

Non WHO Reference Material Anti-Nuclear Factor Serum (Homogeneous) Human NIBSC code: 66/233 Instructions for use (Version 6.0, Dated 11/04/2008)

This material is not for in vitro diagnostic use.

#### 1. INTENDED USE

The measurement of anti-nuclear factor is useful in diagnosis of and research on autoimmune diseases and particularly lupus erythematosus. The precision and reliability of such measurements could be increased by the use of a standard reference material for this activity.

The MRC Research Standard for Anti-Nuclear Factor Serum (Homogeneous) Human, 66/233, is a freeze-dried pool of serum from six patients in the United Kingdom and Holland, all diagnosed as suffering from lupus erythematosus.

The batch of ampoules was divided between the Staten Serum Institute (SSI), Copenhagen and the National Institute for Medical Research (NIMR) London. The batch received by the SSI was established as the 1st International Reference Preparation. The half retained by the NIMR was established as the MRC Research Standard A. On the formation of NIBSC, the research standard was transferred from NIMR to NIBSC.

Page 3 of this 'Instructions for Use' shows Annex 1 of the original document that accompanied dispatch of the research standard and is a description of the common technique suggested for use by participants in the international collaborative study.

Pages 4-9 of this 'Instructions for Use' show a document prepared by the International Union of Immunological Societies (IUIS) that has been distributed with the research standard. In relation to the IUIS document we advise that the second paragraph on p.8 more correctly reads as follows: "The sensitivity of a particular system may not remain constant and local reference ANA-containing control serum should be established in order to provide internal day-to-day consistency."

## 2. CAUTION

## This preparation is not for administration to humans or animals in the human food chain.

The preparation contains material of human origin and was tested and originally found negative for HBsAg, HCV antibody, HIV antibody and HCV RNA by PCR. However, in subsequent tests, the preparation was found positive for HBsAg. As with all materials of biological origin, this preparation should be regarded as potentially hazardous to health. It should be used and discarded according to your own laboratory's safety procedures. Such safety procedures should include the wearing of protective gloves and avoiding the generation of aerosols. Care should be exercised in opening ampoules or vials, to avoid cuts.

## 3. UNITAGE

The International Unit was defined as the activity present in 0.186mg of the International Reference Preparation so that there was 100 IU of activity in each ampoule. The same unitage applies to the Research Standard.

## 4. CONTENTS

Country of origin of biological material: United Kingdom. 66/233 is a freeze-dried pool of serum from six patients in the United Kingdom and Holland, all diagnosed as suffering from lupus erythematosus.

## 5. STORAGE

Store unopened ampoules at -20°C or below.

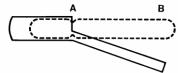
National Institute for Biological Standards and Control,

Potters Bar, Hertfordshire, EN6 3QG. T +44 (0)1707 641000, nibsc.org WHO International Laboratory for Biological Standards, UK Official Medicines Control Laboratory

Please note: because of the inherent stability of lyophilized material, NIBSC may ship these materials at ambient temperature.

## 6. DIRECTIONS FOR OPENING

Tap the ampoule gently to collect the material at the bottom (labelled) end. Ensure ampoule is scored all round at the narrow part of the neck, with a diamond or tungsten carbide tipped glass knife file or other suitable implement before attempting to open. Place the ampoule in the ampoule opener, positioning the score at position 'A'; shown in the diagram below. Surround the ampoule with cloth or layers of tissue paper. Grip the ampoule and holder in the hand and squeeze at point 'B'. The ampoule will snap open. Take care to avoid cuts and projectile glass fragments that enter eyes. Take care that no material is lost from the ampoule and that no glass falls into the ampoule.



Side view of ampoule opening device containing an ampoule positioned ready to open. 'A' is the score mark and 'B' the point of applied pressure.

