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Diagnostik & molekulare Diagnostik



Laborgeräte & Service

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Lieferung & Zahlungsart

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Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

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savyonDIAGNOSTICS

96
192

REF A262-01M

REF B262-01M

SeroMP™ IgM

Enzyme -Linked Immunosorbent
Assay (ELISA) for the semi-quantitative
detection of specific IgM antibodies
to *Mycoplasma pneumoniae*
in human serum

IVD



For professional use only

CE

MP

SeroMP™ IgM

Intended Use

SeroMP™ IgM kit is a semi-quantitative Enzyme Linked Immunosorbent assay (ELISA) for the determination of IgM antibodies specific to *Mycoplasma pneumoniae* in human serum.

The test enables early diagnosis of current infection in a single serum specimen by determination of IgM antibodies.

For *In Vitro* Diagnostic Use.

Introduction

M. pneumoniae is a common cause of community-acquired pneumonia, often characterized by gradual onset of headache, fever, malaise and, most typically, dry cough. *M. pneumoniae* is common in all age groups, however, it is most common in the first two decades of life and is rare in children under the age of four. It has been reported as the cause of up to 30% of all pneumonia cases (1).

M. pneumoniae has also been associated with non respiratory diseases as meningitis, encephalitis, pancreatitis, sensorineural hearing loss, and acute brainstem syndrome(2).

Due to its common occurrence, one should consider *M. pneumoniae* in all cases of pneumonia, but being the same symptoms for different agents, additional diagnostic tools, such as serological tests, are required (3).

The ELISA technique is sensitive, specific and enables a differential determination of specific IgG, IgA and IgM antibodies (4).

M. pneumoniae specific IgM antibodies rise early after onset of the disease, reach peak levels in one to four weeks, then decline to diagnostically insignificant levels within a few months (5). Due to the early appearance and relatively short lifetime of IgM antibodies, their detection allows the diagnosis of acute infection using a single serum sample. Young patients tend to have higher IgM levels than adults (6). IgG levels rise slower than IgM, but remain elevated much longer, so a significant increase in two consecutive samples taken at least 2 weeks apart, may indicate current infection or re-infection even in the absence of IgM. IgA antibodies are seen at higher levels in elderly patients (5) and may be more useful than IgM for the diagnosis of current infection in adults (6).

