











Instructions for Use

SHIKARI[®] (Q-PAL)

Palivizumab ELISA

Enzyme immunoassay for determination of quantitative analysis of free Palivizumab in serum and plasma samples

	PAL-FD-SYN				
	96 tests				
	Shipment 10-30°C, Store 2-8°C				
	MATRIKS BIOTECHNOLOGY CO., LTD. Gazi Universitesi Teknoplaza CZ-26/27 06830 Golbasi Ankara / TURKEY Tel +90 312 485 42 94 info@matriksbiotek.com				
					

1. Intended Use

SHIKARI® Palivizumab ELISA has been especially developed for the quantitative analysis of free Palivizumab in serum and plasma samples. SHIKARI® Palivizumab ELISA is optimized with Synagis®.

2. General Information

The humanised monoclonal antibody palivizumab has been developed for prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in infants at high risk; RSV is the most common cause of lower respiratory tract infections in infants. Palivizumab specifically inhibits an epitope at the A antigenic site of the F protein of RSV subtypes A and B. Synagis® (palivizumab) is a humanized monoclonal antibody (IgG1k) produced by recombinant DNA technology, directed to an epitope in the A antigenic site of the F protein of respiratory syncytial virus (RSV). Palivizumab is a composite of human (95%) and murine (5%) antibody sequences. The human heavy chain sequence was derived from the constant domains of human IgG1 and the variable framework regions of the VH genes Cor and Cess. The human light chain sequence was derived from the constant domain of Ck and the variable framework regions of the VL gene K104 with Jk -4.

Lower respiratory tract disease caused by respiratory syncytial virus (RSV) accounts for more than 125,000 pediatric hospitalizations and approximately 6.3 deaths per 100,000 person-years among children up to 4 years of age in the United States. Children more likely to have increased morbidity and mortality rates as the result of complications of RSV infection include those with prematurity, chronic lung disease, or congenital heart disease (CHD). In children with cardiac abnormalities, one early study showed a 37% fatality rate for

RSV-infected, hospitalized infants with CHD. More recent studies suggest that among infants with CHD who are hospitalized with RSV disease, 33% will require treatment in a pediatric intensive care unit (ICU), and 2.5% to 3.4% die of complications of the RSV infection. Infants with pulmonary hypertension are at greatest risk from RSV infection. In addition, nosocomial RSV infection has a particularly adverse impact on infants and children who become infected in the immediate preoperative or postoperative period for heart surgery

Therapeutic drug monitoring (TDM) is the clinical practice of measuring specific drugs at designated intervals to maintain a constant concentration in a patient's bloodstream, thereby optimizing individual dosage regimens. The indications for drug monitoring include efficacy, compliance, drug-drug interactions, toxicity avoidance, and therapy cessation monitoring. Additionally, TDM can help to identify problems with medication compliance among noncompliant patient cases.

Biologic medicinal products (biologics) have transformed treatment landscapes worldwide for patients with haematological or solid malignancies with the 21st century. Today, as data exclusivity periods of first wave biologics approach expiration/have expired, several biosimilar products (i.e., biologics that are considered to be similar in terms of quality, safety and efficacy to an approved 'reference' biologic) are being developed or have already been approved for human use.

Like all biologics, biosimilars are structurally complex proteins that are typically manufactured using genetically engineered animal, bacterial or plant cell culture systems. As a consequence of this molecular complexity and the

proprietary nature of the manufacturing process, which will inevitably result in the use of different host cell lines and expression systems as well as related differences in manufacturing conditions, it is not possible to manufacture exact copies of a reference biologic.

When administered to patients, all therapeutic proteins have the potential to induce an unwanted immune response (i.e., to stimulate the formation of antidrug antibodies [ADAs]). The impact of immune responses can range from no apparent effect to changes in pharmacokinetics, loss of effect and serious adverse events. Furthermore, the immunogenicity profile of a biologic can be significantly altered by even small differences in its manufacturing process that are accompanied by a change in product attributes, as well as differences in dosing schedules, administration routes or patient populations.

