

# Hepatitis B Virus

## HBV NRAg

HEPATITIS B VIRUS NUCLEIC ACID RELATED  
ANTIGEN ELISA KIT

Double Antibody Sandwich Principle

INSTRUCTIONS FOR USE

### INTENDED USE

This kit is an enzyme-linked immunosorbent assay (ELISA) for qualitative detection of HBV pre-S1 antigen and core antigen in hepatitis B virus nucleic acid related antigen (HBV NRAg) in human serum or plasma. It is intended for use in clinical laboratories for diagnosis and management of patients related to infection with hepatitis B virus.

### SUMMARY

Hepatitis B virus (HBV) is an enveloped, double-stranded DNA virus belonging to the Hepadnaviridae family and is recognized as the major cause of blood transmitted hepatitis together with hepatitis C virus (HCV). Infection with HBV induces a spectrum of clinical manifestations ranging from mild, inapparent disease to fulminant hepatitis, severe chronic liver disease, which in some cases can lead to cirrhosis and carcinoma of the liver. Classification of a hepatitis B infection requires the identification of several serological markers expressed during three phases (incubation, acute and convalescent) of the infection. Now several diagnostic tests are used for screening, clinical diagnosis and management of the disease.

Hepatitis B virus particle is composed of outer membrane proteins (S protein, pre-S1 protein, pre-S2 protein) and core-shell. HBV pre-S1 antigen and core antigen are not only the marker of HBV infection, also the marker of viral replication, and they are highly correlated with HBV DNA<sup>[1-3]</sup>, collectively known as hepatitis B virus nucleic acid related antigen (HBV NRAg)<sup>[4]</sup>.

### PRINCIPLE OF THE ASSAY

This kit uses "sandwich" ELISA method in which, polystyrene microwell strips are pre-coated with monoclonal antibodies specific to HBV pre-S1 antigen and core antigen. Patient's serum or plasma sample is added to the microwell together with a second monoclonal antibody conjugated to horseradish peroxidase (HRP-Conjugate). During incubation, the specific immunocomplex formed in case of presence of pre-S1 antigen and core antigen in the sample is captured on the solid phase. After washing to remove sample and unbound HRP-Conjugate, Chromogen solutions containing Tetramethylbenzidine (TMB) and urea peroxide are added into the wells. In presence of the antibody-antigen-antibody(HRP) "sandwich" complex, the colorless Chromogens are hydrolyzed by the bound HRP conjugate to a blue-colored product. The blue color turns yellow after stopping the reaction with sulfuric acid. The amount of color intensity can be measured and is proportional to the amount of antigen captured in the wells, and to the sample respectively. Wells containing samples negative for HBV pre-S1 antigen and core antigen remain colorless.

Assay principle scheme:

**HBV-2534: HBV NRAg ELISA**

### Double antibody sandwich ELISA

$Ab(p)+Ag(s) \rightarrow [Ab(p)-Ag(s)+ENZ] \rightarrow [Ab(p)-Ag(s)-ENZ] \rightarrow \text{blue} \rightarrow \text{yellow color (+)}$

$Ab(p) \rightarrow [Ab(p) + ENZ] \rightarrow [Ab(p)] \rightarrow \text{no color (-)}$


Incubation 1	Incubation 2	Immobilize Complex	Coloring	Results
60min.	30min.		15min.	

**Ab(p)**-pre-coated anti-pre-S1 and anti-HBc antibodies;

**Ag(s)**-pre-S1 antigen and core antigen in sample;

**(Ab)ENZ**-HRP conjugated anti-pre-S1 and anti-HBc antibodies;

### COMPONENTS

 96 Tests

● **MICROWELL PLATE** 1plate

Blank microwell strips fixed on white strip holder. The plate is sealed in aluminium pouch with desiccant.

8×12/12×8-well strips per plate.

Each well contains monoclonal antibodies reactive to HBV pre-S1 antigen and core antigen. The microwell strips can be broken to be used separately. Place unused wells or strips in the plastic sealable storage bag together with desiccant and return to 2-8°C.

