**ElisaRSR™ AChRAb**

**Acetylcholine Receptor Autoantibody ELISA Kit - Instructions for use**

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**INTENDED USE**
The RSR Acetylcholine Receptor Autoantibody (AChRAb) ELISA kit is intended for use by professional persons only, for the quantitative determination of AChRAb in human serum. Autoantibodies to the acetylcholine receptor (AChR) are responsible for failure of the neuromuscular junction in myasthenia gravis. Measurement of these antibodies can be of considerable value in disease diagnosis and management.

**REFERENCES**
R. Hewer et al
A sensitive non-isotopic assay for acetylcholine receptor autoantibodies
Clinica Chimica Acta 2006 364: 159 – 166

**ASSAY PRINCIPLE**
RSR’s AChRAb ELISA depends on the ability of AChRAb in human serum to bind to similar sites on the AChR as various monoclonal antibodies such as MAb1 (coated on ELISA plate wells) and/or MAb2 and/or MAb3 (which are labelled with Biotin). In the absence of AChRAb a complex is formed between MAb1 coated on the plate wells, the AChR and MAb2- and MAb3-Biotin. MAb2- and MAb3-Biotin bound are then detected by addition of Streptavidin Peroxidase (SA-POD), which binds specifically to Biotin. Excess, unbound SA-POD is then washed away and addition of the peroxidase substrate 3,3’,5,5’ – tetramethylbenzidine (TMB) results in formation of a blue colour. This reaction is stopped by addition of stop solution causing the well contents to turn yellow. The absorbance of the yellow reaction mixture at 450 nm is then read using an ELISA plate reader. In the presence of AChRAb the formation of the MAb1-AChR-MAb2-/MAb3-Biotin complex is inhibited, resulting in less SA-POD being bound and a reduction in final absorbance at 450 nm. The higher the concentration of AChRAb in the test serum, the greater the inhibition of MAb-Biotin binding. When using the kit calibrators, the measuring interval is 0.45 – 20 nmol/L toxin bound.

**STORAGE AND PREPARATION OF TEST SERUM SAMPLES**
Sera to be analysed should be assayed soon after separation or stored, preferably in aliquots, at or below –20°C. 100µL is sufficient for one assay (duplicate 50µL determinations). Repeated freeze thawing or increases in storage temperature must be avoided. Do not use lipaemic or haemolysed serum samples. Studies in which EDTA, citrate and heparin plasma samples were spiked with AChRAb positive sera showed minor changes in signal compared with spiked serum from the same donor. In particular OD50 values with spiked EDTA, citrate and heparin plasmas were 83% - 122% of spiked serum (20 samples with serum concentrations ranging from 0.28 nmol/L – 18 nmol/L) or 69% - 165% in terms of nmol/L.

When required, bring test sera to room temperature and mix gently to ensure homogeneity. Centrifuge serum prior to assay (preferably for 5 min at 10-15,000 rpm in a microfuge) to remove particulate matter. Please do not omit this centrifugation step if sera are cloudy or contain particulates.

**MATERIALS REQUIRED AND NOT SUPPLIED**
- Pipettes capable of dispensing 25µL, 50µL and 100µL.
- Eppendorf type repeating pipette.
- Means of measuring various volumes to reconstitute or dilute reagents supplied.
- Eppendorf tubes.
- Pure water.
- ELISA Plate reader suitable for 96 well formats and capable of measuring at 450 nm.
- ELISA Plate shaker, capable of 500 shakes/min (not an orbital shaker).
- ELISA Plate cover.

