SARS-CoV-2 S1 IgA ELISA Kit (CAT NO: 41A247R)

For qualitative determination of human anti-SARS-CoV-2 S1 protein ELISA (IgA class antibodies) in serum or plasma samples

This package insert must be read in its entirety before using this product

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SARS-CoV-2 S1 IgA ELISA Kit

Enzyme-linked Immunosorbent Assay for qualitative detection of IgA class antibodies against the S1 of SARS-CoV-2 in human blood.

Catalog Numbers 41A247R

(Please read this instruction manual carefully before use.)

WARNING! Wear appropriate protective eyewear, clothing and gloves.

BACKGROUND

SARS-CoV-2 is an enveloped virus with a positive-sense RNA genome and a nucleocapsid of helical symmetry. The SARS-CoV-2 entry into host cells is mediated by the transmembrane spike (S) glycoprotein, which is the main target of neutralizing antibodies upon infection and the focus of the therapeutic and vaccine design. S comprises two functional subunits responsible for binding to the host cell receptor (S1 subunit) and fusion of the viral and cellular membranes (S2 subunit). Immunoglobulin A (IgA) plays a crucial role in the immune function of mucous membranes. In the blood, IgA interacts with Fc receptor to initiate inflammatory responses.

INTENDED USE

SARS-CoV-2 S1 IgA ELISA Kit is a highly sensitive and specific immunoassay developed by TorontoBioscience for qualitative detection of IgA class antibodies against the S1 of SARS-CoV-2 in human blood.

This product is intended for research use only.

ASSAY PRINCIPLE

96-well plates are coated with SARS-CoV-2 S1 protein that captures antibodies against SARS-CoV-2 S1 protein in the sample. After washing away unbound materials, captured IgA against SARS-CoV-2 S1 protein is detected by anti-human IgA monoclonal antibodies conjugated with horse radish peroxidase (HRP), which is specific to human IgA, with no cross-reaction with human IgG or IgM. After washing step, the chromogenic substrate 3,3',5,5'-tetramethylbenzidine (TMB) is added. Color reaction is stopped by 2M H_2SO_4. The amount of IgA class antibodies against SARS-CoV-2 S1 captured inside the wells is proportional to the color density generated in the coupled oxidation-reduction reaction.

REAGENTS SUPPLIED

Each kit is sufficient for 96 tests and contains the following components:

1. One aluminum pouch with a Microwell plate (12 strips of 8 wells each) coated with SARS-CoV-2 S1 protein, sealed. The microwell strips can be used separately.
2. 10×Wash buffer-40 ml.
3. 5×Assay buffer-40 ml.
4. 100×Detection antibody solution: HRP-conjugated anti-human IgA monoclonal antibody, 0.12 ml.
5. 10×Human anti-S1 antibody (positive control), 22 ul
6. Substrate solution, 12 ml, ready for use.
7. Stop solution, 12 ml, ready for use.
8. Blank control, 0.5 ml, ready to use

OTHER MATERIALS REQUIRED, BUT NOT PROVIDED

1. Pipettes and pipette tips.
2. Beakers, flasks, cylinders necessary for preparation of reagents.
3. Buffer and reagent reservoirs.
4. Paper towels or absorbent paper.

5. Plate reader capable of reading absorbency at 450 nm.
6. Distilled water or deionized water.
7. Statistical calculator with program to perform regression analysis.

STORAGE

- The kit should be stored at 2-8°C, and all reagents should be equilibrated to room temperature before use. Immediately after use remaining reagents should be returned to cold storage (2-8°C).
- Expiry of the kit and reagents is stand on labels.
- Once opened, the strips may be stored at 2-8°C for up to one month.

SAMPLE COLLECTION AND STORAGE INSTRUCTIONS

Handle serum or plasma sample in accordance with National Committee for Clinical Laboratory Standards guidelines for preventing transmission of blood-borne infection.

- Do not use grossly hemolyzed or lipemic samples.
- Human Serum: Use a blood separator tube and allow sample to clot for 30 minutes, then centrifuge for 10 minutes at 1000g. **When the human serum is tested, it should be diluted 100-fold at least.**
- Human plasma: Treat blood with anticoagulant such as citrate, EDTA or heparin. Centrifuge for 10 minutes at 1000g within 30 minutes for plasma collection. **When the human plasma is tested, it should be diluted 100-fold at least.**
- Samples cannot be tested immediately should be aliquoted and must be stored frozen below -20°C. Avoid repeated freeze-thaw cycle.
- Perform preliminary experiment to determine the optimum detection sample dilution.

PRECAUTIONS FOR USE

- All chemicals should be considered as potentially hazardous. Avoid contact with skin and eyes. In the case of contact with skin or eyes wash with water.
- Do not use kit reagents beyond expiration date.
- Do not expose kit reagents to strong light.
- Do not pipet by mouth.
- Do not eat or smoke in area where kit reagents or samples are handled.
- Use only sufficient volume of specimen as indicated in the procedure steps. Failure to do so, may cause low sensitivity of the assay.
- Avoid contact of substrate solution with oxidizing agents and metal.
- Use disposable pipette tips and/or pipettes.
- Use clean, dedicated reagent trays for dispensing the conjugate and substrate reagent.
- Do not touch the exterior bottom of the wells; fingerprints or scratches may interfere with the reading. When reading the results, ensure that the plate bottom is dry and there are no air bubbles inside the wells.
- The enzymatic activity of the HRP-conjugate might be affected from dust and reactive chemical and substances like sodium hypochlorite, acids, alkalis etc. Do not perform the assay in the presence of these substances.
- Substrate solution must be at room temperature prior to use.

