***B. burgdorferi* IgG/IgM Test System**

**IVD**



 **3Z9651/SM3Z9651**

**REF**

** 3Z9651B**

**Rx Only**

|  |  |
| --- | --- |
| Institute Name | Date |
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**SIGNIFICANCE AND BACKGROUND**

*Borrelia burgdorferi* is a spirochete that causes Lyme disease. Ticks of the genus *Ixodes* transmit the organism. In endemic areas, these ticks reside on vegetation and animals such as deer, mice, dogs, horses, and birds. B. burgdorferi infection shares features with other spirochetal infections (diseases caused by three genera in humans: *Treponema, Borrelia, and Leptospira*). Skin is the portal of entry for *B. burgdorferi* and the tick bite often causes a characteristic rash called erythema migrans (EM). EM develops around the tick bite in 60 to 80% of patients. Spirochetemia occurs early with wide spread dissemination through tissue and body fluids.

Lyme disease occurs in three stages, often with intervening latent periods and with different clinical manifestations. In Lyme disease, there are generally three stages of disease often with overlapping symptoms. Symptoms vary according to the sites affected by the infection such as joints, skin, central nervous system, heart, eye, bone, spleen, and kidney. Late disease is most often associated with arthritis or CNS syndromes. Asymptomatic subclinical infection is possible and infection may not become clinically evident until the later stages.

Patients with early infection produce IgM antibodies during the first few weeks after onset of EM and produce IgG antibodies more slowly (1). Both IgG and IgM antibodies can remain detectable for years.

Isolation of *B. burgdorferi* from skin biopsy, blood, and spinal fluid has been reported (2). However, these direct culture detection methods may not be practical in the large-scale diagnosis of Lyme borreliosis. Serological testing methods for antibodies to B. burgdorferi include indirect fluorescent antibody (IFA) staining, immunoblotting, and enzyme immunoassay (ELISA).

*B. burgdorferi* is antigenically complex with strains that vary considerably. Early antibody responses often are to flagellin that has cross-reactive components. Patients in early stages of infection may not produce detectable levels of antibody. In addition, early antibiotic therapy after EM may diminish or abrogate good antibody response. Some patients may never generate detectable antibody levels. Thus, serological tests for antibodies to *B. burgdorferi* have low sensitivity and specificity and because of such inaccuracies, health care professionals do not rely exclussively on these tests to establish a diagnosis of Lyme disease (3, 4).

In 1994, the Second National Conference on Serological Diagnosis of Lyme Disease recommended a two-step testing system toward standardizing laboratory serologic testing for *B. burgdorferi*. Because ELISA and IFA methods were not sufficiently specific to support clinical diagnosis, it was recommended that positive or equivocal results from a sensitive ELISA or IFA (first step) should be further tested, or supplemented, by using a standardized Western Blot method (second step) for detecting antibodies to *B. burgdorferi*. Western Blot assays for antibodies to *B. burgdorferi* are supplemental rather than confirmatory because their specificity is less than optimal, particularly for detecting IgM. Two-step positive results provide supportive evidence of exposure to *B. burgdorferi*. These results could support a clinical diagnosis of Lyme disease, but scientists suggest avoiding their use as a sole criterion for diagnosis. This scenario is commonly referred-to as the standard two-tier testing (STTT) protocol. Recent studies (18, 19, 20) have demonstrated that using a second ELISA test in place of the *Borrelia* immunoblot can result in a modified two-tier testing (MTTT) protocol with performance that is comparable to the STTT protocol.

