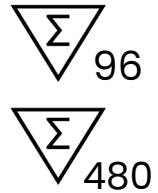


INSTRUCTIONS FOR USE

EN

Anti-Parvovirus B19 IgG

REF**9Z7701G
SM9Z7701G
9Z7701GB****IVD****Rx Only**

INTENDED USE

The Anti-Parvovirus B19 IgG is intended for the qualitative detection of IgG class antibodies to human parvovirus B19 in human serum including women of childbearing age where there is a suspicion of exposure to human parvovirus B19. The test is also for all symptomatic patients as an aid in the diagnosis of fifth disease (erythema infectiosum). This test is intended for *in vitro* diagnostic use only.

SUMMARY AND EXPLANATION

Human parvovirus B19 is a simple single-stranded DNA virus (1) that can only infect humans. The non-enveloped mature viral particles are composed of only two structural proteins: VP1 and VP2. The VP2 capsomere proteins comprise approximately 96% of the total capsid (2). The human parvovirus B19 is different from the parvovirus that infects dogs and cats. A human cannot acquire parvovirus B19 from dogs and cats, nor can a human infect dogs and cats with human parvovirus B19.

Human parvovirus B19 can be found globally and commonly infects people. Infected humans have varying symptoms depending on their age and general health. As many as 20% of infected adults or children have essentially no symptoms whatsoever, or a very mild, nonspecific, cold-like illness (3). One symptomatic form of the human parvovirus B19 infection is erythema infectiosum. This is commonly referred to as "fifth disease" or "slapped cheek" disease and is frequently the outcome of exposure of the virus to children (4,5). The illness may start with symptoms such as fever, runny nose and/or headache and then may progress into the classic red rash on the face (slapped cheek rash). The rash may spread to other parts of the body, may become itchy and may vary in intensity before dissipating typically in 7 - 10 days (3). People with fifth disease can also develop pain and swelling in joints (polyarthropathy syndrome). This is more typical in adults (especially women) than children. The joint pain may last for weeks to months and will usually go away with no long-term problems (3).

Infected people are generally contagious before they develop overt symptoms and when contagious, the virus spreads through respiratory secretions when an infected person coughs or sneezes. The virus can also spread through blood or blood products and therefore a pregnant woman can pass the virus to the fetus (6). Infection of the fetus may lead to serious complications. The infant may develop severe anemia or myocarditis as a result of infection of the heart. These disorders may ultimately lead to congestive heart failure and hydrops fetalis (4). Hydrops fetalis is a serious condition resulting from fluid build-up as a result of severe anemia. The fluid buildup may result in organ failure. Sometimes the fetus may be born without symptoms, but there is also a 2 - 6% chance of fetal loss (4). Parvovirus B19 infection during the first trimester pregnancy is low risk, whereas the second trimester pregnancies are most vulnerable (7). If a pregnant woman is exposed to human parvovirus B19, acute infection should be confirmed by the presence of IgM antibody or seroconversion of IgG or both. If an acute infection is confirmed the fetus should be monitored frequently to prevent risk of hydrops fetalis.

PRINCIPLE OF THE ASSAY

The Anti-Parvovirus B19 IgG is designed to detect IgG class antibodies to parvovirus B19 in human sera. The wells of the plastic microwell strips are coated with recombinant parvovirus B19 viral proteins as antigen. The test procedure involves three incubation steps:

1. Test sera (properly diluted) are incubated in the antigen coated microwells. Any antigen specific antibody in the sample will bind to the immobilized antigen on the surface of the wells. The plate is washed to remove unbound antibody and other serum components.
2. Peroxidase Conjugated goat anti-human IgG is added to the wells and the plate is incubated. The Conjugate will react with IgG antibody immobilized on the solid phase in step 1. The wells are washed to remove unreacted Conjugate.
3. The microwells containing immobilized peroxidase Conjugate are incubated with peroxidase Substrate Solution. Hydrolysis of the Substrate by peroxidase produces a color change. After a period of time the reaction is stopped, and the color intensity of the solution is measured photometrically. The color intensity of the solution depends upon the antibody concentration in the original test sample.

TEST SYSTEM COMPONENTS

Materials Provided:

Each Test System contains the following components in sufficient quantities to perform the number of tests indicated on the packaging label. **NOTE:** The following components contain Sodium Azide as a preservative at a concentration of <0.1% (w/v): Controls, Calibrator and SAVe Diluent®.