SHIKARI® ELISA kits can be used for drug level and anti-drug antibodies measurements. SHIKARI® Palivizumab ELISA products:

Brand	Description		Product Code
SHIKARI® (Q-PAL)	Palivuzumab	Free Drug	PAL-FD-SYN
SHIKARI® (S-ATPALv1)	Palivuzumab	Antibody screening Qualitative	PAL-QLS-SYN
SHIKARI® (S-ATPALv2)	Palivuzumab	Antibody screening Quantitative	PAL-QNS-SYN

Check the web page for the whole product list www.matriksbiotek.com

3. Test Principle

Solid phase enzyme-linked immunosorbent assay (ELISA) based on the sandwich principle. Standards and samples (serum or

plasma) are incubated in the microtiter plate coated with the reactant for Palivizumab. After incubation, the wells are washed. Then, horse radish peroxidase (HRP) conjugated probe is added and binds to Palivizumab captured by the reactant on the surface of the wells. Following incubation wells are washed and the bound enzymatic activity is detected by addition of tetramethylbenzidine (TMB) chromogen substrate. Finally, the reaction is terminated with an acidic stop solution. The colour developed is proportional to the amount of Palivizumab in the sample or standard. Results of samples can be determined directly using the standard curve.

4. Warnings and Precautions

-For professional use only.

-In case of severe damage of the kit package please contact Matriks Biotek® or your supplier in written form, latest one week after receiving the kit. Do not use damaged components in test runs but keep safe for complaint related issues.

-Obey lot number and expiry date. Do not mix reagents of different lots. Do not use expired reagents.

-Before starting the assay, read the instructions completely and carefully. Use the valid version of the package insert provided with the kit. Be sure that everything is understood. For further information (clinical background test performance, automation protocols, alternative applications, literature, etc.) please refer to the local distributor.

-Follow good laboratory practice and safety guidelines. Wear lab coats, disposable latex gloves and protective glasses where necessary.

-All reagents of this kit containing human serum or plasma (standards etc.) have been tested and were found negative for HIV I/II, HBsAg and Anti-HCV. However, a presence of these or other infectious agents cannot be excluded absolutely and therefore reagents should be treated as potential biohazards in use and for disposal.

-Reagents of this kit containing hazardous material may cause eye and skin irritations. See “Materials supplied”, MSDS and labels for details.

-Chemicals and prepared or used reagents must be treated as hazardous waste according the national biohazard safety guidelines or regulations.

5. Storage and Stability

The kit is shipped at ambient temperature (10-30°C) and should be stored at 2-8°C for long term storage. Keep away from heat or direct sunlight. The strips of microtiter plate are stable up to the expiry date of the kit in the broken, but tightly closed bag when stored at 2-8°C.

6. Specimen (Collection and Storage)

Serum, Plasma (EDTA, Heparin)

The usual precautions for venipuncture should be observed. Do not use grossly haemolytic, icteric or lipemic specimens. Samples appearing turbid should be centrifuged before testing to remove any particulate material. Avoid repeated freeze-thaw cycles for serum/plasma samples.

Samples should be diluted with the dilution rate given in the “Pre-test setup instructions” before the test.

Drug infusions may camouflage/mask the presence of antibody to drugs in serum/plasma samples. Therefore, blood sampling time is critical for detection of antibodies. It is recommended to take the blood sample just before the scheduled dose (trough specimen).

