

REF			SYSTEM
04784596119	04784596500	100	<b>cobas e 411</b> <b>cobas e 601</b> <b>cobas e 602</b>

**English**

**System information**

For **cobas e 411** analyzer: test number 570  
 For **cobas e 601** and **cobas e 602** analyzers: Application Code Number 009

**Please note**

The measured CMV IgG value of a patient's sample can vary depending on the testing procedure used. The laboratory finding must therefore always contain a statement on the CMV IgG assay method used. CMV IgG values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. Therefore, the results reported by the laboratory to the physician should include: "The following results were obtained with the Elecsys CMV IgG assay. Results from assays of other manufacturers cannot be used interchangeably."

**Intended use**

Immunoassay for the in vitro quantitative determination of IgG antibodies to cytomegalovirus in human serum and plasma.

Results with this assay are used to indicate past or recent infection with CMV.

The electrochemiluminescence immunoassay "ECLIA" is intended for use on Elecsys and **cobas e** immunoassay analyzers.

Note: Please note that the catalogue number appearing on the package insert retains only the first 8 digits of the licensed 11-digit Catalogue Number: 04784596190 for the Elecsys CMV IgG assay. The last 3 digits -190 have been replaced by -119 for logistic purposes.

**Summary**

Cytomegalovirus (CMV), a member of the herpes virus family, is ubiquitous in all human populations, causing infections which are followed by life-long latency in the host with occasional reactivations.<sup>2,3</sup> The seroprevalence of antibodies in adults ranges from 40-100 % with inverse correlation to socioeconomic status.<sup>2,3,4</sup> CMV is transmitted through body fluids, including blood, genital secretions and breast milk. Saliva and urine of infected individuals also represent a prominent source of infection, and children, especially those attending day care facilities, are a major vector for viral spread.<sup>3,4,5,6,7</sup> In immunocompetent individuals primary CMV infection is usually mild or asymptomatic.<sup>3,6</sup> Patients commonly present with a mononucleosis-like syndrome, including fever, sore throat, cervical lymphadenopathy, malaise, headache, muscle ache and joint pains.<sup>3,4,5,6,8</sup> During pregnancy, CMV can cause congenital infection which may result in permanent physical and/or neurological sequelae in the child.<sup>9</sup> CMV infection can be primary, i.e. newly acquired, or secondary, i.e. due to reactivation of the latent virus or re-infection with a different viral strain.<sup>4,6</sup> Primary CMV infection is reported in 1-4 % of seronegative women during pregnancy and the risk of transmission to the fetus is estimated to be about 30-40 %.<sup>4,5</sup> Reactivation of CMV infection during pregnancy is reported in 10-30 % of seropositive women and, in this circumstance, the risk of transmission of the virus is about 1-3 %.<sup>4,5,6</sup> Overall, prenatal CMV infection occurs in 0.6-0.7 % of all life births in the developed world.<sup>5,6,9</sup> The majority of babies born with congenital CMV infection are asymptomatic at birth.<sup>9,10,11</sup> Of these 5-15 % still develop irreversible impairments, most frequently hearing loss, that can occur several months or even years after birth.<sup>9,9,10,11</sup> For babies symptomatic at birth prognosis is very poor as they are likely to develop severe mental impairment and/or hearing loss.<sup>6,9,10,11</sup> Different studies have shown that the risk of symptomatic congenital disease in the fetus or newborn infant is high, when maternal primary infection takes place in early pregnancy before week 20 of gestation, and lower thereafter.<sup>5,6</sup> The congenital CMV infection caused by recurrent maternal infection seldom leads to symptomatic disease at birth.<sup>5,6</sup>

At risk for CMV infection and disease are also immunocompromised patients such as transplant recipients and HIV infected patients where the virus can cause life-threatening diseases.<sup>12,13</sup> The CMV status of transplant donors and recipients is very important, as it will determine prophylactic and pre-emptive treatment strategies against CMV. CMV-negative transplant recipients should receive donations from CMV-negative individuals or leukocyte depleted blood products. During latency, CMV resides in infected cells and the free viral DNA load is usually low. The CMV status can still be determined by testing for CMV IgG antibodies.

