

## Product Information

### Mitochondrial Antibody ELISA kit

Catalog Number: EA100919

Storage Temperature: 2 – 8°C

## Instruction for Use

### Intended Use

The Mitochondrial IgG ELISA Kit is intended for the detection of IgG antibody to Mitochondrial in human serum or plasma.

### Background

Mitochondrial Antibodies (MA) are directed against the E2 subunit of the pyruvate dehydrogenase enzyme complex located at the inner mitochondrial membrane (PDC-E2), the E2 subunit of the branched chain 2-oxo acid dehydrogenase complex (BCOADC-E2), the E2 subunit of the 2-oxo-glutarate dehydrogenase complex (OGDC-E2), protein X, and PDC-E1a and PDC-E1. MA are found in ~95% of patients with primary biliary cirrhosis (PBC). MA in low titers are common in chronic active hepatitis and their presence does not preclude response to corticosteroids. MA disappear in about one month after orthotopic liver transplantation (OLT) and decrease with cyclosporine treatment which might be useful in PBC. MA are found in <1% of apparently healthy Caucasoid adults. Approximately 3% of patients with PBC have scleroderma, usually of the CREST syndrome variety. In addition, MA reactive with the PDC-E2 complex are found in some patients with CREST or diffuse scleroderma, sometimes in the absence of overt liver disease. Scleroderma typically precedes PBC in those patients with both diseases.

### Components

<b>MATERIALS PROVIDED</b>	<b>96 Tests</b>
1. Microwells coated with Mitochondrial antigen	12x8x1
2. Sample Diluent: 1 bottle (ready to use)	22 ml
3. Enzyme conjugate: 1 bottle (ready to use)	12 ml
4. TMB Substrate: 1 bottle (ready to use)	12 ml
5. Calibrator: 1 Vial (ready to use)	1 ml
6. Positive Control: 1 vial (ready to use)	1 ml
7. Negative Control: 1 vial (ready to use)	1 ml
8. Stop Solution: 1 bottle (ready to use)	12 ml
9. Wash concentrate 20X: 1 bottle	25 ml

### Materials and Equipment Required but Not Provided

1. Distilled or deionized water

2. Precision pipettes
3. Disposable pipette tips
4. ELISA reader capable of reading absorbance at 450nm
5. Absorbance paper or paper towel

### Disclaimer

This product is for research use only and not intended for diagnostic procedures.

### Specimen Collection and Preparation

1. Collect blood specimens and separate the serum.
2. Specimens may be refrigerated at 2–8°C for up to seven days or frozen for up to six months. Avoid repetitive freezing and thawing.

### Reagent Preparation

1. Prepare 1X Wash buffer by adding Wash Concentrate (25 ml, 20X) to 475 ml of distilled or deionized water. Store at room temperature (18-26°C).

### Assay Procedure

- Before proceeding with the assay, bring all reagents, serum references and controls to room temperature (18-26°C). Gently mix all reagents before use
  - The components in this kit are intended for use as an integral unit. The components of different lots should not be mixed
  - It is recommended that standards, control and serum samples be run in duplicate
  - Do not use sodium azide as preservative. Sodium azide inhibits HRP enzyme activities
1. Place the desired number of coated strips into the holder.
  2. Negative control, positive control, and calibrator are ready to use. Prepare 1:21 dilution of test samples, by adding 10 µl of the sample to 200 µl of sample diluent. Mix well.
  3. Dispense 100 µl of diluted sera, calibrator and controls into the appropriate wells. For the reagent blank, dispense 100 µl sample diluent in 1A well position. Tap the holder to remove air bubbles from the liquid and mix well. Incubate for 20 minutes at room temperature.
  4. Remove liquid from all wells. Wash wells three times with 300 µl of 1X wash buffer. Blot on absorbance paper or paper towel.
  5. Dispense 100 µl of enzyme conjugate to each well and incubate for 20 minutes at room temperature.
  6. Remove enzyme conjugate from all wells. Wash wells three times with 300 µl of 1X wash buffer. Blot on absorbance paper or paper towel
  7. Dispense 100 µl of TMB substrate and incubate for 10 minutes at room temperature.
  8. Add 100 µl of stop solution.
  9. Read O.D. at 450 nm using ELISA reader within 15 min. A dual wavelength is recommended with reference filter of 600-650 nm.

### Calculation of Results

1. Check Calibrator Factor (CF) value on the calibrator bottle. This value might vary from lot to lot. Make sure you check the value on every kit.
2. Calculate the cut-off value: Calibrator OD x Calibrator Factor (CF).
3. Calculate the Ab (Antibody) Index of each determination by dividing the O.D. value of each sample by cut-off value.

### Example of a Standard Curve

Calibrator mean OD = 0.8

Calibrator Factor (CF) = 0.5

Cut-off Value =  $0.8 \times 0.5 = 0.400$

Positive control O.D. = 1.2

Ab Index =  $1.2 / 0.4 = 3$

Patient sample O.D. = 1.6

Ab Index =  $1.6 / 0.4 = 4.0$

### Quality Control

The test run may be considered valid provided the following criteria are met:

1. If the O.D. of the Calibrator should be greater than 0.250.
2. The Ab index for Negative control should be less than 0.9.
3. The Ab index for Positive control should be greater than 1.2.

### Interpretation

The following is intended as a guide to interpretation of test results; each laboratory is encouraged to establish its own criteria for test interpretation based on sample populations encountered.

#### • Antibody Index Interpretation

- <0.9 No detectable MA by ELISA
- 0.9-1.1 Borderline positive. Follow-up testing is recommended if clinically indicated.
- >1.1 Detectable MA by ELISA

### References

1. Leung PSC, Coppel RL, Gershwin ME. Mitochondrial autoantibodies. In: Peter JB, Shoenfeld Y, editors. Autoantibodies. Amsterdam: Elsevier Science B.V., 1996:494-500.
2. Van Norstrand MD, Malinchoc M, Lindor KD, et al. Quantitative measurement of autoantibodies to recombinant mitochondrial antigens in patients with primary biliary cirrhosis: relationship of levels of autoantibodies to disease progression. *Hepatology*, 1997;25:6-11.
3. Butler P, Hamilton-Miller J, Baum H, Burroughs AK. Detection of M2 antibodies in patients with recurrent urinary tract infection using and ELISA and purified PBC specific antigens. Evidence for a molecular mimicry mechanism in the pathogenesis of primary biliary cirrhosis? *Biochem Mol Biol Int* 1995;35:473-85.
4. Vilagut L, Vila J, Vinas O, Pares A, Gines A, Jimenez de Anta MT, Rodes J. Cross-reactivity of anti-*Mycobacterium gordonae* antibodies with the major mitochondrial autoantigens in primary biliary cirrhosis. *J Hepatol* 1994;21:673-7.
5. Bunn CC, McMorro M. Anti-M4 antibodies measured by a sulphite oxidase ELISA in patients with both anti-centromere and anti-M2 antibodies. *Clin Exp Immunol* 1995;102:131-6.
6. Omagari K, Rowley MJ, Whittingham S, Jois JA, Byron SL, Mackay IR. Autoantibodies to M2 mitochondrial autoantigens in normal human sera by immunofluorescence and novel assays. *J Gastroenterol Hepatol* 1996;11:610-6.

Version 3, last updated October 18, 2015