

## ATLAS SLE SLIDE TEST

**IVD** For *in vitro* diagnostic and professional use only

2°C  8°C  
Store at 2°-8°C

### INTENDED USE

Atlas SLE Slide Test is a slide agglutination assay for the qualitative and semi quantitative detection of anti-deoxyribonucleoprotein (anti-DNP) in human serum. No initial dilution of patient samples is required for this test. These materials are intended to be acquired, possessed and used only by health professionals.

### INTRODUCTION

The detection of antinuclear antibodies, by such laboratory methods as immunofluorescence, LE cell test, and agglutination of coated particles, can aid in the diagnosis of such autoimmune diseases as systemic lupus erythematosus (SLE). The antibodies most associated with SLE are those directed against DNP. These antibodies are believed to cause the formation of the LE cell *in vitro*, occurring in 75-80% of patients diagnosed as having SLE. Given that 20-25% of SLE patients do not exhibit the formation of LE cells, other methods can be used to detect antinuclear antibodies.

### PRINCIPLE

Atlas SLE Slide Test provides a means of detecting anti-DNP in human serum. SLE Slide reagent is a stabilized buffered suspension of polystyrene latex particles that have been coated with DNP. When the latex reagent is mixed with the serum containing antibodies to DNP, agglutination occurs. Using dilutions of a reactive patient sample, the anti-DNP titer can be determined.

### MATERIALS

#### MATERIALS PROVIDED

- SLE Latex Reagent: Suspended inert latex particles coated with DNP, with 0.1% sodium azide as preservative.
- SLE Positive Human serum or defibrinated plasma (liquid), with 0.1% sodium azide as preservative.

- SLE Negative Control: Non-reactive buffer containing BSA and 0.1% sodium azide.
- Stirring sticks.
- Glass slide.
- Package insert.

#### MATERIALS NEEDED BUT NOT PROVIDED

- Timing device.
- 13 x 75 mm test tubes
- Volumetric pipet to deliver 0.25 ml
- Saline (0.9% NaCl solution)
- Mechanical rotator (optional)

#### PACKAGING CONTENTS

**REF 8.00.11.0.0025 (1x1 mL Latex, 1x0.5 mL Positive Control, 1x0.5 mL Negative Control)**

**REF 8.00.11.0.0050 (1x2 mL Latex, 1x0.5 mL Positive Control, 1x0.5 mL Negative Control)**

**REF 8.00.11.0.0100 (1x4 mL Latex, 1x1 mL Positive Control, 1x1 mL Negative Control)**

#### PRECAUTIONS

- For *in vitro* diagnostic use.
- Latex reagent and controls contain sodium azide. Azides in contact with lead and copper plumbing may react to form highly explosive metal azides. When disposing of reagents containing azide, flush down the drain with large quantities of water to prevent azide build-up.
- The controls contain human serum or plasma which has been tested at the donor level for HBsAg and for HIV-1, HIV-2 and HCV antibodies and found to be nonreactive. As no known test offers complete assurance that infectious agents are absent, the controls should be considered potentially infectious and universal precautions should be used.
- Do not pipet by mouth.
- Do not smoke, eat, drink or apply cosmetics in areas where plasma/serum samples are handled.
- Any cuts, abrasions or other skin lesions should be suitably protected.
- In order to obtain reliable and consistent results, the instructions in the package insert must be strictly followed.
- Do not modify the handling and storage conditions for reagents or samples.
- Do not use past the expiration date indicated on the kit.
- Do not interchange components of one kit with those of another kit.

- Turbidity or precipitation in controls is indicative of deterioration and the component should not be used.
- Bacterial contamination of reagents or specimens may cause false positive results.

#### STORAGE & STABILITY

- Store all reagents at 2-8°C in an upright position when not in use.
- Do not freeze reagents.

#### SPECIMEN COLLECTION and STORAGE

- Use only serum that is free from contamination. Test samples should not be heat-inactivated.
- It is preferable to test samples on the day of their collection. If samples cannot be tested immediately, maintain them in their original tubes at 2-8°C and test within 48 hours.
- Serum samples stored longer than 48 hours should be stored at -20°C or below until testing. Avoid repeated freezing and thawing of specimens.
- If necessary before testing, centrifuge the specimens at a force sufficient to sediment cellular components.
- Samples to be sent out for testing should be placed on ice packs and packaged like any other biohazardous material that could potentially transmit infection.

#### REAGENT PREPARATION

- Allow all reagents and samples to warm to room temperature (20-30°C) before use. Do not heat reagents in a water bath.
- All reagents are ready for use as supplied. Gently mix the reagents before use; avoid foaming.
- Gently mix the latex reagent before each use to ensure homogeneity.