PREPARATION OF REAGENTS

Bring all reagents and materials to room temperature before use

1. 1×Wash buffer.

Prepare 1×Wash buffer by mixing the 10×Wash buffer (40 ml) with 360 ml of distilled water or deionized water. If precipitates are observed in the 10× Wash buffer bottle, warm the bottle in a 37°C water bath until the precipitates disappear. The 1×Wash buffer may be stored at 2-8°C for up to one month.

2. 1×Assay buffer.

Prepare 1x assay buffer by mixing the 5x assay buffer (20 ml) with 80 ml of distilled water or deionized water. If precipitates are observed in the 5x assay buffer bottle, warm the bottle in a 37°C water bath until the precipitates disappear. The 1x assay buffer may be stored at 2- 8°C for up to one month.

3. 1×Detection antibody solution.

Spin down the 100×Detection antibody solution briefly and dilute the desired amount of the antibody 1:100 with 1×Assay buffer, 100 µL of 1×Detection antibody solution is required per well. Prepare only as much 1×Detection antibody solution as needed. Return the 100×Detection antibody solution to 2-8°C immediately after the necessary volume is pipetted.

PREPARATION OF SAMPLES AND POSITIVE CONTROL

Serum or plasma sample is generally required a **100-fold dilution** in the 1X Assay buffer. A suggested dilution step is to add 2 µL of sample to 198 µL of 1X Assay buffer. Dilution factor can be adjusted based on the titer of the antibodies in the samples.

Briefly centrifuge positive control. Add 200 µL 1X Assay buffer and mix thoroughly.

ASSAY PROCEDURE

It is recommended that all samples be assayed in duplicate.

1. Add 100µl of sample, 100µl of Blank Control and 100µl of Positive Control into their respective wells, and incubate at room temperature for 1 hour, preferably with shaking at 600 rpm.
2. Discard the content and tap the plate on a clean paper towel to remove residual solution in each well. Add 300 µl of 1×Wash buffer to each well and incubate for 1 minute. Discard the 1×Wash buffer and tap the plate on a clean paper towel to remove residual wash buffer. Repeat the wash step for a total of 3 times.
3. Add 100 µl of 1×Detection antibody solution to each well, incubate at room temperature for 1 hour.
4. Wash each well 3 times as described in step 2.
5. Add 100 µl of Substrate solution to each well, incubate at room temperature for 15 minutes. Protect from light.
6. Add 100 µl of Stop solution to each well, gently tap the plate frame for a few seconds to ensure thorough mixing.
7. Determine the optical density of each well at 450 nm immediately.

TYPICAL DATA

BLANK		0.086		1	0.403
Health subjects	1	0.121	COVID-19 patients	2	0.652
	2	0.153		3	1.056
	3	0.154		4	0.501
	4	0.201		5	2.474
	5	0.181		6	0.831
	6	0.195		7	0.595
	7	0.19		8	0.353
	8	0.2		9	6.039
	9	0.168		10	0.317
	10	0.192		11	3.769
	11	0.141		12	0.408
	12	0.113		13	0.807
	13	0.162		14	4.272
	14	0.099		15	6.243
	15	0.145		16	3.146

DATA LAYOUT

BLK	BLK	S7	S7	S15	S15	S23	S23	S31	S31	S39	S39
PC	PC	S8	S8	S16	S16	S24	S24	S32	S32	S40	S40
S1	S1	S9	S9	S17	S17	S25	S25	S33	S33	S41	S41
S2	S2	S10	S10	S18	S18	S26	S26	S34	S34	S42	S42
S3	S3	S11	S11	S19	S19	S27	S27	S35	S35	S43	S43
S4	S4	S12	S12	S20	S20	S28	S28	S36	S36	S44	S44
S5	S5	S13	S13	S21	S21	S29	S29	S37	S37	S45	S45
S6	S6	S14	S14	S22	S22	S30	S30	S38	S38	S46	S46

PRECISION

Intra-assay: Three different known levels of positive control were spiked into sample buffer as test samples. All samples were tested on the same plate to evaluate intra-assay precision of the kit. The Intra-assay precision of this kit is less than 8%.

Inter-assay: Three different known levels of control were spiked into sample buffer as test samples. All samples were tested in 3 separate assays to evaluate intra-assay precision of the kit. Inter-assay precision of this kit is less than 10%.

SENSITIVITY AND SPECIFICITY

We have tested this assay in blood samples of 16 well-characterized COVID-19 patients, and all of them were anti-SARS-CoV-2 S1 IgA positive. 20 blood samples from healthy individuals were tested, and none of them were positive. **The sensitivity of this assay is ≥ 96%, and the specificity of this assay is ≥95%**

SUMMARY OF ASSAY PROCEDURE

Add 100 µl of sample to each well.

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Incubate at room temperature for 1 hour preferably with shaking at 600 rpm.

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Aspirate and wash each well three times.

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Add 100 µl of 1×Detection antibody solution to each well.

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Incubate at room temperature for 1 hour.

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Aspirate and wash each well three times.

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Add 100 µl of Substrate solution to each well.

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Incubate at room temperature for 15 minutes.

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Add 100 µl of Stop solution to each well.

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Measure absorbance of each well at 450 nm.

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Interpretation

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