



MAGLUMI® HSV-2 IgG (CLIA)

INTENDED USE

The kit is an *in vitro* chemiluminescence immunoassay for the qualitative determination of HSV-2 IgG in human serum and plasma using the MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer and Biolumi series Integrated System, and the assay is used for an aid in the diagnosis of HSV-2 infection.

SUMMARY

Herpes simplex virus (HSV) infection is one of the most common viral sexually transmitted diseases worldwide¹. HSV is a double-stranded DNA virus and is a member of the human herpes virus family officially known as *Herpetoviridae*². The virus exists in 2 forms, HSV-1 and HSV-2. The two types of HSV are distinguished by antigenic differences in their envelope proteins²⁻³. Most oral, facial and ocular infections result from HSV-1, whereas HSV-2 accounts for most genital and cutaneous lower body herpetic lesions².

Primary herpetic gingivostomatitis (PHG) is an infection of the oral cavity which is caused by the herpes simplex virus⁴. Primary herpetic gingivostomatitis can include oral as well as extraoral lesions, swollen and bleeding gums, and symptoms such as pain, fever, irritability, malaise, headache and upper respiratory tract infection⁴. HSV-1 can cause Herpes labialis. Infection with HSV-2 can also lead to primary herpes labialis, but this type rarely causes a relapse of the ailment⁴. Primary herpes simplex virus infection may lead to severe illness in pregnancy⁶. Because the infection is common in women of reproductive age it can be contracted and transmitted to the fetus during pregnancy and the newborn⁷. The consequences may be an aborted pregnancy, premature labor, a fetus with intrauterine growth retardation, congenital malformations, or stillbirth^{8,9}.

Genital herpes (GH) caused by HSV-1 or HSV-2 is one of the most prevalent sexually transmitted diseases worldwide, HSV-2 has become the most common cause of genital ulcer disease⁹. Genital herpes simplex virus (HSV) infection may manifest in a variety of ways¹⁰. Within women it causes blistering and ulceration of the external genitalia and cervix leading to vulval pain, dysuria, vaginal discharge, and local lymphadenopathy. Vesicular and ulcerative lesions of the internal thigh, buttocks, perineum or in perianal skin are also observed. Both in man and in woman primary infection may be complicated by systemic symptoms such as fever, headache, myalgia (38% in men, 68% in women), and occasional meningitis and by autonomic neuropathy resulting in urinary retention, mainly in women⁷. Genital herpes simplex virus (HSV) infections are a common cause of inguinal lymphadenopathy. In addition, previous studies have shown a correlation between HSV derived inguinal lymphadenopathy and subsequent development of genital HSV-related lesions. Although rare, HSV can initially present as inguinal lymphadenopathy without other associated symptoms¹¹. IgG and IgM type specific serological testing soon after the first development of symptoms suggestive of genital herpes may help to determine if an infection is new, or pre-existing¹².

TEST PRINCIPLE

Indirect chemiluminescence immunoassay.

The sample, diluent, buffer, magnetic microbeads coated with HSV-2 antigen are mixed thoroughly and incubated, performing a wash cycle after a precipitation in a magnetic field. ABEI labeled with anti-human IgG antibody are then added and incubated, reacting to form immuno-complexes. After precipitation in a magnetic field, the supernatant is decanted and then a wash cycle is performed. Subsequently, the Starter 1+2 are added to initiate a chemiluminescent reaction. The light signal is measured by a photomultiplier as relative light units (RLUs), which is proportional to the concentration of HSV-2 IgG present in the sample.

