

**Hantavirus Renal Syndrome Typing I&II Real Time RT-PCR Kit**  
User Manual

**LT039800RQ50**

For use with ABI Prism® 7000/7300/7500/7900/Step One Plus; iCycler iQ™4/iQ™5; Smart Cycler II; Bio-Rad CFX 96; Rotor Gene™ 6000; Mx3000P/3005P/MJ-Option2/ Chromo4; LightCycler™ 480 Instrument

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**1. Intended Use**

Hantavirus Renal Syndrome General-type I&II real time RT-PCR kit is used for the detection of Hantavirus Renal Syndrome type I&II in serum by using real time PCR systems.

**2. Principle of Real-Time PCR**

The principle of the real-time detection is based on the fluorogenic 5' nuclease assay. During the PCR reaction, the DNA polymerase cleaves the probe at the 5' end and separates the reporter dye from the quencher dye only when the probe hybridizes to the target DNA. This cleavage results in the fluorescent signal generated by the cleaved reporter dye, which is monitored real-time by the PCR detection system. The PCR cycle at which an increase in the fluorescence signal is detected initially is proportional to the amount of the specific PCR product. Monitoring the fluorescence intensities in real-time allows the detection of the accumulating product without having to re-open the reaction tube after the amplification.

**3. Product Description**

Hantaviral diseases in humans are caused by a group of closely related, trisegmented, negative-sense RNA viruses of the genus Hantaanvirus, of the family Bunyaviridae. The type and severity of the disease depends largely on the serotype of the virus involved. Two classes of hantavirus-associated illnesses have been described: HFRS for the disease in which the kidneys are primarily involved, and HPS for the disease in which the lungs are primarily affected. The recent data concerning the pathogenesis of Hantavirus infection (e.g. Sherif R. Zaki) confirm that the basic necroinflammatory changes in the infection develop in the blood vessels. The endothelium is the internal cover of the blood vessels and the largest endocrine and metabolic organ of the human body. Its role is to maintain the balance which has the fundamental importance in the life.

The Hantavirus Renal Syndrome General-type I&II real time RT-PCR kit contains a specific ready-to-use system for the detection of the Hantavirus Renal Syndrome General-type I&II using RT-PCR (Reverse Transcription Polymerase Chain Reaction) in the real-time PCR system. The master contains a Super Mix for the specific amplification of the Hantavirus Renal Syndrome General-type I&II RNA. The reaction is done in one step real time RT-PCR. The first step is a reverse transcription (RT), during which the Hantavirus Renal Syndrome General-type I&II RNA is transcribed into cDNA. Afterwards, a thermostable DNA polymerase is used to amplify the specific gene fragments by means of PCR (polymerase chain reaction). Fluorescence is emitted and measured by the real time systems' optical unit during the PCR. The detection of amplified Hantavirus Renal Syndrome type I&II DNA fragment is performed in fluorimeter channel FAM with the fluorescent quencher BHQ1. In addition, the kit contains a system to identify possible PCR inhibition by measuring the HEX/VIC/JOE fluorescence of the internal control (IC). An external positive control defined as  $1 \times 10^7$  copies/ml is supplied which allow the determination of the gene load. For further information, please refer to section 9.3 Quantitation.

**4. Kit Contents**

Ref.	Type of reagent	Presentation	50rxns
1	HFRS-I Super Mix	1 vial, 480µl	x2
2	HFRS-II Super Mix	1 vial, 480µl	x2
3	RT-PCR Enzyme Mix	1 vial, 54µl	x2
4	Molecular Grade Water	1 vial, 400µl	x2
5	Intern Control(IC)	1 vial, 55µl	x2
6	HFRS Positive Control ( $1 \times 10^7$ copies/ml)	1 vial, 60µl	x2

Analysis sensitivity:  $1 \times 10^3$  copies/ml LOQ:  $2 \times 10^3 \sim 1 \times 10^4$  copies/ml

**Note:** Analysis sensitivity depends on the sample volume, elution volume, nucleic acid extraction methods and other factors. If you use the RNA extraction kits recommended, the analysis sensitivity is the same as it declares. However, when the sample volume is dozens or even hundreds of times greater than elution volume by some concentrating method, it can be much higher.

**5. Storage**

- All reagents should be stored at -20°C. Storage at +4°C is not recommended.
- All reagents can be used until the expiration date indicated on the kit label.
- Repeated thawing and freezing (> 3x) should be avoided.
- Cool all reagents during the working steps.
- Super Mix and Reaction Mix should be stored in the dark.

**6. Additionally Required Materials and Devices**

- Biological cabinet
- Vortex mixer
- Cryo-container
- Sterile filter tips for micro pipets
- Disposable gloves, powderless
- Refrigerator and Freezer
- Desktop microcentrifuge for "eppendorf" type tubes (RCF max. 16,000 x g)
- Real time PCR system
- Real time PCR reaction tubes/plates
- Pipets (0.5µl - 1000µl)
- Sterile microtubes
- Biohazard waste container
- Tube racks

**7. Warnings and Precaution**

- Carefully read this instruction before starting the procedure.
- For in vitro diagnostic use only.
- This assay needs to be carried out by skilled personnel.
- Clinical samples should be regarded as potentially infectious materials and should be prepared in a laminar flow hood.
- This assay needs to be run according to Good Laboratory Practice.
- Do not use the kit after its expiration date.
- Avoid repeated thawing and freezing of the reagents, this may reduce the sensitivity of the test.
- Once the reagents have been thawed, vortex and centrifuge briefly the tubes before use.
- Prepare quickly the Reaction mix on ice or in the cooling block.
- Set up two separate working areas: 1) Isolation of the RNA/ DNA and 2) Amplification/ detection of amplification products.
- Pipets, vials and other working materials should not circulate among working units.
- Use always sterile pipette tips with filters.

