

10. Assay Procedure

1. Load slides into the slide frame holder with the membrane side facing up. The "X" or dot on the slide should be on the bottom left.
2. Using a single or 8- channel pipette, add 100µl of diluted patient sample (in Sample Diluent) to the pad. Agitate, cover and incubate for 30 minutes.
3. Vigorously flick out the slide contents, add 120µl of wash buffer and agitate by tapping the side of the frame. Repeat step 3 once more.
4. Vigorously flick out the slide contents, add 120µl of wash buffer and agitate by tapping the side of the frame. Cover and incubate for 5 minutes. Repeat step 4 once more. Flick off the wash buffer. Do not allow the slide to dry.
5. Using a single or 8-channel pipette, add 100µl of conjugate to each pad. Agitate, cover and incubate for 30 minutes.
6. Vigorously flick out the slide contents, add 120µl of wash buffer and agitate by tapping the side of the frame. Repeat step 6 once more.
7. Vigorously flick out the slide contents, add 120µl of wash buffer and agitate by tapping the side of the frame. Cover and incubate for 5 minutes. Repeat step 7 once more. Flick off the wash buffer. Do not allow the slide to dry.
8. Using a single or 8-channel pipette, add 100µl of TMB substrate to each pad. Agitate, cover and incubate for 10 minutes.
9. Carefully flick off the slide contents and gently remove slides from the slide frame holder and carefully place into the wash station containing 400ml distilled/de-ionised water for 2 minutes. DO NOT AGITATE.
10. Carefully remove slides and centrifuge in the slide centrifuge for 30 seconds. Remove from centrifuge and leave for at least 30 minutes before scanning (>30 minutes if > 60% RH)
11. Scan using the high resolution flat-bed scanner.
12. Process the data using the Genarrayt[®] reporting software following the user manual provided.

11. Quality control

The microarrays include positive and negative controls which are intended to monitor for substantial reagent failure.

12. Interpretation of Results

Results are derived from internal IgG standards included in the array.

Response	Range (U/ml) ¹
Negative	<24
Borderline	24 - 30
Positive	>30

¹ Units are arbitrary Genesis units.

These are suggested ranges based on in-house studies at Genesis Diagnostics Ltd. Users of the kit should verify these ranges in their own laboratory under local conditions and adjust as required

13. Limitations of the Procedure

1. Results must always be correlated to the clinical condition of the patient since a raised food IgG level need not manifest as specific symptoms.
2. It should be noted that results from this kit give no information about IgE mediated allergy.

14. Assay characteristics

Within assay imprecision <20%
Between assay imprecision <22%

15. 221 Food IgG – Food Antigen Layout

See the food reporting software provided with the kit.

Method Summary

- Pipette diluted sample onto the microarray
- Cover and incubate for **30** minutes at room temperature
- Wash the microarrays twice with 120µl wash buffer
- Flick off buffer and add 120µl wash buffer and incubate for 5 minutes. Repeat once. Flick off
- Dispense 100µl of conjugate onto each microarray
- Incubate at room temperature for **30** minutes
- Wash the microarrays twice with 120µl wash buffer
- Flick off buffer and add 120µl wash buffer and incubate for 5 minutes. Repeat once. Flick off
- Incubate with 100µl TMB substrate for **10** minutes
- Load slides into a wash station containing water and incubate for **2** minutes
- Centrifuge the slides in a centrifuge for **30** seconds
- Remove from centrifuge and leave for 30 minutes before scanning
- Scan the microarray using a high resolution flat-bed scanner and apply associated spot-finding software
- Process the data using the Genarrayt[®] reporting software following the user manual provided

Further reading

Atkinson et al. IgG antibodies in IBS. Gut 2004;53:1459-1464

James M. Toward an understanding of allergy and in vitro testing. Nat. Med. Journal, 1999; 2 (4): 7-15.

Gaby AR. The role of hidden food allergy/intolerance in chronic disease. Alt. Med. Review, 1998; 3(2): 90-100.

Hofman T. IgE and IgG antibodies in children with food allergy. Roc. Akad. Med. Bialmyst, 1995; 40 (3): 468-473

Sampson HA, Metcalfe DD. Food allergies. JAMA, 1992; 268 (20): 2840-2844.

El Rafei A. et al. Diagnostic value of IgG4 measurement in patients with food allergy. Ann. Allergy, 1989; 62: 94-99.