



1. Intended Use	Code: KE09020
<p>The kit "MutaGEL® HLA-DQ 2+8" allows the detection of the genetic profile determining human HLA class II serotypes DQ2 and DQ8 (MHC system). This is done by detection of specific HLA-alleles coding for DQ2 resp. DQ8 (DQA1*05 + DQB1*02 and DQA1*03 + DQB1*0302) - but exclusively in the allele combination leading to these haplotypes (DQ2 resp. DQ8). This kit is not for single independent allele typing (and not comparable with photo-typing method). For in vitro diagnostic use only.</p>	

2. Introduction
<p>Coeliac disease (CD) / gluten intolerance (GI) is one of the most often chronic gastrointestinal diseases. The disease is characterised intolerance for gliadin fractions in wheat or analogous proteins in other cereals. The intake of gluten with food causes by patients chronic but reversible damages of the gastrointestinal mucous membrane which finally manifests histological in villous atrophy of the small intestine. CD/ GI is genetically strong associated with the alleles DQA1*05 (=0501)/ DQB1*02 (=0201 and 0202) and DQA1*03 (=0301, 0302, =03**) / DQB1*0302.</p> <p>Endemic Sprue (ES) – in childhood called celiac disease (CD) – leads finally to villous atrophy as consequence of immune-reactions against own proteins: ES is therefore (in contrary to bacterial caused tropic sprue) an autoimmune disease developing antibodies against own body proteins (e.g. transglutaminases or the endomysium) by persons sensible for ingredients of cereals (oats in small dimension).</p> <p>Sensible are all persons with the inherited specificity DQ2 and/ or DQ8 of the own-/ foreign- discrimination system HLA (= MHC), which is in case of ES are therefore present in superiority ($\geq 95\%$ of Finish, 97% of Italian and 100% of Netherland patients) and in normal healthy persons (Europe) about 25 – 40%. This is the reason why CD/ ES is one of the most (often undetected) disease. The chronic damages of the small intestine manifest often during 6th and 18th month. The disease is and not limited exclusively to children and also extra intestinal manifestations are described.</p> <p>In many patients it is possible to measure the auto-antibodies. But the analysis of the HLA-serotype DQ2 and DQ8 determining genetic profile (mutations A1*05/ B1*02 =DQ2 and A1*03/ B1*0302 =DQ8) possesses much higher sensitivity. Therefore, the PCR test MutaGEL® HLA DQ 2+8 is used for exclusion of suspicious diagnosis for GI/ ES.</p>

3. Principle of the Test
<p>The kit „MutaGEL HLA-DQ 2+8“ contains sets of primers which amplify the DQ2-alleles DQA1*0501, DQB1*02 and DQ8-alleles DQA1*03, B1*0302. The primer sets are prepared in two separate mixes and can be used for PCR directly with the extracted sample gDNA. The resulting amplification products are subsequently identified with gelelectrophoretic methods. Additionally, an included internal control proofs (especially in absence of the analysed alleles) the correct performance of PCR in each single reaction.</p>

4. Material Supplied (for 24 determinations)
<ul style="list-style-type: none"> ▪ PCR-Mix A (DQ2) 1 x 550 µl (brown) reagents for DQ2-specific allele combination (A1*05 with B1*02) <i>hot start</i> amplification. ▪ PCR- Mix B (DQ8) 1 x 550 µl (blue) reagents for DQ8-specific allele combination (A1*03 with B1*0302) <i>hot start</i> amplification. ▪ Positive control DNA 1 x 40 µl (red) aqueous solution of human DNA with the (cloned) DNA of HLA-DQ2 gene region ▪ Negative control 1 x 100 µl (white) pure PCR water (deionized) ▪ Gel loading buffer 1 x 250 µl (transparent) 5 x concentrated loading buffer (extra heavy) with bromphenol-blue (without Xylencyanol).