- Wear separate coats and gloves in each area.
- Do not pipette by mouth. Do not eat, drink, smoke in laboratory.
- Avoid aerosols.

**8. Sample Collection, Storage and transport**

- Collected samples in sterile tubes.
- Specimens can be extracted immediately or frozen at -20°C to -80°C.

**9. Procedure**

**9.1 RNA-Extraction**

RNA extraction kits are available from various manufacturers. You may use your own extraction systems or the commercial kit based on the yield. For the RNA extraction, please comply with the manufacturer's instructions. The recommended extraction kit is as follows:

Nucleic Acid Isolation Kit	Cat. Number	Manufacturer
RNA Isolation Kit	EM-0100/EM-2100	Life Tech
QIAamp Viral RNA Mini extraction Kit (50)	52904	QIAGEN

**9.2 Internal Control**

It is necessary to add internal control (IC) in the reaction mix. Internal control (IC) allows the user to determine and control the possibility of PCR inhibition.

Add the internal control (IC) 1µl/rxn and the result will be shown in the HEX/VIC/JOE.

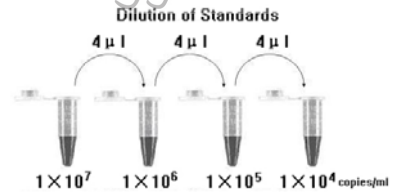
**9.3 Quantitation**

The kit can be used for quantitative or qualitative real-time RT-PCR.

For performance of quantitative real-time PCR, standard dilution must be prepared first as follows. Molecular Grade Water is used for dilution.

Dilution is not needed for performance of qualitative real-time PCR.

Take positive control ( $1 \times 10^7$  copies/ml) as the starting high standard in the first tube. Respectively pipette 36µl of Molecular Grade Water into next three tubes. Do three dilutions as the following figures:



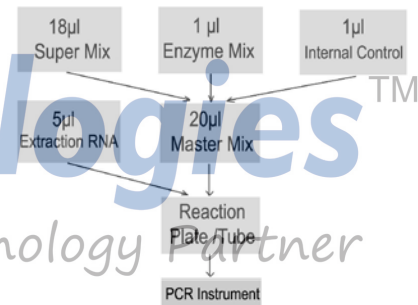
To generate a standard curve on the real-time system, all four dilution standards should be used and defined as standards with specification of the corresponding concentrations.

**Attention:**

- A. Mix thoroughly before next transfer.
- B. The positive control ( $1 \times 10^7$  copies/ml) contains high concentration of the target DNA. Therefore, be careful during the dilution in order to avoid contamination.

**9.4 RT-PCR Protocol**

The Master Mix volume for each reaction should be pipetted as follows:



※PCR system without HEX/VIC/JOE channel may be treated with 1µl Molecular Grade Water instead of 1µl IC.

- 1) The volumes of Super Mix and Enzyme Mix per reaction multiply with the number of samples, which includes the number of controls, standards, and sample prepared. Molecular Grade Water is used as the negative control. For reasons of unprecise pipetting, always add an extra virtual sample. Mix completely then spin down briefly in a centrifuge.
- 2) Pipet 20µl Master Mix with micropipets of sterile filter tips to each of the real time PCR reaction plate/tubes. Separately add 5µl RNA sample template, positive and negative controls to different plate/tubes. Immediately close the plate/tubes to avoid contamination.
- 3) Spin down briefly in order to collect the Master Mix in the bottom of the reaction tubes.
- 4) Perform the following protocol in the instrument:

45°C for 10min	1cycle	Selection of fluorescence channels	
95°C for 15min	1cycle	FAM	Target Nucleic Acid
95°C for 15sec, 60°C for 1min (Fluorescence measured at 60°C)	40cycles	HEX/VIC/JOE	IC

- 5) ⚠ If you use ABI Prism® system, please choose "none" as passive reference and quencher.

**10. Threshold setting:** just above the maximum level of molecular grade water.

**11. Calibration for quantitative detection:** Input each concentration of standard controls at the end of run, and a standard curve will be automatically formed.

**12. Quality control:**

Negative control, positive control, internal control and QS curve must be performed correctly, otherwise the sample results is invalid.

Channel	Ct value	
Control	FAM	HEX/VIC/JOE
Molecular Grade Water	UNDET	25~35
Positive Control(qualitative assay)	≤35	
QS (quantitative detection)	Correlation coefficient of QS curves ≤ -0.98	

**13. Data Analysis and Interpretation**

The following sample results are possible:

	Ct value		Result Analysis
	FAM	HEX/VIC/JOE	
1#	UNDET	25~35	Below the detection limit or negative
2#	≤38	—	Positive; and the software displays the quantitative value HFRS-I Super Mix: Hantavirus Renal Syndrome type I HFRS-II Super Mix: Hantavirus Renal Syndrome type II
3#	38~40	25~35	Re-test; if it is still 38~40, report as 1#
4#	UNDET	UNDET	PCR Inhibition; no diagnosis can be concluded.