**PRINCIPLE OF THE ASSAY**

The ZEUS ELISA *Borrelia burgdorferi* IgG/IgM Test Systemis designed to detect IgM and IgG class antibodies to *Borrelia burgdorferi* in human sera. The sensitized wells of plastic microwell strips are prepared by passive adsorption with *Borrelia burgdorferi* whole cellantigen. The test procedure involves three incubation steps:

1. Test sera (properly diluted) are incubated in antigen coated microwells. Any antigen specific antibody in the sample will bind to the immobilized antigen. The plate is washed to remove unbound antibody and other serum components.
2. Peroxidase Conjugated goat anti-human IgM/IgG is added to the wells and the plate is incubated. The Conjugate will react with IgM and/or IgG antibody immobilized on the solid phase in step 1. The wells are washed to remove unreacted Conjugate.
3. The microwells containing immobilized peroxidase Conjugate are incubated with peroxidase Substrate Solution. Hydrolysis of the Substrate by peroxidase produces a color change. After a period of time the reaction is stopped and the color intensity of the solution is measured photometrically. The color intensity of the solution depends upon the antibody concentration in the original test sample.

**TEST SYSTEM COMPONENTS**

**Materials Provided:**

Each Test System contains the following components in sufficient quantities to perform the number of tests indicated on the packaging label. **NOTE: The following components contain Sodium Azide as a preservative at a concentration of <0.1% (w/v): Controls, Calibrator and Sample Diluent.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component** |  | **96 Tests.bmp** | **480 Tests.bmp** | **Description** |
|  |  |  |  |  |  |
| **PLATE** |  |  1 |  5 | Plate: 96 wells configured in twelve, 1x8-well, strips coated with inactivated *B. burgdorferi* (B31 Strain) antigen. The strips are packaged in a strip holder and sealed in an envelope with desiccant. |
|  |  |  |  |  |  |
| **CONJ** |  |  1 |  5 | Conjugate: Conjugated (horseradish peroxidase) goat anti-human IgG/IgM in 15mL, white-capped bottle(s). Ready to use. |
|  |  |  |  |  |  |
| **CONTROL** | **+** |  | 1 | 2 | Positive Control (Human Serum): 0.35mL, red-capped vial(s). |
|  |  |  |  |  |  |
| **CAL** |  | 1 | 4 | Calibrator (Human Serum): 0.5mL, blue-capped vial(s). |
|  |  |  |  |  |  |
| **CONTROL** |  **-** |  | 1 | 2 | Negative Control (Human Serum): 0.35mL, green-capped vial(s). |
|  |  |  |  |  |  |
| **DIL** |  **SPE** |  | 1 | 4 | Sample Diluent: 30mL, green-capped, bottle(s) containing Tween-20, bovine serum albumin and phosphate-buffered-saline. Green solution. Ready to use. |
|  |  |  |  |  |  |
| **SOLN** | **TMB** |  | 1 | 5 | TMB: 15mL, amber-capped, amber bottle(s) containing 3, 3’, 5, 5’ - tetramethylbenzidine (TMB). Ready to use. |
| **SOLN** |  **STOP** |  | 1 | 3 | Stop Solution: 15mL, red-capped, bottle(s) containing 1M H2SO4, 0.7M HCl. Ready to use. |
|  |  |  |  |  |  |
| **WASHBUF** |  **10X** |  | 1 | 5 | Wash Buffer Concentrate (10X): Dilute 1 part concentrate + 9 parts deionized or distilled water. 100mL, clear-capped, bottle(s) containing a 10X concentrated phosphate-buffered-saline and Tween-20 solution (blue solution). **NOTE: 1X solution will have a pH of 7.2 ± 0.2.** |

**NOTES:**

1. **The following components are not Test System Lot Number dependent and may be used interchangeably with the ZEUS ELISA Test Systems: TMB, Stop**

**Solution, and Wash Buffer.**

1. **Test System also contains a Component Label containing lot specific information inside the Test System box.**