● **NEGATIVE CONTROL** 1vial

Yellowish liquid filled in a vial with green screw cap. 1ml per vial.

Protein-stabilized buffer tested non-reactive for HBeAg.

Preservatives: 0.1% ProClin 300.

Ready to use as supplied.

Once open, stable for one month at 2-8°C.

● **HBV PRE-S1 ANTIGEN POSITIVE CONTROL** 1vial

Red-colored liquid filled in a vial with red screw cap. 0.5ml per vial.

Recombinant, non-infective HBV PreS1 diluted in protein-stabilized buffer containing preservatives: 0.1% ProClin 300.

Ready to use as supplied.

Once open, stable for one month at 2-8°C.

● **HBV CORE ANTIGEN POSITIVE CONTROL** 1vial

Red-colored liquid filled in a vial with red screw cap. 0.5ml per vial.

Recombinant, non-infective HBcAg diluted in protein-stabilized buffer containing preservatives: 0.1% ProClin 300.

Ready to use as supplied.

Once open, stable for one month at 2-8°C.

● **SPECIMEN DILUENT** 1vial

Blue liquid filled in a white vial with blue screw cap. 6ml per vial.

Protein-stabilized buffer, casein, and sucrose solution.

Ready to use as supplied.

Once open, stable for one month at 2-8°C.

● **HRP-CONJUGATE REAGENT** 1vial

Red-colored liquid filled in a white vial with red screw cap. 12ml per vial.

Horseradish peroxidase-conjugated anti-HBV pre-S1, anti-HBc, and anti-HBs antibodies.

Ready to use as supplied.

Once open, stable for one month at 2-8°C.

● **STOCK WASH BUFFER**

Colorless liquid filled in a clear bottle with white screw cap. 50ml per bottle.

PH 7.4 20 × PBS (Containing Tween-20 as a detergent).

**DILUTE BEFORE USE** -The concentrate must be diluted

**1 to 20** with distilled/deionized water before use.

Once diluted, stable for one week at room temperature or for two weeks at 2-8°C.

● **CHROMOGEN SOLUTION A** 1vial

Colorless liquid filled in a white vial with green screw cap.  
6ml per vial.

Urea peroxide solution.

Ready to use as supplied.

Once open, stable for one month at 2-8°C.

● **CHROMOGEN SOLUTION B** 1vial

Colorless liquid filled in a black vial with black screw cap.  
6ml per vial.

TMB solution( Tetramethyl benzidine dissolved in citric acid).

Ready to use as supplied.

Once open, stable for one month at 2-8°C

● **STOP SOLUTION** 1vial

Colorless liquid in a white vial.

6ml per vial.

Diluted sulfuric acid solution (2.0M H<sub>2</sub>SO<sub>4</sub>)

Ready to use as supplied.

● **PLASTIC SEALABLE BAG** 1unit

For enclosing the strips not in use.

● **CARDBOARD PLATE COVER** 3sheets To

cover the plates during incubation and prevent evaporation or contamination of the wells.

● **PACKAGE INSERTS** 1copy

**ADDITIONAL MATERIALS AND INSTRUMENTS  
REQUIRED BUT NOT PROVIDED**

- Freshly distilled or deionized water.
- Disposable gloves and timer.
- Appropriate waste containers for potentially contaminated materials.
- Disposable V-shaped troughs.
- Dispensing system and/or pipette (single or multichannel), disposable pipette tips.
- Absorbent tissue or clean towel.
- Dry incubator or water bath, 37±0.5°C.
- Microshaker for dissolving and mixing conjugate with samples.
- Microwell plate reader, single wavelength 450nm or dual wavelength 450nm and 630nm.
- Microwell aspiration/wash system.