5. Materials Required but not Supplied
<ul style="list-style-type: none"> ▪ DNA extraction kit (e.g. MutaCLEAN® DNA Blood, Code: KBR3005) ▪ thermal cycler + mineral oil or PCR-wax (optional for thermal cycler without heated lid) ▪ pipettes (0.5 - 200 µl) and sterile pipette tips (with filter) ▪ sterile micro tubes (for master mix preparation) and suitable PCR tubes ▪ reagents and instruments for gel electrophoresis (electrophoresis buffer (TBE), chamber, power supply)

6. Storage and Stability
<p>Store at $\leq -18^{\circ}\text{C}$. The reagents are stable in the unopened micro tubes until the expiration date indicated (see print on the package). <i>Before use:</i> Spin tubes briefly before opening to collect all solutions at the bottom of the tube (contents may become dispersed during shipment).</p>

7. Warning and Precautions
<ul style="list-style-type: none"> ▪ For in vitro diagnostic use only. ▪ Test should only be performed only by skilled persons considering GLP (Good Laboratory Practice) guidelines. ▪ Don't use the kit after its expiration date and dispose all reagents and test components included in the kit in conventional garbage. ▪ PCR technology is extremely sensitive. The amplification of a single DNA molecule generates million identical copies. Therefore set up three separate working areas for a) sample preparation, b) PCR reagent preparation and c) DNA detection. For each working area a different set of pipettes should be reserved. ▪ Wear separate coats and gloves in each working area. Routinely decontaminate your pipettes and the laboratory benches. ▪ Use sterile filter tips and special PCR pipettes for aerosol free pipetting. Avoid aerosols (especially during opening of the reagent tubes).

Procedure
<p>The complete procedure is divided in three steps: 1. Sample preparation (extraction of genomic DNA). 2. Amplification with both primer sets specific for the HLA DQ2- resp. DQ8- PCR (in parallel with both mixes) and 3. Analysis of genotype by gel electrophoresis of generated amplification products.</p>



8. Sample Preparation

Use total genomic DNA as template and extract (e. g. from 200 µl of whole blood) by use of a commercial available DNA extraction kit according to the manufacturer's manual. Start immediately with the amplification procedure (PCR) or store the extracted DNA at ≤ -18°C.

9. Amplification

Every set of amplifications should include a positive control (PC) as well as a negative control (NC).

For each single sample, PC and NC prepare the following Master Mix **separately for each** of both primer mixes **A (DQ2) + B (DQ8)**; multiply the volumes necessary for each reaction with the number **N** of reactions and add 10% more volume:

PCR Reagents	Total Reaction Volume: 25 µl	Master Mix Volume
PCR Master Mix A (DQ2) resp. B (DQ8)	20 µl	20 µl x (N+10%)
<ul style="list-style-type: none"> aliquot 20 µl of (each) prepared Master Mix A (DQ2) and B (DQ8) in two different PCR reaction tubes. Samples: add 5 µl of the extracted DNA (about 30 ng/ µl) into the corresponding PCR tube. Positive control: add 5 µl of HLA DQ2+8 positive control DNA to the corresponding Master-Mix for positive control references (DQ2 resp. DQ8). Negative control: add 5 µl of PCR water to the Master-Mix for negative reference. transfer the micro tubes into the thermal cycler and perform the following amplification protocol. Due to the high number of close related HLA genes should be used the described "touch down" cycling protocol (leading to high sequence specificity). Alternative, you may also use a PCR protocol with 40 cycles and the annealing temperature of 66°C which is somewhat less stringent (+ do not forget <i>hot start</i> Taq enzyme activation!). 		
Initial phase:	95°C for 15 min (activation for <i>hot start</i> Taq enzyme)	
5 Cycles	95°C for 30 sec / 70°C for 30 sec / 72°C for 1 min	
5 Cycles	95°C for 30 sec / 65°C for 30 sec / 72°C for 1 min	
30 Cycles	95°C for 30 sec / 59°C for 30 sec / 72°C for 1 min	
Strand prolongation	74°C for 10 min	
Final Phase:	15°C for 10 min , resp. RT (cooling)	