Within the appropriate clinical context, the first step in diagnosing acute primary CMV infection is most commonly made by the detection of anti-CMV-specific IgG and IgM antibodies.<sup>6</sup> Samples being reactive for IgM antibodies indicate an acute, recent or reactivated infection.<sup>3,5,6,13</sup> For further analysis of a primary CMV infection the determination of the CMV IgG avidity is used as an aid.<sup>3,5,6,13</sup> A positive IgM result in combination with a low avidity index for IgG is a strong indication of a recent primary CMV infection.<sup>5,6,13</sup> Seroconversion to CMV IgM and IgG may also indicate a recent CMV infection.<sup>3,4,5,6,13</sup>

**Test principle**

Sandwich principle. Total duration of assay: 18 minutes.

- 1st incubation: 20 µL of sample, biotinylated recombinant CMV-specific antigens, and CMV-specific recombinant antigens labeled with a ruthenium complex<sup>a)</sup> form a sandwich complex.
- 2nd incubation: After addition of streptavidin-coated microparticles, the complex becomes bound to the solid phase via interaction of biotin and streptavidin.
- The reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of the electrode. Unbound substances are then removed with ProCell/ProCell M. Application of a voltage to the electrode then induces chemiluminescent emission which is measured by a photomultiplier.
- Results are determined via a calibration curve which is instrument-specifically generated by 2-point calibration and a master curve provided via the reagent barcode or e-barcode.

a) Tris(2,2'-bipyridyl)ruthenium(II)-complex (Ru(bpy)<sub>3</sub><sup>2+</sup>)

**Reagents - working solutions**

The reagent rackpack (M, R1, R2) is labeled as CMVIGG.

- M Streptavidin-coated microparticles (transparent cap), 1 bottle, 6.5 mL: Streptavidin-coated microparticles 0.72 mg/mL; preservative.
- R1 CMV-Ag-biotin (gray cap), 1 bottle, 9 mL: Biotinylated CMV-specific antigen (recombinant, E. coli), > 400 µg/L, MES<sup>b)</sup> buffer 50 mmol/L, pH 6.5; preservative.
- R2 CMV-Ag-Ru(bpy)<sub>3</sub><sup>2+</sup> (black cap), 1 bottle, 9 mL: CMV-specific antigen (recombinant, E. coli) labeled with ruthenium complex > 400 µg/L; MES buffer 50 mmol/L, pH 6.5; preservative.

b) MES = 2-morpholino-ethane sulfonic acid

- CMVIGG Cal1 Negative calibrator 1 (white cap), 2 bottles of 1.0 mL each: Human serum, non-reactive for anti-CMV IgG; buffer; preservative.
- CMVIGG Cal2 Positive calibrator 2 (black cap), 2 bottles of 1.0 mL each: Human serum, reactive for anti-CMV IgG, approximately 40 U/mL; buffer; preservative.

**Precautions and warnings**

For in vitro diagnostic use.  
 Exercise the normal precautions required for handling all laboratory reagents.  
 Disposal of all waste material should be in accordance with local guidelines.  
 Safety data sheet available for professional user on request.

# Elecsys CMV IgG



This kit contains components classified as follows in accordance with the Regulation (EC) No. 1272/2008:

2-methyl-2H-isothiazol-3-one hydrochloride

EUH 208 May produce an allergic reaction.

Product safety labeling follows EU GHS guidance.

All human material should be considered potentially infectious.

Both calibrators (CMVIGG Cal1, CMVIGG Cal2) have been prepared exclusively from the blood of donors tested individually and shown to be free from HBsAg and antibodies to HCV and HIV.

The serum containing anti-CMV IgG (CMVIGG Cal2) was sterile filtrated.

The testing methods used assays approved by the FDA or cleared in compliance with the European Directive 98/79/EC, Annex II, List A.

However, as no testing method can rule out the potential risk of infection with absolute certainty, the material should be handled with the same level of care as a patient specimen. In the event of exposure, the directives of the responsible health authorities should be followed.<sup>14,15</sup>

Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).