**PREPARATION OF REAGENTS SUPPLIED**
Store unopened kit and components (A – P) at 2–8°C

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC</td>
<td>EC Declaration of Conformity</td>
</tr>
<tr>
<td>IVD</td>
<td>In Vitro Diagnostic Device</td>
</tr>
<tr>
<td>REF</td>
<td>Catalogue Number</td>
</tr>
<tr>
<td>LOT</td>
<td>Lot Number</td>
</tr>
<tr>
<td></td>
<td>Consult Instructions</td>
</tr>
<tr>
<td></td>
<td>Manufactured by</td>
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<td></td>
<td>Sufficient for</td>
</tr>
<tr>
<td></td>
<td>Expiry Date</td>
</tr>
<tr>
<td>2°C</td>
<td>Store</td>
</tr>
<tr>
<td></td>
<td>Negative Control</td>
</tr>
<tr>
<td></td>
<td>Positive Control</td>
</tr>
</tbody>
</table>

**AChR MAb1 Coated Wells**
12 breakapart strips of 8 wells (96 in total) in a frame and sealed in a foil bag. Allow foil bag to stand at room temperature (20–25 °C) for 30 minutes before opening.

A
Ensure wells are firmly fitted in the frame provided. After opening return any unused wells to the original foil bag and seal with adhesive tape. Then place foil bag in the self-seal plastic bag with desiccant provided, and store at 2-8°C for up to kit expiry date.
<p>| | |</p>
<table>
<thead>
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<th></th>
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</thead>
</table>
| **B** | Foetal Type AChR  
3 vials  
Lyophilised  
Reconstitute each vial with 0.7 mL reconstitution buffer for AChR (D). Mix gently, and leave to stand at room temperature (20–25 °C) for 5 minutes before use. Pool the vials when more than one vial is required, and then use immediately to reconstitute adult type AChR. |
| **C** | Adult Type AChR  
3 vials  
Lyophilised  
Reconstitute each vial of C with 0.5 mL of reconstituted foetal type AChR (B) to give a mixture of foetal and adult AChR (B+C). Mix gently, and leave to stand at room temperature (20–25 °C) for 5 minutes before use. Pool the vials when more than one vial is required. Use up to 6 hours after reconstitution if stored at 2-8°C. |
| **B+C** | Reconstitution Buffer for AChR  
5 mL  
Ready for use  
Reconstitute each vial with the volume of reconstitution buffer for MAb-Biotin (F) shown on the vial label. Mix gently, and leave to stand at room temperature (20–25 °C) for 5 minutes before use. Pool the vials when more than one vial is required. Store at 2-8°C for up to kit expiry date after reconstitution. |
| **D** | AChR MAb–Biotin (MAb2+MAb3)  
3 vials  
Lyophilised  
Reconstitute each vial with the volume of reconstitution buffer for MAb-Biotin (F) shown on the vial label. Mix gently, and leave to stand at room temperature (20–25 °C) for 5 minutes before use. Pool the vials when more than one vial is required. Store at 2-8°C for up to kit expiry date after reconstitution. |
| **E** | Reconstitution Buffer for MAb-Biotin  
15 mL  
Ready for use  
Streptavidin Peroxidase (SA-POD)  
0.7 mL  
Concentrated  
Dilute 1 in 20 with diluent for SA-POD (H). For example, 0.5 mL (G) + 9.5 mL (H). Store at 2–8°C for up to 16 weeks after dilution. |
| **F** | Diluent for SA-POD  
15 mL  
Ready for use  
Peroxidase Substrate (TMB)  
15 mL  
Ready for use  
Stop Solution  
10 mL  
Ready for use  
Concentrated Wash Solution  
100 mL  
Concentrated  
Dilute 10 X with pure water before use. For example, 100 mL (L) + 900 mL pure water. Use up to kit expiry date after dilution. |
| **G** | Calibrators  
0.5, 1.0, 6.5 and 20 nmol/L toxin bound  
4 x 0.7 mL  
Ready for use  
Negative Control  
3 mL  
Ready for use  
Positive Controls I & II  
(see label for concentration range)  
2 x 0.7 mL  
Ready for use |

1 The absorbance at 450 nm will be 10-15% lower when reconstituted receptors have been stored for 6 hours at 2-8°C.

**ASSAY PROCEDURE**

Allow all reagents to stand at room temperature (20-25°C) for at least 30 minutes prior to use. A repeating Eppendorf type pipette is recommended for steps 2, 5, 7, 9 and 10.

