PAPP-A [I-125] IRMA kit

(REF: RK-4CT)

The 125I-PAPP-A IRMA system provides direct quantitative in vitro determination of pregnancy-associated plasma protein A in human serum, in the range of 0-45 µg/mL. Each kit contains material sufficient for 100 determinations, permitting the construction of one standard curve and the assay of 42 unknowns in duplicate.

Introduction

Pregnancy-associated plasma protein A is a large placenta-derived glycoprotein. The biological function of PAPP-A is not completely known, it has been shown its proteolytic and immuno-regulating action through cleavage of insulin-like growth factor binding protein 4.

PAPP-A maternal serum concentration rises during pregnancy. Mostly, values under 0.5 MOM (multiple of median) are considered pathological, however, isolated PAPP-A data have no diagnostic value by itself.

Principle of method

This technology uses two high affinity monoclonal antibodies in immunoradiometric assay (IRMA) system.

The 125I labelled signal-antibody binds to an epitope of the PAPP-A molecule spatially different from that recognized by the biotincapture-antibody. The two antibodies react simultaneously with the antigen present in standards or samples, which leads to the formation of a capture antibody - antigen signal antibody complex, also referred to as a "sandwich". During 2-hours incubation period shaking, immuno-complex immobilized to the reactive surface of streptavidin coated test tubes. Reaction mixture is then discarded, test tubes washed exhaustively, and the radioactivity is measured in a gamma counter.

The concentration of antigen is directly proportional to the radioactivity measured in test tubes. By constructing a calibration curve plotting binding values against a series of calibrators containing known amounts of PAPP-A, the unknown concentration of PAPP-A in patient samples can be determined.

Contents of the kit

- 1. 1 bottle TRACER (21 mL), ready to use, containing about 740 kBq 125I-anti-PAPP-A and capture anti-PAPP-A antibody in buffer with red dye and 0.1 % NaN₃.
- 2. 6 vials STANDARD (6 x 0.4 mL), ready to use, containing (S1-S6): 0, 0.45, 1.35, 4.5, 13.5, 45 $\mu g/mL$ (1 $IU/l = 4.5 \mu g/mL$) in bovine serum with 0.1% NaN3. In the absence of an international reference preparation, standards have been prepared gravimetrically using highly pure (>99%) PAPP-A (FITZGERALD 30R-AP015-01)
- 3. 2 vials of CONTROL SERUM (2 x 0.4 mL), ready to use, containing human serum with 0.1% NaN3. The concentration of the

control serum is specified in the quality certificate enclosed.

- 4. 2 boxes COATED TUBE, ready to use. 2x50 reactive test tubes, 12x75 mm, packed in plastic boxes.
- 1 bottle WASH **BUFFER** CONCENTRATE (20 mL), containing 0.2% NaN₃. See Preparation of reagents.

Quality certificate Pack leaflet

Materials, tools and equipment required

Test tube rack, precision pipettes with disposable tips (10, 200 and 2000 µl), distilled water, vortex mixer, shaker, plastic foil, absorbent tissue, gamma counter.

Recommended tools and equipment

Repeating pipettes (e.g. Eppendorf or else), dispenser with 1-L reservoir (instead of the 2mL pipette).

Specimen collection and storage

Serum samples can be prepared according to common procedures used routinely in clinical laboratory practice. Samples can be stored at 2-8 °C if the assay is carried out within 24 hours, otherwise aliquots should be prepared and stored deep frozen (-20°C). Frozen samples should be thawed and thoroughly mixed before assaying. Avoid repeated of freezing-thawing cycles samples. Haemolyzed and lipemic specimens may give false values and should not be used.

Preparation of reagents, storage

Add the wash buffer concentrate (20 mL) to 700 mL distilled water to obtain 720 mL wash solution. After dilution, store at 2-8°C until expiry date of the kit.

Store the rest of reagents between 2-8°C after opening. At this temperature each reagent is stable until expiry date of the kit. The actual expiry date is given on the package label and in the quality certificate.

CAUTION!

