

# CRP ELISA

Enzyme immunoassay for the in-vitro-diagnostic quantitative determination of C-reactive protein in human serum and plasma.

**REF** **EU59131**

 **96**

   **2-8 °C**

EU: **IVD** 

U.S.: *For research use only.  
Not for use in diagnostic procedures.*



## 1. INTENDED USE

Enzyme Immunoassays for the Quantitative Determination of C-Reactive Protein in Human Serum and Plasma.

## 2. SUMMARY AND EXPLANATION

C-Reactive Protein (CRP) is an acute-phase protein, produced exclusively in the liver. Interleukin-6 is the mediator for the synthesis by the hepatocytes of CRP, a pentamer of approximately 120.000 Daltons. CRP is present in the serum of normal persons at concentrations ranging up to 5mg/l. The protein is produced by the fetus and the neonate and it does not pass the placental barrier, as such it can be used for the early detection of neonatal sepsis.

Because febrile phenomena, leukocyte count and erythrocyte sedimentation rate (ESR) are often misleading, investigators and clinicians now prefer a quantitative CRP determination as a marker for acute inflammation and tissue necrosis. Within 6 hours of an acute inflammatory challenge the CRP level starts to rise.

Serum concentration of CRP increases significantly in cases of both infectious and non-infectious inflammation, of tissue damage and necrosis and in the presence of malignant tumours. CRP is present in the active stages of inflammatory disorders like rheumatoid arthritis, ankylosing spondylitis, Reiter's syndrome, psoriatic arthropathy, systemic lupus erythematosus, polyarteritis, ulcerative colitis and Crohn's disease.

Injuries causing tissue breakdown and necrosis are associated with increases in serum CRP which are seen in thermal burns, major surgery and myocardial infarction.

Widespread malignant disease with carcinoma of the lung, stomach, colon, breast, prostate and pancreas, Hodgkin's disease, non-Hodgkin's lymphoma and lymphosarcoma will give rise to high levels of CRP resulting from tissue damage by invading tumour cells. CRP, therefore may be used to monitor malignancy.

The CRP-level increases dramatically following microbial infections, and this may be particularly helpful for the diagnosis and monitoring of bacterial septicemia in neonates and other immunocompromised patients at risk. In children, CRP is useful for differential diagnosis of bacterial and viral meningitis.

Because the biological half-life of this protein is only 24 hours, CRP accurately parallels the activity of the inflammation process and the CRP concentration decreases much faster than ESR<sup>1,2</sup> or any other acute phase parameter, which is particularly useful in monitoring appropriate treatment of bacterial diseases with antibiotics.

C-Reactive Protein measurements during the early and late post transplant period of bone marrow and organ transplantations is particularly useful in the management of interfering infections in these immunosuppressed patients.

## 3. TEST PRINCIPLE

Microtiterstrips coated with anti-CRP antibody are incubated with diluted standard sera and patient samples. During this incubation step CRP is bound specifically to the wells. After removal of the unbound serum proteins by a washing procedure, the antigen-antibody complex in each well is detected with specific peroxidase-conjugated antibodies.

After removal of the unbound conjugate, the strips are incubated with a chromogen solution containing tetramethylbenzidine and hydrogen peroxide: a blue colour develops in proportion to the amount of immunocomplex bound to the wells of the strips. The enzymatic reaction is stopped by the addition of 0.5M H<sub>2</sub>SO<sub>4</sub> and the absorbance values at 450 nm are determined.

A standard curve is obtained by plotting the absorbance values versus the corresponding standard values. The concentration of CRP in patient samples is determined by interpolation from the standard curve.

