

(4th Generation) HBsAg iClia

Chemiluminescence microparticle immunoassay for Qualitative Detection of Hepatitis B Surface Antigen (HBsAg) in Human Serum/ Plasma

1. INTRODUCTION

The Viral Hepatitis caused by Hepatitis B Virus is termed as "Serum Hepatitis". 1-5% infected people act as chronic carriers of HBV Virus. Major part of the chronic carriers secrete hepatitis B surface antigen (HBsAg) into blood and other secretions of the body like saliva and vaginal fluid. These chronic carriers are potentially infectious to other seronegative people.

Hepatitis B Virus belongs to a family of enveloped DNA virus, the Hepadnavirus. Related viruses in this group cause chronic hepatitis.

HBsAg has been accepted as a universal and the most reliable seromarker in case of acute HBV infection due to its appearance almost 2-4 weeks before the ALT level becomes abnormal and 3-5 weeks before the onset of symptoms or jaundice as an early detection system for hepatitis infection. In most cases of HBV infection, the incubation period varies from 40 days to 6 months.

Within HBVs, antigenic diversity is recognised in the surface antigens. HBsAg particles contain common "a" antigen, linked to two sets of mutually exclusive determinants, "d" or "y" and "w" or "r" giving the four main types- adw, adr, ayw and ayr.

2. INTENDED USE

















4th Generation HBsAg iClia is a chemiluminescence microparticle immunoassay designed for *in vitro* qualitative detection of HBs (surface antigen) antigen in human serum or plasma and is used as a screening test for testing of collected blood prior to transfusion. This kit is only operational in conjunction with J. Mitra CLIA Analyzer.

3. PRINCIPLE

HBsAg iClia is chemiluminescence microparticle immunoassay based on the "Direct Sandwich" principle. The magnetic microparticles are coated with Anti-HBsAg antibodies with high reactivity for HBsAg. The samples are added in assay cup followed by addition of AE conjugate (anti-HBsAg antibodies linked to acridinium ester). A sandwich complex is formed wherein HBsAg (from serum sample) is "trapped" or "sandwiched" between the microparticles coated antibody and antibody labelled with AE conjugate. Unbound conjugate is then washed off with wash buffer. The amount of bound AE conjugate is proportional to the concentration of HBsAg present in the sample. Finally pre-trigger and trigger solution containing hydrogen peroxide and sodium hydroxide solution is added to the reaction mixture. The resulting chemiluminescent reaction is measured as relative Light units (RLUs). There is a direct relationship between the amount of HBsAg present in the sample and the RLUs detected by the optical system. Results are calculated automatically based on the cut-off value.

4. DESCRIPTION OF SYMBOLS USED

The following are graphical symbols used in or found on J. Mitra diagnostic products and packing. These symbols are the most common ones appearing on medical devices and their packing. They are explained in more detail in the European Standard EN ISO 15223-1:2021.

	Manufactured By		<i>In vitro</i> diagnostic medical device
	No. of tests		Instruction for use
	Lot Number Batch Number		Temperature Limitation
	Manufacturing Date		Caution - See instruction for use
	Expiry Date		Catalogue Number
	Do not use if package is damaged		Keep away from sunlight
	Contains biological Material of Human Origin		Contains biological Material of Animal Origin
	Country of Manufacture		Keep Dry

5. KIT PRESENTATION

- 50 Test Pack
- 100 Test Pack

6. KIT & ITS COMPONENTS

COMPONENT	DESCRIPTION
Microparticles Buffer (RA)	Magnetic microparticles coated with anti-HBsAg antibodies with preservatives.
Assay Buffer (RB)	Assay Buffer containing BSA with preservatives.
AE Conjugate (RD)	Containing Monoclonal Anti-HBsAg linked to acridinium ester with preservatives.
Control-1 (Q1)	Normal human plasma negative for HIV, HCV & HBsAg with preservatives.
Control-2 (Q2)	Positive for HBsAg and non reactive for HIV and HCV antibodies with preservatives.
Calibrator-1 (C0)	Cut-off calibrator, BSA in buffer with preservatives.
Calibrator-2 (C1)	Cut-off calibrator, HBsAg in buffer with preservatives.
Reagent Plugs	Silicon caps to cover the opened reagents.

