

IMPORTANT NOTE

1. The wash procedure is critical. Insufficient washing will result in poor precision and falsely elevated absorbance readings.
2. It is recommended to use the multiple channel pipettes to avoid time effect. A full plate of 96 wells may be used if automated pipetting is available.
3. Duplication of standards & samples is not mandatory but may provide information on reproducibility & application errors.












LIMITATIONS OF THE ASSAY

1. As with all diagnostic tests, a definite clinical diagnosis should not be based on the results of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.
2. The activity of the enzyme used is temperature-dependent and the OD values may vary. The higher the room temperature (+18°C to +25°C) during incubation, the greater will be the OD values. Corresponding variations apply also to the incubation times. However, the standards are subject to the same influences, with the result that such variations will be largely compensated in the calculation of the result.
3. Adaptation of this assay for use with automated sample processors and other liquid handling devices, in whole or in part, may yield differences in test results from those obtained using the manual procedure. It is the responsibility of each laboratory to validate that their automated procedure yields test results within acceptable limits.
4. Insufficient washing (e.g., less than 5 wash cycles, too small wash buffer volumes, or shortened reaction times) can lead to incorrect OD values.

BIBLIOGRAPHY

1. Kenemans P, Yedema CA, Bon GG, von Mensdorff-Pouilly S. CA125 in gynecological pathology a review. **Eur J Obstet Gynecol** 1993;49:115-124.
2. Saksela F. Prognostic markers in epithelial ovarian cancer. **Intl J Gynecol Pathol** 1993;12:156-161.
3. Farghaly SA. Tumor markers in gynecologic cancer. **Gynecol & Obstet Invest** 1992;34:65-72.
4. Welander CE. What do CA 125 and other antigens tell us about ovarian cancer biology. **Acta Obstet Gynecol Scand Sup** 1992;155:85-93.
5. McGowan L. Pathology of the ovary. **Curr Opin on Obstet Gynecol** 1991;3:580-586.
6. Niloff JM. Ovarian malignancy. **Curr Opin on Obstet Gynecol** 1991;3:66-72.
7. Olt G, Berchuck A, Bast RC. The role of tumor markers in gynecologic oncology. **Obstet Gynecol Survey** 1990;45:570-577.
8. Diez M, Cerdan FJ, Ortega MD, Torres A, Picardo A, Balibrea JL. Evaluation of serum CA-125 as a tumor marker in non-small cell lung cancer. **Cancer** 1991;67:150-154.
9. Niloff JM, Klug TL, Schaetzl E. Elevation of serum CA-125 in carcinomas of the fallopian tube, endometrium, and endocervix. **AM J. Obstet Gynecol** 1984; 48:1057

SYMBOL KEYS

	Temperature Limitation		Consult Instructions for use		Date of Manufacture		Batch Number / Lot Number
	Manufacturer		In vitro Diagnostic Medical Device		This side up		Contains sufficient for <N> tests
	Use by		Catalogue Number		Do not reuse		



Manufactured by:

Zephyr Biomedicals

A Division of Tulip Diagnostics (P) Ltd.

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Enzyme Linked Immunosorbent assay for the Quantitative Determination of Ovarian Cancer Antigen (CA-125) in Human Serum

FOR IN VITRO DIAGNOSTIC USE ONLY

Store at 2°C to 8°C

INTENDED USE

Qualisa™ CA-125 Sandwich ELISA test kit is intended for the quantitative determination of Ovarian Cancer Antigen (CA-125) in human serum. For In Vitro Diagnostic Use only

INTRODUCTION

Ovarian cancer is the most malignant type of gynecological cancers, with an overall 5-year survival rate of only 30%. This is because diagnosis is often not made until the advanced stage. Cancer Antigen 125 (CA-125) is a surface antigen associated with epithelial ovarian cancer. In serum, CA-125 is associated with a high molecular weight glycoprotein. Serum concentrations of this tumor marker can be detected and measured by a murine monoclonal antibody. Published studies have indicated that elevated serum CA-125 levels can be found in individuals with serious endometroid, clear-cell and undifferentiated ovarian carcinoma. Serum CA-125 levels higher than normal can also be found in individuals with adenocarcinoma of the fallopian tube endometrium, certain non-gynecologic malignancies and some non-malignant conditions. Serum CA-125 concentration may be useful in monitoring patients with diagnosed ovarian cancer. A persistently high serum CA-125 may be associated with progressive malignant disease and poor therapeutic response. On the other hand, a declining CA-125 value appears to be indicative of a favorable prognosis and a good response to treatment. To date, CA-125 is the most sensitive marker for residual epithelial ovarian cancer. CA-125 may also be elevated in patients with lung, cervical, fallopian tube and uterine cancer and endometriosis.