**SPECIMEN COLLECTION, TRANSPORTATION AND  
STORAGE**

1. **Sample Collection:** Either fresh serum or plasma samples can be used for this assay. Blood collected by venipuncture should be allowed to clot naturally and completely – the serum/plasma must be separated from the clot as early as possible as to avoid hemolysis of the RBC. Care should be taken to ensure that the serum samples are clear and not contaminated by microorganisms. Any visible particulate matters in the sample should be removed by centrifugation at 3000 RPM for at least 20 minutes at room temperature, or by filtration on 0.22u filters. Plasma samples collected into EDTA, sodium citrate or heparin may be tested, but highly lipaemic, icteric, or hemolyzed samples should not be used as they could give erroneous results in the assay. Do not heat inactivate samples. This can cause sample deterioration.
2. **Transportation and Storage:** Store samples at 2-8°C. Samples not required for assaying within 3 days should be stored frozen (-20°C or lower). Multiple freeze-thaw cycles should be avoided. For shipment, samples should be

packaged and labeled in accordance with the existing local and international regulations for transport of clinical samples and ethological agents.

**SPECIAL INSTRUCTIONS FOR WASHING**

1. A good washing procedure is essential to obtain correct and precise analytical data.
2. It is therefore recommended to use a good quality ELISA microplate washer, maintained at the best level of washing performances. In general, no less than 5 automatic washing cycles with dispensing of 350-400µl/well, are sufficient to avoid false positive reactions and high background (all wells turn yellow).
3. To avoid cross-contaminations of the plate with sample or HRP-conjugate, after incubation do not discard the content of the wells, but allow the plate washer to aspirate it automatically.
4. Anyway, we recommend calibrating the washing system on the kit itself in order to match the declared analytical performances. Assure that the microplate washer's liquid dispensing channels are not blocked or contaminated, and sufficient volume of Wash buffer is dispensed each time into the wells.
5. In case of manual washing, we suggest to perform at least 5cycles, dispensing 350-400µl/well and aspirating the liquid for 5times. If poor results (high background) are observed, increase the washing cycles or soaking time per well.
6. In any case, the liquid aspirated out the strips should be treated with a sodium hypochlorite solution(final concentration of 2.5%) for 24 hours, before liquids are disposed in an appropriate way.
7. The concentrated Washing solution should be diluted **1 to 20** before use. For one plate, mix 30 ml of the concentrate with 570ml of water for a final volume of 600ml diluted Wash Buffer. If less than a whole plate is used, prepare the proportional volume of solution.

**STORAGE AND STABILITY**

The components of the kit will remain stable through the expiration date indicated on the label and package when stored between 2-8 °C ; **do not freeze**. To assure maximum performance of this HBeAg ELISA kit, during storage protect the reagents from contamination with microorganism or chemicals.

**PRECAUTIONS AND SAFETY**

This kit is intended **FOR IN VITRO USE ONLY** **IVD**

**FOR PROFESSIONAL USE ONLY**

The ELISA assay is a time and temperature sensitive method. To avoid incorrect result, strictly follow the test procedure steps and do not modify them.

1. Do not exchange reagents from different lots, or use reagents from other commercially available kits. The components of the kit are precisely matched as to achieve optimal performance during testing.
2. Make sure that all reagents are within the validity indicated on the kit box and are of the same lot. Never use reagents beyond the expiry date stated on reagents labels or on the kit box.
3. **CAUTION - CRITICAL STEP:** Allow the reagents and samples to stabilize at room temperature(18-30°C) before

