the **AESKULISA® DGP-Check** and a predicate device reacting in the reportable range. Results are summarized in the following table (samples out of reportable range were excluded from the comparison but were included in the clinical validation below):

DGP-Check	AESKULISA®	Predicate	
Diagnosis	POS (>24)	POS	Total
CD	59 (96.7%)	54 (88.5%)	61
CD IgA Def	14 (93.3%)	15 (100%)	15
CD suspect	25 (67.6%)	33 (89.2%)	37
CD suspect IgA Def	1 (50%)	0 (0%)	2
DH	27 (81.8%)	31 (93.9%)	33
non-DH/CD controls	3 (5.4%)	2 (3.6%)	56
diluted serum	1 (8.3%)	8 (66.7%)	12
Total	130 (60.2%)	143 (66.2%)	216

DGP-Check		predicate		
		POS (>20)	Neg (≤20)	Total
AESKU	Pos (>24)	122	8	130
	Neg (≤24)	21	65	86
	Total	143	73	216

Positive agreement	95% C.I.	
85.31% (122/143)	78.59%	90.19%
Negative agreement		
89.04% (65/73)	79.84%	94.34%
Overall agreement		
86.57% ((122+65)/216)	81.38%	90.49%

*Agreements were calculated regarding equivocal results as negative and low positive results as positive.

Of the 22 samples (disregarding 7 discrepant diluted samples) with discrepant results the **AESKULISA®** outperformed the predicate device in 7 cases based on additional information such as EMA, biopsy and results from DGP assays of other immunoglobulin classes.

10.3 Clinical Evaluation

The diagnostic sensitivity of 94.4% and diagnostic specificity of 97.7% was calculated using 289 samples: The above CD and DH, non-DH/CD and autoimmune controls samples ignoring the results for the suspected, diluted and IgA deficient samples (for composition see table below).

DGP-Check	AESKU	
Disease Group	POS (>24)	Total
Autoimmune Controls*	0 (0%)	73
CD	77 (97.5%)	79
CD IgA Def	15 (93.8%)	16
DH	59 (90.8%)	65
Controls (non-DH/CD)	3 (5.4%)	56
Total	154 (53.3%)	289

(*) contains additional samples only determined on the **AESKULISA®** and not determined on the predicate device and samples which showed high positivity out of measurable range.

DGP-Check	Diagnosis			Diagnostic Sensitivity*	95% C.I.	
Test	POS	neg	Total	94.38% (151/160)	89.66%	97.01%
POS>24	151	3	154	Diagnostic Specificity*		
neg ≤24	9	126	135			
Total	160	129	289	97.67% (126/129)	93.39%	99.21%

*equivocal results were regarded as negative

10.4 Linearity

Chosen sera have been tested with this kit and found to dilute linearly with a negative serum according to CLSI EP06-A. However, due to the heterogeneous nature of human autoantibodies there might be samples that do not follow this rule.

Composition		High			Medium			Low		
Pos. sample	Neg. sample	Mean [U/ml]	Expected [U/ml]	Recovery [%]	Mean [U/ml]	Expected [U/ml]	Recovery [%]	Mean [U/ml]	Expected [U/ml]	Recovery [%]
100.0%	0.0%	392.5	392.5	100.0%	156.5	156.5	100.0%	14.8	14.8	100.0%
87.5%	12.5%	326.5	343.4	95.1%	131.1	136.9	95.8%	11.2	12.9	86.9%
75.0%	25.0%	287.3	294.4	97.6%	120.4	117.3	102.6%	10.5	11.1	94.6%
67.5%	32.5%	241.0	264.9	90.9%	88.3	105.6	83.6%	7.6	10.0	75.9%
50.0%	50.0%	199.8	196.3	101.8%	78.1	78.2	99.8%	6.5	7.4	88.6%
37.5%	62.5%	159.8	147.2	108.6%	58.5	58.7	99.7%	4.5	5.5	82.0%
25.0%	75.0%	79.2	98.1	80.7%	36.5	39.1	93.3%	3.5	3.7	94.4%
12.5%	87.5%	26.9	49.1	54.8%	11.2	19.6	57.0%	1.2	1.8	62.4%

Taken this data, the linear range for **AESKULISA® DGP-Check** is from 1.84 U/ml to 300 U/ml.

10.5 Precision

To determine the precision of the assay, the variability (intra, inter-assay and Lot-to-Lot) was assessed by examining its reproducibility on five serum samples selected to represent a range over the standard curve, in 8 repetitions in 5 runs. Lot-to-Lot variability was assessed measuring five serum samples in 8 repetitions on 3 different lots.