#### 4. REAGENTS

1. **MTP** **Coated Microtiterstrips**  
12 x 8-well strips coated with monoclonal antibodies to human CRP.
2. **CAL** **Standard Sera**  
5 vials, each containing 1/10 prediluted CRP standard solutions (0.2 ml): 0 5 25 50 100 µg/ml. Calibrated against the NIBSC 1st International Standard, 85/506. Contain 0,09 % NaN<sub>3</sub> and antimicrobial agents as preservatives.
3. **ENZCONJ** **Conjugate**  
1 vial, containing peroxidase conjugated monoclonal anti-human CRP antibodies (12 ml). Contains antimicrobial agents and an inert red dye.
4. **SAMPLEDIL** **Specimen Dilution Buffer**  
1 vial, containing 40 ml dilution buffer 5x concentrated. Contains 0.09 % NaN<sub>3</sub> and antimicrobial agents and an inert green dye.
5. **WASHBUF** **CONC** **Washing Solution**  
1 vial containing 50 ml 20 x concentrated phosphate buffered washing solution.
6. **TMB SUBS** **Chromogen Solution**  
1 vial, containing 12 ml of a solution containing H<sub>2</sub>O<sub>2</sub> and tetramethylbenzidin.
7. **TMB STOP** **Stopping Solution**  
1 vial, containing 12 ml of 0.5M H<sub>2</sub>SO<sub>4</sub>

#### 5. MATERIALS REQUIRED BUT NOT SUPPLIED

- Precision micropipettes and standard laboratory pipettes.
- Clean standard laboratory volumetric glassware.
- Thoroughly cleaned glass tubes for the dilution of the samples.
- A microtiterplate reader capable of measuring absorbencies at 450 nm

#### 6. WARNINGS AND PRECAUTIONS FOR USERS

- For in vitro diagnostic use only.
- Human blood components used in the preparation of the standard sera have been tested and found to be nonreactive for hepatitis B surface antigen and HIV I. Since no known method can ever offer complete assurance that products derived from human blood will not transmit hepatitis or other viral infections, it is recommended to handle these standard sera in the same way as potentially infectious material. Dispose patient samples and all materials used to perform this test as if they contain infectious agents.
- Do not mix reagents or coated microtiterstrips from kits with different lot numbers.
- Some kit components contain sodium azide as a preservative. In order to prevent the formation of potentially explosive metal azides in laboratory plumbing, flush drains thoroughly after disposal of these solutions.

#### 7. STORAGE CONDITIONS

Store at 2-8°C.

Store the microtiterstrips in their original package with the desiccant until all the strips have been used.

Never use any kit components beyond the expiration date.

#### 8. SPECIMEN COLLECTION AND PREPARATION

Human serum and plasma may be used in this assay. Remove serum from clot as soon as possible to avoid haemolysis. Lipemic and/or haemolysed samples can cause false results. Transfer the serum to a clean storage tube. Specimens may be stored at 2-8 °C for a few days, or they can be stored frozen for a longer period of time. Avoid repeated freezing and thawing.

## 9. ASSAY PROCEDURE

### 9.1. General Remarks

- Use a separate disposable tip for each sample transfer to avoid cross-contamination.
- All reagents must be allowed to come to room temperature before use. All reagents must be mixed without foaming.
- Once the assay has been started, all steps should be completed without interruption.

### 9.2. Reconstitution of the Reagents

Washing Solution: dilute 50 ml of concentrated Washing Solution to 1000 ml with distilled water. Reconstituted solution can be stored at least 1 month or as long as solution remains clear. Store at 2 – 8 °C.

Sample diluent: Dilute 40 ml of the concentrated Sample Diluent to 200 ml with distilled water. Reconstituted solution can be stored at least 3 months or as long as solution remains clear. Store at 2 – 8 °C.