**PRECAUTIONS**

1. For *In Vitro* diagnostic use.
2. Follow normal precautions exercised in handling laboratory reagents. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. Wear suitable protective clothing, gloves, and eye/face protection. Do not breathe vapor. Dispose of waste observing all local, state, and federal laws.
3. The wells of the ELISA plate do not contain viable organisms. However, consider the strips **potentially biohazardous materials** and handle accordingly.
4. The Controls are **potentially biohazardous materials**. Source materials from which these products were derived were found negative for HIV-1 antigen, HBsAg and for antibodies against HCV and HIV by approved test methods. However, since no test method can offer complete assurance that infectious agents are absent, handle these products at the Biosafety Level 2 as recommended for any potentially infectious human serum or blood specimen in the Centers for Disease Control/National Institutes of Health manual “Biosafety in Microbiological and Biomedical Laboratories”: Current Edition; and OSHA’s Standard for Bloodborne Pathogens (16).
5. Adherence to the specified time and temperature of incubations is essential for accurate results. **All reagents must be allowed to reach room temperature (20 - 25°C) before starting the assay**. Return unused reagents to refrigerated temperature immediately after use.
6. Improper washing could cause false positive or false negative results. Be sure to minimize the amount of any residual wash solution; (e.g., by blotting or aspiration) before adding Conjugate or Substrate. Do not allow the wells to dry out between incubations.
7. The Sample Diluent, Controls, and Calibrator contain Sodium Azide at a concentration of <0.1% (w/v). Sodium Azide has been reported to form lead or copper azides in laboratory plumbing which may cause explosions upon hammering. To prevent, rinse sink thoroughly with water after disposing of solution containing Sodium Azide.
8. The Stop Solution is TOXIC if inhaled, has contact with skin or if swallowed. It can cause burns. In case of accident or ill feelings, seek medical advice immediately.
9. The TMB Solution is HARMFUL. It is irritating to eyes, respiratory system and skin.
10. The Wash Buffer concentrate is an IRRITANT. It is irritating to eyes, respiratory system and skin.
11. Wipe the bottom of the plate free of residual liquid and/or fingerprints that can alter optical density (OD) readings.
12. Dilution or adulteration of these reagents may generate erroneous results.
13. Do not use reagents from other sources or manufacturers.
14. TMB Solution should be colorless, very pale yellow, very pale green, or very pale blue when used. Contamination of the TMB with Conjugate or other oxidants will cause the solution to change color prematurely. Do not use the TMB if it is noticeably blue in color.
15. Never pipette by mouth. Avoid contact of reagents and patient specimens with skin and mucous membranes.
16. Avoid microbial contamination of reagents. Incorrect results may occur.
17. Cross contamination of reagents and/or samples could cause erroneous results.
18. Reusable glassware must be washed and thoroughly rinsed free of all detergents.
19. Avoid splashing or generation of aerosols.
20. Do not expose reagents to strong light during storage or incubation.
21. Allow the microwell strips and holder to equilibrate to room temperature prior to opening. The protective envelope will protect the wells from condensation.
22. Collect the wash solution in a disposal basin. Treat the waste solution with disinfectant (i.e.: 10% household bleach - 0.5% Sodium Hypochlorite). Avoid exposure of reagents to bleach fumes.
23. Caution: Neutralize any liquid waste at an acidic pH before adding to a bleach solution.
24. Do not use ELISA plate if the indicator strip on the desiccant pouch has turned from blue to pink.
25. Do not allow the Conjugate to come in contact with containers or instruments that may have previously contained a solution utilizing Sodium Azide as a preservative. Residual amounts of Sodium Azide may destroy the Conjugate’s enzymatic activity.
26. Do not expose any of the reactive reagents to bleach-containing solutions or to any strong odors from bleach-containing solutions. Trace amounts of bleach (sodium hypochlorite) may destroy the biological activity of many of the reactive reagents within this Test System.

**MATERIALS REQUIRED BUT NOT PROVIDED**

1. ELISA microwell reader capable of reading at a wavelength of 450nm. **NOTE: Use of a single (450nm), or dual (450/620 - 650nm), wavelength reader is acceptable. Dual wavelength is preferred, as the additional reference filter has been determined to reduce potential interference from anomalies that may absorb light.**
2. Pipettes capable of accurately delivering 10 - 200µL.
3. Multichannel pipette capable of accurately delivering 50 - 200µL.
4. Reagent reservoirs for multichannel pipettes.
5. Wash bottle or microwell washing system.
6. Distilled or deionized water.
7. One liter graduated cylinder.
8. Serological pipettes.
9. Disposable pipette tips.
10. Paper towels.
11. Laboratory timer to monitor incubation steps.
12. Disposal basin and disinfectant (i.e.: 10% household bleach - 0.5% Sodium Hypochlorite).