- use. Shake reagent gently before, and return to 2-8°C immediately after use.
4. Use only sufficient volume of sample as indicated in the procedure steps. Failure to do so, may cause in low sensitivity of the assay.
  5. Do not touch the bottom exterior of the wells; fingerprints or scratches may interfere with microwell reading.
  6. When reading the results, ensure that the plate bottom is dry and there are no air-bubbles inside the wells.
  7. Never allow the microplate wells to dry after the washing step. Immediately proceed to the next step. Avoid the formation of air bubbles when adding the reagents.
  8. Avoid assay steps long time interruptions. Assure same working conditions for all wells.
  9. Calibrate the pipette frequently to assure the accuracy of samples/reagents dispensing. Always use different disposal pipette tips for each specimen and reagents as to avoid cross-contaminations. Never pipette solutions by mouth.
  10. The use of automatic pipettes is recommended.
  11. Assure that the incubation temperature is 37°C inside the incubator.
  12. When adding samples, avoid touching the well's bottom with the pipette tip.
  13. When reading the results with a plate reader, it is recommended to determine the absorbance at 450nm or at 450nm with reference at 630nm.
  14. All specimens from human origin should be considered as potentially infectious.
  15. Materials from human origin may have been used in the kit. These materials have been tested with tests kits with accepted performance and found negative for antibodies to HIV ½, HCV, TP and HBsAg. However, there is no analytical method that can assure that infectious agents in the specimens or reagents are completely absent. Therefore, handle reagents and specimens with extreme caution as if capable of transmitting infectious diseases. Strict adherence to GLP (Good Laboratory Practice) regulations can ensure the personal safety. Never eat, drink, smoke, or apply cosmetics in the assay laboratory.
  16. Bovine derived sera may have been used in this kit. Bovine serum albumin (BSA) and fetal calf sera (FCS) are derived from animals from BSE/TSE free-geographical areas.
  17. The pipette tips, vials, strips and sample containers should be collected and autoclaved for 1hour at 121°C or treated with 10% sodium hypochlorite for 30minutes to decontaminate before any further steps for disposal.
  18. The Stop solution (2M H<sub>2</sub>SO<sub>4</sub>) is a strong acid. Corrosive. Use it with appropriate care. Wipe up spills immediately or wash with water if come into contact with the skin or eyes. ProClin 300 used as a preservative can cause sensation of the skin.
  19. The enzymatic activity of the HRP-conjugate might be affected from dust, reactive chemical, and substances like sodium hypochlorite, acids, alkalins etc. Do not perform the assay in the presence of such substances.
  20. Materials Safety Data Sheet (MSDS) available upon request.
  21. If using fully automated microplate processing system, during incubation, do not cover the plates with the plate cover. The tapping out of the remainders inside the plate after washing, can also be omitted.

#### ASSAY PROCEDURE

- Step1 Reagents preparation:** Allow the reagents and samples to reach room temperature (18-30°C) for at least 15-30 minutes. Check the Wash buffer concentrate for the presence of salt crystals. If crystals have formed in the solution, resolubilize by warming at 37°C until crystals dissolve. Dilute the stock Wash Buffer **1 to 20** with distilled or deionized water. Use only clean vessels to dilute the buffer.
- Step2 Numbering Wells:** Set the strips needed in strip-holder and number sufficient number of wells including three Negative controls (e.g. **B1, C1, D1**), two Positive controls (e.g. **E1, F1**) and one Blank (e.g. **A1**, neither Sample Diluent, samples nor HRP-Conjugate should be added into the Blank well). If the results will be determined by using dual wavelength plate reader, the requirement for use of Blank well could be omitted. Use only number of strips required for the test.
- Step3 Adding Diluent:** Add 50µl Specimen Diluent into each well except the blank.
- Step4 Adding Samples:** Add 50µl of Positive controls, Negative controls, and Specimen into their respective wells. ( **Note: to avoid cross-contamination use a separate disposable pipette tip for each specimen, Negative or Positive Control** ).
- Step5 Incubating(1):** Cover the plate with the plate cover and incubate for **60minutes at 37°C**. It is recommended to use thermostat-controlled water tank to assure the temperature stability and humidity during the incubation. If dry incubator is used, do not open the door frequently.
- Step6 Washing(1):** At the end of the incubation, remove and discard the plate cover. Wash each well **5times** with diluted Wash buffer. Each time, allow the microwells to soak for 30-60 seconds. After the final washing cycle, turn the plate down onto blotting paper or clean towel, and tap it as to remove any remaining liquids.
- Step7 Adding HRP-Conjugate:** Add 100µl HRP- Conjugate into each well except in the Blank.
- Step8 Incubating(2):** Cover the plate with the plate cover and incubate for **30minutes at 37°C**.
- Step9 Washing(2):** After the end of the incubation, remove and discard the plate cover. Wash each well **5times** with diluted Wash buffer as in **Step6**.
- Step10 Coloring:** Dispense 50µl of Chromogen A and 50µl Chromogen B solution into each well including the **Blank**, cover the plate with plate cover and mix by tapping the plate gently. Incubate the plate at **37°C for 15minutes avoiding light**. The enzymatic reaction between the Chromogen solutions and the HRP-Conjugate produces blue color in Positive control and positive sample wells.
- Step11 Stopping Reaction:** Remove and discard the plate cover. Using a multichannel pipette or manually, add 50µl Stop Solution into each well and mix gently. Intensive yellow color develops in Positive control and positive sample wells.
- Step12 Measuring the Absorbance:** Calibrate the plate reader with the Blank well and read the absorbance at **450nm**. If a dual filter instrument is used, set the reference wavelength at **630nm**. Calculate the Cut-off value and evaluate the results. (**Note: read the absorbance within 15minutes after stopping the reaction**)