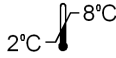
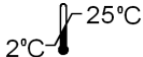
Kit Component	Quantity 	Quantity 	Description
PLATE	1	5	Plate: 96 wells configured in twelve, 1x8-well, strips coated with recombinant parvovirus B19 viral proteins as antigen. The strips are packaged in a strip holder and sealed in an envelope with desiccant.
CONJ	1	5	Conjugate: Conjugated (horseradish peroxidase) anti-human IgG (Fc chain specific) in 15mL, white-capped bottle(s). Ready to use.
CTRL +	1	2	Positive Control (Human Serum): 0.35mL, red-capped vial(s). 21X concentrate.
CAL	1	4	Calibrator (Human Serum): 0.5mL, blue-capped vial(s). 21X concentrate.
CTRL -	1	2	Negative Control (Human Serum): 0.35mL, green-capped vial(s). 21X concentrate.
DIL SPE	1	4	SAVe Diluent®: 30mL, green-capped, bottle(s) containing Tween-20, bovine serum albumin and phosphate-buffered-saline. Ready to use. NOTE: The SAVe Diluent® will change color when combined with serum.
SOLN TMB	1	5	TMB: 15mL, amber-capped, amber bottle(s) containing 3, 3', 5, 5' - tetramethylbenzidine (TMB). Ready to use.
SOLN STOP	1	3	Stop Solution: 15mL, red-capped, bottle(s) containing 1M H2SO4, 0.7M HCl. Ready to use.
WASH 10X	1	5	Wash Buffer Concentrate (10X): Dilute 1-part concentrate + 9 parts deionized or distilled water. 100mL, clear-capped, bottle(s) containing a 10X concentrated phosphate-buffered-saline and Tween-20 solution (blue solution). NOTE: 1X solution will have a pH of 7.2 ± 0.2.

NOTE: The following components are not Test System Lot Number dependent and may be used interchangeably within the ZEUS ELISA Test Systems: TMB, Stop Solution, and Wash Buffer. SAVe Diluent® may be used interchangeably with any ZEUS ELISA Test System utilizing Product No. 005CC.

MATERIALS REQUIRED BUT NOT PROVIDED

- ELISA microwell reader capable of reading at a wavelength of 450nm. **NOTE: Use of a single (450nm), or dual (450/620 - 650nm), wavelength reader is acceptable. Dual wavelength is preferred, as the additional reference filter has been determined to reduce potential interference from anomalies that may absorb light.**
- Pipettes capable of accurately delivering 10 - 200µL.
- Multichannel pipette capable of accurately delivering 50 - 200µL.
- Reagent reservoirs for multichannel pipettes.
- Wash bottle or microwell washing system.
- Distilled or deionized water.
- One-liter graduated cylinder.
- Serological pipettes.
- Disposable pipette tips.
- Paper towels.
- Laboratory timer to monitor incubation steps.
- Disposal basin and disinfectant (i.e., 10% household bleach - 0.5% sodium hypochlorite).

STORAGE CONDITIONS

	Coated Microwell Strips: Immediately reseal extra strips with desiccant and return to proper storage. After opening, strips are stable for 60 days, as long as the indicator strips on the desiccant pouch remain blue.
	Conjugate – DO NOT FREEZE.
	Unopened Kit, Calibrator, Positive Control, Negative Control, TMB, Sample Diluent.
	Stop Solution: 2 – 25 °C Wash Buffer (1X) : 20 – 25°C for up to 7 days, 2 – 8°C for 30 days Wash Buffer (10X): 2 – 25°C