**STORAGE CONDITIONS**

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| storage2-8.bmp | Coated Microwell Strips: Immediately reseal extra strips with desiccant and return to proper storage. After opening - strips are stable for 60 days, as long as the indicator strips on the desiccant pouch remains blue. |
| Conjugate – DO NOT FREEZE. |
| Unopened Test System, Calibrator, Positive Control, Negative Control, TMB, Sample Diluent |
| storage2-25.bmp | Stop Solution: 2 - 25°C Wash Buffer (1X): 20 - 25°C for up to 7 days, 2 - 8°C for 30 days.Wash Buffer (10X): 2 - 25°C |

**SPECIMEN COLLECTION**

1. ZEUS Scientific recommends that the user carry out specimen collection in accordance with CLSI document M29: Protection of Laboratory Workers from Infectious Disease (Current Edition).
2. No known test method can offer complete assurance that human blood samples will not transmit infection. Therefore, consider all blood derivatives potentially infectious.
3. Use only freshly drawn and properly refrigerated sera obtained by approved aseptic venipuncture procedures in this assay (14, 15). Do not use if there are any added anticoagulants or preservatives. Avoid using hemolyzed, lipemic, or bacterially contaminated sera.
4. Store sample at room temperature for no longer than 8 hours. If testing is not performed within 8 hours, sera may be stored between 2 - 8°C, for no longer than 10 days. If delay in testing is anticipated, store test sera at –20°C or lower. Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. It is the responsibility of the individual laboratory to use all available references and/or its own studies to determine stability criteria for its laboratory (17).

**ASSAY PROCEDURE**

1. Remove the individual components from storage and allow them to warm to room temperature (20 - 25°C).
2. Determine the number of microwells needed. Allow for six Control/Calibrator determinations (one Reagent Blank, one Negative Control, three Calibrators and one Positive Control) per run. Run a Reagent Blank on each assay. Check software and reader requirements for the correct Controls/Calibrator configurations. Return unused strips to the resealable pouch with desiccant, seal, and return to storage between 2 - 8°C.

|  |
| --- |
| **EXAMPLE PLATE SET-UP** |
|  | 1 | 2 |
| A | Blank | Patient 3 |
| B | Negative Control | Patient 4 |
| C | Calibrator | Etc. |
| D | Calibrator |  |
| E | Calibrator |  |
| F | Positive Control |  |
| G | Patient 1 |  |
| H | Patient 2 |  |

1. Prepare a 1:21 dilution (e.g.: 10µL of serum + 200µL of Sample Diluent) of the Negative Control, Calibrator, Positive Control, and each patient serum. Ensure that the samples are properly mixed.
2. To individual wells, add 100μL of each diluted Control, Calibrator and patient specimen. Use a different pipette tip for each sample.
3. Add 100µL of Sample Diluent to well A1 as a Reagent Blank. Check software and reader requirements for the correct Reagent Blank well configuration.
4. Incubate the plate at room temperature (20 - 25°C) for 25 ± 5 minutes.
5. Wash the microwell strips 5 times.
	1. **Manual Wash Procedure**:
6. Vigorously shake out the liquid from the wells.
7. Fill each microwell with Wash Buffer. Make sure no air bubbles are trapped in the wells.
8. Repeat steps 1. and 2. for a total of 5 washes.
9. Shake out the wash solution from all the wells. Invert the plate over a paper towel and tap firmly to remove any residual wash solution from the wells. Visually inspect the plate to ensure that no residual wash solution remains. Collect wash solution in a disposable basin and treat with disinfectant at the end of the day’s run.
	1. **Automated Wash Procedure**:

If using an automated microwell wash system, set the dispensing volume to 300 - 350µL/well. Set the wash cycle for 5 washes with no delay between washes. If necessary, the microwell plate may be removed from the washer, inverted over a paper towel and tapped firmly to remove any residual wash solution from the microwells.