1. Pipette 100 µL of samples [calibrators (M 1-4 – optional), positive controls (P 1-2), and negative control (N) and test sera] into individual 1.5 mL Eppendorf tubes, labelled accordingly.

2. Pipette 25 µL of foetal and adult type AChR mixture (B+C) into each Eppendorf tube (from step 1) and seal the tubes. Make sure that all liquid is in the bottom of each tube (if in doubt centrifuge the tubes in a microfuge for 10 seconds at 10–15,000 rpm). Vortex gently and incubate overnight (16-20 hours) at 2–8°C.

3. Gently mix each tube of sample-AChR mixture from step 2 using a vortex mixer. Pipette duplicate 50 µL of each sample-AChR mixture into the AChR MAb1 coated wells (A) leaving 2 wells empty for blanks. Cover the frame and incubate at room temperature on an ELISA plate shaker (500 shakes per min) for 1 hour.

4. Aspirate the wells by use of a plate washing machine or discard by briskly inverting the frame of wells over a suitable receptacle. Wash the wells three times with diluted wash solution (L). For manual washing tap the inverted wells gently on a clean dry, absorbent surface to remove excess wash.

5. Pipette 50 µL of reconstituted AChR MAb-Biotin (E) into each well (except blanks). Cover the frame and incubate at room temperature on an ELISA plate shaker (500 shakes per min) for 1 hour.


7. Pipette 100 µL of diluted SA-POD (G) into each well (except blanks). Cover the frame and incubate at room temperature on an ELISA plate shaker (500 shakes per min) for 30 minutes.

8. Repeat wash step 4. For manual washing, wash once more with pure water to remove any foam. Tap the inverted wells gently on a clean, dry, absorbent surface to remove excess wash.

9. Pipette 100 µL of TMB (J) into each well (including blanks). Cover the frame and incubate in the dark at room temperature for 30 minutes without shaking.
RESULT ANALYSIS

A calibration curve can be established by plotting calibrator concentrations (including a value of 0.2 nmol/L for the negative control) on the x-axis (linear scale) against the absorbance of the calibrators on the y-axis (linear scale). The AChR concentrations in patients’ sera can then be read off the calibration curve. The data in these instructions are based on a 4 parameter curve fit. Samples with high AChR concentrations can be diluted in negative control (N). For example 10 µL of sample plus 90 µL of negative control (N) to give a 10x dilution. Other dilutions (e.g. 100x) can be prepared from a 10x dilution or otherwise as appropriate. Some sera will not dilute in a linear way and we suggest that the dilution giving a value closest to 50% inhibition is used for calculation of AChR concentration.

TYPICAL RESULTS USING % INHIBITION

<table>
<thead>
<tr>
<th>Sample</th>
<th>Abs. 450 nm</th>
<th>Conc. nmol/L</th>
<th>Calculated nmol/L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Control N</td>
<td>1.970</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>M1</td>
<td>1.616</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>M2</td>
<td>1.329</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>M3</td>
<td>0.524</td>
<td>6.5</td>
<td></td>
</tr>
<tr>
<td>M4</td>
<td>0.144</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Positive Control P1</td>
<td>0.469</td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>Positive Control P2</td>
<td>1.124</td>
<td>1.6</td>
<td></td>
</tr>
</tbody>
</table>

2 See Result Analysis above

ASSAY CUT OFF

This cut off has been validated at RSR. However each laboratory should establish its own normal and pathological reference ranges for AChR concentrations.

ASSAY EVALUATION

Clinical Specificity

Sera from 402 individual healthy blood donors were assayed in the AChR ELISA. 401 (99.8%) were identified as being negative for AChR. One sample was positive and gave a value of 20% inhibition (0.54 nmol/L from the calibration curve, 0.52 nmol/L calculated).

