



PCRRun®

Canine Ehrlichia Molecular Detection Kit

Cat. No.30CEH116/30CEH148

For *in vitro* veterinarian diagnostic use only

User Manual

INTENDED USE

PCRRun® Canine Ehrlichia Molecular Detection Kit is intended for detection of *Ehrlichia canis* in **DNA** isolated from canine **whole blood** and **bone marrow**. The kit can be used for detection of acute infections. It contains all the disposable components required for performing an easy and accurate test.

PRINCIPLE

PCRRun® is a molecular assay based on isothermal amplification of part of the 16s rDNA gene. It is intended for the qualitative detection of *Ehrlichia canis*. This kit is designed to be used with a compatible PCRRun® Reader.

STORAGE AND HANDLING

- Storage 2-25°C (room temperature or refrigerated).
- Avoid exposure to direct sunlight.
- Do not use beyond expiration date stated on the package label.
- Do not freeze!

Precautions:

- The PCRRun® assay is not to be used on the specimen directly. An appropriate nucleic acid extraction method must be conducted prior to using this kit.
- In order to avoid the introduction of contaminating DNA into the reaction, clean laboratory examination gloves must be worn while performing the test.
- Open and remove the PCRRun® reaction tubes from the sealed pouches only immediately prior to their use.
- **Return unused PCRRun® reaction tubes to the original aluminum packet together with the desiccator and seal the zip-lock tightly.**
- Do not use kit if the pouch or the components are damaged.
- Each component in this kit is suitable for use only with a specific lot number. Components have been quality control approved as a standard batch unit. Do not mix components from different lot numbers.
- Employ accepted sanitary procedures designated for biological and molecular waste when handling and disposing of the reaction tubes.

BACKGROUND

Ehrlichia is a Gram-negative coccobacillus obligate intracellular bacterium with tropism for hematopoietic cells. Canine monocytic ehrlichiosis (CME) is primarily caused by *E. canis* and its principle vector is the tick, *Rhipicephalus sanguineus*⁽¹⁾. CME is a potentially fatal disease that requires early diagnosis in order to initiate the correct therapy necessary for a good prognosis.

Ehrlichiosis is characterized by an incubation period of 8 to 20 days, followed by acute, subclinical and in some cases, chronic phases. Thrombocytopenia is considered to be the

most common and consistent hematological abnormality of dogs infected with *E. canis*, but the disease can display a wide variety of clinical signs such as depression, lethargy, weight loss, anorexia, pyrexia, lymphadenomegaly, splenomegaly and hemorrhagic diathesis. Thrombocytopenia, mild anemia and mild leukopenia are apparent during the acute stage; mild thrombocytopenia in the subclinical stage; and pancytopenia in the severe chronic stage. Hypoalbuminemia, hyperglobulinemia, and hypergammaglobulinemia are the main biochemical abnormalities⁽²⁾.

Dogs with mild clinical signs or in the acute stage of illness show dramatic improvement in clinical and hematologic parameters within 24 to 48 h after therapy is instituted, while dogs with chronic ehrlichiosis have a poor prognosis.

DIAGNOSIS

A combination of lab tests along with clinical signs and history are used to make a diagnosis. Diagnostic tests include microscopic examination of blood smears, indirect fluorescent antibody (IFA), enzyme-linked immunosorbent assay, ELISA ImmunoComb and molecular analysis such as polymerase chain reaction (PCR).

Experience is required to correctly microscopically identify the presence of morulae in blood monocytes. The pathogen inclusions are transient, but if observed, a diagnosis can be confirmed.

Serum antibodies have been detected as early as 7 days after initial infection, but some dogs may not become seropositive until 28 days after infection. Clinical signs of disease usually occur before the development of serum antibodies and in some cases when acutely infected dogs are immunosuppressed, antibody test results can be negative. Serum titers reflect the quantity of antibodies present in a serum sample; however, titers do not always correlate with the duration of infection or the severity of disease. It must be noted that elevated antibodies to *Ehrlichia* is a strong indication of exposure to the pathogen. PCRRun® molecular analysis can detect clinical disease before seroconversion. It is the consensus of the American College of Veterinary Internal Medicine that molecular analysis should be used in conjunction with serology for the initial diagnosis of ehrlichiosis in untreated animals. In addition, PCR should be employed to monitor the stages of treatment and post antimicrobial therapy.⁽³⁾

KIT CONTENTS

Components	16 Test Kit	48 Test Kit
PCRRun® strip of 8 lyophilized <i>Ehrlichia</i> single reaction tubes	2	6
PCRRun® buffer to re-dissolve lyophilized reaction pellets	2 Vials, 200 µl	6 Vials, 200 µl
PCRRun® lyophilized <i>Ehrlichia</i> positive control	1 Vial	1 Vial
Buffer to reconstitute and dilute positive control.	1 vial, 800 µl	1 vial, 800 µl

EQUIPMENT TO BE SUPPLIED BY USER:

- DNA extraction kit suitable for use with PCR reactions
- PCRRun® Reader acquired from Biogal
- Timer
- Small scissors
- Fine tipped permanent marker
- Protective laboratory gloves
- Accurate laboratory pipettes with aerosol barrier tips.