#### INTERPRETATION OF RESULTS AND QUALITY CONTROL

Each microplate should be considered separately when calculating and interpreting results of the assay, regardless of

the number of plates concurrently processed. The results are calculated by relating each sample's optical density (OD) value to the Cut-off value (C.O.) of the plate. If the Cut-off reading is based on single filter plate reader, the results should be calculated by subtracting the Blank well OD value from the print report values of samples and controls. In case the reading is based on dual filter plate reader, do not subtract the Blank well OD from the print report values of samples and controls.

This assay has been standardized against Clinical Standards from the Reference Laboratory for Biological Product under the Ministry of Health, China.

### 1. Calculation of **Cut-off value (C.O.) = \*Nc + 0.12**

\*Nc = the mean absorbance value for three negative controls.

#### Example:

##### 1. Calculation of Nc:

Well No	B1	C1	D1
Negative controls OD value	0.02	0.012	0.016
Nc=0.016			

##### 2. Calculation of Cut-off value:(C.O.) = 0.016 + 0.12= 0.136

If one of the Negative control values does not meet the Quality control range specifications, it should be discarded and the mean value is calculated again using the remaining two values. If more than one negative control OD value does not meet the Quality control range specifications, the test is invalid and must be repeated.

### 2. Quality control range:

The test results are valid if the Quality Control criteria are verified. It is advisable that each laboratory must establish appropriate quality control system with quality control material similar to or identical with the patient sample being analyzed.

1. The OD value of the Blank well, which contains only Chromogens and Stop solution, is less than 0.080 at 450 nm.
2. The OD value of the Positive controls must be equal to or greater than 0.800 at 450/630nm or at 450nm after blanking.
3. The OD value of the Negative control must be less than 0.100 at 450/630nm or at 450nm after blanking.

### 3. Interpretations of the results:

(S = the individual absorbance (OD) of each specimen)

**Negative Results (S/C.O. <1):** Samples giving absorbance less than the Cut-off value are negative for this assay, which indicates that no hepatitis B virus e antigen has been detected with this HBeAg ELISA kit. This result should not be used alone to establish the infection state.

**Positive Results (S/C.O. ≥1) :** Samples giving an absorbance greater than, or equal to the Cut-off value are initially reactive, which indicates that HBV e antigen has probably been detected using this HBeAg ELISA kit. Any initially reactive samples should be retested in duplicates. Repeatedly reactive samples could be considered positive for HBeAg. This result should not be used alone to establish the infection state.

**Borderline (S/CO =0.9-1.1):** Samples with absorbance to Cut-off ratio between 0.9 and 1.1 are considered borderline samples and retesting is recommended. Repeatedly reactive samples can be considered positive for HBeAg.

## TEST PERFORMANCE AND EXPECTED RESULTS

Total 7082 cases of samples were tested in order to evaluate the clinical performance of this kit. The samples collected include the hospitalized patients and healthy population. The evaluation results show that the sensitivity and specificity of this kit for hepatitis patients was 91.7% (95% CI: 90.5-92.8%) and

99.9% (95% CI: 99.7-99.9%) respectively. The coincidence rate of this kit with HBV-DNA test results was 89.5% (95% CI: 88.1-90.7%), which is significantly higher than the fluorescence quantitative PCR, HBeAg and HBV PreS1. The ability of this kit for detecting mutant is better than single HBV PreS1 detection.