#### 7. USE OF MATERIAL

No attempt should be made to weigh out any portion of the freeze-dried material prior to reconstitution

SEE ACCOMPANYING SHEETS

## 8. STABILITY

Ampoules of the Research Standard 66/233, were placed at  $+4^{\circ}$ C and  $+37^{\circ}$ C for a period of 12 months and then the contents were assayed against the standard which had been held at  $-20^{\circ}$ C. The assay was done using 2 fold dilution steps and the substrate was frozen rat liver. No loss of activity was detected in either the  $4^{\circ}$ C or  $37^{\circ}$ C samples. After two years and 240 days at  $37^{\circ}$ C, samples of the standard were again tested and no loss of potency was detected.

NIBSC follows the policy of WHO with respect to its reference materials. It is the policy of WHO not to assign an expiry date to their international reference materials. They remain valid with the assigned potency and status until withdrawn or amended.

Reference materials are held at NIBSC within assured, temperature-controlled storage facilities. Reference Materials should be stored on receipt as indicated on the label. For information specific to a particular biological standard, contact the Technical Information Officer or, where known, the appropriate NIBSC scientist.

Users who have data supporting any deterioration in the characteristics of any reference preparation are encouraged to contact NIBSC.

## 9. REFERENCES

SEE ACCOMPANYING SHEETS

## 10. ACKNOWLEDGEMENTS

N/A

## 11. FURTHER INFORMATION

Further information can be obtained as follows;

This material: enquiries@nibsc.org

WHO Biological Standards:

http://www.who.int/biologicals/en/

JCTLM Higher order reference materials:

http://www.bipm.org/en/committees/jc/jctlm/ Derivation of International Units:

http://www.nibsc.org/standardisation/international\_standards.aspx

Ordering standards from NIBSC:

http://www.nibsc.org/products/ordering.aspx

NIBSC Terms & Conditions:

NIBSC Confidence in Biological Medicines

http://www.nibsc.org/terms\_and\_conditions.aspx

## 12. CUSTOMER FEEDBACK

Customers are encouraged to provide feedback on the suitability or use of the material provided or other aspects of our service. Please send any comments to enquiries@nibsc.org

## 13. CITATION

In all publications, including data sheets, in which this material is referenced, it is important that the preparation's title, its status, the NIBSC code number, and the name and address of NIBSC are cited and cited correctly.

## 14. MATERIAL SAFETY SHEET

Classification in accordance with Directive 2000/54/EC, Regulation (EC) No 1272/2008: Not applicable or not classified

(EC) NO 1272/2008. Not applicable of flot classified					
Physical and Chemical properties					
Physical appearance:		Corrosive:	No		
Lyophilisate					
Stable: Yes		Oxidising:	No		
Hygroscopic: No		Irritant:	No		
Flammable: No			caution, Section 2		
Other (specify): Contains potentially infectious material of human					
origin					
Toxicological properties					
Effects of inhalation: Not e		established, avoid inhalation			
		established, avoid ingestion			
Effects of skin absorption:			established, avoid contact with skin		
Suggested First Aid					
Inhalation: Seek medical advice					
Ingestion: Seek medical advice					
Contact with eyes: Wash with copious amounts of water. Seek					
medical advice					
Contact with skin: Wash thoroughly with water.					
Action on Spillage and Method of Disposal					
Spillage of contents should be taken up with absorbent material wetted with an appropriate disinfectant. Rinse area with an appropriate disinfectant followed by water.					

## 15. LIABILITY AND LOSS

biological waste.

In the event that this document is translated into another language, the English language version shall prevail in the event of any inconsistencies between the documents.

Absorbent materials used to treat spillage should be treated as

Unless expressly stated otherwise by NIBSC, NIBSC's Standard Terms and Conditions for the Supply of Materials (available at http://www.nibsc.org/About\_Us/Terms\_and\_Conditions.aspx or upon request by the Recipient) ("Conditions") apply to the exclusion of all other terms and are hereby incorporated into this document by reference. The Recipient's attention is drawn in particular to the provisions of clause 11 of the Conditions.

## 16. INFORMATION FOR CUSTOMS USE ONLY

Country of origin for customs purposes\*: United Kingdom

\* Defined as the country where the goods have been produced and/or sufficiently processed to be classed as originating from the country of supply, for example a change of state such as freeze-drying.