REAGENTS

Kit Contents

Component	Description	100 tests/kit	50 tests/kit	30 tests/kit
Magnetic Microbeads	Magnetic microbeads coated with HSV-2 antigen (~1.33 µg/mL) in PBS buffer, NaNa ₃ (<0.1%).	2.5 mL	1.5 mL	1.0 mL
Calibrator Low	A low concentration of HSV-2 IgG in Tris-HCl buffer, NaNa ₃ (<0.1%).	1.0 mL	1.0 mL	1.0 mL
Calibrator High	A high concentration of HSV-2 IgG in Tris-HCl buffer, NaNa ₃ (<0.1%).	1.0 mL	1.0 mL	1.0 mL
Buffer	BSA, NaNa ₃ (<0.1%).	12.5 mL	6.5 mL	4.5 mL
ABEI Label	ABEI labeled with anti-human IgG antibody (~3.33 ng/mL) in Tris-HCl buffer, NaNa ₃ (<0.1%).	22.5 mL	12.0 mL	7.8 mL
Diluent	BSA, NaNa ₃ (<0.1%).	25.0 mL	13.0 mL	8.4 mL
Negative Control	Tris-HCl buffer, NaNa ₃ (<0.1%).	1.0 mL	1.0 mL	1.0 mL
Positive Control	A high concentration of HSV-2 IgG (6.00 AU/mL) in Tris-HCl buffer, NaNa ₃ (<0.1%).	1.0 mL	1.0 mL	1.0 mL
All reagents are provided ready-to-use.				

Warnings and Precautions

- For *in vitro* diagnostic use.
- For professional use only.
- Exercise the normal precautions required for handling all laboratory reagents.
- Personal protective measures should be taken to prevent any part of the human body from contacting samples, reagents, and controls, and should comply with local operating requirements for the assay.
- A skillful technique and strict adherence to the package insert are necessary to obtain reliable results.
- Do not use kit beyond the expiration date indicated on the label.
- Do not interchange reagent components from different reagents or lots.
- Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).
- All waste associated with biological samples, biological reagents and disposable materials used for the assay should be considered potentially infectious and should be disposed of in accordance with local guidelines.
- This product contains sodium azide. Sodium azide may react with lead or copper plumbing to form highly explosive metal azides. Immediately after disposal, flush with a large volume of water to prevent azide build-up. For additional information, see Safety Data Sheets available for professional user on request.

Note: If any serious incident has occurred in relation to the device, please report to Shenzhen New Industries Biomedical Engineering Co., Ltd. (Snibe) or our authorized representative and the competent authority of the Member State in which you are established.

Reagent Handling

- To avoid contamination, wear clean gloves when operating with a reagent kit and sample. When handling reagent kit, replace the gloves that have been in contact with samples, since introduction of samples will result in unreliable results.
- Do not use kit in malfunction conditions; e.g., the kit leaking at the sealing film or elsewhere, obviously turbid or precipitation is found in reagents (except for Magnetic Microbeads) or control value is out of the specified range repeatedly. When kit in malfunction conditions, please contact Snibe or our authorized distributor.
- To avoid evaporation of the liquid in the opened reagent kits in refrigerator, it is recommended that the opened reagent kits to be sealed with reagent seals contained within the packaging. The reagent seals are single use, and if more seals are needed, please contact Snibe or our authorized distributor.
- Over time, residual liquids may dry on the septum surface. These are typically dried salts and have no effect on assay efficacy.
- Use always the same analyzer for an opened reagent integral.
- For magnetic microbeads mixing instructions, refer to the Preparation of the Reagent section of this package insert.
- For further information about the reagent handling during system operation, please refer to Analyzer Operating Instructions.

Storage and Stability

- Do not freeze the integral reagents.
- Store the reagent kit upright to ensure complete availability of the magnetic microbeads.
- Protect from direct sunlight.



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130262008M: 100 tests/kit
130662008M: 50 tests/kit
130762008M: 30 tests/kit

Stability of the Reagents	
Unopened at 2-8°C	until the stated expiration date
Opened at 2-8°C	6 weeks
On-board	4 weeks

Stability of Controls	
Unopened at 2-8°C	until the stated expiration date
Opened at 10-30°C	6 hours
Opened at 2-8°C	6 weeks
Frozen at -20°C	3 months
Frozen and thawed cycles	no more than 3 times

SPECIMEN COLLECTION AND PREPARATION

Specimen Types

Only the specimens listed below were tested and found acceptable.

Specimen Types	Collection Tubes
Serum	Tubes without additive/accessory, or tubes containing clot activator or clot activator with gel.
Plasma	K2-EDTA or Na-heparin

- The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. Follow tube manufacturers' instructions carefully when using collection tubes.