7. STORAGE AND STABILITY

The shelf-life of the kit is 12 months from the date of manufacturing, when stored at 2-8°C. **Once the kit is opened, onboard stability of reagents, calibrator and control is 30 days at 2-8°C.**

8. ADDITIONAL MATERIAL AND INSTRUMENTS REQUIRED

- **Pre-Trigger Solution:** Hydrogen peroxide solution.
- **Trigger Solution:** Sodium hydroxide solution.
- **Wash Buffer:** Phosphate buffered saline solution with surfactant.
- **Assay Cup**
- **J. Mitra CLIA Analyzer**

All materials and analyzer to be used for running the HBsAg iClia shall be from J. Mitra & Co. Pvt. Ltd.

9. SPECIMEN COLLECTION & HANDLING

1. Only human serum or plasma samples should be used for the test.
2. For serum collection use serum vacutainer. While preparing serum samples, remove the serum from the clot as soon as possible to avoid hemolysis. Fresh serum/plasma samples are preferred.
3. For plasma collection: use Dipotassium EDTA, Tripotassium EDTA, Sodium heparin and lithium heparin gel vacutainer and CPDA blood bag.
4. Specimens should be free of microbial contamination and may be stored at 2-8°C for one week, or frozen at -20°C or lower. Avoid repeated freezing and thawing.
5. Do not use heat inactivated samples as their use may give false results. Hemolyzed and licteric hyperlipemic samples may give erroneous results.
6. Serum specimens from patients receiving anticoagulant or thrombolytic therapy may contain fibrin due to incomplete clot formation.
7. Always use clear specimens. Centrifuge viscous/ thick or turbid specimen at 10,000 RPM for 15 minutes prior to use to avoid inconsistent result.
8. Use of disposable pipettes or pipette tips is recommended to prevent cross contamination.

10. SPECIMEN PROCESSING

(A) FROZEN SAMPLE

HBsAg iClia test is best used with fresh samples that have not been frozen and thawed. However most frozen samples will perform well if the procedure suggested below is followed.

Allow the frozen sample to thaw in a vertical position in the rack. Do not shake the sample. This allows particles to settle to the bottom. Centrifuge the sample at 10,000 rpm for 15 minutes.

(B) TRANSPORTATION

If the specimen is to be transported, it should be packed in compliance with the current Government regulations regarding transport of aetiological agents.

11. WARNING & PRECAUTION

CAUTION: THIS KIT CONTAINS MATERIALS OF HUMAN ORIGIN. NO TEST METHOD CAN OFFER COMPLETE ASSURANCE THAT HUMAN BLOOD PRODUCTS WILL NOT TRANSMIT INFECTION. NEGATIVE CONTROL, POSITIVE CONTROL & ALL THE SAMPLES TO BE TESTED SHOULD BE HANDLED AS THOUGH CAPABLE OF TRANSMITTING INFECTION.

1. The use of disposable gloves and proper biohazardous clothing is STRONGLY RECOMMENDED while running the test.
2. In case there is a cut or wound in hand, DO NOT PERFORM THE TEST.
3. Do not smoke, drink or eat in areas where specimens or kit reagents are being handled.
4. Tests are for *in vitro* diagnostic use only and should be run by competent person only.
5. Do not pipette by mouth.
6. All materials used in the assay and samples should be decontaminated in 5% sodium hypochlorite solution for 30-60 min. before disposal or by autoclaving at 121°C at 15psi for 60 minutes. Do not autoclave materials or solution containing sodium hypochlorite. They should be disposed off in accordance with established safety procedures.
7. Wash hands thoroughly with soap or any suitable detergent, after the use of the kit. Consult a physician immediately in case of accident or contact with eyes, in the event that contaminated material are ingested or come in contact with skin puncture or wounds.
8. Spills should be decontaminated promptly with Sodium Hypochlorite or any other suitable disinfectant.