Net weight: 0.08

Toxicity Statement: Toxicity not assessed

Veterinary certificate or other statement if applicable.

Attached: No

Potters Bar, Hertfordshire, EN6 3QG. T +44 (0)1707 641000, nibsc.org WHO International Laboratory for Biological Standards, UK Official Medicines Control Laboratory



## ANNEX I

Description of the common technique suggested for use by participants in the international collaborative study

Fresh rat liver is frozen quickly and cryostat sections are cut 4 \mu thick. These are used unfixed, within 24 nours.

- Coon's buffer is used as diluent and washing fluid.
- Two-fold dilutions of ANF are applied for 30 minutes. 3.
- Preparations are washed in 3 changes of diluent, spending 10 minutes in each change, with agitation.
- Conjugate is applied for 30 minutes. The conjugate is used at a dilution giving 5. maximum difference between specific and background staining.
- Preparations are washed in 3 changes of diluent, spending 20 minutes in each change, 6. with agitation.
- Preparations are mounted in a mixture of nine parts of glycerine to one part of 7. Coon's buffer, and are read within two hours, using ultra-violet illumination, a darkground condenser and a colourless barrier filter.
- Fluorescence is estimated by eye: the brightness of each dilution is recorded on some simple scale, such as that which follows, indicating how the brightness decreases as the ANF is diluted (see note 3).
  - negative (including ± and "trace")
  - + = just visible fluorescence
  - ++ = definite fluorescence
  - +++ = bright fluorescence

The endpoint for each serum may be taken as the dilution nearest to the mid-point between near maximum staining and negative or trace staining (the latter may continue, almost imperceptibly, for a number of further dilutions).

## Notes

- From point 2 onwards, all operations are at room temperature. 1.
- Recipe for Coon's buffer 2.

pH 7.2

20.6 g Sodium barbitone Sodium chloride 85.0 g

N/1 hydrochloric acid 80.6 ml

5.0 litres Distilled water to

This buffer is diluted with an equal volume of distilled water before use.

Some participants objected to the details of this scale and used their own symbols and grades.

5.





W. H. O.

WORLD HEALTH ORGANISATION
ORGANISATION MONDIALE DE LA SANTE

1211 Geneva 27, Switzerland

Telegrams : UNISANTE-GENEVA

Telex : 27821

Telephone: 346061

THE USE OF THE WHO INTERNATIONAL

REFERENCE PREPARATION FOR ANTINUCLEAR FACTOR 66/233 (HOMOGENEOUS)

IN ASSAYING ANTINUCLEAR ANTIBODIES.

INTERNATIONAL UNION OF IMMUNOLOGICAL SOCIETIES
UNION INTERNATIONALE DES ASSOCIATIONS D'IMMUNOLOGIE

STANDARDISATION COMMITTEE



# THE USE OF THE WHO INTERNATIONAL REFERENCE PREPARATION FOR ANTINUCLEAR FACTOR 66/233 \* IN ASSAYING ANTINUCLEAR ANTIBODIES

Immunofluorescent tests for antinuclear antibodies (ANA, previously known as antinuclear factor - ANF) are widely employed in the routine investigation of patients with connective tissue disease. The test procedure has not been standardised and various methods are employed which have considerable differences in sensitivity. Factors affecting sensitivity include the choice of tissues providing nuclear antigen, the dilution of patients' sera employed for screening, the staining and washing procedures, physicochemical and immunochemical properties of the fluorescent conjugate and optical and spectral features of the fluorescent microscope employed. Thus, it is not possible to compare directly results obtained in different laboratories either in terms of positivity or when expressed as titres.

In an international collaborative study it was established that when the results of ANA tests were expressed in relation to a reference preparation satisfactory inter-laboratory comparability may be achieved, especially when local methods rather than an imposed standard procedure were employed. Serum 66/233 was established as the first International Reference Preparation of Anti-Nuclear Factor Serum in 1970. 100 IU of activity was assigned to the contents of each ampoule. Routine clinical tests should therefore be reported in International Units by comparison with a laboratory reference preparation calibrated against the



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International Reference Preparation. General adoption of a calibrated reference preparation would also enhance the value of research reports concerned with the significance of ANA.

