

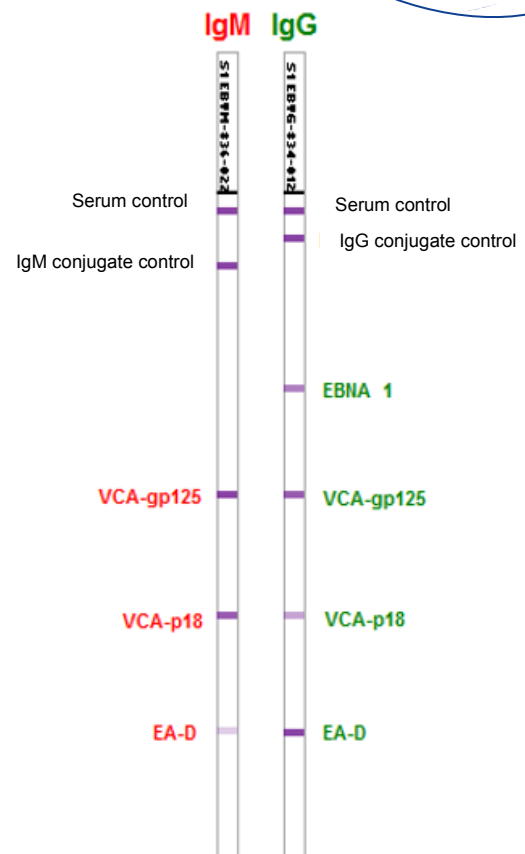
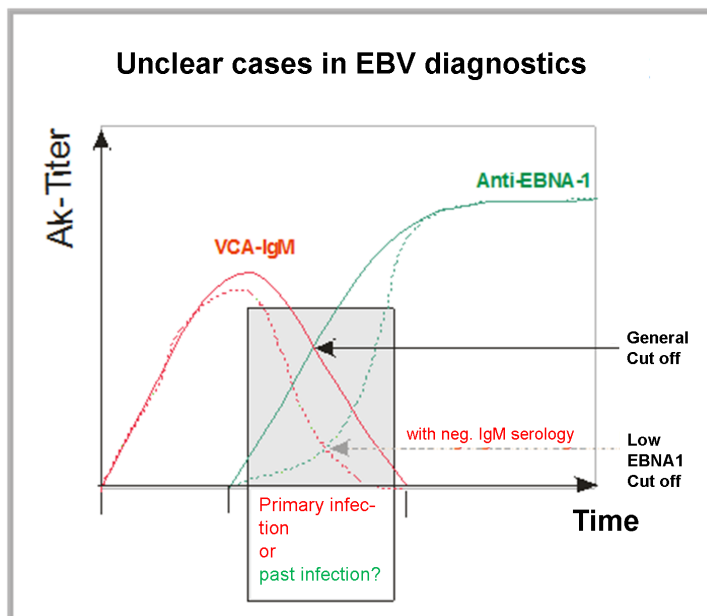
Quelle: www.fotolia.com

VIROTECH EBV IgG & IgM LINE Immunoblot

Advantages of the EBV LINE:

- ▼ **High sensitivity & specificity** due to the use of **synthetic peptides**
- ▼ **Clear differentiation** between primary and past infection through **Double Cut off strategy**

With Double-Cut off



General Cut off:

In the case of **positive IgM serology**, EBNA1 IgG assessment is based on the **general Cut off** (p18 band of Cut off control). Thus, a late-stage with still reactive IgM serology, which has just begun, is not erroneously diagnosed as an expired infection, but as a **primary infection**.

Low EBNA1 Cut off:

In the case of **negative IgM serology**, the EBNA1 IgG assessment is based on the **lower EBNA1 Cut off** (EBNA1 band of Cut off control). Thus, at the end of the primary stage, a possibly weak reaction of EBNA1 is not missed and wrongly evaluated as negative, but evaluated positive as EBNA1 and thus as a **past infection**.