12. PRECAUTIONS FOR USE & REAGENT HANDLING

1. Do not use kit components beyond the expiration date which is printed on the kit.
2. Store the reagents & samples at 2-8°C.
3. Do not pool reagents from within a batch or between different batches, as they are optimised for individual batch to give best results.
4. Before loading the reagent kit in the clia analyzer for the first time, ensure proper mixing of microparticle bottle to resuspend microparticles that may have settled during transport or storage.
5. Once reagents are opened, reagent Plug must be used to prevent reagent evaporation and contamination and to ensure reagent integrity. Reliability of assay results cannot be guaranteed if reagent plugs are not used according to the instructions given.
6. To avoid contamination, wear clean gloves when placing a reagent plug on an uncapped reagent bottle.
7. Once a reagent plug has been placed on an open reagent bottle, do not invert the bottle as this will result in reagent leakage and may compromise assay results.
8. Reagents may be stored on or off the Chemiluminescence immunoassay analyzer. If reagents are removed from the analyzer, store them at 2-8°C (with Reagent Plugs) in an upright position. For reagents stored off the system, it is recommended that they should be stored in their original trays and boxes to ensure they remain upright. If the microparticle bottle does not remain upright (with a Reagent Plug placed) while in refrigerated storage off the system, the reagent kit must be discarded.
9. Run control-1 & control-2 in each assay to evaluate validity of the kit.
10. Distilled or deionised water must be used for wash buffer preparation.
11. Avoid strong light exposure during the assay.
12. In case of any doubt the run should be repeated.

13. TEST PROCEDURE

Assay Procedure

1. Refer to the Clia Analyzer user manual for detailed information on preparing the analyzer.
2. Before loading the HBsAg iClia reagent kit on the analyzer for the first time, mix contents of the microparticle bottle to resuspend microparticles that may have settled during transportation/ storage. Once the microparticles have been loaded, no further mixing is required.

Important Note: Swirl the microparticle (RA) bottle 30 times. Visually inspect the bottle to ensure microspheres are resuspended. If microspheres are still adhered to the bottle, continue to Swirl the bottle until the microspheres have been completely resuspended. If the microspheres do not resuspend, DO NOT USE. Once the microspheres have been resuspended, remove the cap and place the reagent plug on the bottle to make it ready to use. Remove the cap of (RA), (RB) and (RD) bottles and place the reagent plugs before use as follow:

(RA) & (RB) : Natural color plug
(RD) : Brown color plug

3. Load the HBsAg iClia reagent tray on the Chemiluminescence immunoassay analyzer.
4. Verify that all necessary reagents are available in the reagent tray.
5. Ensure that adequate sample volume (not less than 250 µL) is present in sample tube prior to running the test.
6. Sample volume required for each additional test from same sample tube is 100 µL.
7. The HBsAg test-specific parameters are stored in reagent barcode placed on the reagent tray and read through barcode reader. In cases, the barcode cannot be read, contact customer support at: 011-47130300, 500 or write us at: jmitra@jmitra.co.in.
8. Run calibration, if required.
9. Mix HBsAg iClia calibrators and controls by gentle inversion before use. Open the the cap and place the Calibrator-1 & Calibrator-2 and control-1 & control-2 vials into each respective sample positions. Read the barcode for calibrator and controls provided with the kit.
10. Press START. The test result for first sample will be obtained at 20 minutes.
11. The Chemiluminescence immunoassay analyzer performs all the functions automatically and calculate the results.