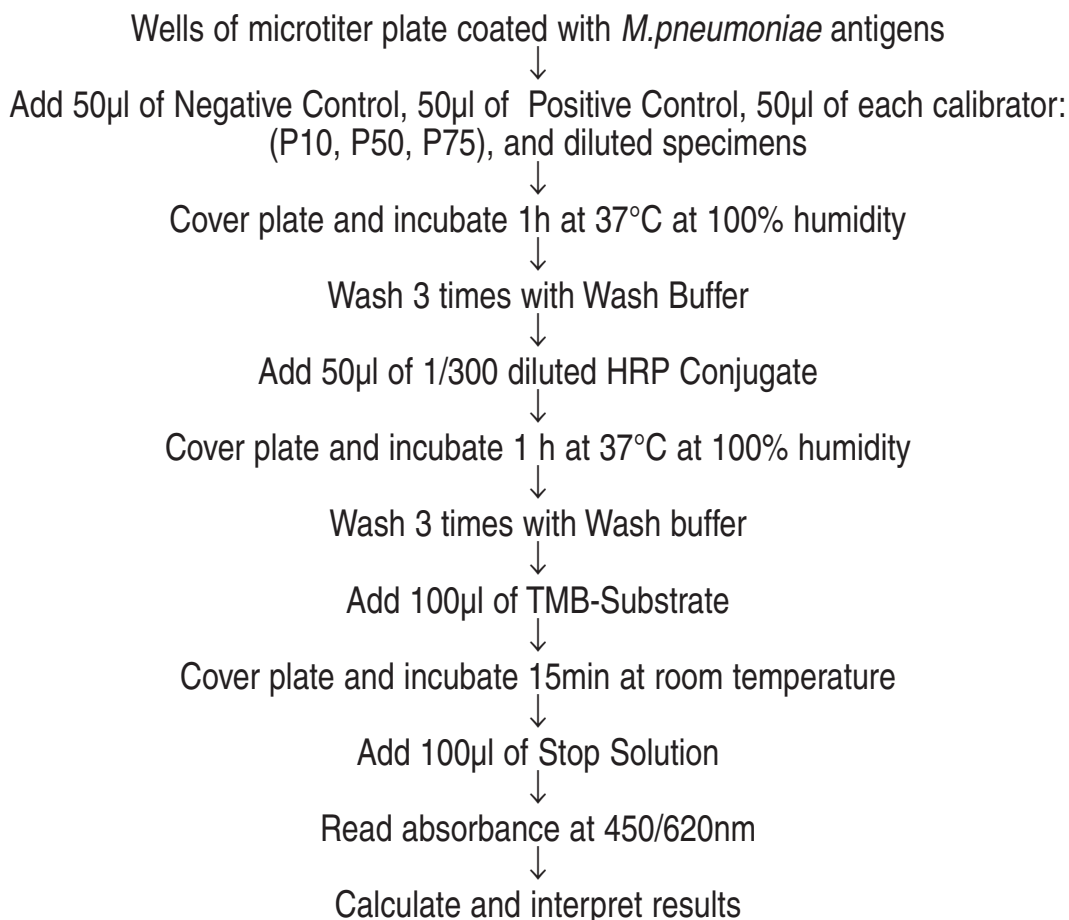
Savyon® Diagnostics Ltd. has developed semi-quantitative IgG, IgA and IgM ELISA tests which enable to follow the change of antibody levels in human sera. The antigen used in the SeroMP™ test is a membrane preparation of *M.pneumoniae* that contains the P1 membrane protein, which is a major immunogen (7, 8, 9, 10, 11).

The SeroMP™ test enables early and accurate detection of *M. pneumoniae* specific IgG, IgA and IgM antibodies.

Principle of the Test

- SeroMP™ microtiter plates are supplied coated with purified fraction of *M. pneumoniae* membrane proteins.
 - The serum to be tested is diluted and incubated in the SeroMP™ plate. In this step *M. pneumoniae* specific antibodies are bound to the immobilized antigens.
 - Non-specific antibodies are removed by washing.
 - Anti-human IgM conjugated to horseradish peroxidase (HRP) is added. In this step the HRP-conjugate is bound to the prebound antigen-antibody complex.
 - Unbound conjugate is removed by washing.
 - Upon the addition of TMB-Substrate, the substrate is hydrolyzed by the peroxidase, yielding a blue solution of the reduced Substrate.
 - Upon the addition of the stop solution, the blue color turns yellow and should be read by an ELISA reader at a wavelength of 450/620nm.
 - The absorbance is proportional to the levels of the specific antibodies that are bound to the coated antigens.
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Assay Procedure



Kit Contents

Test kit for 96 Determinations

Cat. No. A262-01M

1. ***M. pneumoniae* antigen coated microtiter plate:** 96 break apart wells (8x12) coated with *M. pneumoniae* antigens, packed in an aluminum pouch containing a desiccant card. **1 Plate**
2. **Concentrated Wash Buffer (20X):** A PBS - Tween buffer. **1 Bottle, 100ml**
3. **IgM-Serum Diluent (red):** A ready-to-use Anti-Human IgG in buffer solution. Contains less than 0.05% Proclin as a preservative. **1 Bottle, 60ml**
4. **Conjugate Diluent (green):** A ready-to-use buffer solution. Contains less than 0.05% Proclin as a preservative. **1 Bottle, 40ml**
5. **Positive Control:** A ready-to-use *M. pneumoniae* IgM positive human serum. Contains less than 0.05% Proclin and less than 0.1% sodium azide as preservatives. **1 Vial, 2.0ml**