PRINCIPLE

Qualisa™ CA-125 Quantitative Test Kit is a sandwich-based enzyme-linked immunosorbent assay. The assay system utilizes one monoclonal anti-CA-125 antibody for solid phase (microtiter wells) immobilization and another monoclonal anti-CA-125 antibody in the antibody-enzyme (horseradish peroxidase) conjugate solution. The standards and test specimen (serum) are added to the CA-125 antibody coated microtiter wells. Then CA-125 antibody labeled with horseradish peroxidase (conjugate) is added. If human CA-125 is present in the specimen, it will combine with the antibody on the well and the enzyme conjugate resulting in the CA-125 molecules being sandwiched between the solid phase and enzyme-linked antibodies. After incubation the wells are washed and bound enzyme is detected by adding substrate. The reaction is stopped after specified time with stop solution and absorbance is determined for each well using an ELISA reader. The concentration of CA-125 is directly proportional to the color intensity of the test sample.

MATERIALS AND COMPONENTS

Materials provided with the test kits:

- Coated Microwells: Microwells coated with monoclonal anti- CA-125 antibody.
- Enzyme Conjugate. Ready to use.
- TMB Substrate. Ready to use
- Stop Solution. Ready to use
- CA-125 Standard set of 6 standards labeled as A to F in liquid form. Ready to use. For standard Concentrations refer vial label.
- Wash Buffer Concentrate (20X).

Materials required but not provided

- Precision pipettes: 10-100µl, 20-200µl, 100-1000µl
- Disposable pipette tips
- Distilled water
- Disposable Gloves
- ELISA reader
- ELISA washer

STORAGE AND STABILITY

1. **Qualisa™ CA-125** kit is stable at 2-8°C upto expiry date printed on the label.
2. Coated microwells should be used within one month upon opening the pouch provided that once opened, the pouch must be resealed to protect from moisture. If the colour of the dessicant has changed from blue to white at the time of opening the pouch, another coated microwells pouch should be used.
3. Diluted Wash Buffer is stable upto one week when stored at 2-8°C.

SPECIMEN COLLECTION

1. Collect Blood specimen by venipuncture according to the standard procedure.
2. Only serum should be used.
3. Avoid grossly hemolytic, lipemic or turbid samples.
4. Preferably use fresh samples. However, specimens can be stored up to 48 hours at 2-8°C, for short duration.
5. For longer storage, specimens can be frozen at -20°C. Thawed samples must be mixed prior to testing.
6. Do not heat inactivate before use.
7. Specimen containing precipitate or particulate matter should be clarified by centrifugation prior to use.
8. Specimen should be free from particulate matter and microbial contamination.

PRECAUTIONS

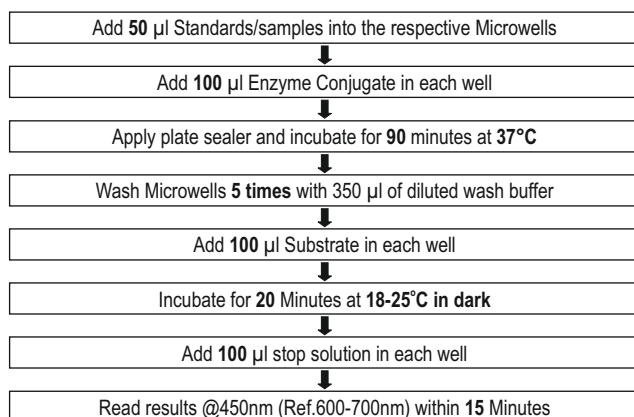
1. Bring all reagents and specimen to room temperature before use.
2. Do not pipette any material by mouth.
3. Do not eat, drink or smoke in the area where testing is done.
4. Use protective clothing and wear gloves when handling samples.
5. Use absorbent sheet to cover the working area.
6. Immediately clean up any spills with sodium hypochlorite.
7. All specimens and standards should be considered potentially infectious and discarded appropriately.
8. Neutralize acid containing waste before adding hypochlorite.
9. Do not use kit after the expiry date.
10. Do not mix components of one kit with another.
11. Always use new tip for each specimen and reagent.
12. Do not allow liquid from one well to mix with other wells.
13. Do not let the strips dry in between the steps.