Calibration

1. Test Calibrator in triplicate. Both control-1 and control-2 must be tested in each run to evaluate the assay calibration. Ensure that calibrator and controls values are within the validity range specified in this instruction manual.
2. Once calibration is accepted (within range) and stored, all subsequent samples may be tested without further calibration unless:
3. Recalibrate the analyzer in following conditions:
 - a) After each exchange/use of new lot (Test reagent and pre-trigger/ Trigger solution/ wash buffer).
 - b) Every 15 days and/or at the time of any component to be changed.
 - c) Controls are out of validation range.
 - d) Required by pertinent regulations.
 - e) After specified service procedures have been performed or maintenance to critical part or subsystems that might influence the performance of the HBsAg iClia.

TEST VALIDITY:

Ensure the following is within specified acceptance criteria

- i) Sample to cut-off ratio (S/CO) of control-1 (Q1) must be between 0 to 0.5. If it is not so, the run is invalid and must be repeated or calibrated.
- ii) Sample to cut-off ratio (S/CO) of control-2 (Q2) must be between 5.6 to 8.4. If it is not so, the run is invalid and must be repeated or calibrated.
- iii) Sample to cut-off ratio (S/CO) of calibrator -1 (C0) must be between 0 - 0.5. If it is not so, the run is invalid and must be repeated or calibrated.
- iv) Sample to cut-off ratio (S/CO) of calibrator-2 (C1) must be between ≥ 0.8 to 2.1. If it is not so, the run is invalid and must be repeated or calibrated.

Note: If one of the Calibrator-1 (C0) &/or Calibrator-2 (C1) individual values differ from other 2 replicates, then analyser automatically disregard that value and calculate the calibrators value with the two remaining calibrator values and provide the result.

RESULT CALCULATION:

The analyzer automatically calculates the sample to cut-off ratio (S/CO) of each sample based on cut-off value using formulas.

- a. Cut off value = mean RLU of calibrator-1 + mean RLU of calibrator-2 x Factor (F)
- b. Calculation of Sample to cut-off Ratio : Sample cut-off Ratio is calculated as follows:
Sample cut-off Ratio (S/CO) = RLU of Sample / Cut-off value.

Note: Factor (F) is batch specific and is provided in the calibrator barcode.

14. INTERPRETATION OF RESULTS

- If the HBsAg S/CO is < 1.0 then interpret the sample as Negative for HBsAg.
- If the HBsAg S/CO is \geq 1.0 then interpret the sample as Positive for HBsAg.

15. PERFORMANCE CHARACTERISTICS

A) Analytical Sensitivity:

The sensitivity of the kit has been determined using WHO standard (Second international standard for HBsAg subtype adw2 geno type A) and it is equal to 0.130 IU/ml.

HBsAg iClia has a sensitivity of 0.050ng/ml for all the 11 subtypes (ad & ay subtype) including mutant strains.

B) Diagnostic Sensitivity and Specificity : The Performance of the HBsAg iClia with reference to sensitivity and specificity was evaluated in-house with the panel of 80 negative and 15 HBsAg positive samples. The performance is also checked with fresh clinical negative (250) and HBsAg Positive (15) samples. The results of all the positive and negative samples were compared with commercially available licensed test kit. The results of the in-house study done are as follows:

No. of Samples	Status	HBsAg iClia		Commercially available HBsAg ELISA	
		Positive	Negative	Positive	Negative
35	HBsAg Positive	30	0	30	0
330	HBsAg Negative	0	330	0	330

Sensitivity : 100%

Specificity : 100%

C) Analytical Specificity :

The analytical specificity of the HBsAg iClia Test kit is checked to check the potential for false results with 10 cross-reacting specimen; HIV, HCV, RA, CRP and antenatal samples. The specificity on all above samples tested is 100%. The analytical specificity of the test kit is also checked with potentially interfering substances /samples to check the potential for false results arising from interference from potentially interfering substance .There was no interference with the test results when biomolecules; Bilirubin (20mg/dl), Hemoglobin(500mg/dl),Triglyceride(1000mg/dl), Total protein(10mg/dl), RF(1000mg/ml), ANA(400mg/ml) & HAMA positive human plasma(600mg/mL) were added to the test specimen with much higher level in normal human blood.