**Sensitivity and Specificity:** Among 1364 patients who were in the period of HBV replication, 1344 cases were detected, the sensitivity was 98.5% (95% CI: 97.7-99.1%); Among 873 patients who were in the period of HBV resting, 721 cases were detected, the sensitivity was 82.6% (95% CI: 79.9-85.1%); Among 39 occult hepatitis B patients, 23 cases were detected, the sensitivity was 59.0% (95% CI: 42.1-74.4%). The sensitivity of detecting the patients in the period of HBV replication was significantly higher than the patients in the period of HBV resting ( $\chi^2$  test,  $P < 0.01$ ). In all 2276 cases of hepatitis B patients, 2088 cases were detected, the overall sensitivity was 91.7% (95% CI: 90.5-92.8%).

Among 4806 cases of non-hepatitis B patients, 7 cases were detected positive, the specificity was 99.9% (95% CI: 99.7-99.9%).

	HBV NRAg		Sensitivity/Specificity	Total
	+	-		
Patients in HBV replication	1344	20	98.5%/~~	1364
Patients in HBV resting	721	152	82.6%/~~	873
Occult Hepatitis B patients	23	16	59.0%/~~	39
Non Hepatitis B patients	7	4799	~~/99.0%	4806

**Correlation between HBV NRAg and HBV DNA:** Regarding qPCR and/or nested PCR positive as HBV-DNA positive in 2379 cases of hepatitis B patients (carrier), compared the correlation between HBV NRAg, HBsAg, qPCR, HBeAg and HBV DNA in serum, the results are shown in Table 2. The coincidence rate of HBV NRAg and HBV-DNA is 89.5% (95% CI: 88.1-90.7%), which is significantly higher than qPCR and HBeAg ( $P < 0.05$ ), slightly higher than HBsAg, but no statistical significance ( $P > 0.05$ ). It indicates that the accuracy of HBV NRAg used as HBV-DNA qualitative assessment is better than other single indicator.

	HBV-DNA		Coincidence rate (%) (95% CI)
	+(n=2049)	-(n=330)	
HBV NRAg			89.5%(88.1-90.7)
+	1944	146	
-	105	184	
HBsAg			88.8%(87.5-90.1)
+	2010	227	
-	39	103	
qPCR			72.6%(70.8-74.4)
+	1397	0	
-	652	330	
HBeAg			49.4%(47.4-51.4)
+	857	12	
-	1192	318	

**Comparison between HBV NRAg and HBV preS1:** 526 patients' samples (429 hepatitis B patients and 97 non hepatitis B patients) were tested with HBV pre-S1 antigen and HBV NRAg to compare the positive results between the two indicators.

	HBV replication period N=234	HBV resting period N=191	Occult Hepatitis B N=4	Non Hepatitis B N=97
	Pos. number / Sensitivity	Pos. number / Sensitivity	Pos. number / Sensitivity	Neg. number / Specificity
HBV NRAg	231/98.7%	163/85.3%	4/100.0%	0/100.0%
HBV PreS1Ag	136/58.1%	90/47.1%	2/50.0%	0/100.0%

In 429 cases of hepatitis B patients, the coincidence rate between HBV NRAg and HBV DNA (qPCR or nested PCR positive) is 88.3% (95% CI: 84.9-91.2%), which is significantly higher than 54.8% of HBV pre-S1 antigen (95% CI: 49.9-59.6%) (P<0.01). The positive predictive value of HBV NRAg is slightly higher than HBV pre-S1 antigen, but no statistical significance (P>0.05); the negative predictive value of HBV NRAg is significantly higher than HBV pre-S1 antigen (P<0.01).