6. **Negative Control:** A ready-to-use *M. pneumoniae* IgM negative human serum. Contains less than 0.05% Proclin and less than 0.1% sodium azide as preservatives.
1 Vial, 2.0ml
 7. **P10-calibrator:** A ready-to-use *M. pneumoniae* IgM low positive human serum. Contains 10 BU/ml of IgM (arbitrary binding units) Contains less than 0.1% Sodium Azide and less than 0.05% Proclin as preservatives.
1 Vial, 2.0ml
 8. **P50-calibrator:** A ready-to-use *M. pneumoniae* IgM medium positive human serum. Contains 50 BU/ml of IgM (arbitrary binding units). Contains less than 0.1% Sodium Azide and less than 0.05% Proclin as preservatives.
1 Vial, 2.0ml
 9. **P75-calibrator:** A ready-to-use *M.pneumoniae* IgM high positive human serum. Contains 75BU/ml of IgM (arbitrary binding units). Contains less than 0.1% Sodium Azide and less than 0.05% Proclin as preservatives.
1 Vial, 2.0ml
 10. **Concentrated HRP-Conjugate (300X):** Horseradish Peroxidase (HRP) conjugated anti-human IgM (μ chain specific). Contains less than 0.05% Proclin as a preservative.
1 Vial, 0.2ml
 11. **TMB-Substrate:** A ready-to-use solution. Contains 3, 3', 5, 5' - tetramethylbenzidine as a chromogen and peroxide as a substrate.
1 Bottle, 14ml
 12. **Stop Solution:** A ready-to-use solution. Contains 1M H₂SO₄.
1 Bottle, 15ml
 13. **Plate Cover:** **1 unit**
 14. **Instruction Manual:** **1**
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Test kit for 192 Determinations

Cat. No. B262-01M

1. ***M. pneumoniae* antigen coated microtiter plate:** 96 break apart wells (8x12) coated with *M. pneumoniae* antigens, packed in an aluminum pouch containing a desiccant card.
2 Plates
2. **Concentrated Wash Buffer (20X):** A PBS - Tween buffer.
2 Bottles, 100ml each
3. **IgM-Serum Diluent (red):** A ready-to-use Anti-Human IgG in buffer solution. Contains less than 0.05% Proclin as a preservative.
1 Bottle, 60ml
4. **Conjugate Diluent (green):** A ready-to-use buffer solution. Contains less than 0.05% Proclin as a preservative.
1 Bottle, 80ml
5. **Positive Control:** A ready-to-use *M. pneumoniae* IgM positive human serum. Contains less than 0.05% Proclin and less than 0.1% sodium azide as preservatives.
1 Vial, 2.0ml

6. **Negative Control:** A ready-to-use *M. pneumoniae* IgM negative human serum. Contains less than 0.05% Proclin and less than 0.1% sodium azide as preservatives.
1 Vial, 2.0ml
7. **P10-calibrator:** A ready-to-use *M. pneumoniae* IgM low positive human serum. Contains 10 BU/ml of IgM (arbitrary binding units) Contains less than 0.1% Sodium Azide and less than 0.05% Proclin as preservatives.
1 Vial, 2.0ml
8. **P50-calibrator:** A ready-to-use *M. pneumoniae* IgM medium positive human serum. Contains 50 BU/ml of IgM (arbitrary binding units). Contains less than 0.1% Sodium Azide and less than 0.05% Proclin as preservatives.
1 Vial, 2.0ml
9. **P75-calibrator:** A ready-to-use *M. pneumoniae* IgM high positive human serum. Contains 75BU/ml of IgM (arbitrary binding units). Contains less than 0.1% Sodium Azide and less than 0.05% Proclin as preservatives.
1 Vial, 2.0ml
10. **Concentrated HRP-Conjugate (300X):** Horseradish Peroxidase (HRP) conjugated anti-human IgM (μ chain specific). Contains less than 0.05% Proclin as a preservative.
1 Vial, 0.2ml
11. **TMB-Substrate:** A ready-to-use solution. Contains 3, 3', 5, 5' - tetramethylbenzidine as a chromogen and peroxide as a substrate.
1 Bottle, 24ml
12. **Stop Solution:** A ready-to-use solution. Contains 1M H₂SO₄.
1 Bottle, 30ml
13. **Plate Cover:** **2 Units**
14. **Instruction Manual:** **1**