Order No.:

IgG: WE102G32 / WE102G96, 32 / 96 IgG determinations
IgM: WE102M32 / WE102M96, 32 / 96 IgM determinations



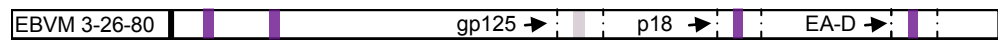
Double-Cut off strategy

Case studies

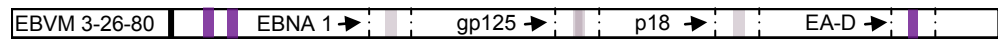
Serum 1

Clinically characterized serum of the primary stage (consulting laboratory Dr. Gärtner, Homburg/Saar)

IgM positive



IgG positive



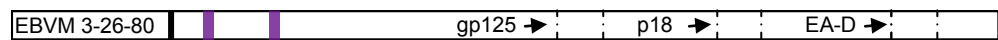
Due to the **positive IgM serology** (gp125, p18 and EA-D pos.) the general Cut off (p18) is selected for the EBNA1 IgG assessment. Since the reactive **EBNA1 band** is below the Cut off, it is judged **negative** and supports the finding: **Primary infection**

Based only on the positive IgG assessment of gp125 and EA-D (p18 negative, since < Cut off) a clear statement could not be made.

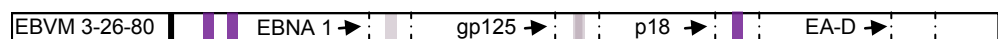
Serum 2

Clinically characterized serum of an expired infection (consulting laboratory Dr. Gärtner, Homburg/Saar)

IgM negative



IgG positive



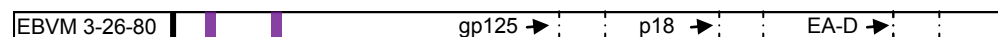
Due to the **negative IgM serology**, low Cut off (EBNA1) is selected for the EBNA1 IgG assessment. As the reactive **EBNA1 band** \geq is the Cut off band, it is evaluated as **positive** and together with the positive p18 in the IgG it secures the finding: **past infection**

The positive gp125 generally indicates an EBV infection.

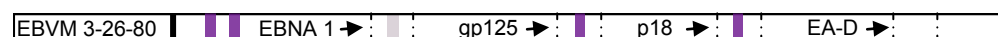
Serum 3

Clinically characterized CMV-IgM positive serum with nonspecific EBV-IFT result: VCA-IgG positive and EBNA1 negative/negative (Borderline) (consulting laboratory Dr. Gärtner, Homburg/Saar)

IgM negative



IgG positive



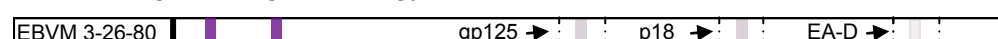
Due to the **negative IgM serology**, low Cut off (EBNA1) is selected for the EBNA1 IgG assessment. As the reactive **EBNA1 band** is \geq the Cut off band, it is evaluated as **positive** and together with the positive p18 in the IgG it secures the finding: **past infection**

The positive gp125 generally indicates an EBV infection.

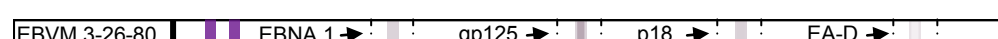
Serum 4

Critical routine serum with positive IgG and IgM serology

IgM positive



IgG positive



Due to the **positive IgM serology** (gp125 and p18 pos.), the general Cut off (p18) is selected for the EBNA1 IgG assessment. Since the reactive **EBNA1 band** is \geq the Cut off band, it is assessed as **positive** and, together with the positive p18 in the IgG, validates the finding: **past infection**

Without the positive EBNA1 IgG assessment, the finding would be unclear. The positive gp125 generally indicates an EBV infection.

F_WE102_20180312-17e