**Product Description**

*Chlamydia pneumoniae*, the third recognized of five possible species of *Chlamydia* (*trachomatis*, *psittaci*, *pneumoniae*, *pecorum*, and an as-yet-unnamed species), was formerly known as *Chlamydia* spp. Strain TWAR. This respiratory pathogen which causes acute respiratory diseases (pneumonia and pharyngitis) is often isolated from patients with otitis media with effusion, pneumonia with pleural effusion, and in asymptomatic respiratory tract infections. *C. pneumoniae* causes up to 10% of community-acquired *pneumoniae* cases and it is also a risk factor for coronary heart disease and Guillain-Barré syndrome. Seroprevalence of *C. pneumoniae* among children is low and increases sharply in teenagers, continues to increase until middle age, and remains high (>50%) into old age, suggesting that most people have more than one *C. pneumoniae* infection during their lifetime. Primary chlamydial infection is characterized by a predominant IgM response within 2–4 weeks, and a delayed IgG and IgA response within 6–8 weeks. After acute *C. pneumoniae* infection, IgM antibodies are usually lost within 2–6 months. IgG antibody titers rise and usually decrease slowly; whereas, IgA antibodies tend to disappear rapidly. When primary *chlamydia* infection is suspected, the detection of IgM is highly diagnostic. In reinfection, IgM level may be rarely detected while IgG and IgA levels rise quickly, often in one to two weeks. IgA antibodies have shown to be a reliable immunological marker of primary, chronic, and recurrent infections. These antibodies usually decline rapidly to baseline levels following treatment and eradication of the chlamydia infections.

The *Chlamydia pneumoniae* IgM ELISA Kit is intended for the detection of IgM antibody to *C. pneumoniae* in human serum or plasma. Diluted patient serum (serum diluent contains sorbent to remove rheumatoid factor and human IgG interference) is added to wells coated with purified antigen. IgM specific antibody, if present, binds to the antigen. All unbound materials are washed away and the enzyme conjugate is added to bind to the antibody-antigen complex, if present. Excess enzyme conjugate is washed off and substrate is added. The plate is incubated to allow the oxidation of the substrate by the enzyme. The intensity of the color generated is proportional to the amount of IgM specific antibody in the sample.

### Components

<table>
<thead>
<tr>
<th>Materials Provided</th>
<th>96 Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microwells coated with <em>C. pneumoniae</em> antigen</td>
<td>12 x 8 x 1</td>
</tr>
<tr>
<td>Sample Diluent: 1 bottle (ready to use)</td>
<td>22 mL</td>
</tr>
<tr>
<td>Calibrator: 1 Vial (ready to use)</td>
<td>1 mL</td>
</tr>
<tr>
<td>Positive Control: 1 vial (ready to use)</td>
<td>1 mL</td>
</tr>
<tr>
<td>Negative Control: 1 vial (ready to use)</td>
<td>1 mL</td>
</tr>
<tr>
<td>Enzyme conjugate: 1 bottle (ready to use)</td>
<td>12 mL</td>
</tr>
<tr>
<td>TMB Substrate: 1 bottle (ready to use)</td>
<td>12 mL</td>
</tr>
<tr>
<td>Stop Solution: 1 bottle (ready to use)</td>
<td>12 mL</td>
</tr>
<tr>
<td>Wash concentrate 20x: 1 bottle</td>
<td>25 mL</td>
</tr>
</tbody>
</table>

**Reagents and Equipment Required but Not Provided.**
1. Distilled or deionized water
2. Precision pipettes
3. Disposable pipette tips
4. ELISA reader capable of reading absorbance at 450 nm
5. Absorbent paper or paper towel
6. Graph paper
Precautions and Disclaimer
This product is for R&D use only, not for drug, household, or other uses. Please consult the Safety Data Sheet for information regarding hazards and safe handling practices.

Preparation Instructions
Sample Preparation
1. Collect blood specimens and separate the serum.
2. Specimens may be refrigerated at 2–8 °C for up to seven days or frozen for up to six months. Avoid repetitive freezing and thawing.

Reagent Preparation
Prepare 1x Wash buffer by adding the contents of the bottle (25 mL, 20x) to 475 mL of distilled or deionized water. Store at room temperature (18–26 °C).

Storage/Stability
Store the kit at 2–8 °C.

Procedure
Notes: The components in this kit are intended for use as an integral unit. The components of different lots should not be mixed.

The test run may be considered valid provided the following criteria are met:
1. The O.D. of the Calibrator should be >0.250.
2. The Ab index for Negative control should be <0.9.
3. The Ab Index for Positive control should be >1.2.

Bring all specimens and kit reagents to room temperature (18–26 °C) and gently mix.

1. Place the desired number of coated strips into the holder.
2. Negative control, positive control, and calibrator are ready to use. Prepare 21-fold dilution of test samples, by adding 10 µL of the sample to 200 µL of sample diluent. Mix well.
3. Dispense 100 µL of diluted sera, calibrator, and controls into the appropriate wells. For the reagent blank, dispense 100 µL of Sample Diluent in 1A well position. Tap the holder to remove air bubbles from the liquid and mix well. Incubate for 20 minutes at room temperature.
4. Remove liquid from all wells. Wash wells three times with 300 µL of 1x wash buffer. Blot on absorbent paper or paper towel.
5. Dispense 100 µL of Enzyme Conjugate to each well and incubate for 20 minutes at room temperature.
6. Remove Enzyme Conjugate from all wells. Wash wells three times with 300 µL of 1x wash buffer. Blot on absorbent paper or paper towel.
7. Dispense 100 µL of TMB Substrate and incubate for 10 minutes at room temperature.
8. Add 100 µL of Stop Solution.
9. Read O.D. at 450 nm using ELISA reader within 15 minutes. A dual wavelength is recommended with reference filter of 600–650 nm.
**Results**

**Calculations**

1. Check Calibrator Factor (CF) value on the calibrator bottle. This value might vary from lot to lot. Make sure the value is checked on every kit.
2. Calculate the cut-off value: Calibrator OD x Calibrator Factor (CF).
3. Calculate the Ab (Antibody) Index of each determination by dividing the O.D. value of each sample by cut-off value.

**Example of typical results:**

Calibrator mean OD = 0.8
Calibrator Factor (CF) = 0.5
Cut-off Value = 0.8 x 0.5 = 0.400
Positive control O.D. = 1.2
Ab Index = 1.2/0.4 = 3
Patient sample O.D. = 1.6
Ab Index = 1.6/0.4 = 4.0

**Note:** To enhance sensitivity and specificity of this IgM test, the provided Sample Diluent has been formulated to block IgG and Rheumatoid Factor (RF) interferences. Turbidity could be seen after diluting serum with sample diluent. This turbidity is due to the blocking of serum IgG and has shown no interference with test results. It can be removed by centrifugation.

In specimens with high RF and high autoimmune antibodies, the possibility of eliminating the interferences cannot be ruled out entirely. The test results obtained using this kit serve only as an aid to diagnosis and should be interpreted in relation to the patient’s history, physical findings, and other diagnostic procedures. Lipemic or hemolyzed samples may cause erroneous results.

**Interpretation**

The following is intended as a guide to interpretation of this C. pneumoniae IgM antibody index (Ab Index) test results; each laboratory is encouraged to establish its own criteria for test interpretation based on sample populations encountered.

<0.9 – No detectable antibody to Chlamydia pneumoniae IgM by ELISA.
0.9–1.1 – Borderline positive. Follow-up testing is recommended if clinically indicated.
>1.1 – Detectable antibody to Chlamydia pneumoniae IgM by ELISA.

**References**