



MAGLUMI® HSV-1 IgM (CLIA)

INTENDED USE

The kit is an *in vitro* chemiluminescence immunoassay for the qualitative determination of HSV-1 IgM 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-1 infection.

SUMMARY

Herpes simplex virus (HSV) is a large DNA virus which belongs to the alpha herpesvirus subfamily. HSVs exist as 2 distinct viral types: type 1 (HSV-1) and type 2 (HSV-2), and their genomes have approximately 50% homology¹. Herpes simplex virus (HSV) is one of the most widespread infections in humans, symptoms consist primarily of ulcerative lesions at the site of infection and, although rare, complications such as blindness, encephalitis and aseptic meningitis can occur, especially in immunocompromised hosts². HSV-1 has typically been more associated with orolabial lesions whereas HSV-2 has historically been the more common cause of genital lesions. The association between the site of infection and the HSV type involved is not, however, exclusive^{3,4}.

Both HSV-1 or HSV-2 can cause genital infections⁵. The acquisition of HSV during pregnancy is associated with miscarriage, prematurity, and congenital and neonatal herpes. HSV can cause severe infections in newborn by vertical transmission in utero or, in most cases, during vaginal delivery through contact with HSV infected genital tract secretions, with a high mortality and neurodevelopmental disability. The risk of neonatal infection varies from 30% to 50% for HSV infections that onset in late pregnancy (last trimester), whereas early pregnancy infection carries a risk of about 1%^{2,6}. Rapid and accurate diagnosis of HSV infection is necessary to ensure early implementation of selective antiviral chemotherapy and to minimize spread of infection. The first humoral immune response to infection is the synthesis of specific anti-HSV IgM antibody which becomes detectable one week after infection. Specific IgG antibody generally appears three to six weeks after primary infection, but may fall in titre after a few months. Detection of IgG allows assessment of the patient's immune status and provides serological evidence of prior exposure to HSV. Specific antibody may aid in the diagnosis of recent HSV-1 infection by the presence of HSV-1 IgM antibody^{7,8}.

TEST PRINCIPLE

Indirect chemiluminescence immunoassay.

The sample and buffer are mixed thoroughly and incubated, then add buffer and magnetic microbeads coated with HSV-1 antigen, incubating and performing a wash cycle after a precipitation in a magnetic field. ABEI labeled with anti-human IgM monoclonal antibody are then added and incubated, reacting to form immune-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-1 IgM 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-1 antigen (~6.00 µg/mL) in PBS buffer, NaN ₃ (<0.1%).	2.5 mL	2.0 mL	1.0 mL
Calibrator Low	A low concentration of HSV-1 IgM in Tris-HCl buffer, NaN ₃ (<0.1%).	1.0 mL	1.0 mL	1.0 mL
Calibrator High	A high concentration of HSV-1 IgM in Tris-HCl buffer, NaN ₃ (<0.1%).	1.0 mL	1.0 mL	1.0 mL
Buffer	PBS buffer, NaN ₃ (<0.1%).	24.5 mL	13.0 mL	8.1 mL
ABEI Label	ABEI labeled with anti-human IgM monoclonal antibody (~25.0 ng/mL) in Tris-HCl buffer, NaN ₃ (<0.1%).	23.5 mL	12.5 mL	7.8 mL
Diluent	PBS buffer, NaN ₃ (<0.1%).	23.5mL	13.0 mL	7.8 mL
Negative Control	Tris-HCl buffer, NaN ₃ (<0.1%).	1.0 mL	1.0 mL	1.0 mL
Positive Control	A high concentration of HSV-1 IgM (30.0 AU/mL) in Tris-HCl buffer, NaN 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.

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



0123



130212013M: 100 tests/kit

130612013M: 50 tests/kit

130712013M: 30 tests/kit

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

- 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 8 hours at 10-30°C or 7 days at 2-8°C, or 10 months frozen at -20°C. Frozen specimens subjected to up to 3 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.

Specimen Dilution

- Samples, with HSV-1 IgM concentrations above the analytical measuring interval, can be diluted with Diluent either by following automated dilution protocol or manual dilution procedure. The recommended dilution ratio is 1:4. The concentration of the diluted sample must be >60 AU/mL.
- For manual dilution, multiply the result by the dilution factor. For dilution by the analyzers, the analyzer software automatically takes the dilution into account when calculating the sample concentration.

PROCEDURE

Materials Provided

HSV-1 IgM (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 X6, MAGLUMI X3, or Integrated System Biolumi 8000 and 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 7 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 guidelines⁹.