D) External Evaluation:

The performance of 3 lots of HBsAg iClia with reference to sensitivity and specificity is evaluated by Nation Institute of Biologicals. Following are the results:

Sensitivity : 100%

Specificity : 100%

Precision: Precision is checked by running HBsAg iClia test in 10 replicates (Intra assay variation, Inter assay variation) and Inter Machine variation with Kit controls(Contro 1& Control 2) , 2 HBsAg positive samples; one strong positive and one weak positive .The CV% in Sample RLU to Cutoff ratio (S/CO) of both the controls and positive samples is within 10% for intra-assay variation and within 15% for inter-assay and inter-machine variation.

16. LIMITATION OF THE TEST

- The test should be used for detection of HBsAg in serum or plasma only and not in other body fluids.
- This is only a screening test** and will only indicate the presence or absence of Hepatitis B Surface Antigen in the specimen. All reactive samples should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patients clinical history, symptomatology as well as serological data should be considered. The results should be reported only after complying with the above procedure.
- False positive results can be obtained due to the presence of Rf antibodies, patients with auto-immune disease, liver problems, renal disorders and antenatal samples.

17. LIMITED EXPRESSED WARRANTY DISCLAIMER

The manufacturer limits the warranty to the test kit, as much as that the test kit will function as an *in vitro* diagnostic assay within the limitations and specifications as described in the product instruction-manual, when used strictly in accordance with the instructions contained therein. The manufacturer disclaims any warranty expressed or implied including such expressed or implied warranty with respect to merchantability, fitness for use or implied utility for any purpose. The manufacture's liability is limited to either replacement of the product or refund of the purchase price of the product and in no case liable to for claim of any kind for an amount greater than the purchase price of the goods in respect of which damages are likely to be claimed.

The manufacturer shall not be liable to the purchaser or third parties for any injury, damage or economic loss, howsoever caused by the product in the use or in the application thereof.

18. REFERENCES

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19. TROUBLE SHOOTING CHART

PROBLEM	POSSIBLE CAUSE	SOLUTION
1. Controls out of validation limit	a) Controls deterioration due to improper storage or used after expiry.	Use controls within 30 days once opened and Check storage temp. It should be 2-8°C.
	b) Cross contamination of Controls	Pipette carefully and do not interchange caps.
	c) Reagents deterioration to improper storage or used after expiry.	Use reagents within 30 days once opened and Check storage temp. It should be 2-8°C.
	d) Magnetic microsphere are not properly mixed before loading in the analyzer.	Ensure proper mixing of bottle containing microparticles by gentle shaking/ inversion before use.
2) False Positive results	a) Use of turbid, lipaemic or hemolyzed sample.	Use clear fresh sample. Refer specimen collection, handling and processing for more details.
	b) Sample position is wrongly defined while loading the sample details in analyzer.	check the sample position and run the test meticulously.

	PROBLEM	POSSIBLE CAUSE	SOLUTION
3) False negative results	c) Magnetic microsphere are not properly mixed before loading in the analyzer.	Ensure proper mixing of bottle containing microparticles by gentle shaking/ inversion before use.	
	d) Wrong Sample identification	Make sample I.D. at the time of sample Collection.	
	a) Sample deterioration due to improper Storage or microbially contaminated sample.	Use clear fresh sample immediately after collection. Refer Specimen collection, and handling processing for more details.	
	b) Sample position is wrongly defined while loading the sample details in analyzer.	check the sample position and run the test meticulously.	
	c) Magnetic microsphere are not properly mixed before loading in the analyzer.	Ensure proper mixing of bottle containing microparticles by gentle shaking/ inversion before use.	
	d) Wrong sample identification.	Mark the sample I.D. at the time of sample collection.	

in vitro diagnostic Reagent, not for medicinal use

J. Mitra & Co. Pvt. Ltd.
 A 180-181, Okhla Ind. Area, Ph-1, New Delhi-110 020, INDIA
 Ph: +91-11-47130300, 47130500
 e-mail: jmitra@jmitra.co.in Internet: www.jmitra.co.in

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