Specimen Conditions

- Do not use heat-inactivated samples or grossly hemolyzed/hyperlipidaemia specimens and specimens with obvious microbial contamination.
- Ensure that complete clot formation in serum specimens has taken place prior to centrifugation. Some serum specimens, especially those from patients receiving anticoagulant or thrombolytic therapy, may exhibit increased clotting time. If the serum specimen is centrifuged before a complete clotting, the presence of fibrin may cause erroneous results.
- Samples must be free of fibrin and other particulate matter.
- To prevent cross contamination, use of disposable pipettes or pipette tips are recommended.

Preparation for Analysis

- Inspect all specimens for foam. Remove foam with an applicator stick before analysis. Use a new applicator stick for each specimen to prevent cross contamination.
- Frozen specimens must be completely thawed before mixing. Mix thawed specimens thoroughly by low speed vortexing or by gently inverting. Visually inspect the specimens. If layering or stratification is observed, mix until specimens are visibly homogeneous. If specimens are not mixed thoroughly, inconsistent results may be obtained.
- Specimens should be free of fibrin, red blood cells, or other particulate matter. Such specimens may give reliable results and must be centrifuged prior to testing. Transfer clarified specimen to a sample cup or secondary tube for testing. For centrifuged specimens with a lipid layer, transfer only the clarified specimen and not the lipemic material.
- The sample volume required for a single determination of this assay is 10 µL.

Specimen Storage

Specimens removed from the separator, red blood cells or clot may be stored up to 2 days at 10-30°C or 7 days at 2-8°C, or 6 months frozen at -20°C. Frozen specimens subjected to up to 5 freeze/thaw cycles have been evaluated.

Specimen Shipping

- Package and label specimens in compliance with applicable local regulations covering the transport of clinical specimens and infectious substances.
- Do not exceed the storage limitations listed above.

PROCEDURE

Materials Provided

HSV-2 IgG (CLIA) assay, control barcode labels.

Materials Required (But Not Provided)

- General laboratory equipment.
- Fully-auto chemiluminescence immunoassay analyzer Maglumi 600, Maglumi 800, Maglumi 1000, Maglumi 2000, Maglumi 2000 Plus, Maglumi 4000, Maglumi 4000 Plus, MAGLUMI X8, MAGLUMI X3, MAGLUMI X6 or Integrated System Biolumi 8000, Biolumi CX8.
- Additional accessories of test required for the above analyzers include Reaction Module, Starter 1+2, Wash Concentrate, Light Check, Tip, and Reaction Cup. Specific accessories and accessories' specification for each model refer to corresponding Analyzer Operating Instructions.
- Please use accessories specified by Snibe to ensure the reliability of the test results.

Assay Procedure

Preparation of the Reagent

- Take the reagent kit out of the box and visually inspect the integral vials for leaking at the sealing film or elsewhere. If there is no leakage, please tear off the sealing film carefully.
- Open the reagent area door; hold the reagent handle to get the RFID label close to the RFID reader (for about 2s); the buzzer will beep; one beep sound indicates successful sensing.
- Keeping the reagent straight insert to the bottom along the blank reagent track.
- Observe whether the reagent information is displayed successfully in the software interface, otherwise repeat the above two steps.
- Resuspension of the magnetic microbeads takes place automatically when the kit is loaded successfully, ensuring the magnetic microbeads are totally resuspended homogenous prior to use.

Assay Calibration

- Select the assay to be calibrated and execute calibration operation in reagent area interface. For specific information on ordering calibrations, refer to the calibration section of Analyzer Operating Instructions.
- Execute recalibration according to the calibration interval required in this package insert.

Quality Control

- When new lot used, check or edit the quality control information.
- Scan the control barcode, choose corresponding quality control information and execute testing. For specific information on ordering quality controls, refer to the quality control section of the Analyzer Operating Instructions.

Sample Testing

- After successfully loading the sample, select the sample in interface and edit the assay for the sample to be tested and execute testing. For specific information on ordering patient specimens, refer to the sample ordering section of the Analyzer Operating Instructions.

To ensure proper test performance, strictly adhere to Analyzer Operating Instructions.

Calibration

Traceability: This method has been standardized against the Snibe internal reference standard.