Clinical Sensitivity

Sera from 83 patients diagnosed with myasthenia gravis were assayed in the AChR ELISA. 76 (92%) were identified as being positive for AChR.

Lower Detection Limit

The negative control was assayed 20 times and the mean and standard deviation calculated. The lower detection limit at 2 standard deviations was 0.25 nmol/L.

Inter Assay Precision (n=20)

<table>
<thead>
<tr>
<th>Sample</th>
<th>% Inhibition</th>
<th>CV (%)</th>
<th>nmol/L</th>
<th>CV (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>76.4</td>
<td>3.3</td>
<td>7.7</td>
<td>8.7</td>
</tr>
<tr>
<td>2</td>
<td>52.4</td>
<td>6.7</td>
<td>2.0</td>
<td>11.1</td>
</tr>
<tr>
<td>3</td>
<td>27.3</td>
<td>9.4</td>
<td>0.62</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Intra Assay Precision (n=24)

<table>
<thead>
<tr>
<th>Sample</th>
<th>% Inhibition</th>
<th>CV (%)</th>
<th>nmol/L</th>
<th>CV (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>90.8</td>
<td>0.6</td>
<td>13.5</td>
<td>2.5</td>
</tr>
<tr>
<td>5</td>
<td>45.9</td>
<td>2.4</td>
<td>1.7</td>
<td>5.2</td>
</tr>
<tr>
<td>6</td>
<td>25.9</td>
<td>7.1</td>
<td>0.67</td>
<td>8.5</td>
</tr>
</tbody>
</table>

Clinical Accuracy

Analysis of 107 sera from patients with autoimmune diseases other than myasthenia gravis indicated no interference from autoantibodies to thyroglobulin (n=10), thyroid peroxidase (n=11), dsDNA (n=9), TSH receptor (n=40), glutamic acid decarboxylase (n=10), 21-hydroxylase (n=10), or from rheumatoid factor (n=27). Two other samples gave values of 28% (0.74 nmol/L) and 44% (1.5 nmol/L) inhibition and were from a patient with Graves’ disease (TRAb positive) and a patient with Systemic Lupus Erythematosus (dsDNA Ab positive) respectively. These samples were assayed in the RSR AChR ELISA kit and were positive (values of 1.3 and 1.5

This formula has been established empirically using a comparison of AChR ELISA measurements by the RSR ELISA and RIA methods. Close agreement between nmol/L values obtained in the AChR ELISA using the calibration curve and using this formula should not be expected in the case of all individual sera.

![Graph showing calibration curve and % inhibition results.](image-url)
nmol/L respectively). In addition two samples from patients with rheumatoid arthritis (rheumatoid factor positive) were positive in the RSR AChR Ab ELISA and gave values of 24% (0.77 nmol/L) and 19% (0.61 nmol/L) inhibition. The first of these samples was also positive in the RSR AChR Ab RIA (5.3 nmol/L).

Interference
No interference was observed when samples were spiked with the following materials; haemoglobin up to 250 mg/dL, bilirubin at 20 mg/dL or Intralipid up to 3000 mg/dL.

SAFETY CONSIDERATIONS

Streptavidin Peroxidase (SA-POD)

Signal word: Warning

Hazard statement(s)

H317: May cause an allergic skin reaction

Precautionary statement(s)

P280: Wear protective gloves/protective clothing/ eye protection/face protection

P302 + P352: IF ON SKIN: Wash with plenty of soap and water

P333 + P313: If skin irritation or rash occurs: Get medical advice/attention

P362 + P364: Take off protective clothing

P360: Wash immediately all exposed skin

P361: Change clothes instantly

P270: In case of accident or if you feel unwell, seek medical advice/attention

P281: Keep container tightly closed

P261: Keep out of children’s reach

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P362 + P364: Take off protective clothing

P360: Wash immediately all exposed skin

P361: Change clothes instantly

P270: In case of accident or if you feel unwell, seek medical advice/attention

P281: Keep container tightly closed

P261: Keep out of children’s reach

Peroxidase Substrate (TMB)