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-1 IgM 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-1 IgM (CLIA) Controls (REF: 160201160MT) from Snibe or our authorized distributors for more.

RESULTS

Calculation

The analyzer automatically calculates the HSV-1 IgM 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 range for the HSV-1 IgM assay was obtained by testing 150 HSV-1 IgM positive patients and 200 HSV-1 IgM negative people in China, gave the following expected value by ROC curve:

- Non-reactive: A result less than 10.0 AU/mL (<10.0 AU/mL) is considered to be negative.
- Reactive: A result greater than or equal to 10.0 AU/mL (≥10.0 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.
- The assay is mainly used to aid in the diagnosis of individuals with suspected or confirmed HSV-1 infection.
- In the early stages of infection, pathogen-specific IgM is not produced or the titer is very low, which will lead to negative results. If pathogen infection is suspected, the patient should be prompted to recheck after two weeks. Patients should take a second sample and test under the same conditions as the first sample to determine whether there is a seroconversion of the first infection or a significant increase in pathogen-specific IgM or IgG antibodies.
- Pathogen-specific IgM antibodies not only appear in primary infections, but may also appear in secondary infections and recurrent infections.
- Laboratory tests cannot reliably identify the risk of fetal disease, so the test results of this reagent should not be used alone as the basis for termination of pregnancy.
- Patients with impaired immune function or receiving immunosuppressive therapy, their serological IgM antibody testing has limited reference value, which may lead to erroneous medical interpretations.
- People who have received blood transfusion or other blood product treatment in recent months should be cautious in analyzing their positive test results.
- If the HSV-1 IgM results are inconsistent with clinical evidence, additional testing is needed to confirm the result.
- 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^{10,11}. 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 observed¹².
- Bacterial contamination or heat inactivation of the specimens may affect the test results.

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	6.897	NA	NA	NA	NA	NA	NA
Serum Pool 2	11.782	0.376	3.19	0.175	1.49	0.473	4.01
Serum Pool 3	59.957	1.260	2.10	0.370	0.62	1.825	3.04
Plasma Pool 1	7.062	NA	NA	NA	NA	NA	NA
Plasma Pool 2	12.347	0.345	2.79	0.243	1.97	0.612	4.96
Plasma Pool 3	59.752	1.076	1.80	0.890	1.49	1.790	3.00
Negative Control	4.921	NA	NA	NA	NA	NA	NA
Positive Control	30.232	0.908	3.00	0.434	1.44	1.246	4.12

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
Bilirubin	30 mg/dL	Total IgG	4086 mg/dL
Hemoglobin	1000 mg/dL	Total IgM	364 mg/dL
Intralipid	1500 mg/dL	Acyclovir	66.6 μmol/L
HAMA	40 ng/mL	Valacyclovir	66.6 μmol/L
Rheumatoid factor	1500 IU/mL	Famciclovir	66.6 μmol/L
K2-EDTA	11 mg/mL		

Cross-Reactivity

The assay is highly specific for HSV-1 IgM antibodies, with no observed cross-reactivity to Toxo IgM, Rubella IgM, CMV IgM, HSV-1 IgG, HSV-2 IgM, EBV VCA IgM, HBc IgM, HAV IgM, VZV IgM, Parvovirus B19 IgM, Influenza A virus IgM, Influenza B virus IgM, Parainfluenza virus IgM, M.Pneumonia IgM, Anti-Treponema pallidum, Anti-HIV, Systemic lupus erythematosus, AMA, ANA.

High-Dose Hook

No high-dose hook effect was seen for HSV-1 IgM concentrations up to 3000 AU/mL.

Clinical sensitivity

The clinical sensitivity of the HSV-1 IgM assay was determined in China by testing 220 samples collected from expected positive population with commercial assay confirmation of HSV-1 IgM positive result.

N of samples	Reactive	Sensitivity	95% CI
220	218	99.09%	97.84%-100.00%

Clinical Specificity

The clinical specificity of the HSV-1 IgM assay was determined in China by testing 813 samples collected from expected negative population with commercial assay confirmation of HSV-1 IgM negative result.

N of samples	Non-reactive	Specificity	95% CI
813	806	99.14%	98.50%-99.77%

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SYMBOLS EXPLANATIONS



Consult instructions for use



Temperature limit
(Store at 2-8°C)



Contains sufficient for<n> tests



This way up



In vitro diagnostic medical device



Catalogue number



CE marking with notified body ID number



Manufacturer



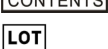
Use-by date



Keep away from sunlight



Authorized representative in the European Community



Kit component



Batch code

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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