Storage	2-8°C	-20°C
Stability (serum/plasma)	2 days	6 months

7. Materials Supplied

Microtiter Plate	1 x 12 x 8	<p>Microtiter plate</p> <p>Break apart strips. Microtiter plate with 12 rows each of 8 wells coated with reactant</p>
Standard A-E	0,3 mL (each)	<p>Standards A-E (100x)</p> <p>Standard A: 10.000 ng/mL Standard B: 3000 ng/mL Standard C: 1000 ng/mL Standard D: 300 ng/mL Standard E: 0 ng/mL</p> <p>Used for the standard curve and control. Contains Palivizumab, human serum and stabilizer, <0,1% NaN3.</p> <p>Standards are prepared concentrated (100x). They should be diluted with the</p>

		dilution rate given in the “Pre-test setup instructions” before the test.
Controls	0,3 mL (each)	<p>Control low and high levels (10x)</p> <p>Contains human serum and stabilizer, <0,1% NaN₃.</p> <p>Controls are prepared concentrated (100x). They should be diluted with the dilution rate given in the “Pre-test setup instructions” before the test.</p> <p>Control concentrations are given in “Quality control certificate”</p>
Assay Buffer	2 x 50 mL	<p>Assay buffer</p> <p>Ready to use. Blue coloured. Contains proteins, <0,1 % NaN₃</p>
Conjugate	1 x 12 mL	<p>Horse radish peroxidase conjugated probe</p> <p>Ready to use. Red coloured. Contains HRP conjugated probe, stabilizer and preservatives.</p>

Substrate	1 x 12 mL	TMB substrate solution Ready to use. Contains 3,3',5,5'- Tetramethylbenzidine (TMB)
Stop Buffer	1 x 12 mL	TMB stop solution Ready to use. 1N HCl
Wash Buffer	1 x 50 mL	Wash buffer (20x) Prepared concentrated (20x) and should be diluted with the dilution rate given in the "Pretest setup instructions" before the test. Contains buffer with tween 20.
Foil	2 x 1	Adhesive Foil For covering microtiter plate during incubation

8. Materials Required but Not Supplied

-Micropipettes and tips

-Calibrated measures

-Tubes for sample dilution

-Wash bottle, automated or semi-automated microtiter plate washing system

-Microtiter plate reader capable of measuring optical density with a photometer at OD 450nm with reference wavelength 650 nm (450/650 nm)

-Distilled or deionised water, paper towels, pipette tips and timer

9.Procedure Notes

-Any improper handling of samples or modification of the test procedure may influence the results. The indicated pipetting volumes, incubation times, temperatures and pre-treatment steps must be performed strictly according to the instructions. Use calibrated pipettes and devices only.

-Once the test has been started, all steps should be completed without interruption. Make sure that required reagents, materials and devices are prepared ready at the appropriate time. Allow all reagents and specimens to reach room temperature (18-25 °C) and gently swirl each vial of liquid reagent and sample before use. Mix reagents without foaming.

-Avoid contamination of reagents, pipettes and wells/tubes. Use new disposable plastic pipette tips for each reagent, standard or specimen. Do not interchange caps. Always cap not used vials. Do not reuse wells/tubes or reagents.

-Use a pipetting scheme to verify an appropriate plate layout.

-Incubation time affects results. All wells should be handled in the same order and time sequences. It is recommended to use an eight-channel micropipette for pipetting of solutions in all wells.

-Microplate washing is important. Improperly washed wells will give erroneous results. It is recommended to use a multichannel

pipette or an automatic microplate washing system. Do not allow the wells to dry between incubations. Do not scratch coated wells during rinsing and aspiration. Rinse and fill all reagents with care. While rinsing, check that all wells are filled precisely with wash buffer, and that there are no residues in the wells.