1. Add 100µL of the Conjugate to each well, including the Reagent Blank well, at the same rate and in the same order as the specimens.
2. Incubate the plate at room temperature (20 - 25°C) for 25 ± 5 minutes.
3. Wash the microwells by following the procedure as described in step 7.
4. Add 100µL of TMB to each well, including the Reagent Blank well, at the same rate and in the same order as the specimens.
5. Incubate the plate at room temperature (20 - 25°C) for 10 - 15 minutes.
6. Stop the reaction by adding 50µL of Stop Solution to each well, including the Reagent Blank well, at the same rate and in the same order as the TMB. Positive samples will turn from blue to yellow. After adding the Stop Solution, tap the plate several times to ensure that the samples are thoroughly mixed.
7. Set the microwell reader to read at a wavelength of 450nm and measure the optical density (OD) of each well against the Reagent Blank. Read the plate within 30 minutes of the addition of the Stop Solution.

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| **ABBREVIATED TEST PROCEDURE** |
|  1. Dilute Serum 1:21. |
|  2. Add diluted sample to microwell - 100µL/well. |
|  3. *Incubate 25 ± 5 minutes.* |
|  4. Wash. |
|  5. Add Conjugate - 100µL/well. |
|  6.  *Incubate 25 ± 5 minutes.* |
|  7. Wash. |
|  8. Add TMB - 100µL/well. |
|  9. *Incubate 10 - 15 minutes.* |
| 10. Add Stop Solution - 50µL/well - Mix. |
| 11. READ within 30 minutes. |

**QUALITY CONTROL**

1. Each time the assay is performed, the Calibrator must be run in triplicate. A Reagent Blank, Negative Control, and Positive Control must also be included.
2. Calculate the mean of the three Calibrator wells. If any of the three values differ by more than 15% from the mean, discard that value and calculate the mean using the remaining two wells.
3. The mean OD value for the Calibrator, Positive Control, and Negative Control should fall within the following ranges:

OD Range

Negative Control ≤0.250

Calibrator ≥0.300

Positive Control ≥0.500

1. The OD of the Negative Control divided by the mean OD of the Calibrator should be ≤0.9.
2. The OD of the Positive Control divided by the mean OD of the Calibrator should be ≥1.25.
3. If the above conditions are not met the test should be considered invalid and should be repeated.
4. The Positive Control and Negative Control are intended to monitor for substantial reagent failure, but will not ensure precision at the assay Cutoff.
5. Additional Controls may be tested according to guidelines or requirements of local, state, and/or federal regulations or accrediting organizations.
6. Refer to CLSI document C24: Statistical Quality Control for Quantitative Measurement Procedures for guidance on appropriate QC practices.

**INTERPRETATION OF RESULTS**

1. **Calculations:**
2. *Correction Factor:* The manufacturer determined a Cutoff OD Value for positive samples and correlated it to the Calibrator. The Correction Factor (CF) allows for the determination of the Cutoff Value for positive samples. It will also correct for slight day-to-day variations in test results. The Correction

Factor is determined for each lot of components and is printed on the Component Label located in the Test System box.

1. *Cutoff OD Value:* To obtain the Cutoff OD Value, multiply the CF by the mean OD of the Calibrator determined above.