### 9.3. Assay Procedure

1. The 10 x prediluted standard sera are **diluted 1:100** as follows: pipette **10 µl** of each calibrator into separate glass dilution tubes. Add **990 µl** of diluted Specimen Dilution Buffer and mix carefully.
2. The patient samples are **diluted 1:1000** in two consecutive steps: pipette **10 µl** of each patient sample into separate glass dilution tubes and add **990 µl** of diluted Specimen Dilution Buffer. Mix thoroughly. Add **450 µl** of diluted Specimen Dilution Buffer to **50 µl** of these 100 x prediluted samples. Mix thoroughly.  
**Warning: do not store the diluted samples for more than 8 hours.**
3. Pipette **100 µl** of the diluted calibrators and samples into each of a pair of adjacent wells.
4. Incubate the covered microtiterstrips for **30 ± 2 min at room temperature**.
5. Wash the microtiterstrips three times with Washing Solution. This can either be performed with a suitable microtiterplate washer or by briskly shaking out the contents of the strips and immersing them in washing solution. During the third step, the washing solution is left in the strips for 2-3 min. Change washing solution for each cycle. Finally empty the microtiterstrips and remove excess fluid by blotting the inverted strips on adsorbent paper.
6. Add **100 µl** of Conjugate Solution and incubate the covered microtiterstrips for **30 ± 2 min at room temperature**.
7. Repeat the washing procedure as described in 5.
8. Add **100 µl** of Chromogen Solution to each well.
9. Incubate for **10 ± 2 min at room temperature**. Avoid light exposure during this step.
10. Add **50 µl** of Stopping Solution to each well.
11. Determine the absorbance of each well at **450 nm** within 30 min following the addition of acid.

## 10. RESULTS

The average absorbance value of each calibrator is plotted against the corresponding CRP-value and the best calibration curve (e.g. log/linear) is constructed. Use the average absorbance of each patient sample obtained in the CRP-ELISA to determine the corresponding value by simple interpolation from the curve. Depending on the experience and/or availability of computer capability, other methods of data reduction may be used.

## 11. EXPECTED VALUES

Example of typical O.D. values:

CALIBRATOR µg/ml	O.D. value
0	0.019
5	0.240
25	0.821
50	1.301
100	2.018

All individuals have small amounts of CRP in their blood. The upper limit of the normal range is situated between 5 and 8 µg/ml.

## 12. PERFORMANCE

### 12.1. PRECISION

#### PRECISION

<i>Intra Assay (n=10)</i>		<b>Level 1</b>	<b>Level 2</b>	
Mean (µg/ml)	5.2		48.3	
SD (µg/ml)		0.27		3.3
%CV		5.12		6.84
<i>Inter Assay (n=7)</i>		<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Mean (µg/ml)	4.3		31.0	67.2
SD (µg/ml)		0.6		3.6
%CV		14.3		11.6
				8.5
				12.7

### 12.2. MINIMAL DETECTABLE CONCENTRATION

The minimal detectable concentration is < 1 µg/ml.

## 13. REFERENCES

1. POWELL L. J. C-Reactive Protein - a Review Am. J. Med. Technol., **87**, 138-142 (1979).
2. GEWURZ H., MOLD C., SIEGEL J. and FIEDEL B. C-Reactive Protein and the Acute Phase Response Advances in Internal Medicine, **27**, 345-372 (1982).
3. HELGESON N. G. P., ADAMSON D. M., PIKE R. B., JAMES D. S., NICODEMUS D. S., LEE B. A. and MILLER G. W. C-Reactive Protein : Laboratory Medicine, Vol. 2 (Race G. J., Ed.), Harper & Row, Hagerstown, chapter 29 (1973).