10. Detection of the amplified DNA and Interpretation of the Results (Analysis of Genotype)

- Carry out a gel electrophoresis in **2 %** agarose for about **100 Vh** (e.g. 70 min 116 volts) in 1x TBE-Buffer: mix about **15 µl** of each PC reaction with **4 µl** loading buffer (for each extracted DNA are two lanes necessary in order to detect the DNA fragments generated from both primer mixes **A** and **B**) = two lanes per patient). The length of the amplified DNA fragments can be equalized with suitable molecular-weight standards. The separated DNA is coloured in **ethidium bromide-** or **SybrGreen-** bath (5 µg/ ml) for about **5 - 10 min** and visualised under **UV light (312 nm)**. The received DNA-band pattern could be visualized (the gel loading buffer in the kit does not contain Xylocyanol which would cover the upper diagnostic relevant DNA bands) and subsequently (photo-) documented.
- The PCR generates for positive control (and in presence of corresponding HLA DQ2- resp. DQ8- **allele combination** in the samples) for **test A (DQ2)** DNA fragments of **119 bp** and **204 bp** (corresponding to alleles A1*05 resp. B1*02). For **test B (DQ8)** DNA-fragments have sizes of **124 bp** and **213 bp** (corresponding to alleles B1*0302 resp. A1*03). Their amplification is evaluated "positive" only if **bands of alleles** are coloured with **equal (strong) intensity** (means only **in combination** as identical stained double-band).
- IMPORTANT:** a **positive haplotype result** (for DQ2 resp. for DQ8) is given only with simultaneous occurrence of **both** HLA bands from each reaction – possibly visible single bands (even when „distinct“) shall not be considered as a „positive finding“!
- The amplification product of **internal control** (contained in each PCR-Mix) is **400 bp**: it is detected on principle in each PC reaction, at least in case of no further amplification products. But this internal control may be **weak** (or lack at all) when clinical relevant DQ2-/ DQ8- alleles are present.

GENOTYPE	Length of amplicates (in base pairs)	Potential Clinical Picture
DQ2 / -	400 (IC) 204 / 119	GS / ES
- / DQ8	400 (IC) 213 / 124	GS / ES
DQ2 / DQ8	400 (IC) 213 / 204 / 119 / 124	GS / ES
- / -	400 (IC)	NO with GS associated disease

The **Positive Control DNA** possesses genotype **HLA-DQ2 / DQ8** and the **negative control** does **not** generate any amplicate.

The **Samples** could show **following results** (s. also table):

- Case 1: test A** and **test B** are **both positive**, means each shows **both** specific bands (**all together 4**; with internal control 6). **Finding:** the sample contains one (or two) DQ2- and one (or two) DQ8- mutations associated with gluten sensitivity and endemic sprue/ celiac disease. The patient has **HLA type DQ2/ DQ8** and he **can** under viewpoint of his HLA group develop **gluten sensitivity (GS)** and **endemic Sprue (ES)**.
- Case 2: test A** is **positive** and **test B** is **negative**, means **test A** has **both** specific DNA bands und test B has (except 400 bp control band) only one or no specific band. **Finding:** the sample contains one (or two) DQ2- mutation but no DQ8- mutation. The patient has the **HLA type DQ2** and he **can** under viewpoint of his HLA group develop **gluten sensitivity (GS)** and **endemic Sprue (ES)**.
- Case 3: test A** is **negative** and **test B** is **positive**, means test A has (except 400 bp control band) only one or no DNA band and test B has **both** specific bands. The patient has **HLA type DQ8** and **can** under viewpoint of his HLA group develop **gluten sensitivity (GS)/endemic Sprue (ES)**.
- Case 4: test A** and **test B** are **both negative**, means neither test A nor test B show both specific DNA bands but only each the 400 bp internal control band. **Finding:** The patient has **any other HLA type** as mentioned above and does not (with high probability: ≥ 95 % up to 100 %) **no** endemic sprue (s. introduction), means a **gluten sensitivity** can be **excluded** nearly completely.

11. Restrictions

The PCR results for all positive controls in DNA fragments of indicated length and for the samples at least in the internal control fragment (400 bp). If this is not the case, the sample must be tested a second time or the complete analysis must be repeated with freshly isolated DNA. If there are no positive control DNA fragments present, the amplification was incorrect and the chosen PCR conditions have to be proven/ corrected. The gel-electrophoretical interpretation is suited only for the mentioned purpose and not for typing of single alleles despite of DQ2-/ DQ8- question (analysis for celiac disease predisposition) because **only** (!) the combined occurrence of both alleles means "positive finding"!

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