PRECAUTIONS

1. For *In Vitro* diagnostic use.
2. Follow normal precautions exercised in handling laboratory reagents. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. Wear suitable protective clothing, gloves, and eye/face protection. Do not breathe vapor. Dispose of waste observing all local, state, and federal laws.
3. The wells of the ELISA plate do not contain viable organisms. However, consider the strips **potentially biohazardous materials** and handle accordingly.
4. The Controls are **potentially biohazardous materials**. Source materials from which these products were derived were found negative for HIV-1 antigen, HBsAg and for antibodies against HCV and HIV by approved test methods. However, since no test method can offer complete assurance that infectious agents are absent, handle these products at the Biosafety Level 2 as recommended for any potentially infectious human serum or blood specimen in the Centers for Disease Control/National Institutes of Health manual "Biosafety in Microbiological and Biomedical Laboratories": Current Edition; and OSHA's Standard for Bloodborne Pathogens (10).
5. Adherence to the specified time and temperature of incubations is essential for accurate results. **All reagents must be allowed to reach room temperature (20 – 25°C) before starting the assay.** Return unused reagents to refrigerated temperature immediately after use.
6. Improper washing could cause false positive or false negative results. Be sure to minimize the amount of any residual wash solution; (e.g., by blotting or aspiration) before adding Conjugate or Substrate. Do not allow the wells to dry out between incubations.
7. The SAVE Diluent*, Controls, and Calibrator contain Sodium Azide at a concentration of <0.1% (w/v). Sodium Azide has been reported to form lead or copper azides in laboratory plumbing which may cause explosions on hammering. To prevent, rinse sink thoroughly with water after disposing of solution containing Sodium Azide.
8. The Stop Solution is TOXIC if inhaled, has contact with skin or if swallowed. It can cause burns. In case of accident or ill feelings, seek medical advice immediately.
9. The TMB Solution is HARMFUL. It is irritating to eyes, respiratory system and skin.
10. The Wash Buffer concentrate is an IRRITANT. It is irritating to eyes, respiratory system and skin.
11. Wipe the bottom of the plate free of residual liquid and/or fingerprints that can alter optical density (OD) readings.
12. Dilution or adulteration of these reagents may generate erroneous results.
13. Do not use reagents from other sources or manufacturers.
14. TMB Solution should be colorless, very pale yellow, very pale green, or very pale blue when used. Contamination of the TMB with Conjugate or other oxidants will cause the solution to change color prematurely. Do not use the TMB if it is noticeably blue in color.
15. Never pipette by mouth. Avoid contact of reagents and patient specimens with skin and mucous membranes.
16. Avoid microbial contamination of reagents. Incorrect results may occur.
17. Cross contamination of reagents and/or samples could cause erroneous results.
18. Reusable glassware must be washed and thoroughly rinsed free of all detergents.
19. Avoid splashing or generation of aerosols.
20. Do not expose reagents to strong light during storage or incubation.
21. Allowing the microwell strips and holder to equilibrate to room temperature prior to opening the protective envelope will protect the wells from condensation.
22. Collect the wash solution in a disposal basin. Treat the waste solution with disinfectant (i.e.: 10% household bleach – 0.5% Sodium Hypochlorite). Avoid exposure of reagents to bleach fumes.
23. Caution: Neutralize any liquid waste at an acidic pH before adding to a bleach solution.
24. Do not use ELISA plate if the indicator strip on the desiccant pouch has turned from blue to pink.

25. Do not allow the Conjugate to come in contact with containers or instruments that may have previously contained a solution utilizing Sodium Azide as a preservative. Residual amounts of Sodium Azide may destroy the Conjugate's enzymatic activity.
26. Do not expose any of the reactive reagents to bleach-containing solutions or to any strong odors from bleach-containing solutions. Trace amounts of bleach (sodium hypochlorite) may destroy the biological activity of many of the reactive reagents within this Test System.

SPECIMEN COLLECTION

1. ZEUS Scientific recommends that the user carry out specimen collection in accordance with CLSI document M29: Protection of Laboratory Workers from Infectious Disease (Current Edition).
2. No known test method can offer complete assurance that human blood samples will not transmit infection. Therefore, consider all blood derivatives potentially infectious.
3. Use only freshly drawn and properly refrigerated serum obtained by approved aseptic venipuncture procedures in this assay (8,9). Avoid using hemolyzed, lipemic, or bacterially contaminated sera.
4. Store sample at room temperature for no longer than 8 hours. If testing is not performed within 8 hours, sera may be stored between 2 – 8°C, for no longer than 48 hours. If a delay in testing is anticipated, store test sera at –20°C or lower. They are stable at –20°C or lower for a minimum of 12 months. Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. It is the responsibility of the individual laboratory to use all available references and/or its own studies to determine stability criteria for its laboratory (9).

ASSAY PROCEDURE

1. Remove the individual components from storage and allow them to warm to room temperature (20 – 25°C).
2. Determine the number of microwells needed. Allow for six Control/Calibrator determinations (one Reagent Blank, one Negative Control, three Calibrators and one Positive Control) per run. Run a Reagent Blank on each assay. Check software and reader requirements for the correct Controls/Calibrator configurations. Return unused strips to the resealable pouch with desiccant, seal, and return to storage between 2 – 8°C.