-Humidity affects the coated wells/tubes. Do not open the pouch until it reaches room temperature. Unused wells/tubes should be returned immediately to the resealed pouch including the desiccant

10. Pre-test Setup Instructions

- Preparation of components

Component	Wash buffer (must be prepared before starting assay procedure)
Dilute	10 mL (e.g.)
With	Up to 200 mL
Diluent	Distilled water
Dilution Ratio	1/20
Remarks	Warm up 37°C to dissolve crystals. Mix vigorously
Storage	2-8°C
Stability	2 weeks

– Dilution of standards, controls and samples

Sample	Standards and Controls	Serum/Plasma
Diluent	Assay buffer	Assay buffer
Dilution Ratio	1/100	1/2000
Remarks	<p>1/10 dilution</p> <p>10 µL standard/control + 990 µL assay buffer</p>	<p>For final dilution 1/2000:</p> <p>– First step: 1/20 dilution</p> <p>10 µL sample + 190 µL assay buffer</p> <p>– Second step: 1/100 dilution</p> <p>5 µL sample (1/10 diluted) + 495 µL assay buffer</p>

Patient samples with a concentration of drug above the measuring range are to be rated as > "Highest Standard (Standard A)". The result must not be extrapolated. The patient sample in question should be further diluted with assay buffer and retested.

11. Test Procedure

	Total assay time: 70 minutes
1	Dilute each of the standards, controls and samples as described in "Pre-test Setup Instructions"
2	<p>Pipette 100 μL of each diluted "Standards", "Low level control", "High level control" and samples into the respective wells of microtiter plate</p> <p>Wells</p> <p>A1: Standard A B1: Standard B C1: Standard C D1: Standard D E1: Standard E F1: Low level control G1: High level control H1 and on: Samples</p>
3	<p>Cover the plate with adhesive foil</p> <p>Briefly mix contents by gently shaking the plate</p> <p>Incubate 30 minutes at room temperature (18-25°C)</p>
4	<p>Remove adhesive foil</p> <p>Discard incubation solution</p> <p>Wash plate three times each with 300 μL "Wash Buffer"</p> <p>Remove excess solution by tapping the inverted plate on a paper towel</p>
5	Pipette 100 μ L "Conjugate" into each well
6	<p>Cover the plate with adhesive foil</p> <p>Incubate 30 minutes at room temperature (18-25°C)</p>

7	Remove adhesive foil Discard incubation solution Wash plate three times each with 300 μ L "Wash Buffer" Remove excess solution by tapping the inverted plate on a paper towel
8	Pipette 100 μ L "Substrate" into each well
9	Incubate 10 minutes without adhesive foil at room temperature (18-25°C) in the dark
10	Stop the substrate reaction by adding 100 μ L "Stop Solution" into each well Briefly mix contents by gently shaking the plate Colour changes from blue to yellow
11	Measure optical density with a photometer at OD 450nm with reference wavelength 650 nm (450/650 nm) within 30 minutes after pipetting the "Stop Solution"

12. Quality Control

The test results are only valid if the test has been performed following the instructions. Moreover, the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or other applicable standards/laws. For a valid study, the OD 450/650 of the highest standard should be $>1,500$ and the OD 450/650 of the lowest standard should be $<0,150$. In case of any deviation the following technical issues (but not limited to) should be reviewed: Expiration dates of reagents, storage conditions, pipettes, devices, incubation conditions, washing methods, etc.

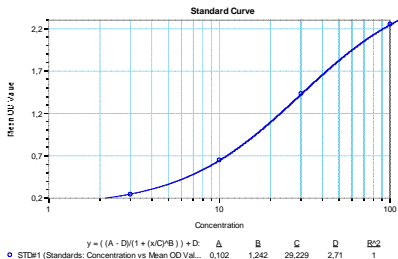
13. Calculation and Interpretation of Results