Signal word: Danger

Hazard statement(s)

H360: May damage fertility or the unborn child

Precautionary statement(s)

P280: Wear protective gloves/protective clothing/ eye protection/face protection

P308 + P313: IF exposed or concerned: Get medical advice/attention

This kit is intended for in vitro use by professional persons only. Follow the instructions carefully. Observe expiry dates stated on the labels and the specified shelf life for coated wells, diluted or reconstituted reagents. Refer to Safety Data Sheet for more detailed safety information. With all kit components, avoid ingestion, inhalation, injection or contact with skin, eyes or clothing. Wear protective clothing. Material of human origin used in the preparation of the kit has been obtained from animals certified as healthy but these materials should be handled as potentially infectious. Material of animal origin used in the preparation of the kit has been tested and found non-reactive for HIV1 and 2 and HCV antibodies and HBsAg but should, none-the-less, be handled as potentially infectious. Wash hands thoroughly if contamination has occurred and before leaving the laboratory. Sterilise all potentially contaminated waste, including test specimens before disposal. Material of animal origin used in the preparation of the kit has been obtained from animals certified as healthy but these materials should be handled as potentially infectious. Some components contain small quantities of sodium azide as preservative. Avoid formation of heavy metal azides in the drainage system by flushing any kit components away with copious amounts of water.

ASSAY PLAN

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Allow all reagents and samples to reach room temperature (20-25 °C) before use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipette:</td>
<td>100 µL Calibrators (M 1-4 optional), controls (N and P 1-2), and test sera into Eppendorf tubes</td>
</tr>
<tr>
<td>Pipette:</td>
<td>25 µL AChR (foetal and adult mixture B + C) (centrifuge if necessary) and vortex mix</td>
</tr>
<tr>
<td>Incubate:</td>
<td>16 – 20 Hours at 2–8°C</td>
</tr>
<tr>
<td>Pipette:</td>
<td>50 µL Sample-AChR mixture (in duplicate) from each tube into wells (except blanks)</td>
</tr>
<tr>
<td>Incubate:</td>
<td>1 Hour at room temperature on an ELISA plate shaker at 500 shakes/min</td>
</tr>
<tr>
<td>Aspirate/Decant:</td>
<td>Plate</td>
</tr>
<tr>
<td>Wash:</td>
<td>Plate three times and tap dry on absorbent material</td>
</tr>
<tr>
<td>Pipette:</td>
<td>50 µL AChR MAb-Biotin (E) (reconstituted) into each well (except blanks)</td>
</tr>
<tr>
<td>Incubate:</td>
<td>1 Hour at room temperature on an ELISA plate shaker at 500 shakes/min</td>
</tr>
<tr>
<td>Aspirate/Decant:</td>
<td>Plate</td>
</tr>
<tr>
<td>Wash:</td>
<td>Plate three times and tap dry on absorbent material</td>
</tr>
<tr>
<td>Pipette:</td>
<td>100 µL SA-POD (G) (diluted 1:20) into each well (except blanks)</td>
</tr>
<tr>
<td>Incubate:</td>
<td>30 Minutes at room temperature on an ELISA plate shaker at 500 shakes/min</td>
</tr>
<tr>
<td>Aspirate/Decant:</td>
<td>Plate</td>
</tr>
<tr>
<td>Wash:</td>
<td>Plate three times and rinse with pure water³ and tap dry on absorbent material</td>
</tr>
<tr>
<td>Pipette:</td>
<td>100 µL TMB (J) into each well (including blanks)</td>
</tr>
<tr>
<td>Incubate:</td>
<td>30 Minutes in the dark at room temperature without shaking</td>
</tr>
<tr>
<td>Pipette:</td>
<td>50 µL Stop solution (K) into each well (including blanks) and shake for 5 seconds</td>
</tr>
</tbody>
</table>

³Omit water wash if a plate washing machine is used

Read absorbance at 450 nm, within 30 minutes of adding stop solution