EXAMPLE PLATE SET-UP		
	1	2
A	Blank	Patient 3
B	Negative Control	Patient 4
C	Calibrator	Etc.
D	Calibrator	
E	Calibrator	
F	Positive Control	
G	Patient 1	
H	Patient 2	

3. Prepare a 1:21 dilution (e.g.: 10µL of serum + 200µL of SAVe Diluent*) of the Negative Control, Calibrator, Positive Control, and each patient serum. **NOTE: The SAVe Diluent* will undergo a color change confirming that the specimen has been combined with the diluent.**
4. To individual wells, add 100µL of each diluted Control, Calibrator and patient specimen. Ensure that the samples are properly mixed. Use a different pipette tip for each sample.
5. Add 100µL of SAVe Diluent* to well A1 as a Reagent Blank. Check software and reader requirements for the correct Reagent Blank well configuration.
6. Incubate the plate at room temperature (20 – 25°C) for 25 ± 5 minutes.
7. Wash the microwell strips 5 times.
 - a. **Manual Wash Procedure:**
 1. Vigorously shake out the liquid from the wells.
 2. Fill each microwell with Wash Buffer. Make sure no air bubbles are trapped in the wells.
 3. Repeat steps 1. and 2. for a total of 5 washes.
 4. Shake out the wash solution from all the wells. Invert the plate over a paper towel and tap firmly to remove any residual wash solution from the wells. Visually inspect the plate to ensure that no residual wash solution remains. Collect wash solution in a disposable basin and treat with disinfectant at the end of the day's run.
 - b. **Automated Wash Procedure:**

If using an automated microwell wash system, set the dispensing volume to 300 – 350µL/well. Set the wash cycle for 5 washes with no delay between washes. If necessary, the microwell plate may be removed from the washer, inverted over a paper towel and tapped firmly to remove any residual wash solution from the microwells.

8. Add 100µL of the Conjugate to each well, including the Reagent Blank well, at the same rate and in the same order as the specimens.
9. Incubate the plate at room temperature (20 – 25°C) for 25 ± 5 minutes.
10. Wash the microwells by following the procedure as described in step 7.
11. Add 100µL of TMB to each well, including the Reagent Blank well, at the same rate and in the same order as the specimens.
12. Incubate the plate at room temperature (20 – 25°C) for 10 – 15 minutes.
13. Stop the reaction by adding 50µL of Stop Solution to each well, including the Reagent Blank well, at the same rate and in the same order as the TMB. Positive samples will turn from blue to yellow. After adding the Stop Solution, tap the plate several times to ensure that the samples are thoroughly mixed.
14. Set the microwell reader to read at a wavelength of 450nm and measure the optical density (OD) of each well against the Reagent Blank. Read the plate within 30 minutes of the addition of the Stop Solution.

ABBREVIATED TEST PROCEDURE

1. Dilute Serum 1:21.
2. Add diluted sample to microwell – 100µL/well.
3. —————→ *Incubate 25 ± 5 minutes.*
4. Wash.
5. Add Conjugate – 100µL/well.
6. —————→ *Incubate 25 ± 5 minutes.*
7. Wash.
8. Add TMB – 100µL/well.
9. —————→ *Incubate 10 – 15 minutes.*
10. Add Stop Solution – 50µL/well – Mix.
11. READ within 30 minutes.

QUALITY CONTROL

1. Each time the assay is performed, the Calibrator must be run in triplicate. A Reagent Blank, Negative Control, and Positive Control must also be included.
2. Calculate the mean of the three Calibrator wells. If any of the three values differ by more than 15% from the mean, discard that value and calculate the mean using the remaining two wells.
3. The mean OD value for the Calibrator, Positive Control, and Negative Control should fall within the following ranges:

	<u>OD Range</u>
Negative Control	≤0.250
Calibrator	≥0.300
Positive Control	≥0.500

- a. The OD of the Negative Control divided by the mean OD of the Calibrator should be ≤0.9.
- b. The OD of the Positive Control divided by the mean OD of the Calibrator should be ≥1.25.
- c. If the above conditions are not met the test should be considered invalid and should be repeated.
4. The Positive Control and Negative Control are intended to monitor for substantial reagent failure, but will not ensure precision at the assay Cutoff.
5. Additional Controls may be tested according to guidelines or requirements of local, state, and/or federal regulations or accrediting organizations.
6. Refer to CLSI document C24: Statistical Quality Control for Quantitative Measurement Procedures for guidance on appropriate QC practices.

INTERPRETATION OF RESULTS

1. **Calculations:**
 - a. *Correction Factor:* The manufacturer determined a Cutoff OD Value for positive samples and correlated it to the Calibrator. The Correction Factor (CF) allows for the determination of the Cutoff Value for positive samples. It will also correct for slight day-to-day variations in test results. The Correction Factor is determined for each lot of components and is printed on the Component Label located in the Test System box.
 - b. Calculate the mean of the three Calibrator wells. If any of the three values differ by more than 15% from the mean, discard that value and calculate the mean using the remaining two wells.