Equilibrate all reagents and serum samples to room temperature. Mix all reagents and samples thoroughly before use. Avoid excessive foaming.

Assay procedure

(For a quick guide, refer to Table 1.)

- Label coated tubes in duplicate for each standard (S1-S6), control serum and sample.
- Homogenize all reagents and samples by gentle mixing to avoid foaming.
- Pipette 10 µL of standards, control and samples into the properly labelled tubes. Use rack to hold the tubes. Do not touch or scratch the inner bottom of the tubes with pipette tip.
- Pipette 200 µL of tracer into each tube.
- Seal all tubes with a plastic foil. Fix the test tube rack firmly onto the shaker plate. Turn on the shaker and adjust an adequate speed such that liquid is

- constantly rotating or shaking in each tube.
- Incubate tubes for 2 hours, shaking at room temperature.
- Add 2.0 mL of diluted wash buffer to each tube. Decant the supernatant from all tubes by the inversion of the rack. In the upside-down position place the rack on an absorbent paper for 2 minutes.
- Return the tube-rack to an upright position, and repeat step-7 two more times.
- 9. Count each tube for at least 60 seconds in a gamma counter.
- Calculate the PAPP-A concentrations of the samples as described in calculation of results or use special software.

Table 1. Assay Protocol, Pipetting Guide (all

volumes in microlitres)					
Tubes	Total	Standard	Control	Sample	
Standard		10			
Control	Control		10		
Sample				10	
Tracer	200	200 200		200	
Shake for 2 hours at room temperature					
Wash					
buffer		2000	2000	2000	
Decant the fluid and blot on filter paper					
Wash					
buffer		2000 2000 2000			
Decant the fluid and blot on filter paper					
Wash					
buffer		2000	2000	2000	
Decant the fluid and blot on filter paper					
Count radioactivity (60 sec/tube)					
Calculate the results					

Calculation of results

calculation is illustrated using representative data. The assay data collected should be similar to those shown in Table 2. Calculate the average count per minute

Calculate the normalized percent binding for standard, control and sample respectively by using the following equation:

(CPM) for each pair of assay tubes.

B/T(%) =
$$\frac{S_{2-6}/C/M_x (cpm) - S_1 (cpm)}{T(cpm)} \times 100$$

Using semi-logarithmic graph paper plot B/T (%) for each standard versus the corresponding concentration of PAPP-A.

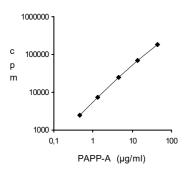
Determine the PAPP-A concentration of the unknown samples by interpolation from the standard curve. Do not extrapolate values beyond the standard curve range.

Out of fitting programs applied for computerized data processing, logit-log or spline fittings can be used. Automated data processing systems are also available.

Table 2. Typical assay data

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Tubes	Count cpm	Mean cpm	B/T%	
	Сри	срии		
Т	324642	327532	-	
1	330422	327332		
S1	73 101	87	0.03	
S2	2564 2627	2564	0.76	

S3	7583	7485	2.26	
G.4	7386 25131	24654	7.50	
S4	24176	24654	7.50	
S5	71400 69580	70490	21.55	
S6	178872	179887	54.90	
	180902	2.7007	51.70	
C1	35452 37484	36468	11.11	
C2	68212	66520	20.28	
	64829		_ = :.20	



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Figure 1: A typical standard curve
(Do not use to calculate unknown samples)

Characterization of assay

Typical assay parameters

Sensitivity

The analytical sensitivity is $0.0143~\mu g/mL$, obtained by assaying 15 replicates of the zero standard. The sensitivity has been determined as the concentration corresponding to the sum of the mean cpm and its double standard deviation.

Dilution test (linearity)

Five samples were measured in a series of dilution with zero-standard. The following equation obtained for measured (Y) versus expected (X) concentration demonstrates the good linearity:

 $Y = 1.047 \text{ x} - 0.08 \quad R = 0.9995 \quad n = 25$

Precision and reproducibility

Seven patient samples were assayed in 15 replicates to determine intra-assay precision. To determine inter-assay precision seven patient samples were measured in duplicates in 22 independent assays using different kit batches. Values obtained are shown below.