## PRINCIPLE

The reference preparation is titrated by the local method using precisely the same conditions and material employed for routine tests. The titre obtained is expressed in International Units per ml, and this provides a factor for conversion of results obtained on test sera.

## METHOD

Dissolve the contents of the ampoule in exactly 1 ml of the diluent used in the tests (usually phosphate-buffered saline PBS). This gives a solution containing 100 IU/ml The error due to the volume of the lyophilised material may be ignored for practical purposes.

Make a series of doubling dilutions in PBS and carry out the routine indirect immunofluorescent procedure.

Determine the titration end-point showing weak nuclear immunofluorescence, i.e. the highest dilution giving minimal nuclear staining that is distinguishable from a negative reaction

4 Calculate the potency in IU/ml at the end-point



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5 Express results obtained on test sera in IU/ml by multiplying the reciprocal of their dilution at their titration end-point by the potency of the reference preparation at its end-point.

EXAMPLES - based on titration of serum from the same patient (X)
in two laboratories, A and B, using the Reference
Preparation

## LABORATORY A

1:10

## Titration of Reference Preparation 66/233 :-

Dilution of solution containing 100 IU/ml
'1:20 1:40 1:80 1:160 1:320

++ ++ + + + weak - - - i.e. End-point = 1:160 =  $\frac{1}{160}$  x  $\frac{100}{1}$  IU per ml = 0.625 IU/ml

## Titration of serum from Patient X :-

Dilution of serum

1:10 1:40 1:160 1:640 1:2560 ++ + weak -

i.e. End-point = 1:640 = 640 x 0.625 IU/ml = 400 IU/ml.

## LABORATORY B

## Titration of Reference Preparation 66/233 :-

Dilution of solution containing 100 IU/ml

1:10 1:20 1:40 1:80 1:160 1:320 1:640

i.e. End-point = 1:40 =  $\frac{1}{40} \times \frac{100}{1}$  IU per m1 = 2.5 IU/m1



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## Titration of serum from Patient X :-

	Dilution of ser	rum		
1:10	1:40	1:160	1:640	1:2560
+	+	weak	-	

i.e. End-point = 1:160 = 160 x 2.5 IU/ml = 400 IU/ml

Thus, although the test procedure employed in Laboratory A is four times more sensitive than that in Laboratory B, the antinuclear activity of serum from Patient X is found to be the same in both laboratories when recorded in International Units per ml.

The sensitivity of a particular system should remain constant and a local reference ANA-containing control serum may be established in order to provide internal day-to-day consistency. However, when any change is made in the test procedure (for example use of tissue from a different species, or a microscope objective of different numerical aperture), the sensitivity must be re-assessed.

The clinical interpretation of unitage 2 is shown below :-

International Units/ml	Interpretation	
	very low	
25	low	
100	moderate	
400	high :	
1600	very high	



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1 ANDERSON S.G., ADDISON I.E., & DIXON H.G. 1971 Antinuclear-factor serum (homogeneous): An international collaborative study of the proposed research standard 66/233 Ann. N.Y. Acad. Sci. 177, 337-345

G.D. JOHNSON, SHIREEN CHANTLER, IRENE BATTY, & E.J. HOLBOROW, 1978. Use and Abuse of International Reference Preparations in Immunofluorescence
In 'Laboratory and Clinical Standardisation in Rheumatoid Arthritis (Part 1)', ed D.C. Dumonde and M.W. Steward.
M.T. Publications, Lancaster.

G.D. JOHNSON

\* The Director, W.H.O. International Laboratory for Biological Standards, Statens Seruminstitut, 80 Amager Boulevard, DK 2300 Copenhagen S, Denmark

or

The Director, National Institute for Biological Standards and Control, Holly Hill, Hampstead, London, NW3 6RB, England.

will supply the International Reference preparation on request.