- c. **Cutoff OD Value:** To obtain the Cutoff OD Value, multiply the CF by the mean OD of the Calibrator determined above.
($CF \times \text{Mean OD of Calibrator} = \text{Cutoff OD Value}$)
- d. **Index Values/OD Ratios:** Calculate the Index Value/OD Ratio for each specimen by dividing its OD Value by the Cutoff OD from step c.

Example:

Mean OD of Calibrator	=	0.793
Correction Factor (CF)	=	0.25
Cutoff OD	=	$0.793 \times 0.25 = 0.198$
Unknown Specimen OD	=	0.432
Specimen Index Value/OD Ratio	=	$0.432/0.198 = 2.18$

2. **Interpretations:** Index Values/OD Ratios are interpreted as follows.

	Index Value/OD Ratio
Negative Specimens	≤ 0.90
Equivocal Specimens	0.91 – 1.09
Positive Specimens	≥ 1.10

- a. An OD ratio ≤ 0.90 indicates no significant amount of IgG antibodies to parvovirus were detected.
- b. An OD ratio ≥ 1.10 indicates that IgG antibodies specific to parvovirus were detected.
- c. Specimens with OD ratio values in the equivocal range (0.91 – 1.09) should be retested in duplicate. Report any two of the three results which agree. Evaluate repeatedly equivocal specimen using an alternate serological method and/or re-evaluate by drawing another sample one to three weeks later.

Cutoff Determination: The cutoff of the Anti-Parvovirus B19 IgG assay was determined by initially choosing a negative, borderline, and medium positive samples from a comparison assay. The amount of antigen coated onto the plate, as well as the HRP-conjugate concentration were both titrated, and the assay was run in a matrix fashion using the 3 samples. The antigen and conjugate concentration combination, along with a cut off value was identified by choosing those that yielded data most closely in-line with the chosen index values for each respective sample. These values were subsequently used as a guideline to create an assay prototype. An expanded comparative testing of 558 serum samples was performed with the prototype ZEUS IgG ELISA kits in an effort to verify the established cutoff.

LIMITATIONS OF THE ASSAY

1. To make a serological determination of past, recent or current infection, specimens must be tested on both the IgG and IgM versions of the ELISA test.
2. Avoid the use of hemolytic, lipemic, bacterially contaminated or heat inactivated specimens. Otherwise, erroneous results may occur.
3. The magnitude of the measured result above the cut-off is not indicative of the total amount of antibody present and cannot be correlated to IFA titers.
4. Assay performance characteristics have not been established for visual result determinations.
5. Use caution when evaluating samples obtained from immunosuppressed patients.

EXPECTED RESULTS

A total of 3210 specimens were tested at two different sites during the clinical studies. Two hundred and ten (210) of the specimens were from expectant women; 70 from each of all three trimesters of pregnancy. The remaining 3000 specimens were collected from three different geographical locations (1000 per location) within the US. The demographic characteristics representative of each cohort is shown in the table below:

	Pregnancy Samples	Northeastern US		Mid Atlantic US		Western US	
Sample Size	210	1000		1000		1000	
Percent Male (%)	0	15.2		18.8		21.7	
Percent Female (%)	100	84.8		78.7		77.8	
Percent Unknown (%)	0	0.5		2.5		0.4	
		Male	Female	Male	Female	Male	Female
Minimum Age	18	<1	<1	<1	<1	<1	<1
Maximum Age	43	88	86	89	88	87	88
Median Age	27	40	33	47	32	40	32
Mean Age	27.6	39.5	34.8	44.0	35.3	39.3	35.2

For the 210 pregnancy specimens, the incidence of IgG antibody is 54.3% with ZEUS ELISA. For the 3000 prospective specimens, the incidence of parvovirus IgG antibody is 67.1% with the ZEUS ELISA.

PERFORMANCE CHARACTERISTICS

1. Comparative Study

A comparative study was conducted using 3210 specimens consisting of pregnancy samples, 70 from each of the three trimesters and 3000 prospective specimens. The prospective specimens were routine submits for parvovirus B19 serology collected from three different geographical locations (1000 per location) within the US. The outcome of the comparative testing is summarized below.

Pregnancy Samples:

Correlation between the ZEUS ELISA and the Comparator ELISA with Specimens from Pregnant Women.