Materials Required But Not Supplied

1. Clean test tubes for dilution of patients sera.
2. Disposable plastic vial for dilution of the concentrated HRP- conjugate.
3. Adjustable micropipettes and multichannel pipettes (5-50, 50-200 and 200-1000 μ l ranges) and disposable tips.
4. One liter volumetric flask.
5. One 50ml volumetric cylinder.
6. Wash bottle.
7. Absorbent paper.
8. Vortex mixer
9. A 37°C water bath with a lid, or a moisture chamber placed in a 37°C incubator.
10. ELISA-reader with a 450 and 620nm filters.
11. Distilled or double deionized water.

Warning and Precautions

For In Vitro Diagnostic Use

1. This kit contains human sera, which have been tested by FDA and CE approved techniques, and found to be negative for HBV antigen and for HCV and HIV 1 and 2 antibodies. Since no known method can offer complete assurance that products derived from human blood do not transmit infection, all human blood components supplied in this kit must be handled as potentially infectious serum or blood according to the recommendations published in the CDC/NIH manual "Biosafety in Micro Biological and Biomedical Laboratories, 1988".
 2. TMB-Substrate solution is an irritant material to skin and mucous membranes. Avoid direct contact.
 3. All the components of this kit have been calibrated and tested by lot. It is not recommended to mix components from different lots since it might affect the results.
 4. Diluted sulfuric acid (1M H₂SO₄) is an irritant agent for the eyes and skin. In case of contact with eyes, immediately flush area with water and consult a physician.
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Storage and Shelf - Life of Reagents

1. All the reagents supplied should be stored at 2-8°C. The unopened reagents vials are stable until the expiration date indicated on the kit pack. Exposure of originally stoppered or sealed components to ambient temperature for a few hours will not cause damage to the reagents. **DO NOT FREEZE!**
2. Once the kit is opened, it's shelf life is 90 days.
3. Unused strips must be resealed in the aluminum pouch with the desiccant card, by rolling the open end and sealing tightly with tape over the entire length of the opening.
4. Crystals may form in the 20x concentrated Wash Buffer during cold storage, this is perfectly normal. Redissolve the crystals by warming the buffer to 37°C before diluting. Once diluted, the solution may be stored at 2-8°C up to twenty-one days.

Serum Collection

Prepare sera from aseptically collected samples using standard techniques. Heat inactivated sera should not be used. The use of lipemic, turbid or contaminated sera is not recommended. Particulate material and precipitates in sera may cause erroneous results. Such specimens should be clarified by centrifugation or filtration prior to the test.

Storage

Specimens should be stored at 2-8°C and tested within 7 days (adding of 0.1% Sodium Azide is highly recommended). If longer storage period is anticipated, aliquot and store the specimens below -20°C. Avoid repeated thawing and freezing.

Test Procedure - Manual

Automation protocol available upon request

A. Preparation of Reagents

1. Bring all components and the clinical specimens to be tested to room temperature. Mix well the calibrators (P10, P50, P75), Negative Control, Positive Control and the clinical specimens before use.
2. Determine the total number of specimens to be tested. In addition to the specimens, the following must be included in each test: One well of blank, one well of Negative Control Positive Control and three wells of calibrators (P10, P50, P75).
3. Withdraw the microtiter plate from its aluminum pouch by cutting one end near the seal. Leave the required number of strips (according to the number of specimens to be tested) in the 96 well frame.
4. Dilute the Concentrated Wash Buffer 1/20 with double-deionized or distilled water. For example, in order to prepare one liter of wash buffer, add 50ml of the Concentrated Wash Buffer to 950ml of double-deionized or distilled water.