## Reagent handling

The reagents in the kit are ready-for-use and are supplied in bottles compatible with the system.

**cobas e 411** analyzer: The calibrators should only be left on the analyzer during calibration at 20-25 °C. After use, close the bottles as soon as possible and store upright at 2-8 °C.

Due to possible evaporation effects, not more than 5 calibration procedures per bottle set should be performed.

**cobas e 601** and **cobas e 602** analyzers: Unless the entire volume is necessary for calibration on the analyzers, transfer aliquots of the ready-for-use calibrators into empty snap-cap bottles (CalSet Vials). Attach the supplied labels to these additional bottles. Store the aliquots at 2-8 °C for later use.

Perform **only one** calibration procedure per aliquot.

All information required for correct operation is read in from the respective reagent barcodes.

*Please note:* Both the vial labels, and the additional labels (if available) contain 2 different barcodes. The barcode between the yellow markers is for **cobas 8000** systems only. If using a **cobas 8000** system, please turn the vial cap 180° into the correct position so the barcode can be read by the system. Place the vial on the instrument as usual.

## Storage and stability

Store at 2-8 °C.

Do not freeze.

Store the Elecsys reagent kit **upright** in order to ensure complete availability of the microparticles during automatic mixing prior to use.

Stability of the reagent rackpack	
unopened at 2-8 °C	up to the stated expiration date
after opening at 2-8 °C	12 weeks
on the analyzers	3 weeks

Stability of the calibrators	
unopened at 2-8 °C	up to the stated expiration date
after opening at 2-8 °C	8 weeks
on <b>cobas e 411</b> at 20-25 °C	up to 5 hours
on <b>cobas e 601</b> and <b>cobas e 602</b> at 20-25 °C	use only once

Store calibrators **upright** in order to prevent the calibrator solution from adhering to the snap-cap.

## Specimen collection and preparation

Only the specimens listed below were tested and found acceptable.

Serum collected using standard sampling tubes or tubes containing separating gel.

Li-heparin, Na-heparin, K<sub>2</sub>-EDTA, K<sub>3</sub>-EDTA, ACD, CPD, CP2D, CPDA and Na-citrate plasma.

Criterion: Mean recovery of serum value: negative/borderline samples ± 0.2 U/mL; reactive samples: 80-120 % for samples containing solid anticoagulants and 55-95 % for samples containing liquid anticoagulants.

Sampling devices containing liquid anticoagulants have a dilution effect resulting in lower values (U/mL) for individual patient specimens. In order to minimize dilution effects it is essential that respective sampling devices are filled completely according to manufacturer's instructions.

### Stability:

Stable for 7 days at 20-25 °C, 28 days at 2-8 °C, 6 months at -20 °C (± 5 °C). The samples may be frozen 5 times.

The sample types listed were tested with a selection of sample collection tubes or systems that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube/collection system manufacturer.

Specimens should not be subsequently altered with additives (e.g. biocides, anti-oxidants or substances that could possibly change the pH or ionic strength of the sample) in order to avoid erroneous findings.

Pooled samples and other artificial material may have different effects on different assays and thus may lead to discrepant findings.

Centrifuge samples containing precipitates and thawed samples before performing the assay.

Heat-inactivated and reconstituted lyophilized samples can be used.

Ensure the samples, calibrators and controls are at 20-25 °C prior to measurement.

Due to possible evaporation effects, samples, calibrators and controls on the analyzers should be analyzed/measured within 2 hours.

The performance of the Elecsys CMV IgG assay has not been established with cadaveric samples or body fluids other than serum and plasma.

## Materials provided

See "Reagents – working solutions" section for reagents.

