## ANTI-O-STREPTOLYSIN (ASO-ASL)

### Qualitative and semiquantitative determination of anti-o-streptolysin by agglutination to latex

**TEST SUMMARY**

Anti-O-Streptolysin antibodies contained in the serum, produce agglutination of latex particles coated with O-Streptolysin.

**SAMPLES**

Fresh serum. Stability 7 days at 2-8°C. For longer periods of time it is recommended to freeze samples at -20°C. Frozen samples must be totally unfrozen and brought to room temperature before using. Samples in which turbidity is observed must be cleared by centrifugation before being analysed.

**REAGENTS**

Latex
- Latex particles coated with O-Streptolysin; conservative and stabilizer.
- Positive control
  - Human base stabilized solution of anti-O-streptolysin antibodies with a titre that gives a clear agglutination.
- Negative control
  - Proteic solution not reactive with latex.

All reagents contain 0.095% of sodium azide.

**REAGENTS PREPARATION AND STORAGE**

Reagents are ready for the use. The latex suspension must be resuspended with much care. When the suspension becomes homogeneous by sweet inversion, it is necessary to fill and to empty the dosage’s pipette many times.

Stability: the components of this kit will remain stable until the expiration date stated on the label, when stored at 2-8°C. Do not freeze.

**Semiquantitative Procedure**

In case of positivity it is opportune to titre semiquantitatively the serum.

**EXPECTED VALUES**

95% of healthy adults have ASO titres of 200 IU/ml or less, the highest titres have been found in school children with titres up to 250 IU/ml. Since a single ASO determination does not provide much information unless it is high, titrations at bi-weekly intervals for 4 to 6 weeks of the doubtful cases are advisable to follow the evolution of the disease. The ASO titres resulting from ordinary streptococcal infections and acute rheumatic fever differ in that the titre of the alter condition is usually much higher and persists for a longer period of time.

**CLINICAL SIGNIFICANCE**

Elevated ASO serum titres occur in response to infection with hemolytic streptococci of group A, C and G, producers of streptolysin O, an extracellular protein of enzymatic character with strong antigenic properties. Immunochemical assay of these specific antibodies to streptococcal metabolites provide valuable information to establish a diagnosis of streptococcal infections (acute rheumatic fever, glomerulonephritis).

**NOTE**

- If reaction’s times are bigger than 2 minutes, they may cause a supervaluation of samples concentrations.
- Human sera used in controls have been found negative in the reaction with HIV and HBsAg. However, they should be handled with care.
- If the results are incompatible with clinical presentation, they have to be evaluated within a total clinical study.

**CALIBRATION**

Positive and Negative control sera should be always used to distinguish an eventual background’s agglutination of reactive.

**TEST PERFORMANCE**

**Sensitivity**

Test gives positive results as from concentrations of 200 IU/ml.

Not happened phenomenon of prozone in ASO concentrations studied until 1500 IU/ml.

**Specificity**

A comparison with an available commercial method gave following results on 118 samples compared, giving a specificity ~ 96%.

**WASTE DISPOSAL**

Product is intended for professional laboratories. Waste products must be handled as per relevant security cards and local regulations.

**REFERENCES**


**SYMBOLS**

- IVD: Only for IVD use
- LOT: Lot of manufacturing
- REF: Code number
- °C: Storage temperature interval
- Exp: Expiration date
- W: Warning, read enclosed documents
- D: Read the directions
- B: Bilogical risk

**Manufacturer**

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