	HBV-DNA		Coincidence rate (%) (95% CI)	Positive predictive value (95% CI)	Negative predictive value (95% CI)
	+(n=362)	-(n=67)			
HBV NRAg			88.3%(84.9-91.2)		
+	355	43		89.2%(85.7-92.1)	
-	7	24			77.4%(58.9-90.4)
HBV preS1			54.8%(49.9-59.6)		
+	198	30		86.8%(81.8-90.9)	
-	164	37			18.4%(13.3-24.5)

### LIMITATIONS

- Non-repeatable positive result may occur due to the general biological and biochemical characteristics of ELISA method. The kit is designed to achieve performance characteristics of very high sensitivity and specificity. However, in very rare cases, some HBV mutants or subtypes could remain undetectable.
- If, after retesting of the initially reactive samples, the assay results are negative, these samples should be considered as non-repeatable (false positive) and interpreted as negative. As with many very sensitive ELISA assays, false positive results can occur due to the several reasons, most of which are related but not limited to inadequate washing step. For more information regarding ELISA Troubleshooting, please refer to our "ELISAs and Troubleshooting Guide", or contact technical support for further assistance.
- Any positive result must be interpreted in conjunction with patient clinical information and other laboratory testing results.
- Common sources for mistakes: kits beyond the expiry date, bad washing procedures, contaminated reagents, incorrect assay procedure steps, insufficient aspiration during washing, failure to add samples or reagents, equipment, timing, volumes, sample nature and quality.
- The prevalence of the marker will affect the assay's predictive values.
- This kit is intended ONLY for testing of individual serum or plasma samples. Do not use it for testing of cadaver samples, saliva, urine or other body fluids, or pooled (mixed) blood.
- This is a qualitative assay and the results cannot be used to measure antigens concentrations.

### INDICATIONS OF INSTABILITY OR DETERIORATION OF THE REAGENTS

- Values of the Positive or Negative controls, which are out of the indicated Quality control range, are indicator of possible deterioration of the reagents and/or operator or equipment errors. In such case, the results should be considered as invalid and the samples must be retested. In case of

constant erroneous results classified as due to deterioration or instability of the reagents, immediately substitute the reagents with new ones, or contact our technical support for further assistance.

- If after mixing of the Chromogen A and B solutions into the wells, the color of the mixture turns blue within few minutes, do not continue carrying out the testing and replace the reagents with fresh ones.

### VALIDITY

**Please do not use this kit beyond the expiry date indicated on the kit box and reagent labels.**

### REFERENCES:

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- Le Guillou, D. B., J. C. Duclos-Vallee, F. Eberle, F. Capel, and M. A. Petit. 2000. Evaluation of an enzyme-linked immunosorbent assay for detection and quantification of hepatitis B virus PreS1 envelope antigen in serum samples: comparison with two commercial assays for monitoring hepatitis B virus DNA. J Viral Hepat 7:387-92.
- Petit, M. A., F. Zoulim, F. Capel, S. Dubanchet, C. Dauguet, and C. Trepo. 1990. Variable expression of preS1 antigen in serum during chronic hepatitis B virus infection: an accurate marker for the level of hepatitis B virus replication. Hepatology 11:809-14.
- Yuan, Q., S. X. Ge, Q. Yan, Y. Zhao, J. H. Xiong, J. Zhang, and N. S. Xia. 2007. [Establishment of a new combined enzyme immunoassay for detection of HBV preS1 and core antigens and the consistency with HBV DNA test]. Bing Du Xue Bao 23:252-7.

### SUMMARY OF THE ASSAY PROCEDURE:

Add Sample Diluent	50µl
Add Sample	50µl
Incubate	60minutes
Wash	5times
Add HRP-Conjugate	100µl
Incubate	30minutes
Coloring	50µl A + 50µl B
Incubate	15minutes
Stop the reaction	50µl stop solution
Read the absorbance	450nm or 450/630nm

### SUMMARY OF THE MAJOR COMPONENTS OF THE KIT:

Microwell plate	One /96 wells
Specimen Diluent	One/ 6ml
Negative control	One/ 1ml
Positive controls	One each / 0.5ml
HRP-Conjugate	One/ 12ml
Wash Buffer	One/50ml
Chromogen A/B/ Stop solution	One each /6ml

**Note: the components of individual kits are not interchangeable**