## Materials required (but not provided)

- REF 04784600190, PreciControl CMV IgG, 16 x 1.0 mL
- REF 11732277122, Diluent Universal, 2 x 16 mL sample diluent or REF 03183971122, Diluent Universal, 2 x 36 mL sample diluent
- REF 11776576322, CalSet Vials, 2 x 56 empty snap-cap bottles
- General laboratory equipment
- cobas e** analyzer

Additional materials for the **cobas e 411** analyzer:

- REF 11662988122, ProCell, 6 x 380 mL system buffer
- REF 11662970122, CleanCell, 6 x 380 mL measuring cell cleaning solution
- REF 11930346122, Elecsys SysWash, 1 x 500 mL washwater additive
- REF 11933159001, Adapter for SysClean
- REF 11706802001, AssayCup, 60 x 60 reaction cups
- REF 11706799001, AssayTip, 30 x 120 pipette tips

- [REF] 11800507001, Clean-Liner

Additional materials for **cobas e 601** and **cobas e 602** analyzers:

- [REF] 04880340190, ProCell M, 2 x 2 L system buffer
- [REF] 04880293190, CleanCell M, 2 x 2 L measuring cell cleaning solution
- [REF] 03023141001, PC/CC-Cups, 12 cups to prewarm ProCell M and CleanCell M before use
- [REF] 03005712190, ProbeWash M, 12 x 70 mL cleaning solution for run finalization and rinsing during reagent change
- [REF] 12102137001, AssayTip/AssayCup, 48 magazines x 84 reaction cups or pipette tips, waste bags
- [REF] 03023150001, WasteLiner, waste bags
- [REF] 03027651001, SysClean Adapter M

Additional materials for all analyzers:

- [REF] 11298500316, ISE Cleaning Solution/Elecsys SysClean, 5 x 100 mL system cleaning solution

## Assay

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

Resuspension of the microparticles takes place automatically prior to use. Read in the test-specific parameters via the reagent barcode. If in exceptional cases the barcode cannot be read, enter the 15-digit sequence of numbers.

Bring the cooled reagents to approximately 20 °C and place on the reagent disk (20 °C) of the analyzer. Avoid foam formation. The system automatically regulates the temperature of the reagents and the opening/closing of the bottles.

Place the calibrators in the sample zone.

All the information necessary for calibrating the assay is automatically read into the analyzer.

After calibration has been performed, store the calibrators at 2-8 °C or discard (**cobas e 601** and **cobas e 602** analyzers).

## Calibration

Traceability: This method has been standardized against the internal Roche standard for CMV IgG. No international standard is available for CMV.

Every Elecsys CMV IgG reagent set has a barcoded label containing specific information for calibration of the particular reagent lot. The predefined master curve is adapted to the analyzer using CMVIGG Cal1 and CMVIGG Cal2.

**Calibration frequency:** Calibration must be performed once per reagent lot using CMVIGG Cal1, CMVIGG Cal2 and fresh reagent (i.e. not more than 24 hours since the reagent kit was registered on the analyzer).

Calibration interval may be extended based on acceptable verification of calibration by the laboratory.

Renewed calibration is recommended as follows:

- after 1 month (28 days) when using the same reagent lot
- after 7 days (when using the same reagent kit on the analyzer)
- as required: e.g. quality control findings outside the defined limits
- more frequently when this is required by pertinent regulations

## Quality control

For quality control, use PreciControl CMV IgG.

Controls for the various concentration ranges should be run individually at least once every 24 hours when the test is in use, once per reagent kit, and following each calibration.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

If necessary, repeat the measurement of the samples concerned.

Follow the applicable government regulations and local guidelines for quality control.

Note: The controls are not barcode-labeled and therefore the controls must run on all instruments as non-Roche controls. The control values and ranges have to be entered manually. Please refer to the corresponding section in the operator's manual.

The exact lot-specific target values and ranges are printed on the value sheet which is included in the control kit or reagent kit (or electronically available).

## Calculation

The analyzer automatically calculates the analyte concentration of each sample in U/mL.

## Interpretation of the results

Results obtained with the Elecsys CMV IgG assay can be interpreted as follows:

Non-reactive: < 0.5 U/mL

Indeterminate: 0.5 to < 1.0 U/mL

Reactive: ≥ 1.0 U/mL

Samples with concentrations < 0.5 U/mL are considered non-reactive in the Elecsys CMV IgG assay. These individuals are considered not to be infected with CMV and therefore susceptible to primary infection.

Samples with concentrations between 0.5 U/mL and < 1.0 U/mL are considered indeterminate. These samples should be retested. In case the result is still indeterminate, a second sample should be collected e.g. within 2 weeks.