Intra-assay		Inter-assay		
Mean (μg/mL)	CV %	Mean (μg/mL)	CV %	
6.57	6.20	6.75	2.80	
12.31	1.68	12.74	2.73	
1.91	4.07	1.82	3.07	
4.11	4.69	4.04	2.98	
7.04	4.12	6.96	3.84	
15.06	4.51	15.53	3.82	
27.47	3.49	27.43	2.88	

Recovery

Recovery was defined as the measured increase expressed as per cent of expected increase upon spiking serum samples with known amounts of PAPP-A. The average per cent recovery for five serum pools spiked with PAPP-A at four levels was: 99.4 ± 3.3 % (mean \pm SD).

Hook effect

The KIT has no "High-dose hook" effect with PAPP-A levels up to 800 µg/mL. Samples expected to have concentrations greater than the highest standard should be diluted with the zero standard and reassayed.

Expected Values

Pregnancy weeks	1MOM (μg/mL)	N
10	8.92	22
11	10.51	500
12	14.75	1833
13	20.54	775

It is recommended that each laboratory determine a reference range for its own patient population.

The results obtained should only be interpreted in the context of the overall clinical picture. None of the *in vitro* diagnostic kits can be used as the one and only proof of any disease or disorder.

Procedural notes

- 1) Source of error! Reactive test tubes packed in plastic boxes are not marked individually. Care should be taken of not mixing them with common test tubes. To minimize this risk, never take more tubes than needed out of plastic box, and put those left after work back to the box. It is recommended to label assay tubes by a marker pen.
- 2) **Source of error!** To ensure the efficient rotation, tubes should be firmed tightly inside the test tube rack. Never use a rack type with open hole. An uneven or incomplete shaking may result in a poor assay performance.
- 3) Addition of wash buffer. For the addition of wash buffer, the use of a common laboratory dispenser equipped with a 1-L glass bottle, and a flexible outlet tubing end is recommended. In lack of this tool a large-volume syringe attached to a repeating pipette can be used.

Additional information

Components from various lots or from kits of different manufacturers should not be mixed or interchanged.

Precaution

Radioactivity

This product contains radioactive material. It is the responsibility of the user to ensure that local regulations or code of practice related to the handling of radioactive materials are satisfied.

Biohazard

Human blood products used in the kit have been obtained from healthy human donors. They were tested individually by using approved methods (EIA, enzyme immunoassay), and were found to be negative for the presence of antibodies to Human Immunodeficiency Virus (Anti-HIV-1/2), Hepatitis-C antibody (anti-HCV), Treponema antibody and Hepatitis-B surface Antigen (HBsAg).

Care should always be taken when handling human specimens to be tested with diagnostic kits. Even if the subject has been tested, no method can offer complete assurance that infectious agents are absent. Human blood samples should therefore be handled as potentially infectious materials.

Bovine components originate from countries where bovine spongiform encephalopathy has not been reported. Nevertheless, components containing animal substances should be treated as *potentially infectious materials*.

All animal products and derivatives have been collected from healthy animals. Nevertheless, components containing animal substances should be treated as *potentially infectious materials*.

Chemical hazard

Some components contain sodium azide as an antimicrobial agent. Dispose of waste by flushing with copious amount of water to avoid build-up of explosive metallic azides in copper and lead plumbing. The total azide present in each pack is 64.2 mg.

Storage and shelf life

Store this product at a temperature of 2-8°C Shelf-life: 60 days from availability.

\square	Use by	CONTROL	Control
LOT	Batch code	CAL	Standard
\triangle	Caution, consult accompanying documents	СТ	Coated tube
8	Biological risk	TRAC	Tracer
	Consult operating instructions	WASHB	Wash buffer
IVD	In vitro diagnostic medical device	2 8°C	Temperature limitation Store between 2-8°C
	Manufacturer	**	Radioactive Material
REF	Catalogue number		

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