SAMPLE COLLECTION, STORAGE AND TRANSPORT

The kit is suitable for detecting nucleic acid extracted from whole blood and bone marrow employing most DNA extraction kits designed for use with PCR. Samples can be collected in EDTA, heparin or sodium citrate. Blood anticoagulants have a substantial consequence on PCR reactions therefore it is imperative that the optimal volume of blood is collected as indicated on the tube.

For best results, recently acquired samples and freshly prepared DNA extracts are recommended for use with the PCR[®] kit.

Unless otherwise recommended, samples and DNA extracts can be maintained at 2-8°C for up to 24 hours or -20°C for an extended period of time.

PROTOCOL - PCR[®] REACTION

1. Prepare a clean working area for the assay. Work area should be decontaminated with commercial household bleach (3.5%) diluted 1:10 with water.

2. Prepare all parts of the assay:

- ✓ Extracted DNA sample
- ✓ Pouch with reaction tubes
- ✓ PCR[®] buffer
- ✓ Pipettors for dispensing 5, 15 and 500 µl volume
- ✓ PCR[®] Positive Control
- ✓ Positive Control Dilution Buffer
- ✓ Fine tipped permanent marker
- ✓ PCR[®] Reader (Please refer to the PCR[®] Reader Instruction Manual for operating directions)

3. Positive Control

A positive control is supplied with the kit. It is recommended that a positive control be run at the same time as the PCR[®] reactions.

Dilution to final concentration of 10⁶ copies/5 µl .

a. Add 500 µl Positive Control Dilution Buffer to the vial containing the lyophilized pellet. Vortex the vial and allow to stand 5 min at room temperature. Vortex again. The vial contains 10⁶ copies of the target gene/5µl. Label the tube with the concentration. This dilution will be employed as the positive control.

b. Use 5 µl of the positive control in place of the DNA sample for PCR[®] positive control reactions. It is not advisable to repeatedly freeze and defrost the Positive Control. The remainder of solution should be aliquoted into small volumes and maintained at -20° C for later use.

The positive control can be a source of contamination therefore maximum attention must be applied to ensure that the positive control does not come in contact with any other kit components. The positive control should be added to the reaction tube following completion of the test samples.

4. Switch on the PCR[®] Reader and note that it is adjusted to 60°C. Once the PCR[®] Reader has reached the target temperature, continue with the reaction.

5. Remove the PCR[®] strip from its protective pouch. Take care to return the unused tubes to the aluminium envelope and seal completely with zip-lock to maintain a dry environment. Eight individual reaction tubes are connected by a thin plastic spacer. Employing a small clean scissors, disconnect the

required number of tubes without disturbing the lids. Tap the tubes lightly on a surface and observe that the small white pellet is located on the bottom of the tube.

6. Label the lid of the tubes clearly for sample identification.

7. Carefully open the lid of the reaction tubes, one at a time. Dispense 15 µl of PCR[®] Buffer to each reaction tube. Close the lid and incubate the mixture at room temperature for 1 minute to allow the pellet to completely dissolve.

8. Add 5 µl of DNA sample into the PCR[®] reaction tube and mix thoroughly. Close the lid of the tube firmly and tap the tube on a surface to bring all the fluid to the bottom of the tube.

9. Place the reaction tube into the PCR[®] Reader which has been pre heated to 60°C and incubate for exactly 1 hour. Do not open the tube cover during or at the end of the incubation period.

ANALYSIS OF PCR[®] REACTION

After one hour incubation, final results of each reaction will appear on the touch screen. Follow instructions found in the manual accompanying the PCR[®] Reader.

LIMITATIONS

As with any diagnostic kit, the results obtained must be used as an adjunct to other clinical and laboratory findings. The accuracy of the test results depends on the quality of the sample and adherence to protocol. A negative result may be obtained if the specimen is inadequate or target pathogen concentration is below the sensitivity of the test.

Animals undergoing antibiotic treatment will most likely display a negative PCR result.

ANALYTICAL SENSITIVITY

The PCR[®] reaction can detect 10³ copies of the target gene in pure DNA.

REFERENCES

1. Human *Ehrlichiosis* and *Anaplasmosis*. Ismail, Nahed, Karen C. Bloch, and Jere W. McBride. Clinics in Laboratory Medicine 30.1 (2010): 261-92
2. Demonstration of serum antiplatelet antibodies in experimental acute canine *Ehrlichiosis*. Waner T., Harrus S., Weiss D. J., Bark H., Keysary A. (1995) Vet. Immunol. Immunopathol. 48:177-182.
3. Consensus Statement on Ehrlichial Disease of Small Animals from the Infectious Disease Study Group of the ACVIM
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