Samples with concentrations ≥ 1.0 U/mL are considered positive for IgG antibodies to CMV and indicate either acute or past infection. Such individuals are potentially at risk of transmitting the virus (e.g. mother to fetus) but are at current not necessarily contagious.

For the diagnosis of acute CMV infection further tests have to be performed e.g. the determination of CMV IgM antibodies and the CMV IgG avidity. A positive IgM result in combination with a low avidity index for IgG is a strong indication of a primary CMV infection within the last 4 months.

The diagnosis may be supported by a significant increase of the CMV IgG antibody titer from a first to a second sample taken e.g. within 3-4 weeks.

*Note: An indeterminate or low positive result may already indicate an early acute CMV infection (also if the sample is non-reactive for CMV IgM antibodies).*

The anti-CMV IgG results in a given specimen, as determined by assays from different manufacturers, can vary due to differences in assay and reagent methods. Therefore, the results reported by the laboratory to the physician should include: "The following results were obtained with the Elecsys CMV IgG assay. Results from assays of other manufacturers cannot be used interchangeably."

## Limitations - interference

A negative test result does not completely rule out the possibility of an infection with CMV. Individuals may not exhibit any detectable IgG antibodies at the early stage of acute infection.

The detection of CMV-specific IgG antibodies in a single sample indicates a previous exposure to CMV but is not always sufficient to distinguish between an acute or latent infection (irrespective of the level of the IgG antibody titer).

In rare cases of primary CMV infection IgG antibody may be present before a specific IgM antibody response is detected. It is recommended that a follow-up sample be tested after 2 weeks. If the CMV IgG antibody titer remains stable, a primary infection can be excluded.<sup>17,18</sup>

Elecsys CMV IgG results should be used in conjunction with the patient's medical history, clinical symptoms and other laboratory tests, e.g. CMV-specific IgM results, CMV IgG avidity results.

The results in HIV patients, in patients undergoing immunosuppressive therapy, or in patients with other disorders leading to immune suppression, should be interpreted with caution.

Specimens from neonates, cord blood, pretransplant patients or body fluids other than serum and plasma, such as urine, saliva or amniotic fluid have not been tested.

Among a panel of 142 positive samples within the measuring range no high-dose hook effect was observed (no increasing signals upon dilution). However, the occurrence of a high-dose hook effect cannot be excluded in other cohorts.

# Elecsys CMV IgG



The assay is unaffected by icterus (bilirubin  $\leq 1129 \mu\text{mol/L}$  or  $\leq 66 \text{ mg/dL}$ ), hemolysis (Hb  $\leq 0.310 \text{ mmol/L}$  or  $\leq 0.500 \text{ g/dL}$ ), lipemia (Intralipid  $\leq 2000 \text{ mg/dL}$ ) and biotin ( $\leq 246 \text{ nmol/L}$  or  $\leq 60 \text{ ng/mL}$ ).

Criterion: Mean recovery of positive samples within  $\pm 20 \%$  of serum value.

Samples should not be taken from patients receiving therapy with high biotin doses (i.e.  $> 5 \text{ mg/day}$ ) until at least 8 hours following the last biotin administration.

No interference was observed from rheumatoid factors up to a concentration of  $1500 \text{ IU/mL}$ .

In vitro tests were performed on 18 commonly used pharmaceuticals and in addition on ganciclovir and valganciclovir. No interference with the assay was found.

In rare cases, interference due to extremely high titers of antibodies to immunological components, streptavidin or ruthenium can occur. These effects are minimized by suitable test design.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

## Limits and ranges

### Measuring range

0.25-500 U/mL (defined by the Limit of Detection and the maximum of the master curve). Values below the Limit of Blank are reported as  $< 0.15 \text{ U/mL}$ . Values above the Limit of Blank but below the Limit of Detection will not be flagged by the instrument. Values above the measuring range are reported as  $> 500 \text{ U/mL}$  (or up to  $10000 \text{ U/mL}$  for 20-fold diluted samples).