*(CF x Mean OD of Calibrator = Cutoff OD Value)*

1. *Index Values/OD Ratios:* Calculate the Index Value/OD Ratio for each specimen by dividing its OD Value by the Cutoff OD from step b.

|  |  |  |  |
| --- | --- | --- | --- |
| Example: | Mean OD of Calibrator | = | 0.793 |
|  | Correction Factor (CF) | = | 0.25 |
|  | Cutoff OD | = | 0.793 x 0.25 = 0.198 |
|  | Unknown Specimen OD | = | 0.432 |
|  | Specimen Index Value/OD Ratio | = | * 1. /0.198 = 2.18
 |

* 1. **Interpretations:** Index Values/OD Ratios are interpreted as follows.

|  |  |
| --- | --- |
|  | Index Value/OD Ratio |
| Negative Specimens | ≤0.90 |
| Equivocal Specimens | 0.91 - 1.09 |
| Positive Specimens | ≥1.10 |

1. An OD ratio <0.90 indicates no significant amount of IgM and/or IgG antibodies to *B. burgdorferi* detected. An additional sample should be tested within four to six weeks if early infection is suspected (5).
2. An OD ratio >1.10 is presumptively positive for IgG/M antibody to *B. burgdorferi*. Per current recommendations, the result cannot be further interpreted without supplemental Western Blot testing. Western Blot assays for antibodies to *B. burgdorferi* are supplemental rather than confirmatory because their specificity is less than optimal, particularly for detecting IgM. Results should not be reported until the supplemental testing is completed.
	1. **MTTT (2-EIA) Use and Interpretation for IgG/IgM Antibody Detection:**

In addition to being used as the first-tier immunoassay in the standard two-tier testing (STTT) method, this device may be used as a second-tier assay in the 2-EIA or modified two-tier testing (MTTT) protocol in the following way.

1. The samples must be tested first with the ZEUS ELISA *Borrelia* VlsE1/pepC10 IgG/IgM Test System.
2. All the positive and equivocal samples must then be tested with this ZEUS ELISA *Borrelia burgdorferi* IgG/IgM Test System.
3. Positive and equivocal results from the second-EIA testing should be reported as positive and interpreted as supportive evidence for the presence of IgG/IgM antibodies and exposure to *B. burgdorferi.*

**LIMITATIONS OF THE ASSAY**

* + - 1. The MTTT study was conducted using the ZEUS ELISA *Borrelia* VlsE1/pepC10 lgG/IgM Test System as the first-tier assay and the ZEUS ELISA *Borrelia burgdorferi* IgG/IgM Test System as the second-tier assay with testing performed in that order. The performance characteristics of the device have not been established for the alternate order of testing or for the use of other EIA assays in the MTTT (2-EIA) procedure.
			2. Sera from patients with other spirochetal diseases (syphilis, yaws, pinta, leptospirosis, and relapsing fever), infectious mononucleosis, or systemic lupus erythematosus may give false positive results (6). Observations of false positive reactions require extensive clinical epidemiologic and additional laboratory workups to determine the specific diagnosis. Technicians can distinguish false positive sera from syphilis patients from true *B. burgdorferi* disease positive sera by running an RPR and a treponemal antibody assay on such specimens (7).
			3. Drawing serum samples too early after onset of disease, before antibody levels have reached significant levels, results in false negative results (8). In addition, early antibiotic therapy may abort an antibody response to the spirochete (9).
			4. Interpret all data in conjunction with clinical symptoms of disease, epidemiologic data, exposure in endemic areas, and results of other laboratory tests.
			5. Do not perform screening of the general population. The positive predictive value depends on the pretest likelihood of infection. Only perform testing when clinical symptoms are present or exposure suspected.
			6. ZEUS Scientific did not establish performance characteristics of the ZEUS ELISA *Borrelia burgdorferi* IgG/IgM Test System for samples from individuals vaccinated with *B. burgdorferi* antigens.