# Symbols / Symbole / Symbôles / Símbolos / Símbolos / Σύμβολα

	Cat.-No.: / Kat.-Nr.: / No.- Cat.: / Cat.-No.: / N.º Cat.: / N.-Cat.: / Αριθμός-Κατ.:
	Lot-No.: / Chargen-Bez.: / No. Lot: / Lot-No.: / Lote N.º: / Lotto n.: / Αριθμός -Παραγωγή:
	Use by: / Verwendbar bis: / Utiliser à: / Usado por: / Usar até: / Da utilizzare entro: / Χρησιμοποιείται από:
	No. of Tests: / Kitgröße: / Nb. de Tests: / No. de Determ.: / N.º de Testes: / Quantità dei tests: / Αριθμός εξετάσεων:
	Concentrate / Konzentrat / Concentré / Concentrar / Concentrado / Concentrato / Συμπύκνωμα
	Lyophilized / Lyophilisat / Lyophilisé / Liofilizado / Liofilizado / Liofilizzato / Λυοφιλιασμένο
	In Vitro Diagnostic Medical Device. / In-vitro-Diagnostikum. / Appareil Médical pour Diagnostics In Vitro. / Dispositivo Médico para Diagnóstico In Vitro. / Equipamento Médico de Diagnóstico In Vitro. / Dispositivo Medico Diagnostico In vitro. / Ιατρική συσκευή για In-Vitro Διάγνωση.
	Evaluation kit. / Nur für Leistungsbewertungszwecke. / Kit pour évaluation. / Juego de Reactivos para Evaluació. / Kit de avaliação. / Kit di valutazione. / Κιτ Αξιολόγησης.
	Read instructions before use. / Arbeitsanleitung lesen. / Lire la fiche technique avant emploi. / Lea las instrucciones antes de usar. / Ler as instruções antes de usar. / Leggere le istruzioni prima dell'uso. / Διαβάστε τις οδηγίες πριν την χρήση.
	Keep away from heat or direct sun light. / Vor Hitze und direkter Sonneneinstrahlung schützen. / Garder à l'abri de la chaleur et de toute exposition lumineuse. / Manténgase alejado del calor o la luz solar directa. / Manter longe do calor ou luz solar directa. / Non esporre ai raggi solari. / Να φυλάσσεται μακριά από θερμότητα και άμεση επαφή με το φως του ηλίου.
	Store at: / Lagern bei: / Stocker à: / Almacene a: / Armazenar a: / Conservare a: / Αποθήκευση στους:
	Manufacturer: / Hersteller: / Fabricant: / Productor: / Fabricante: / Fabricante: / Παραγωγός:
	Caution! / Vorsicht! / Attention! / ¡Precaución! / Cuidado! / Attenzione! / Προσοχή!
<p>Symbols of the kit components see MATERIALS SUPPLIED.          Die Symbole der Komponenten sind im Kapitel KOMPONENTEN DES KITS beschrieben.          Voir MATERIEL FOURNI pour les symbôles des composants du kit.          Símbolos de los componentes del juego de reactivos, vea MATERIALES SUMINISTRADOS.          Para símbolos dos componentes do kit ver MATERIAIS FORNECIDOS.          Per i simboli dei componenti del kit si veda COMPONENTI DEL KIT.          Για τα σύμβολα των συστατικών του κιτ συμβουλευτείτε το ΠΑΡΕΧΟΜΕΝΑ ΥΛΙΚΑ.</p>	

## IBL AFFILIATES WORLDWIDE

	<b>IBL International GmbH</b> Flughafenstr. 52A, 22335 Hamburg, Germany	Tel.: + 49 (0) 40 532891 -0 Fax: -11 E-MAIL: IBL@IBL-International.com WEB: <a href="http://www.IBL-International.com">http://www.IBL-International.com</a>
	<b>IBL International B.V.</b> Zuthpenseweg 55, 7418 AH Deventer, The Netherlands	Tel.: + 49 (0) 40 532891 -0 Fax: -11 E-MAIL: IBL@IBL-International.com WEB: <a href="http://www.IBL-International.com">http://www.IBL-International.com</a>
	<b>IBL International Corp.</b> 194 Wildcat Road, Toronto, Ontario M3J 2N5, Canada	Tel.: +1 (416) 645 -1703 Fax: -1704 E-MAIL: Sales@IBL-International.com WEB: <a href="http://www.IBL-International.com">http://www.IBL-International.com</a>

**LIABILITY:** Complaints will be accepted in each mode –written or vocal. Preferred is that the complaint is accompanied with the test performance and results. Any modification of the test procedure or exchange or mixing of components of different lots could negatively affect the results. These cases invalidate any claim for replacement. Regardless, in the event of any claim, the manufacturer's liability is not to exceed the value of the test kit. Any damage caused to the kit during transportation is not subject to the liability of the manufacturer