B. Incubation of Sera Samples and Controls

5. Dilute each patient serum 1:105 with the supplied Serum Diluent as follows: Add 10 μ l of patient serum to 200 μ l of Serum Diluent (1/21), and then dilute further by adding 25 μ l of 1/21 dilution to 100 μ l of Serum Diluent.
Note: The Serum Diluent contains Anti-human IgG for the removal of IgG antibodies from human serum.
6. Dispense 50 μ l of blank (serum diluent), Negative Control, Positive Control, three calibrators (P10, P50, P75), and 1/105 diluted serum samples into separate wells of the test strip.
7. Cover the strips with a plate cover and incubate for 1h at 37°C in a moisture chamber.
8. Discard the liquid content of the wells.
9. **Washing step:** Fill each well with wash buffer (300-350 μ l) up to the end of the well and discard the liquid, repeat this step two times, for a total of three washing steps.
10. Dry the strips and frame by gently tapping them over clean absorbent paper.

C. Incubation with Conjugate

11. Concentrated HRP-conjugated anti-human IgM should be diluted to working solution shortly before use. Dilute the concentrated HRP-conjugated anti-human IgM 1/300 with conjugate diluent. For example: for two strips prepare a minimum of 3ml conjugate as follows: 10 μ l of Concentrated HRP-conjugated anti-human IgM is mixed with 3ml of Conjugate Diluent.
12. Dispense 50 μ l of diluted conjugate into each well.
13. Cover the strips with a plate cover and incubate for 1h at 37°C in a moisture chamber.
14. Discard the liquid content and wash as described in steps 9-10.

D. Incubation with TMB - Substrate

15. Dispense 100 μ l TMB-Substrate into each well, cover the strips with a plate cover and incubate at room temperature for **15 minutes**.

16. Stop the reaction by adding 100µl of stop solution (1M H₂SO₄) to each well.

E. Determination of Results

17. Determine the absorbance at 450/620nm and record the results. Determination should not exceed 30 minutes following stopping of chromogenic reaction.

Note: Any air bubbles should be removed before reading. The bottom of the ELISA plate should be carefully wiped.

Test Validation

The following criteria must be met for the test to be valid. If these criteria are not met, the test should be considered invalid and should be repeated.

1. O.D._{P75} > **0.9**
 2. Ratio: O.D._{P10} / O.D. NC > **1.5**
 3. Ratio: O.D._{P50} / O.D. NC > **4**
 4. Ratio: O.D._{P75} / O.D. NC > **5.5**
 5. PC should be ≥ **40BU/ml**
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Calculation of Test Results

In order to normalize the results obtained in different tests the BU/ml of the samples should be calculated as follows:

Manual method, using a squared graph paper:

1. Plot the absorbance values (OD) of the 3 calibrators (P10, P50 and P75) on Y-axis versus their concentration (BU/ml) on X-axis.
2. Draw the best fitted linear curve through the points.
3. Using the standard curve, interpolate the concentration of the tested. Samples values (in BU/ml) from each absorbance measured (example 1).

