

IMMUNOGLOBULIN E (IgE)

REF: L-1503T
B-1403T

Product for In Vitro Diagnostic use. The product should be used for the quantitative determination of immunoglobulin E (IgE) in human serum by the immunoturbidimetric procedure.

Diagnostic Relevance

The Immunoglobulin E (IgE) has a molecular weight of approx. 190000 g/mol and is produced by the organism in small quantities. Allergic diseases are a sign of hypersensitivity of the body. The type I hypersensitivity reaction, also called immediate hypersensitivity, is IgE mediated and is characterised by an immediate reaction following contact with the antigen. Antigens facilitating an IgE response include components of grass pollen, components of food, parasites and secretions from insects. This antigen induces the mucosal-B-cells, in conjunction with T-helper cells, to produce specific IgE. The IgE molecules bind via Fc receptors to mast cells, which thus becomes sensitized. The next time when the antigen comes into contact with the sensitised mast cells, the bound IgE antibodies become cross-linked, leading to degranulation of the mast cells and release of mediators (as Histamine). The mediators bring about clinical signs typical for allergy, such as rhinitis, urticaria, asthma and eczema. IgE is formed mainly in the lymph nodes and mucous membranes of the respiratory and gastrointestinal tracts. IgE molecules cannot pass through the placental barrier and do not activate complement. IgE determinations are indicated in the diagnosis and monitoring of allergic diseases. Elevated IgE levels also occur in parasitosis and immunodeficiency syndromes, such as acquired T-cell deficiency or the Wiskott-Aldrich syndrome. In infants and small children with recurrent respiratory tract diseases (bronchitis, pseudocroup attacks), the determination of IgE is of prognostic relevance, also in some mielomas of IgE type.

Principle

The Biolatrix IgE test is used for the quantitative in vitro determination of total immunoglobulin IgE in serum and plasma samples. Anti-IgE antibodies covalently bound to latex particles react with the antigen (IgE) in the sample to form an antigen-antibody reaction complex, which can be measured turbidimetrically after particle aggregation.

Reagents

A.- Buffer - Phosphate buffer, pH:7,0 , containing protein stabilizers and < 0.1 % sodium azide as preservative. Free of polyethyleneglicol.

B.- Latex reagent -Suspension of latex microparticules covalently bound anti-IgE antibodies suspended in a neutral aqueous solution, with < 0.1 % sodium azide as preservative.

Precautions

For in vitro diagnostic use only. Do not pipette by mouth. Reagents containing sodium azide must be handled with precaution. Sodium azide can form explosive azides with lead and copper plumbing. Since absence of infectious agents cannot be proven, all specimens and reagents obtained from human blood should always be handled with precaution using established good laboratory practices. Disposal of all waste material should be in accordance with local guidelines. As with other diagnostic tests, results should be interpreted considering all other test results and the clinical situation of the patient.

Materials required

Automatic analyzer. Saline solution. Calibrator. Controls.

Storage and Stability

The IgE reagents should be stored tightly capped at +2...+8°C when not in use. Do not freeze. Reagents in the original vials are stable to the expiration date on the vial label when capped and stored at +2...+8°C. Immediately following the completion of an assay run, the reagent vials should be capped until next use in order to maximize curve stability. Once opened the reagent can be used within 1 month if stored tightly closed at +2...+8°C after use. The IgE buffer reagent should be clear and colourless. Any turbidity may be sign of deterioration and reagent should be discarded. The IgE latex reagent should have a white, turbid appearance free of granular particulates. Visible agglutination or precipitation may be a sign of deterioration, and the reagent should be discarded.

Specimens

Serum specimens should be collected by venipuncture following good laboratory practices. Suitable assay specimens are human serum samples, as fresh as possible (stored up to 7 days at +2...+8°C) or deep-frozen (6 months at -20°C). Any additional clotting or precipitation, which occurs due to the freeze/thaw cycle, should be removed by centrifugation prior to assay. Very lipemic specimens, or turbid frozen specimens after thawing, must be clarified before the assay by high-speed centrifugation (15 min at approx. 15.000 xg). Heat inactivation of serum samples results in loss of IgE antigenicity and therefore must be avoided.

Procedure

The reagents are ready to use as supplied. Latex reagent should be gently shaken (invert the recipient 3-4 times) before each use.

Volume R1/working reagent:	Volume R2/start reagent:	Volume sample:
200 µl	75 µl	13 µl
Step 1: mix R1 and R2, add sample and read 1st reading immediately after mixing.		
Step 2: 4 min after read 2nd reading.		
Wavelength: 600 nm Incubation Time at 37° C: 4 min		

* Volume, time and wavelength are recommended. Adjust them depending of analyser features.

This reagent is intended to be used in clinical chemistry analysers. Adaptations for some of them are available.

Calibration. Quality Control

Standardization: use Biolatex Calibrators. The method was standardized against to IRP 75/502.

For quality control use BioLatex Control or other suitable control material. Each laboratory should establish corrective measures to be taken if values fall outside the limits. Control must be assayed and evaluated as for patient samples.

Calculation

The turbidimetric analysers automatically calculate the IgE concentration of each sample.

Reference Values

The serum IgE concentration in healthy, non-atopic test subjects is very age dependent.

Age	IU/ml
New-borns	< 1,5
Infants < 1 year	< 15
Children (1-5 years of age)	< 60
Children (6-9 years of age)	< 90
Children (10-15 years of age)	< 200
Adults	< 100

These data are to be interpreted as a guide. Each laboratory should establish its own reference intervals.

Automatic Analyzer

This product is performed for use it in turbidimetric automatic analysers or in manual procedures.



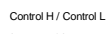
Specific Performance Characteristics*

As is well known, the analytical characteristics of a clinical chemistry reagent depend on both the reagents and the instrument used. Multicenter studies indicate important differences in analytical characteristics among similar instruments. Therefore, this data must be calculated by each instrument.

(* Analytical characteristics obtained in a single experiment in a Cobas-Mira plus analyser could be provided under demand.

Literature

- Kjellman NIM, Johansson SGO, Roth A. Clinical Allergy 1976; 6:51-59
Debelic, M. Clinical Significance of total and specific IgE in bronchial asthma. Allergol Immunopathol 1976;4: 361-70.
Grundbacher, F.J. Causes of variation in serum IgE levels, in normal population. J All Clin Immunol. 1975;56:104-11.
Dati, F. Ringel, K. Reference values for serum IgE in healthy non atopic children and adults. Clin Chem. 1982; 28:1556.
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Significados de los símbolos indicados en las etiquetas. Explanation of symbols used on labelling. Explication des symboles figurant sur les étiquettes. Spiegolung dei simboli utilizzati sull'etichetta. Significato dos símbolos indicados nas etiquetas. Erläuterung der symbole auf den etiketten.												
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