Anti-Parvovirus B19 IgG	Comparator IgG ELISA				
		Positive	Negative	Equivocal	Total
	Positive	111	3	0	114
	Negative	1	95	0	96
	Equivocal	0	0	0	0
	Total	112	98	0	210

Positive Agreement = 99.1% (111/112) (95% CI = 97.4 – 100%)

Negative Agreement = 96.9% (95/98) (95% CI = 93.5 – 100%)

Parvovirus B19 IgG immunoblotting was performed on a line blot (CE-marked) with specimens that were not in total agreement between ZEUS ELISA and the comparator. For the four discrepant specimens above, all four were negative on the parvovirus B19 IgG line blot.

Prospective Samples:

Correlation between the ZEUS ELISA and the Comparator ELISA with Prospective Specimens.

Anti-Parvovirus B19 IgG	Comparator IgG ELISA				
		Positive	Negative	Equivocal*	Total
	Positive	1989	22 ²	3 ³	2014
	Negative	10 ¹	963	2 ⁴	975
	Equivocal*	2 ⁵	9 ⁶	0	11
	Total	2001	994	5	3000

Positive Agreement = 99.3% (1989/2000) (95% CI = 98.9 – 99.7%)

Negative Agreement = 96.6% (963/997) (95% CI = 95.5 – 97.7%)

NOTE: In the table above, for calculations of Positive Agreement and Negative Agreement, specimens that were equivocal by EITHER ZEUS ELISA or the Comparator ELISA were counted against ZEUS. Parvovirus B19 IgG immunoblotting was performed on a line blot (CE-marked) with the 48 specimens that were not in total agreement between ZEUS ELISA and the comparator ELISA.

¹One specimen was immunoblot positive and nine were immunoblot negative.

²Four specimens were immunoblot positive and eighteen were immunoblot negative.

³All three specimens were immunoblot negative.

⁴One specimen was immunoblot positive and one was immunoblot negative.

⁵One specimen was immunoblot positive and one was immunoblot negative.

⁶One specimen was immunoblot positive and eight were immunoblot negative.

Performance Panel:

A commercially available 21 member parvovirus B19 serology panel was tested. Anti-Parvovirus B19 IgG performance was compared relative to the commercially available parvovirus B19 IgG enzyme immunoassay. Seventeen (17) of the 21 specimens were in agreement (81%). Three of the four specimens that were not in agreement were equivocal on either the ZEUS assay or the comparator assay. The one true discrepant specimen (ZEUS assay positive) was positive by a CE-marked parvovirus B19 IgG line blot.

2. Precision/Reproducibility

Two separate precision studies were conducted to assess the precision of the Anti-Parvovirus B19 IgG. One precision study was conducted in-house at ZEUS Scientific. The reproducibility study was conducted at three locations (two outside locations, and at ZEUS Scientific).

Precision Study:

Six specimens were included in the study. Anti-Parvovirus B19 IgG results for these six specimens could be characterized as follows: negative, high negative, borderline, low positive, moderate positive and high positive. These six specimens were tested in duplicate, two times per day, for 20 days by the same technician. Percent coefficient of variation (%CV) for Repeatability, Between Run, Between Day and Total %CV are shown in the table below:

Sample	N	Mean	Repeatability		Between Run		Between Day		Total	
			Std. Dev.	% CV	Std. Dev.	% CV	Std. Dev.	% CV	Std. Dev.	% CV
Borderline	80	1.250	0.09	7.16	0.03	2.27	0.04	3.39	0.10	8.24
High Negative	80	0.733	0.04	6.10	0.02	2.65	0.04	5.68	0.06	8.75
High Positive	80	7.981	0.41	5.11	0.26	3.26	0.34	4.22	0.59	7.38
Low Positive	80	1.835	0.13	7.31	0.05	2.64	0.06	3.44	0.16	8.50
Moderate Positive	80	3.077	0.21	6.89	0.09	2.87	0.11	3.47	0.25	8.24
Negative	80	0.210	0.04	N/A	0.02	8.39	0.02	11.44	0.05	N/A

Reproducibility Study:

Six specimens were included in the study. Parvovirus B19 IgG ELISA results for these six specimens could be characterized as follows: negative, high negative, borderline, low positive, moderate positive and high positive. These six specimens were tested in triplicate, twice a day, for five days by two separate technicians, using two lots of Anti-Parvovirus B19 IgG. Percent coefficient of variation (%CV) for the Repeatability, Between Run, Between Day, Between Sites, Between Lots, Between Operators and Total %CV are shown in the table below:

Sample	N	Mean	Repeatability		Between Run		Between Day		Between Site		Between Lot		Between Operator		Total	
			Std. Dev.	% CV	Std. Dev.	% CV	Std. Dev.	% CV	Std. Dev.	% CV	Std. Dev.	% CV	Std. Dev.	% CV	Std. Dev.	% CV
Borderline	360	1.41	0.15	10.54	0.02	1.43	0.01	0.83	0.14	9.73	0.02	1.28	0.07	5.17	0.20	14.50
High Negative	360	0.84	0.09	10.69	0.01	1.21	0.01	1.27	0.08	10.07	0.03	4.04	0.05	6.36	0.13	15.33
High Positive	360	6.90	0.54	7.80	0.00	0.00	0.07	1.06	0.62	9.02	0.85	12.36	0.11	1.56	1.19	17.21
Low Positive	360	2.15	0.24	11.02	0.01	0.53	0.00	0.00	0.22	10.29	0.02	1.06	0.16	7.44	0.32	15.13
Moderate Positive	360	3.42	0.30	8.93	0.05	1.59	0.04	1.27	0.21	6.12	0.00	0.00	0.15	4.51	0.38	11.01
Negative	360	0.16	0.04	N/A	0.00	0.00	0.01	8.74	0.05	N/A	0.00	0.00	0.01	4.18	0.07	N/A

3. Cross Reactivity

Samples that were IgG positive to different infectious agents were tested with Anti-Parvovirus B19 IgG and found to be non-reactive as shown in the table below.

Analyte	Number of Specimens	Number Positive on Anti-Parvovirus B19 IgG	Percent Cross Reactivity
Rubella IgG	10	0	0%
CMV IgG	10	0	0%
HSV-1 IgG	10	0	0%
HSV-2 IgG	10	0	0%
Mycoplasma IgG	10	0	0%
VZV IgG	10	0	0%
EBV-VCA IgG	10	0	0%
Influenza A IgG	10	0	0%
Influenza B IgG	10	0	0%
Measles IgG	10	0	0%
Mumps IgG	10	0	0%
Parainfluenza	10	0	0%

4. Limit of Detection

The parvovirus B19 WHO standard (01/602) was obtained from the National Institute for Biological Standards and Control (NIBSC) and reconstituted to 77 International Units (IU) per mL. The standard was serially diluted and tested on both the ZEUS and comparator ELISA kits. The results of that testing appears below. Both ELISA kits transitioned from positive to negative on the same serial dilution (1:16 = Positive, 1:32 = negative).

WHO Standard		Comparator ELISA		ZEUS ELISA	
IU/mL	Dilution	Mean Index Value	Result	Mean Index Value	Result
77.0	Neat	5.895	Positive	6.87	Positive
38.5	1:2	4.998	Positive	4.60	Positive
19.3	1:4	3.406	Positive	3.06	Positive
9.6	1:8	2.233	Positive	1.89	Positive
4.8	1:16	1.352	Positive	1.16	Positive
2.4	1:32	0.884	Negative	0.69	Negative
1.2	1:64	0.580	Negative	0.48	Negative
0.6	1:128	0.425	Negative	0.35	Negative

Further testing at levels of 5 IU/mL, 6 IU/mL and 7 IU/mL was conducted following CLSI document EPI7-A as a guideline. Analysis of the WHO parvovirus B19 standard revealed that the Anti-Parvovirus B19 IgG is able to detect 5–6 IU/mL at the assay cutoff and can detect 97% of replicates above the assay cutoff when assayed at 7 IU/mL. Thus, the LOD for this assay is 5–7 IU/mL of the WHO standard.

5. Interfering Substances

An investigation was performed to assess the potential impact of commonly encountered interfering substances on the Anti-Parvovirus B19 IgG. Briefly, three serum samples were obtained. The samples could be characterized as follows: negative for parvovirus B19 IgG, low positive and high positive for parvovirus B19 IgG. Interfering substances were spiked into each of the three serum samples at two (high and low) different concentrations. Matrix controls were prepared to account for the spiking process. The interferences used and the amount spiked is shown below.