- Create a standard curve by using the standards. OD 450/650 nm for each standard on the vertical (Y-axis) axis versus the corresponding drug concentration on the horizontal (X-axis) axis.
 - Standards and controls are prepared concentrated (100x). They should be diluted with the dilution rate given in the "Pre-test setup instructions" before the test. The standard curve should be prepared with the values obtained after dilution.
 - The concentration of the samples can be read directly from this standard curve. Using the absorbance value for each sample, determine the corresponding concentration of drug from the standard curve. Find the absorbance value on the Y-axis and extend a horizontal line to the curve. At the point of intersection, extend a vertical line to the X-axis and read the drug concentration of the unknown sample.
 - If computer data is going to be used, we recommend primarily "Four Parameter Logistic (4PL)" or secondly the "point-to-point calculation".
 - To obtain the exact values of the samples, the concentration determined from the standard-curve must be multiplied by the dilution factor (1000x). Any sample reading greater than the highest standard should be further diluted appropriately with assay buffer and retested. Therefore, if the pre-diluted samples have been further diluted, the concentration determined from the standard curve must be multiplied by the further dilution factor.
- e.g.; If the pre-diluted sample further diluted in a ratio of 1/5 then results should be multiplied by 5000.

- For low and high level controls values, refer to “Quality Control Certificate” provided by each kit.

14. Analytical Performance

- Calibration curve (Linearity, Dilutional linearity): $r^2 > 0,95$



This is only an example. Assay conditions will change in every assay and do not use this curve for your assay calculations.

- Sensitivity: The lowest detectable level (Lowest detection limit, LOD) that can be distinguished from the zero standard is 2 ng/mL

Functional sensitivity (Limit of quantification-LOQ): 3 ng/mL

- Specificity: There is no cross reaction with native serum immunoglobulin

Recovery $< 100 \pm 30\%$.

- Precision: Intra-assay and inter-assay CVs $< 30\%$

















- Reference range/Therapeutic range: There isn't any consensus for therapeutic ranges. Therapeutic ranges can be different for age, sex and diseases. Please refer to the latest literature for details.

The “Quality control certificate” contains lot specific analytical performance data and is supplied separately with each kit. If some further analytical performance data is needed, please refer to the local distributor.

15. Automation

SHIKARI® Palivizumab ELISA is also suitable to run on automated ELISA processors.

16. Symbols and Cautions

	Manufacturer		Temperature limitation
	Production date		See instruction for use
	Expiry date		Caution
	Lot number		In vitro diagnostic medical device
	Catalog number		Control
	Do not use if package is damaged		Negative control
	Keep away from sunlight		Positive control
	Keep dry		Number of tests

According to ISO 15223 C

Cautions: The performance of the kit can be achieved by fully complying with the instructions. Modifications on the test procedure can affect the results and these kinds of changes will not be charged as regular complaints. This product is for professional use only and must be used for “Intended use” that is given in the instructions for use. The results themselves should not be the only reason for any therapeutically consequences. They must be correlated to other clinical

observations. Cut-off, reference ranges, etc. must be calculated/set according to scientific standards by the users/laboratories. Information in the instructions about cut-off, etc. performance characteristics, can only be considered as a recommendation and does not give any responsibility to the manufacturer.

Limitations of liability: The manufacturer's liability is limited to the purchase price of the product in all circumstances. The manufacturer cannot be held responsible for damage to the patient, lost profit, lost sales, damage to property or any other incidental or consequential loss.

Technical support and complaints: Technical support can be given upon request. If there is a problem with the product, complaints must be sent written to info@matriksbiotek.com with the technical data (if available) like standard curve, control results, etc. After the necessary examination, written reply will be given.

17. References

- Timothy F. Feltes, Md, Allison K. Cabalka, Md, H. Cody Meissner, Md, Franco M. Piazza, Md, Mph, David A. Carlin, PhD, Franklin H. Top, Jr, Md, Edward M. Connor, Md, And Henry M. Sondheimer, Md, For The Cardiac Synaxis Study Group Palivizumab Prophylaxis Reduces Hospitalization Due To Respiratory Syncytial Virus In Young Children With Hemodynamically Significant Congenital Heart Disease
- Lesley J. Scott and Harriet M. Lamb. Palivizumab
Drugs 1999 Aug; 58 (2): 3
- https://www.accessdata.fda.gov/drugsatfda_docs/label/2002/palimed102302LB.pdf

18. Revision summary

Revision no	Release Date	Explanation