#### PROCEDURES

##### A. Method I (Qualitative)

1. Dispense (35 µL) of each serum sample onto a separate circle on the test slide. Add one drop of Positive and negative controls from the dropper vials supplied onto a separate circle on the test slide.
2. Dispense one drop of latex reagent (35 µL) to each serum specimen and to each control.
3. Using the flat end of the stirring sticks, mix each specimen and control serum with the latex reagent, in a circular manner, over the entire area in the circles of the card.

- Gently tilt and rotate the card for one (1) minute and observe for agglutination. All test results should be compared to both positive and negative controls.

#### INTERPRETATION OF RESULTS (QUALITATIVE)

Agglutination indicates a reactive SLE sample. Sera that elicit a reactive result should be retested and tittered using the "Semi quantitative Assay Protocol".

#### B. Method II (Semi-Quantitative)

- Prepare serial dilutions of patient serum, in saline, in test tubes as follows:

Tube	Dilution	Composition
1	1:2	0.25 ml of serum + 0.25 ml saline.
2	1:4	0.25 ml from tube 1 + 0.25 ml saline.
3	1:8	0.25 ml from tube 2 + 0.25 ml saline.
4	1:16	0.25 ml from tube 3 + 0.25 ml saline.
5	1:32	0.25 ml from tube 4 + 0.25 ml saline.
6	1:64	0.25 ml from tube 5 + 0.25 ml saline.

**Note: Testing on additional dilutions should be performed as needed.**

- Using each dilution as a separate test specimen, apply the samples to the slide as described in Step 1 of the "Qualitative method" and proceed with Steps 2 through 4 of the "Qualitative method". Include undiluted sample if not tested previously on that day with the same lot of latex reagent.

#### INTERPRETATION OF RESULTS (SEMI-QUANTITATIVE)

The highest dilution in which visible agglutination occurs is considered the endpoint titer.

#### QUALITY CONTROL

Quality Control requirements must be performed in accordance with applicable local, state and/or federal regulations or accreditation requirements and your laboratory's standard Quality Control Procedures. Controls with graded reactivity should be included. If control samples do not yield the expected response, the assay should be considered invalid and the assay repeated. If the repeat assay does not elicit the expected results for the control samples, discontinue use of the kit and contact your local distributor.

#### EXPECTED VALUES

Serum samples from 155 individuals were tested using the **SLE Slide Test**. Of the 155 individuals, 29 had active SLE, 23 had clinically inactive SLE, 8 had connective tissue diseases and the remaining 95 were either clinically normal or had some nonrelated disease (including anemia, infectious mononucleosis and rheumatic heart disease) and were used

as controls. Results from testing with the **SLE Slide Test** were compared with the results from testing of the samples using a standard LE cell preparation assay and a fluorescent ANA assay.

Of the 29 active SLE patients, 82% were positive using the SLE Slide Test, 86% were positive by the LE cell prep, and 82% positive by the ANA test. For the 23 clinically inactive SLE patients, 19% were positive by both the SLE Slide Test and the LE cell prep; and 71% were positive by the ANA test. None of the 8 patients having connective tissue disease tested positive with the SLE Latex Test, whereas 17% and 50% tested positive by the LE cell prep and the ANA procedures, respectively. Of the controls, 1% tested positive by both the SLE Latex Test and the LE cell prep, while 6% tested positive by the ANA assay.

#### LIMITATION

- Serum from patients with scleroderma, rheumatoid arthritis, dermatomyositis, and a variety of connective tissue diseases may elicit agglutination in the SLE slide test.
- Because extremely high levels of antibodies might affect the degree of agglutination, positive samples should be reassayed using the semi quantitative procedure.
- Contaminated, lipemic, or grossly hemolyzed sera should not be used because of the possibility of nonspecific results.
- Plasma samples should not be used because of the possibility of nonspecific results.
- Samples yielding indeterminate results may be resolved by repeating the test utilizing a two (2) minute slide rotation period. Reaction times longer than two minutes might cause false positive results due to a drying effect.
- Drugs such as hydralazine, isoniazid, procainamide and a number of anticonvulsant drugs can induce an SLE syndrome.
- In accord with all diagnostic methods, a final diagnosis should not be made on the result of a single test, but should be based on a correlation of test results with other clinical findings.

#### REFERENCES



















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	Catalogue Number		Temperature limit
	In Vitro diagnostic medical device		Caution
	Contains sufficient for <n> tests and Relative size		Consult instructions for use (IFU)
	Batch code		Manufacturer
	Fragile, handle with care		Use-by date
	Manufacturer fax number		Do not use if package is damaged
	Manufacturer telephone number		Date of Manufacture
	Keep away from sunlight		Keep dry
	Positive control		Negative control