Interferent	High	Low	Matrix
Albumin (Human)	50mg/mL	35 mg/mL	Serum
Bilirubin	0.15 mg/mL	0.01 mg/mL	Serum – 10% PBS
Cholesterol	2.5 mg/mL	1.5 mg/mL	Serum – 10% Ethanol
Hemoglobin	200 mg/mL	100 mg/mL	Serum
Intralipids	7.5 mg/mL	3 mg/mL	Serum
Triglycerides	5 mg/mL	1.5 mg/mL	Serum – 10% Ethanol

The results of the testing are shown below:

Interferent	High Concentration Interferent			Low Concentration Interferent		
	High Positive (% Recovery)	Low Positive (% Recovery)	Negative (Still Negative?)	High Positive (% Recovery)	Low Positive (% Recovery)	Negative (Still Negative?)
Albumin (Human)	85	80	Yes	80	95	Yes
Bilirubin	108	94	Yes	99	88	Yes
Cholesterol	110	109	Yes	105	101	Yes
Hemoglobin	87	90	Yes	86	92	Yes
Intralipids	97	92	Yes	100	90	Yes
Triglycerides	103	107	Yes	108	109	Yes

The percent recovery ranged from 80 - 110%. These results show that the qualitative results remain the same at the concentrations of the interferent tested.

REFERENCES

1. Berns, K. I. 1996. *Parvoviridae*: the viruses and their replication, p. 2173–2197. In B. N. Fields, D. M. Knipe, P. M. Howley, R. M. Chanock, J. L. Melnick, T. P. Monath, B. Roizman, and S. E. Straus (ed.), *Fields Virology*. Lippincott-Raven, Philadelphia, PA.
2. Ozawa, K., and N. Young. 1987. Characterization of capsid and noncapsid proteins of B19 parvovirus propagated in human erythroid bone marrow cell cultures. *J. Virol.* 61:2627–2630.
3. <http://www.cdc.gov/parvovirusB19/fifth-disease.html>
4. Servey, J.T., et.al. 2007. Clinical Presentations of Parvovirus B19 Infection. *Am Fam Physician.* 75(1):373–376.
5. Anderson, M.J., et. al. 1985. Experimental parvoviral infection in humans. *J. Infect. Dis.* 152:257–265.
6. Heegaard, E.D., Brown, K.E. 2002. Human Parvovirus B19. *Clin.Microbiol.Rev.*15(3):485–505.
7. Morey, A.L., et. al. 1992. Clinical and histopathological features of parvovirus B19 infection in the human fetus. *B. J. Obstet. Gynaecol.* 99:566–574.
8. Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard – Sixth Edition. CLSI document GP41-A6 (ISBN 1-56238-650-6). Clinical and Laboratory Standards Institute, 950 West Valley Road, Suite 2500, Wayne, Pennsylvania 19087 USA, 2007.
9. Procedures for the Handling and Processing of Blood Specimens for Common Laboratory Tests; Approved Guideline—Fourth Edition. CLSI document H18-A4 (ISBN 1-56238-724-3). Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087–1898 USA, 2010.
10. U.S. Department of Labor, Occupational Safety and Health Administration: Occupational Exposure to Bloodborne Pathogens, Final Rule. Fed. Register 56:64175–64182, 1991.

GLOSSARY OF SYMBOLS

The following symbols **may** have been used in the labelling of this product or products associated with this product.

Symbol	Description	Symbol	Description
	Manufacturer		Keep away from sunlight
IVD	<i>In vitro</i> diagnostic medical device	PLATE	Plate
REF	Catalogue number	CONJ	Conjugate
	Sufficient for <i>n</i> tests	CTRL +	Positive Control
LOT	Batch code	CTRL -	Negative Control
	Use by	CAL	Calibrator
	Temperature limitation	DIL SPE	Sample Diluent
CONT	Contents	SOLN TMB	TMB
UDI	Unique Device Identifier	SOLN STOP	Stop Solution
	Consult the warnings and precautions	WASH 10X	Wash Buffer Concentrate (10X)
	Consult electronic instructions for use	EN	English
	Store in the upright position	Made in the USA	Made in the USA
RX Only	Applicable for U.S.A: Prescription <i>in vitro</i> diagnostic product		Corrosive
	Hazardous Communication		



ZEUS Scientific

200 Evans Way, Branchburg, New Jersey, 08876, USA

Toll Free (U.S.): 1-800-286-2111, Option 2

International: +1 908-526-3744

Fax: +1 908-526-2058

Website: www.zeusscientific.com

For US Customer Service contact your local distributor.

For US Technical Support contact ZEUS Scientific, call toll

free or e-mail support@zeusscientific.com.

For Customer Service and Technical Support inquiries outside the US, please contact your local Sebia subsidiary or authorized distributor.

© 2025 ZEUS Scientific All Rights Reserved.