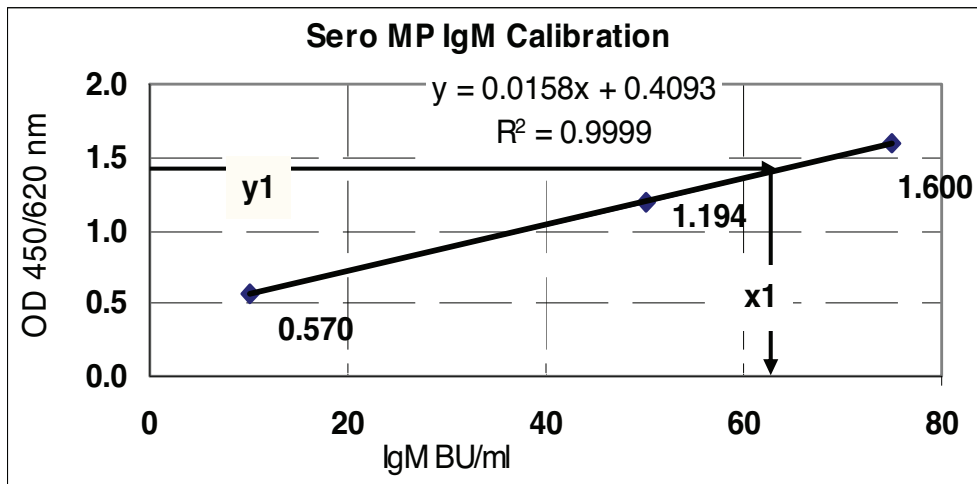
Example 1-Interpolation of results:

On the Y-axis read the absorbance value of the sample and draw a horizontal line to the calibration curve.

From the intercept, draw a vertical line to the X-axis.

Read the concentration in BU/ml of the sample.

Calibrators	IgM BU/ml	OD 450/620 nm
P10	10	0.570
P50	50	1.194
P75	75	1.600
Sample	x1=66	y1=1.452



Interpretation of Results

IgM BU/ml	Result	Diagnostic Interpretation
< 10 BU/ml	Negative No detectable level of IgM antibodies	No indication of <i>M. pneumoniae</i> infection
≥ 10 BU/ml ≤ 20 BU/m	Borderline	Test a second sample, drawn two to three weeks later in parallel with the first sample. When second sample is borderline the result should be considered as negative
> 20 BU/ml	Positive Relevant level of IgM antibodies	Indication of current <i>M. pneumoniae</i> Infection

In order to achieve a more comprehensive antibodies' profile, IgA and IgG should also be tested.

Interpretation of results based on the combination of IgM and IgG and IgA antibodies detection.

Level of <i>M. pneumoniae</i> antibodies			
IgG	IgM	IgA	
Negative	Negative	Negative	No indication of <i>M. pneumoniae</i> infection
Negative or Positive	Positive	Negative or Positive	Indication of current infection
Positive	Negative	Negative	Indication of past infection
Negative or Positive	Negative	Positive	Indication of current infection or re-infection

Cross Reaction

Hospitalized patients, infected with respiratory tract pathogens: *Chlamydia pneumoniae*, *Influenza A.*, *Influenza B.*, *Parainfluenza 1, 2 and 3* as well as *Adenovirus* and *EBV* who were diagnosed by commercial serology kits, were also tested with the SeroMP kit. Most of the sera were found negative, there was no significant cross-reaction detected.

Test Limitations

1. No single serological test should be used for final diagnosis. All clinical and laboratory data should be taken into account.
 2. Samples obtained too early during primary infection may not contain detectable antibodies. If *Mycoplasma* infection is suspected, a second sample should be obtained 2-4 weeks later and tested in parallel with the original sample.
 3. Interfering substances: The use of lipemic, turbid or contaminated sera is not recommended. Particulate material and precipitates in sera may cause erroneous results. Such specimens should be clarified by centrifugation or filtration prior to the test.
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Performance Characteristics

Sensitivity and Specificity

Sensitivity and Specificity of SeroMP™ IgM was calculated using sera, which have been tested and agreed by 2 commercial assays (Consensus Results), using 22 Sera obtained from pneumonia patients, 21 sera from healthy blood donors.