### Lower limits of measurement

*Limit of Blank and Limit of Detection*

Limit of Blank =  $0.15 \text{ U/mL}$

Limit of Detection =  $0.25 \text{ U/mL}$

The Limit of Blank and Limit of Detection were determined in accordance with CLSI (Clinical and Laboratory Standards Institute) EP17-A requirements.

The Limit of Blank is the 95<sup>th</sup> percentile value from  $n \geq 60$  measurements of analyte-free samples over several independent series. The Limit of Blank corresponds to the concentration below which analyte-free samples are found with a probability of 95 %.

The Limit of Detection is determined based on the Limit of Blank and the standard deviation of low concentration samples. The Limit of Detection corresponds to the lowest analyte concentration which can be detected (value above the Limit of Blank with a probability of 95 %).

### Dilution

Samples with anti-CMV IgG concentrations above the measuring range can be diluted with Diluent Universal. The recommended dilution is 1:20 (either automatically by the analyzers or manually). The concentration of the diluted sample must be  $\geq 15 \text{ U/mL}$ .

After manual dilution, multiply the result by the dilution factor.

After dilution by the analyzers, the software automatically takes the dilution into account when calculating the sample concentration.

Manual dilution can also be made with human serum negative for CMV IgG.

*Note:* Antibodies to CMV are heterogeneous. This may lead to non-linear dilution behavior.

### Expected values

The prevalence of IgG antibodies to CMV varies considerably depending upon geographical location and socioeconomic status of the population studied.

The Elecsys CMV IgG assay was used to test 616 samples from clinical routine in Germany (site 1) and 520 samples from clinical routine in Israel (site 2). Out of these 334 (54.2 %, Germany) and 415 samples (79.8 %, Israel) were found positive or indeterminate with the Elecsys CMV IgG assay.

A distribution of these values is given in the following table:

U/mL	Site 1, Germany, n = 616		Site 2, Israel, n = 520	
	N	% of total	N	% of total
$< 0.5$	282	45.8	105	20.2

U/mL	Site 1, Germany, n = 616		Site 2, Israel, n = 520	
	N	% of total	N	% of total
0.5- $< 1$	4	0.6	2	0.4
$\geq 1$ - $< 10$	15	2.4	2	0.4
10- $< 100$	62	10.1	71	13.7
100- $< 300$	91	14.8	114	21.9
300- $< 500$	65	10.6	84	16.2
$\geq 500$	97	15.7	142	27.3

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference ranges.

### Specific performance data

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.

### Precision

Precision was determined using Elecsys reagents, human sera and controls in a protocol (EP5-A) of the CLSI (Clinical and Laboratory Standards Institute): 2 runs per day in duplicate each for 21 days ( $n = 84$ ); repeatability  $n = 21$ . The following results were obtained:

cobas e 411 analyzer						
Sample	Repeatability			Intermediate precision		
	Mean U/mL	SD U/mL	CV %	Mean U/mL	SD U/mL	CV %
HS <sup>c)</sup> , low positive	1.07	0.009	0.8	1.17	0.038	3.3
HS, medium positive	53.8	0.629	1.2	54.8	2.14	3.9
HS, high positive	444	7.58	1.7	437	14.3	3.3
PC <sup>d)</sup> CMV IgG 1	1.37	0.012	0.9	1.40	0.045	3.2
PC CMV IgG 2	24.6	0.218	0.9	24.6	0.811	3.3

c) HS = human serum

d) PC = PreciControl

cobas e 601 and cobas e 602 analyzers						
Sample	Repeatability			Intermediate precision		
	Mean U/mL	SD U/mL	CV %	Mean U/mL	SD U/mL	CV %
HS, low positive	1.10	0.015	1.3	1.14	0.045	4.0
HS, medium positive	56.3	1.50	2.7	53.1	2.37	4.5
HS, high positive	458	3.16	0.7	460	16.2	3.5
PC CMV IgG 1	1.38	0.033	2.4	1.38	0.045	3.2
PC CMV IgG 2	25.9	0.456	1.8	24.1	0.890	3.7

### Analytical specificity

439 potentially cross reacting samples were tested with the Elecsys CMV IgG assay and a comparison CMV IgG assay comprising the following specimens:

- containing antibodies against HBV<sup>\*\*</sup>, HAV, HCV<sup>\*</sup>, HIV, HTLV, EBV<sup>\*\*</sup>, HSV<sup>\*</sup>, VZV<sup>\*\*</sup>, Parvo B19<sup>\*\*\*</sup>, Rubella, Treponema pallidum<sup>\*\*</sup>, Toxoplasma gondii<sup>\*\*</sup>
- containing autoantibodies<sup>\*\*\*</sup> (ANA, anti-tissue, RF)

An overall agreement of 96.6 % (422/437) was found in these specimens with the Elecsys CMV IgG assay and the comparison test. 110 samples were found concordantly negative and 312 samples were found positive. 2 samples were found indeterminate either with the Elecsys CMV IgG assay or the comparison test.

\* HSV, HCV: 2 discordant samples were found in each group.

\*\* HBV, EBV, VZV, Treponema pallidum, Toxoplasma gondii: 1 discordant sample was found in each group.

\*\*\* Parvo B19, autoantibodies: 3 discordant samples were found in each group.

### Agreement in primary infections

A total of 368 frozen samples from pregnant women (acute, recent and late phase) including sequential and single samples analyzed by commercially available CMV IgG assays were tested with the Elecsys CMV IgG assay at 4 different sites.

#### Agreement to comparative assays

Site	N	Agreement <sup>e)</sup> %	Concordant reactive	Concordant non-reactive	Discrepant
1 <sup>f)</sup>	181	96.1	172	2	7
2 <sup>g)</sup>	57	96.5	52	3	2
3	40 <sup>h)</sup>	97.5	39	0	1
	36 <sup>i)</sup>	94.4	34	0	2
4 <sup>j)</sup>	54	90.7	43	6	5

e) All indeterminate samples counted positive.

f) 6 samples were found discordant positive with the Elecsys CMV IgG assay; 1 sample was found discordant negative with the Elecsys CMV IgG assay.

g) 1 sample was found discordant positive with the Elecsys CMV IgG assay; 1 sample was found discordant negative with the Elecsys CMV IgG assay.

h) 1 sample was found discordant negative with the Elecsys CMV IgG assay.

i) 1 sample was found discordant negative with the Elecsys CMV IgG assay and indeterminate with the comparison assay.

j) 4 samples were found discordant negative with the Elecsys CMV IgG assay; 1 sample was found discordant indeterminate with the Elecsys CMV IgG assay; the comparison assay was negative.

### Agreement in past infection

A total of 158 frozen samples from pregnant women with past CMV infection analyzed by commercially available CMV IgG assays were tested with the Elecsys CMV IgG assay at 4 different sites. A 100 % agreement for the Elecsys CMV IgG assay was found with the competitor assays.

### Agreement in pre-selected negative samples

A total of 161 frozen samples from pregnant women in which a CMV infection was excluded and analyzed by commercially available CMV IgG assays were tested with the Elecsys CMV IgG assay at 4 different sites. In 3 sites a 100 % agreement of the Elecsys CMV IgG assay was found with the competitor assays, whereas at site 4 the Elecsys CMV IgG assay showed 1 discrepant positive and 1 discrepant indeterminate result (agreement 96 %).

### Method comparison

A total of 1668 fresh samples obtained from clinical routine (blood donors and pregnancy testing) were tested with the Elecsys CMV IgG assay at 3 different sites in comparison to commercially available CMV IgG assays.

#### Agreement to comparative assays

Site	N	Agreement <sup>k)</sup> %	Concordant reactive	Concordant non-reactive	Discrepant
1 <sup>l)</sup>	532	98.9	206	320	6
2 <sup>m)</sup>	616	96.8	317	279	20
3 <sup>n)</sup>	520	99.4	414	103	3

k) All indeterminate samples counted positive.

l) 4 samples were found indeterminate with the Elecsys CMV IgG assay and negative with the comparison assay; 2 samples were found discrepant negative with the Elecsys CMV IgG assay.

m) 13 samples were found discrepant positive with the Elecsys CMV IgG assay; 4 samples were found indeterminate with the Elecsys CMV IgG assay and negative with the comparison assay; 2 samples were found discrepant negative with the Elecsys CMV IgG assay; 1 sample was found negative with the Elecsys CMV IgG assay and indeterminate with the comparison assay.

n) 1 sample was found indeterminate with the Elecsys CMV IgG assay and negative with the comparison assay; 2 samples were found discrepant negative with the Elecsys CMV IgG assay.