Inter-assay variability			Intra-assay variability			Lot-to-lot variability		
Sample No.	Mean (U/ml)	CV (%)	Sample No.	Mean (U/ml)	CV (%)	Sample No.	Mean (U/ml)	CV (%)
1	11.5	12.2	1	11.53	10.8	1	10.4	12.4
2	18.9	12.2	2	18.88	10.3	2	20.3	10.6
3	28.8	13.0	3	28.83	12.5	3	30.3	11.0
4	64.0	12.0	4	63.98	8.2	4	62.1	8.1
5	128.0	14.4	5	128.01	7.1	5	127.0	8.1

Acceptance criteria are ≤15% for positive samples, ≤15% for equivocal samples and ≤25% for negative samples

10.6 Calibration

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

10.7 Normal Range

DGP-A antibodies are reported in up to 10% and DGP-G antibodies in up to 13.7% of the normal population.

133 random blood donors were tested for DGP-Check antibodies. Of these, 116 ranged in the age of 16-45 and 17 were 46+; they included a similar number of males and females. One samples (0.8%) was positive, six (4.5%) were equivocal, with the highest sample at 28.4 units, the rest were negative. The mean value of the samples was 8.2 units with a standard deviation of 4.4 units. The mean value is 3.6 standard deviations below the 24-unit limit of positivity.

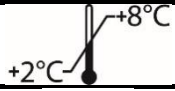
11 Literature

- Schwartz E**, et al.: Serologic assay based on gliadin-related nonapeptides as a highly sensitive and specific diagnostic aid in celiac disease. *Clinical Chemistry* 50: 2370-5, 2004.
- Osman AA**, et al.: B-Cell epitopes of gliadin. *Clin Exp Immunol* 121: 248-254, 2000.
- Mothes T**.: Deamidated gliadin peptides as targets for celiac disease-specific antibodies. *Adv Clin Chem.* 44: 35-63, 2007
- Aleanzi M, et al.**: Celiac disease: Antibody recognition against native and selectively deamidated gliadin peptides. *Clinical Chemistry* 47: 2023-8, 2001.
- Richter T, et al.**: Determination of IgG and IgA antibodies against native gliadin is not helpful for the diagnosis of coeliac disease in children up to 2 years old. *J Pediatr Gastroenterol Nutr.* 55: 21-5, 2012
- Leffler DA, Schuppan D.**: Update on serologic testing in celiac disease. *Am J Gastroenterol.* 105: 2520-4, 2010.
- Kurppa K, et al.**: Antibodies against deamidated gliadin peptides in early-stage celiac disease. *J Clin Gastroenterol.* 45: 673-8, 2011.

- 8. Vermeersch P, et al.:** Diagnostic performance of IgG anti-deamidated gliadin peptide antibody assays is comparable to IgA anti-tTG in celiac disease. Clin Chim Acta. 411: 931-5, 2010
- 9. Prause C, et al.:** Antibodies against deamidated gliadin as new and accurate biomarkers of childhood coeliac disease. J Pediatr Gastroenterol Nutr. 49: 52-8, 2009
- 10. Naiyer AJ, et al.:** Comparison of commercially available serologic kits for the detection of celiac disease. J Clin Gastroenterol. 43: 225-32, 2009
- 11. Fasano, A.** Surprises from Celiac Disease. Scientific American. 2009
- 12. Ivarsson, A., et al.:** Breast-feeding protects against celiac disease. Am.J.Clin.Nutr. 75, 914–921, 2002
- 13. Lagerqvist, C., et al.:** Antigliadin immunoglobulin A best in finding celiac disease in children younger than 18 months of age. J.Pediatr.Gastroenterol.Nutr. 47, 428–435. 2008
- 14. Liu, E. et al.:** Natural history of antibodies to deamidated gliadin peptides and transglutaminase in early childhood celiac disease. J.Pediatr.Gastroenterol.Nutr. 45, 293–300. 2007
- 15. Losowsky, M.S.** A history of coeliac disease. Dig.Dis. 26, 112–120. 2008
- 16. Maglio, M. et al.:** . Serum and intestinal celiac disease-associated antibodies in children with celiac disease younger than 2 years of age. J.Pediatr.Gastroenterol.Nutr. 50, 43–48. 2010
- 17. Not, T. et al.:** Celiac disease risk in the USA: high prevalence of antiendomysium antibodies in healthy blood donors. ScandJ Gastroenterol 33, 494–498. 1998
- 18. Salmi, T.T., et al.:** Endomysial antibody-negative coeliac disease: clinical characteristics and intestinal autoantibody deposits. Gut 55, 1746–1753. 2006
- 19. Schuppan, D., et al.:** Celiac disease: from pathogenesis to novel therapies. Gastroenterology. 137, 1912–1933. 2009
- 20. Vermeersch, P. et al.** Diagnostic performance of IgG anti-deamidated gliadin peptide antibody assays is comparable to IgA anti-tTG in celiac disease. Clin.Chim.Acta 411, 931–935. 2010



12 Regulatory Symbols

IVD	For in vitro diagnostic use
REF	Catalog number
LOT	Lot
UDI	Unique Device Identifier
	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