

Antistreptolysin O FS*

Order Information

Cat. No.

1 7012 99 10 921

Kit size



400 (4 x 100)

Intended Use

Diagnostic reagent for quantitative in vitro determination of antistreptolysin O (ASO) in human serum on automated respons[®]910.

Summary

Antistreptolysins (ASL) are specific antibodies to extracellular products of *Streptococcus pyogenes* (Group A streptococcus: GAS), among which antistreptolysin O (ASO) is the one most used for clinical laboratory evaluation [1]. Antistreptolysin O determination provides useful information for diagnosis and monitoring of human streptococcal infections such as in tonsillitis, otitis, erysipela, scarlet fever as well as connected diseases like rheumatic fever or glomerulonephritis. Antibodies against streptolysin O can be detected 1 – 3 weeks after infection with maximum levels reached at 3 – 6 weeks [2]. Pathological ASO values always indicate the presence of a streptococcal infection whereas a negative result cannot exclude an existing or preceding GAS infection [3].

Method

Particle enhanced immunoturbidimetric test

Determination of ASO concentration by photometric measurement of the antigen antibody reaction of latex particles coated with streptolysin O and antibodies to streptolysin O present in the sample.

Reagents

Components and Concentrations

R1:	Phosphate buffer	pH 7.0	100 mmol/L
	NaCl		150 mmol/L
R2:	Glycine buffer	pH 8.0	100 mmol/L
	NaCl		150 mmol/L
	Latex particles coated with streptolysin O		< 1%

Storage and Stability

Reagents are stable up to the date of expiry indicated on the kit, if stored at 2 – 8°C and contamination is avoided. Do not freeze.

The open-vial stability of the reagent is 18 months until expiry date.

Warnings and Precautions

- The reagents contain sodium azide (0.95 g/L) as preservative. Do not swallow! Avoid contact with skin and mucous membranes.
- The reagents contain material of biological origin. Handle the product as potentially infectious according to universal precautions and good clinical laboratory practice.
- In very rare cases, samples of patients with gammopathy might give falsified results [4].
- In case of product malfunction or altered appearance that could affect the performance, contact the manufacturer.
- Any serious incident related to the product must be reported to the manufacturer and the competent authority of the Member State where the user and/or patient is located.
- Please refer to the safety data sheets (SDS) and take the necessary precautions for the use of laboratory reagents. For diagnostic purposes, the results should always be assessed with the patient's medical history, clinical examinations and other findings.
- For professional use only.

Waste Management

Refer to local legal requirements for chemical disposal regulations as stated in the relevant SDS to determine the safe disposal.

Warning: Handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

Reagent Preparation

The latex enhanced reagent 2 in respons[®] bottle has to be mixed up by successive inversions before first use. Avoid formation of foam.

Materials Required

General laboratory equipment

Specimen

Human serum

Only use suitable tubes or collection containers for specimen collection and preparation.

When using primary tubes, follow the manufacturer's instructions.

Stability [5]:

2 days	at	20 – 25°C
8 days	at	4 – 8°C
6 months	at	-20°C

Only freeze once. Discard contaminated specimens.

Calibrators and Controls

DiaSys TruCal ASO is recommended for calibration. Calibrator values have been made traceable to a commercially available standard material, traceable to the first International standard as ASL reference standard. Use TruLab Protein Level 1 and Level 2 for internal quality control. All target values of the controls are traceable to DiaSys reagent/calibrator system. Quality control must be performed after calibration. Control intervals and limits have to be adapted to the individual requirements of each laboratory. Results must be within the defined ranges. Follow the relevant legal requirements and guidelines. Each laboratory should establish corrective action in case of deviations in control recovery.

	Cat. No.	Kit size
TruCal ASO	1 7010 99 10 059	5 x 1 mL
TruLab Protein Level 1	5 9500 99 10 046	3 x 1 mL
TruLab Protein Level 2	5 9510 99 10 046	3 x 1 mL

Performance Characteristics

Measuring range from 38 IU/mL up to 900 IU/mL, depending on the concentration of the highest calibrator. Linearity is given within ± 10%.	
In case of higher concentrations re-measure samples after manual dilution with NaCl solution (9 g/L) or use rerun function.	
Limit of detection**	11.3 IU/mL
Limit of quantitation**	38 IU/mL
No prozone effect up to 1500 IU/mL.	
Onboard stability	6 weeks
Calibration stability	2 weeks

Interference by	Interferences ≤ 10% up to	Analyte concentration [IU/mL]
Bilirubin (conjugated)	40 mg/dL	155
	40 mg/dL	310
Bilirubin (unconjugated)	40 mg/dL	153
	40 mg/dL	308
Hemolysis	400 mg/dL	168
	500 mg/dL	327
Lipemia (triglycerides)	1800 mg/dL	152
	2000 mg/dL	313

For further information on interfering substances, refer to the literature [6,7].

Precision			
Repeatability (n=20)	Sample 1	Sample 2	Sample 3
Mean [IU/mL]	150	239	365
CV [%]	3.01	2.47	2.74
Between day (n=20)	Sample 1	Sample 2	Sample 3
Mean [IU/mL]	130	260	366
CV [%]	3.23	2.85	3.07

Method comparison (n=101)	
Test x	DiaSys Antistreptolysin O FS (Hitachi 911, 917)
Test y	DiaSys Antistreptolysin O FS (respons [®] 910)
Slope	0.998
Intercept	1.21 IU/mL
Coefficient of correlation	0.998

** according to CLSI document EP17-A, Vol. 24, No. 34

Reference Range [8]

Adults	≤ 200 IU/mL
Children < 6 years	≤ 150 IU/mL
Children 6 – 18 years	≤ 200 – 240 IU/mL

Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary.