**REFERENCES**

1. Steere AC, Taylor E, Willson ML, Levine JF, Spielman A. Longitudinal assessment of the clinical and epidemiological features of Lyme Disease in a defined population. J Infect Dis **1986**; 154:295-300.
2. Rosenfeld ME, Nowakowski J, McKenna DF, Carbonaro CA, Wormser GP. Serodiagnosis in early Lyme disease. J Clin Microbiol **1993**; 31:3090-3095
3. Steere AC, Grodzicki RL, Komblatt AN, Craft JE, Barbour AG, Burgdorfer W, Schmid GP, Johnson E, Malawista SE. The spirochetal etiology of Lyme disease. N Engl J Med **1983**;308:733-740.
4. Bakken LL, Callister SM, Wand PJ, and Schell RF. Interlaboratory Comparison of Test Results for Detection of Lyme Disease by 516 Patients in the Wisconsin State Laboratory of Hygiene/College of American Pathologists Proficiency Testing Program. J. Clin. Microbiol. **1997**;35:537-543.
5. Barbour A: Laboratory Aspects of Lyme Borreliosis. Clin Micr Rev **1988**;1:399-414.
6. Russel H, Sampson JS, Schmid GP, Wilkinson HW, and Plikaytis B. Enzyme-linked immunosorbent assay and indirect immunofluorescence assay for Lyme disease. **1984**; J Infect Dis 149(3):465-470.
7. Hunter EF, Russell H, Farshy CE, Sampson JS, Larsen SA. Evaluation of sera from patients with Lyme disease in the fluorescent treponemal antibody-absorption test for syphilis. **1986**; Sex Trans Dis 13(4):232-236.
8. Shrestha M, Grodzick RL, and Steere AC: Diagnosing early Lyme disease. **1985** Am J Med 78(2):235-240.
9. Steere AC, Hutchinson GJ, Rahn DW, Sigal LH, Craft JE, DeSanna ET, and Malawista SE. Treatment of the early manifestations of Lyme disease. **1983;** Ann Intern Med 99(1):22-26.
10. Craft JE, Grodzicki RL, Shrestha M, Fischer DK, Carcia-Bianco M, Steere AC. Antibody response in Lyme disease. **1984**; Yale J Biol Med 57(4):561-565.
11. Dammin GJ: Lyme Disease: Its transmission and diagnostic features. **1986**; Lab Mgmt. 24:33.
12. Steere AC, Malawista SE, Bartenhagen NH, Spieler PN, Newman JH, Rahn DW, Hutchinson GJ, Green J, Snydman DR, Taylor E. The Clinical Spectrum and Treatment of Lyme disease. Yale J Biol Med **1984**; 57(4):453-461.
13. Reik L, Smith L, Khan A, and Nelson W. Demyelinating encephalopathy in Lyme disease. **1985**; Neurology 35(2):267-269.
14. Procedures for the collection of diagnostic blood specimens by venipuncture: NCCLS Procedure H3; Approved Standard.
15. Procedures for the Handling and Processing of Blood Specimens. NCCLS Document H1, Approved Guideline.
16. U.S. Department of Labor, Occupational Safety and Health Administration. Final Rule; 21CFR 1910.1030.
17. Procedures for the Handling and Processing of Blood Specimens for Common Laboratory Tests; Approved Guidelines – 4th Edition (2010). CLSI Document GP44-A4 (ISBN 1-56238-724-3). Clinical and Laboratory Standards Institute, 950 West Valley Road, Suite 2500, Wayne, PA 19087.
18. Branda JA, *et al*. Two-Tiered Antibody Testing for Lyme Disease With Use of 2 Enzyme Immunoassays, a Whole-Cell Sonicate Enzyme Immunoassay Followed by a VlsE C6 Peptide Enzyme Immunoassay. Clin Infect Dis **2011**; 53:541–547.
19. Mollins CR, *et al.* Lyme Boreliosis Serology: Performance of Several Commonly Used Laboratory Diagnostic Tests and a Large Resource Panel of Well Characterized Patient Specimens. J Clin Microbiol **2016**; 54:2726-2734.
20. Branda JA, *et al.* Advances in Serodiagnostic Testing for Lyme Disease Are at Hand. Clin Infect Dis **2018**; Mar 19;66(7):1133-1139

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