Test of assay specific calibrators allows the detected relative light unit (RLU) values to adjust the master curve.

Recalibration is recommended as follows:

- Whenever a new lot of Reagent or Starter 1+2 is used.
- Every 28 days.

- The analyzer has been serviced.
- Control values lie outside the specified range.

Quality Control

Controls are recommended for the determination of quality control requirements for this assay and should be run in singlicate to monitor the assay performance. Refer to published guidelines for general quality control recommendations, for example Clinical and Laboratory Standards Institute (CLSI) Guideline C24 or other published guidelines¹³.

Quality control is recommended once per day of use, or in accordance with local regulations or accreditation requirements and your laboratory's quality control procedures, quality control could be performed by running the HSV-2 IgG assay:

- Whenever the kit is calibrated.
- Whenever a new lot of Starter 1+2 or Wash Concentrate is used.

Controls are only applicable with MAGLUMI and Biolumi systems and only used matching with the same top seven LOT numbers of corresponding reagents. For each target value and range refer to the label.

The performance of other controls should be evaluated for compatibility with this assay before they are used. Appropriate value ranges should be established for all quality control materials used.

Control values must lie within the specified range, whenever one of the controls lies outside the specified range, calibration should be repeated and controls retested. If control values lie repeatedly outside the predefined ranges after successful calibration, patient results must not be reported and take the following actions:

- Verify that the materials are not expired.
- Verify that required maintenance was performed.
- Verify that the assay was performed according to the package insert.
- If necessary, contact Snibe or our authorized distributors for assistance.

If the controls in kit are not enough for use, please order HSV-2 IgG (CLIA) Controls (REF: 160201479MT) from Snibe or our authorized distributors for more.

RESULTS

Calculation

The analyzer automatically calculates the HSV-2 IgG concentration in each sample by means of a calibration curve which is generated by a 2-point calibration master curve procedure. The results are expressed in AU/mL. For further information please refer to the Analyzer Operating Instructions.

Interpretation of Results

The expected results for the HSV-2 IgG assay was obtained by testing 290 HSV-2 IgG positive patients and 701 HSV-2 IgG negative people in China, gave the following expected value by ROC curve:

- Non-reactive: A result less than 2.00 AU/mL (<2.00 AU/mL) is considered to be negative.
- Reactive: A result greater than or equal to 2.00 AU/mL (≥2.00 AU/mL) is considered to be positive.

Results may differ between laboratories due to variations in population and test method. It is recommended that each laboratory establish its own reference interval.

LIMITATIONS

- Results should be used in conjunction with patient's medical history, clinical examination and other findings.
- If the HSV-2 IgG results are inconsistent with clinical evidence, additional testing is needed to confirm the result.
- The assay is mainly used to aid in the diagnosis of individuals with suspected or confirmed HSV-2 infection.
- A negative test result does not completely rule out the possibility of an infection with HSV-2 as individuals may not exhibit any detectable IgG antibodies at the early stage of acute infection.
- Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits which employ mouse monoclonal antibodies^{14,15}. Additional information may be required for diagnosis.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with *in vitro* immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed¹⁶.
- Bacterial contamination of the specimens may affect the test results.
- Serology should not be relied upon to make treatment decisions and all patients presenting with a first episode of genital herpes should immediately be considered for a course of antiviral therapy¹².

SPECIFIC PERFORMANCE CHARACTERISTICS

Representative performance data are provided in this section. Results obtained in individual laboratories may vary.

Precision

Precision was determined using the assay, samples and controls in a protocol (EP05-A3) of the CLSI (Clinical and Laboratory Standards Institute): duplicates at two independent runs per day for 5 days at three different sites using three lots of reagent kits (n = 180). The following results were obtained:

Sample	Mean (AU/mL) (n=180)	Within-Run		Between-Run		Reproducibility	
		SD (AU/mL)	%CV	SD (AU/mL)	%CV	SD (AU/mL)	%CV
Serum Pool 1	0.980	NA	NA	NA	NA	NA	NA
Serum Pool 2	3.998	0.141	3.53	0.031	0.78	0.206	5.15
Serum Pool 3	10.082	0.293	2.91	0.216	2.14	0.438	4.34
Plasma Pool 1	1.009	NA	NA	NA	NA	NA	NA
Plasma Pool 2	3.978	0.134	3.37	0.046	1.16	0.202	5.08
Plasma Pool 3	9.913	0.344	3.47	0.218	2.20	0.468	4.72
Negative Control	0.493	NA	NA	NA	NA	NA	NA
Positive Control	5.966	0.194	3.25	0.041	0.69	0.244	4.09

Analytical Specificity

Interference

Interference was determined using the assay, three samples containing different concentrations of analyte were spiked with potential endogenous and exogenous interferents in a protocol (EP7-A2) of the CLSI. The measurement deviation of the interference substance is within ±10%. The following results were obtained:

Interference	No interference up to	Interference	No interference up to
Hemoglobin	2400 mg/dL	Acyclovir	6.6 mg/dL
Intralipid	3000 mg/dL	Interferon α	15000 IU/mL
Bilirubin	50 mg/dL	Levamisole	1.5 mg/mL
HAMA	40 ng/mL	Acetylsalicylic acid	0.65 mg/mL
ANA	398 AU/mL	Ibuprofen	50 mg/dL
Rheumatoid factor	2000 IU/mL	Methylcobalamin	50 µg/mL
Total protein	12 g/dL	Rifampicin	48 µg/mL
Systemic Lupus Erythematosus Plasma	/	Doxycycline	18 µg/mL
Anti-Mitochondrial Antibody	398 RU/mL	Cefoxitin	6600 µg/mL
Total IgG	8000 mg/dL	Cyclosporine	2 µg/mL
Total IgM	2500 mg/dL	Metronidazole	125 µg/mL
K2-EDTA	22.75 µmol/mL	Ascorbic acid	60 µg/mL
Heparin sodium salt	80 IU/mL	Phenylbutazone	330 µg/mL
Heparin lithium salt	80 IU/mL	Vidarabine	1000 µg/mL
Biotin	0.5 mg/dL	Acetaminophen	400 µg/mL

Ribavirin	2 mg/mL	Sodium salicylate	500 µg/mL
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Cross-Reactivity

The assay is highly specific for HSV-1/2 IgM antibodies, with no observed crossreactivity to Toxo IgG, CMV IgG, HSV -1 IgG, HSV -2 IgM, Rubella IgG, Anti-HAV IgG, Anti-HBs, HBeAb IgG, HBcAb IgG, Anti-HCV, Anti-HIV, Anti-Treponema pallidum, EBV EA IgG, EBV NA IgG, EBV VCA IgG, *M.Pneumoniae* IgG, *C.Pneumoniae* IgG, Parvovirus B19 IgG, VZV IgG, Influenza A virus IgG, Influenza B virus IgG, Parainfluenza virus IgG, Adenovirus IgG, CVB IgG.

High-Dose Hook

No high-dose hook effect was seen for HSV-2 IgG concentrations up to 600 AU/mL.

Clinical Sensitivity

The clinical sensitivity of the HSV-2 IgG assay was determined in China by testing 115 samples collected from expected positive population with commercial assay confirmation of HSV-2 IgG positive result.

N of samples	Reactive	Sensitivity	95% CI
115	114	99.13%	97.43%-100.00%

Clinical Specificity

The clinical specificity of the HSV-2 IgG assay was determined in China by testing 215 samples collected from expected negative population with commercial assay confirmation of HSV-2 IgG negative result.

N of samples	Non-reactive	Specificity	95% CI
215	214	99.53%	98.63%-100.00%

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SYMBOLS EXPLANATIONS

	Consult instructions for use		Manufacturer
	Temperature limit (Store at 2-8°C)		Use-by date
	Contains sufficient for<n> tests		Keep away from sunlight
	This way up		Authorized representative in the European Community
	<i>In vitro</i> diagnostic medical device		Kit component
	Catalogue number		Batch code
	CE marking with notified body ID number		

MAGLUMI® and Biolumi® are trademarks of Snibe. All other product names and trademarks are the property of their respective owners.

Summary of safety and performance is available at Eudamed.



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