		Consensus Results	
		Positive	Negative
SeroMP™ IgM	Positive	21	0
	Negative	1	21

Sensitivity: $21/22 \times 100 = 95\%$

Specificity: $21/21 \times 100 = 100\%$

Overall Agreement: $42/43 \times 100 = 98\%$

Precision

Intra-assay (within-run)

Sample	No. of Replicates	Mean Value	CV%
Positive	10	1.341	3.4%
Negative	10	0.243	4.3%

Inter assay (between run)

Sample	No. of Replicates	Mean Value	CV%
Positive	10	1.302	4.4%
Negative	10	0.330	8.6%

Bibliography

1. Liberman D., Schaffer F., Boldur I., Liberman D., Horowitz S., Friedman, M.G., Leioninen M., Horowitz O., Manor E. and Porath A. (1996) Multiple pathogens in adult patients admitted with Community - aquired pneumonia, a one year prospective study of 346 consecutive patients Thorax 1996 51: 179-184.
2. Okada T., Kato I., Miho I., Minami S., Kinoshita H., Akao I., Kemmochi M., Miyabe S. and Takeyama I (1996) Acute Sensorineural Hearing Loss Cause by *M. Pneumoniae* Acute Otolaryngol (Stockh) 1996 522: 22-25
3. Lieberman, D., Shvartzman, P., Lieberman, D., Ben-Yaakov, M., Lazarovich, Z., Hoffman, S., Mosckovitz, R., Ohana, B., Leinonen, M., Luffy, D. and Boldur I. (1998) Etiology of Respiratory Tract Infection in Adults in a General Practice Setting. Eur J Clin Microbiol Infect Dis 17: 685-689.
4. Raisanen S.M. Suni J.I. and Leinikki P.O.: (1980) "Serological diagnosis of *Mycoplasma pneumoniae* infections by enzyme immunoassay" : J.Clin. Pathol. 33, 836-840.
5. Seggav J.S., Sedmark G.V. and Krup V., (1996) Isotype-specific antibody responses to acute *M. pneumoniae* infection Ann Allergy Asthma Immuno. 77: 67-73.
6. Samra Z., and Gadba R.,(1993) "Diagnosis of *Mycoplasma pneumoniae* infection by specific IgM antibodies using a new capture-enzyme-immunoassay; Eur. J. Epidermol. 9: 97-99.
7. Lieberman, D., Lieberman, D., Printz, S., Ben-Yaakov, M., Lazarovich, Z., Ohana, B., Friedman, M.G., Dvoskin, B., Leinonen, M. and Boldur, I. (2003) Atypical Pathogen Infection in Adults with Acute Exacerbation of Bronchial Asthma. Am J Respir Crit Care Med. 167: 406-410.
8. Lieberman, D., Leiberman, D., Ben-Yaakov, M., Shmarkov, O., Gelfer, Y., Varshavsky, R., Ohana, B., Lazarovich, Z. and Boldur, I. (2002) Serological evidence of *Mycoplasma pneumoniae* infection in acute exacerbation of COPD. Diagnostic Microbiology and Infectious Disease. 44: 1-6.
9. Lieberman, D., Leiberman, D., Ben-Yaakov, M., Lazarovich, Z., Ohana, B., Friedman, M.G., Dvoskin, B., Leinonen, M. and Boldur, I. (2003) Age and Ageing 32: 95-101.

10. Lieberman, D., Leibman, D., Koronsky, I., Ben-Yaakov, M., Lazarovich, Z., Friedman, M.G., Dvoskin, B., Leinonen, M. Ohana, B., and Boldur, I. (2002). A comparative study of the etiology of adult upper and lower respiratory tract infections in the community. *Diagnostic Microbiology and Infectious Disease*. 42: 21-28.
11. Lim, T.H., Muhlestein, J.B., Carlquish, J.F., Ohana, B., Lipson, M., Horne, B.D., Anderson, J., L. (2002). *Mycoplasma Pneumoniae* High IgA Titer but Not IgG Predicts Increased Hazard of Death or Myocardial Infarction Among Patients with Angiographically Defined Coronary Artery Disease. Abstract presented at the 51st Annual Scientific Session of the American College of Cardiology, March 17-20, 2002. Atlanta, Georgia.

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