### References

- Cannon MJ, Schmid DS, Hyde TB. Review of cytomegalovirus seroprevalence and demographic characteristics associated with infection. *Rev Med Virol* 2010;20:202-213.
- Johnson J, Anderson B, Pass RF. Prevention of maternal and congenital cytomegalovirus infection. *Clin Obstet Gynecol* 2012;55:521-530.
- Yinon Y, Farine D, Yudin MH. Screening, diagnosis, and management of cytomegalovirus infection in pregnancy. *Obstet Gynecol Surv* 2010;65:736-743.
- Buonsenso D, Serranti D, Gargiullo L, et al. Congenital cytomegalovirus infection: current strategies and future perspectives. *Eur Rev Med Pharmacol Sci* 2012;16:919-935.
- Coll O, Benoist G, Ville Y, et al. WAPM Perinatal Infections Working Group. Guidelines on CMV congenital infection. *J Perinat Med* 2009;37:433-445.
- Joseph S, Beliveau C, Muecke C, et al. Cytomegalovirus as an occupational risk in daycare educators. *Paediatr Child Health* 2006;11:401-407.
- Lazzarotto T, Guerra B, Lanari M, et al. New advances in the diagnosis of congenital cytomegalovirus infection. *J Clin Virol* 2008;41:192-197.
- Lombardi G, Garofoli F, Stronati M. Congenital cytomegalovirus infection: treatment, sequelae and follow-up. *J Matern Fetal Neonatal Med* 2010;23Suppl3:45-48.
- Elliott SP. Congenital cytomegalovirus infection: an overview. *Infect Disord Drug Targets* 2011;11:432-436.
- Lazzarotto T, Guerra B, Gabrielli L, et al. Update on the prevention, diagnosis and management of cytomegalovirus infection during pregnancy. *Clin Microbiol Infect* 2011;17:1285-1293.
- Plosa EJ, Esbenschade JC, Fuller MP, et al. Cytomegalovirus infection. *Pediatr Rev* 2012;33:156-163.
- Ross SA, Novak Z, Pati S, et al. Overview of the diagnosis of cytomegalovirus infection. *Infect Disord Drug Targets* 2011;11:466-474.
- Occupational Safety and Health Standards: Bloodborne pathogens. (29 CFR Part 1910.1030). *Fed. Register*.
- Directive 2000/54/EC of the European Parliament and Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work.
- Revello MG, Gerna G. Diagnosis and Management of Human Cytomegalovirus Infection in the Mother, Fetus, and Newborn Infant. *Clin Microbiol Rev* 2002;15(4):680-715.
- Weber B, Fall EM, Berger A, et al. Screening of blood donors for human cytomegalovirus (HCMV) IgG antibody with an enzyme immunoassay using recombinant antigens. *J Clin Virol* 1999;14:173-181.

For further information, please refer to the appropriate operator's manual for the analyzer concerned, the respective application sheets, the product information and the Method Sheets of all necessary components (if available in your country).

A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

### Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see [dialog.roche.com](http://dialog.roche.com) for definition of symbols used):

	Contents of kit
	Analyzers/Instruments on which reagents can be used
	Reagent
	Calibrator
	Volume after reconstitution or mixing

# Elecsys CMV IgG

cobas®

GTIN

Global Trade Item Number

---

COBAS, COBAS E, ELECSYS and PRECICONTROL are trademarks of Roche. INTRALIPID is a trademark of Fresenius Kabi AB.

All other product names and trademarks are the property of their respective owners.

Additions, deletions or changes are indicated by a change bar in the margin.

© 2020, Roche Diagnostics



Roche Diagnostics GmbH, Sandhofer Strasse 116, D-68305 Mannheim  
[www.roche.com](http://www.roche.com)

