ASLO-Latex Test is a rapid slide agglutination procedure, developed for the direct detection and semi-quantitation on a slide of clinically significant levels of anti-streptolysin O antibodies (ASLO) in serum. The assay is performed by testing a suspension of latex particles coated with streptolysin O antigen against unknown serum. The presence or absence of a visible agglutination, indicates the presence or absence of ASLO in the samples tested.

**REAGENT COMPOSITION**
- **R** ASLO-Latex Antigen. Suspension of polystyrene latex particles coated with stabilized streptolysin O in a buffered saline solution. Contains 0.95 g/L of sodium azide.
- **CONTROL+** Human serum with an ASLO activity > 200 IU/mL. Contains 0.95 g/L of sodium azide.
- **CONTROL−** Animal serum with an ASLO activity < 100 IU/mL. Contains 0.95 g/L of sodium azide.

**Precautions:** Components of different human origin have been tested and found to be negative for the presence of antibodies anti-HIV 1+2 and anti-HCV, as well as for HBsAg. However, the controls should be handled cautiously as potentially infectious.

**Warning:** The reagents in this kit contain sodium azide. Do not allow to contact with skin or mucous membranes.

**STORAGE AND STABILITY**
Store at 2-8°C. Do not freeze. Frozen reagents could change the functionality of the test. Antigen and Controls are stable until the expiry date stated on the label.

**REAGENT PREPARATION**
Antigen and Controls are ready to use.

**SAMPLES**
Fresh, clear serum. After the clear serum has been separated it may be stored at 2-8°C for up to one week or longer periods at ~20°C.

**PROCEDURE**

### I. Qualitative Test
1. Bring the test reagents and samples to room temperature (Note 1).
2. Resuspend the antigen vial gently. Aspirate dropper several times to obtain a thorough mixing.
3. Place 1 drop (50 μL) of the serum under test into one of the circles on the card. Dispense 1 drop of positive control serum and 1 drop of negative control into two additional circles.
4. Add 1 drop of ASLO-Latex Antigen to each circle next to the sample to be tested.
5. Mix the contents of each circle with a disposable stirrer while spreading over the entire area enclosed by the ring. Use separate stirrers for each mixture.
6. Rotate the slide by means of a mechanical rotator (100 r.p.m.) for a period of 2 minutes (Note 2).
7. Observe immediately under a suitable light source for any degree of agglutination.

**Reading**
- **Nonreactive:** Smooth suspension with no visible agglutination, as shown by negative control.
- **Reactive:** Any degree of agglutination visible macroscopically.

### II. Semi-quantitative Test
1. For each specimen to be tested place with an automatic pipette 50 μL of 0.9% saline solution into each of 3 circles of a reaction card, and 25 μL in the fourth circle. Do not spread diluent.
2. To circle 1 add 50 μL of specimen to the saline solution and, using the same tip, mix the saline solution with the sample by repeated aspiration and expulsion of the fluid and transfer 50 μL of the mixture to the saline solution in the third circle. Mix as above. Discard 50 μL from this circle.
3. To circle 2 add 25 μL of specimen to the saline solution and, using the same tip, mix the saline solution with the sample as indicated above. Transfer 25 μL of the mixture to the saline solution in the fourth circle and mix. Final sample dilutions will be: 1:2, 1:3, 1:4, 1:6.
4. Test each dilution as described in steps 4-7 for the Qualitative Test.
Reading
Same as in Qualitative Test. The titer of the specimen is reported as the highest dilution that shows reactivity. The next higher dilution should be negative (Note 3).
The approximate ASLO level (IU/mL) present in the sample may be obtained multiplying the titer of the last positive dilution by the minimum detectable unit (analytical sensitivity).

QUALITY CONTROL
Positive and negative controls should be run daily following the steps outlined in the Qualitative Test, in order to check the optimal reactivity of the antigen.
The positive control should produce clear agglutination. If the expected result is not obtained, do not use the kit.

EXPECTED VALUES

Ninety-five per cent of healthy adults have ASLO titers of 200 IU/mL or less, the highest titers being found in school children with titers up to 250 IU/mL. Since a single ASLO 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 ASLO titers resulting from ordinary streptococcal infections and acute rheumatic fever differ in that the titer of the latter condition is usually much higher and persists for a longer period of time.

CLINICAL SIGNIFICANCE

Elevated ASLO serum titers occur in response to infection with hemolytic streptococci of Group A, C y 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).
ASLO testing has a high diagnostic value on a tentative diagnosis made on the basis of case history and clinical findings.

ANALYTICAL PERFORMANCE
- The minimum detectable unit (analytical sensitivity) is of approximately 200 IU/mL (± 50 IU/mL), tested against a ASO International Calibrator (WHO).
- Diagnostic specificity: 97%.
- Prozone effect: No prozone effect was detected up to 1500 IU/mL.
- Results obtained with this reagent did not show significant differences when compared with reference reagents. Details of the comparison experiments are available on request.
- Hemoglobin (<10 g/L), bilirubin (<20 mg/dL) y lipemia (<10 g/L) do not interfere. Other substances may interfere.

LIMITATIONS OF PROCEDURE
- Positive reactions do occur in conditions other than rheumatic fever and glomerulonephritis in which the production of ASLO is especially high. In scarlet fever, early and acute periods of rheumatoid arthritis, healthy carriers, complicated and no complicated tonsillitis and various streptococcal infections increased ASLO levels have been found.
- Biologically false negative reactions can occur in early primary infections and during the early years of life (from six months to 2 years).

NOTES
1. The sensitivity of the test may be reduced at low temperatures. The best results are achieved at 15-25°C.
2. Delays in reading the results may result in over-estimation of the antibody present.
3. Titers obtained with the latex test compare favourably with those obtained by the SHA within the range of precision the two methods.

REFERENCES