Literature

1. Bisno AL. Group A infections and acute rheumatic fever. N Engl J Med 1991;325:783-93.
2. Curtis GD, Kraak WA, Mitchell RG. Comparison of latex and haemolysin tests for determination of anti-streptolysin O (ASO) antibodies. J Clin Pathol 1988; 41:1 331-3.
3. Stevens DL. Invasive Group A streptococcus infections. Clin Infect Dis 1992;14:2-11.
4. Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. ClinChemLabMed 2007;45(9):1240-1243.
5. Guder WG, da Fonseca-Wollheim F, Heil W, et al. The Quality of Diagnostic Samples, German United Society for Clinical Chemistry and Laboratory Medicine. 3rd ed; 2010.
6. Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th ed. Volume 1 and 2. Washington, DC: The American Association for Clinical Chemistry Press 2000.
7. Young DS. Effects on Clinical Laboratory Tests - Drugs Disease, Herbs & Natural Products, <https://clinf.wiley.com/aaccweb/aacc/>, accessed in March 2024. Published by AACC Press and John Wiley and Sons, Inc.
8. Thomas L. Clinical Laboratory Diagnostics [Internet]. Prof. Lothar Thomas; 2024 [cited 2024 May 22]. <https://www.clinical-laboratory-diagnostics.com>

Additions and/or changes in the document are highlighted in grey. Deletions are communicated via customer info by stating the edition no. of the package insert/instruction for use.



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* Fluid Stable

Antistreptolysin O FS

Application for serum samples

This application was set up and evaluated by DiaSys. It is based on the standard equipment at that time and does not apply to any equipment modifications undertaken by unqualified personnel.

Identification	
This method is usable for analysis:	Yes
Twin reaction:	No
Name:	ASO
Shortcut:	
Reagent barcode reference:	701
Host reference:	701

Technic	
Type:	Fixed Time Kinetic
First reagent:[μ L]	160
Blank reagent	Yes
Sensitive to light	
Second reagent:[μ L]	32
Blank reagent	No
Sensitive to light	
Main wavelength:[nm]	600
Secondary wavelength:[nm]	
Polychromatic factor:	
1 st reading time [min:sec]	05:36
Last reading time [min:sec]	09:12
Reaction way:	Increasing
Linear Kinetics	
Substrate depletion: Absorbance limit	
Linearity: Maximum deviation [%]	
Fixed Time Kinetics	
Substrate depletion: Absorbance limit	
Endpoint	
Stability: Largest remaining slope	
Prozone Limit [%]	

Reagents	
Decimals	
Units	

Sample	
Diluent	DIL A (NaCl)
Hemolysis:	
Agent [μ L]	0 (no hemolysis)
Cleaner	
Sample [μ L]	0
Technical limits	
Concentration technical limits-Lower	38.0000
Concentration technical limits-Upper	700.0000
SERUM	
Normal volume [μ L]	2.0
Normal dilution (factor)	1
Below normal volume [μ L]	
Below normal dilution (factor)	
Above normal volume [μ L]	2.0
Above normal dilution (factor)	6
URINE	
Normal volume [μ L]	2.0
Normal dilution (factor)	1
Below normal volume [μ L]	
Below normal dilution (factor)	
Above normal volume [μ L]	2.0
Above normal dilution (factor)	6
PLASMA	
Normal volume [μ L]	2.0
Normal dilution (factor)	1
Below normal volume [μ L]	
Below normal dilution (factor)	
Above normal volume [μ L]	2.0
Above normal dilution (factor)	6
CSF	
Normal volume [μ L]	2.0
Normal dilution (factor)	1
Below normal volume [μ L]	
Below normal dilution (factor)	
Above normal volume [μ L]	2.0
Above normal dilution (factor)	6
Whole blood	
Normal volume [μ L]	2.0
Normal dilution (factor)	1
Below normal volume [μ L]	
Below normal dilution (factor)	
Above normal volume [μ L]	2.0
Above normal dilution (factor)	6

Results	
Decimals	1
Units	IU/mL
Correlation factor-Offset	0.0000
Correlation factor-Slope	1.0000

Range	
Gender	All
Age	
SERUM	#
URINE	
PLASMA	
CSF	
Whole blood	
Gender	
Age	
SERUM	
URINE	
PLASMA	
CSF	
Whole blood	

Contaminants	
Please refer to r910 Carryover Pair Table	

Calibrators details		
Calibrator list	Concentration	
Cal. 1/Blank	0	
Cal. 2	*	
Cal. 3	*	
Cal. 4	*	
Cal. 5	*	
Cal. 6	*	
	Max delta abs.	
Cal. 1	0.0100	
Cal. 2	0.0100	
Cal. 3	0.0100	
Cal. 4	0.0100	
Cal. 5	0.0200	
Cal. 6	0.035	
Drift limit [%]	2.00	

Calculations	
Model	Cubic Spline
Degree	

* Enter calibrator value

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