REAGENT PREPARATION

1. All reagents should be brought to room temperature (18-25°C) and mixed by gently inverting or swirling prior to use. Do not induce foaming.
2. Dilute wash buffer 20 times (for example add 5ml concentrated buffer to 95 ml distilled or deionized water) Mix well before use.

TEST PROCEDURE

1. Secure the desired number of coated wells in the holder. Dispense **50 µl** of standards and serums into the appropriate wells.
2. Dispense **100 µl** of Enzyme Conjugate reagent into each well. Incubate at 37°C for **90 minutes**.
3. After incubation, empty the microtitre wells and wash the plate 5 times with 350µl of diluted wash buffer. Strike the microtitre plate sharply onto absorbent paper towel to remove all residual droplets.
4. Dispense **100 µl** of TMB Substrate into each well. Incubate at room temperature(18-25°C) in the dark, for **20 minutes**.
5. Stop the reaction by adding **100 µl** of Stop Solution to each well. Gently mix for 10 seconds until the blue color completely changes to yellow.
6. Read the optical density at 450/630 nm with a microtiter plate reader within **15 minutes**.



CALCULATION OF RESULTS

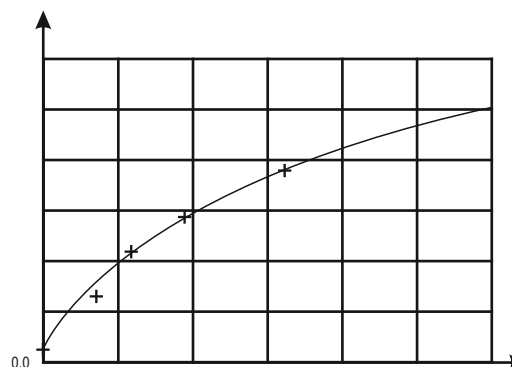
Construct a Standard curve by plotting the absorbance obtained from each reference Standard against its concentration in U/ml on the graph paper, with absorbance values on the vertical or Y axis and concentrations on the horizontal or X axis. Use the absorbance values for each specimen to determine the corresponding concentration of CA-125 in U/ml from the Standard curve. Any diluted specimens must be corrected by the appropriate dilution factor.

Example of Standard curve

Results of a typical standard run with optical density reading at 450nm (ref 600-700nm) shown in the Y axis against CA-125 concentrations shown in the X axis.

Suggest: Use 4-Parameter Standard curve to calculate sample values.

CA-125 (U/ml)	Absorbance
A	0.009
B	0.162
C	0.505
D	0.832
E	1.544
F	1.923



This standard curve is for the purpose of illustration only and should not be used to calculate unknowns. Each user should obtain his or her own standard curve and data.

Expected values

Healthy women are expected to have CA-125 assay values below 35 U/ml.

The minimum detectable concentration of CA-125 in this assay is estimated to be 5 U/ml.

PERFORMANCE CHARACTERISTICS

A) Internal Evaluation:

1. Accuracy: In an internal study **Qualisa™ CA-125** was evaluated against commercially available licensed kit with 90 random clinical samples, & **Qualisa™ CA-125** has demonstrated 100% clinical correlation with the commercially available licensed kit.

Precision: **Qualisa™ CA-125** was evaluated with licensed external Quality controls for Precision Studies & following is the data:

Controls	No. of testings	Mean Control values with Qualisa™ CA-125	Coefficient of Variation (CV)
Level 1	10	18.20	2.78
Level 2	10	73.20	1.51
Level 3	10	213.99	1.17

B) External Evaluation:

Qualisa™ CA-125 ELISA has been evaluated by a NABL accredited lab against their reference method. In this evaluation **Qualisa™ CA-125** ELISA has demonstrated 100% correlation with the reference method.

*Data file: Zephyr Biomedicals (A Division of Tulip Diagnostics Pvt. Ltd.).