

Primerdesign™ Ltd

Severe Acute Respiratory Syndrome

nucleocapsid (nuc) gene

genesig® Standard Kit

150 tests

GENESIG

Kits by Primerdesign

For general laboratory and research use only

Introduction to Severe Acute Respiratory Syndrome

Severe Acute Respiratory Syndrome Coronavirus (SARS CoV) is a positive-sense, single-stranded RNA virus of the Coronaviridae family. The genome of this virus is around 30K nucleotides in length arranged in a linear formation. Infection with this virus causes Severe Acute Respiratory Syndrome (SARS), an infectious respiratory tract infection. It was most recently brought to prevalence in a near pandemic in 2003 where it spread from China to more than 30 countries within a matter of weeks.

The virus is transmitted by droplet transmission as well as suspected airborne transmission. Upon infection, which is by membrane fusion, the host translation machinery translates Open Reading Frames 1a and 1b into the viral replicase protein, the Coronavirus Main Protease (M_{pro} or 3CL_{pro}). This protease is used in the synthesis of the viral replication complex which allows synthesis of the full length negative strand of RNA. The RNA is then transcribed to mRNA in a series of nested transcripts for each of the viruses major ORF's which all contain identical leader sequences. The SARS-CoV genome contains five major ORFs that encode the replicase polyprotein, the Spike(S), Envelope(E), and Membrane(M) glycoproteins and Nucleocapsid (N) protein. As the proteins required for the formation of a new virus particle are now present, the new virion is assembled and released from the cell by exocytosis.

The initial symptoms presented appear flu-like and the typical symptoms include fever, lethargy, muscle pains, cough and sore throats, nasal congestion as well as other non-specific symptoms. The symptom specific to all patients is a fever above 39°C. In some cases, as the disease progresses, the patient may encounter shortness of breath as well as chest pains. Diagnosis is usually made by chest X-rays as well as laboratory tests such as ELISA and IFA. Due to the fact that the disease is caused by a virus, there is no specific treatment and typically symptomatic treatment is recommended.

Specificity

The Primerdesign genesig Kit for Severe Acute Respiratory Syndrome (SARS) genomes is designed for the in vitro quantification of SARS genomes. The kit is designed to have a broad detection profile. Specifically, the primers represent 100% homology with over 95% of the NCBI database reference sequences available at the time of design.

The dynamics of genetic variation means that new sequence information may become available after the initial design. Primerdesign periodically reviews the detection profiles of our kits and when required releases new versions.

The target sequence within the nucleocapid gene has previously been shown to be a good genetic marker for SARS in other clinical real time PCR based studies (Mahoney et.al 2004, Clan et.al 2004 and Drosten et.al 2004). The primers and probe sequences in this kit have 100% homology with over 95% of reference sequences in the NCBI database based on a comprehensive bioinformatics analysis.

If you require further information, or have a specific question about the detection profile of this kit then please send an e.mail to enquiry@primerdesign.co.uk and our bioinformatics team will answer your question.

Kit contents

- **SARS specific primer/probe mix (150 reactions BROWN)**
FAM labelled
- **SARS positive control template (for Standard curve RED)**
- **RNase/DNase free water (WHITE)**
for resuspension of primer/probe mixes
- **Template preparation buffer (YELLOW)**
for resuspension of positive control template and standard curve preparation

Reagents and equipment to be supplied by the user

Real-time PCR Instrument

Extraction kit

This kit is recommended for use with genesig Easy DNA/RNA Extraction kit. However, it is designed to work well with all processes that yield high quality RNA and DNA with minimal PCR inhibitors.

oasig™ lyophilised OneStep or Precision® PLUS OneStep 2X RT-qPCR Master Mix

Contains complete OneStep RT-qPCR master mix

Pipettors and Tips

Vortex and centrifuge

Thin walled 1.5 ml PCR reaction tubes

Kit storage and stability

This kit is stable at room temperature but should be stored at -20°C on arrival. Once the lyophilised components have been resuspended they should not be exposed to temperatures above -20°C for longer than 30 minutes at a time and unnecessary repeated freeze/thawing should be avoided. The kit is stable for six months from the date of resuspension under these circumstances.

If a standard curve dilution series is prepared this can be stored frozen for an extended period. If you see any degradation in this serial dilution a fresh standard curve can be prepared from the positive control.

Primerdesign does not recommend using the kit after the expiry date stated on the pack.

Suitable sample material

All kinds of sample material suited for PCR amplification can be used. Please ensure the samples are suitable in terms of purity, concentration, and RNA/DNA integrity. Always run at least one negative control with the samples. To prepare a negative-control, replace the template RNA sample with RNase/DNase free water.

Dynamic range of test

Under optimal PCR conditions genesig SARS detection kits have very high priming efficiencies of >95% and can detect less than 100 copies of target template.

Notices and disclaimers

This product is developed, designed and sold for research purposes only. It is not intended for human diagnostic or drug purposes or to be administered to humans unless clearly expressed for that purpose by the Food and Drug Administration in the USA or the appropriate regulatory authorities in the country of use. During the warranty period Primerdesign genesig detection kits allow precise and reproducible data recovery combined with excellent sensitivity. For data obtained by violation to the general GLP guidelines and the manufacturer's recommendations the right to claim under guarantee is expired. PCR is a proprietary technology covered by several US and foreign patents. These patents are owned by Roche Molecular Systems Inc. and have been sub-licensed by PE Corporation in certain fields. Depending on your specific application you may need a license from Roche or PE to practice PCR. Additional information on purchasing licenses to practice the PCR process may be obtained by contacting the Director of Licensing at Roche Molecular Systems, 1145 Atlantic Avenue, Alameda, CA 94501 or Applied Biosystems business group of the Applied Biosystems Corporation, 850 Lincoln Centre Drive, Foster City, CA 94404. In addition, the 5' nuclease assay and other homogeneous amplification methods used in connection with the PCR process may be covered by U.S. Patents 5,210,015 and 5,487,972, owned by Roche Molecular Systems, Inc, and by U.S. Patent 5,538,848, owned by The Perkin-Elmer Corporation.

Trademarks

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Principles of the test

Real-time PCR

A SARS specific primer and probe mix is provided and this can be detected through the FAM channel.

The primer and probe mix provided exploits the so-called TaqMan® principle. During PCR amplification, forward and reverse primers hybridize to the SARS cDNA. A fluorogenic probe is included in the same reaction mixture which consists of a DNA probe labeled with a 5'-dye and a 3'-quencher. During PCR amplification, the probe is cleaved and the reporter dye and quencher are separated. The resulting increase in fluorescence can be detected on a range of qPCR platforms.

Positive control

For copy number determination and as a positive control for the PCR set up, the kit contains a positive control template. This can be used to generate a standard curve of SARS copy number / Cq value. Alternatively the positive control can be used at a single dilution where full quantitative analysis of the samples is not required. Each time the kit is used, at least one positive control reaction must be included in the run. A positive result indicates that the primers and probes for detecting the target SARS gene worked properly in that particular experimental scenario. If a negative result is obtained the test results are invalid and must be repeated. Care should be taken to ensure that the positive control does not contaminate any other kit component which would lead to false-positive results. This can be achieved by handling this component in a Post PCR environment. Care should also be taken to avoid cross-contamination of other samples when adding the positive control to the run. This can be avoided by sealing all other samples and negative controls before pipetting the positive control into the positive control well.

Negative control

To validate any positive findings a negative control reaction should be included every time the kit is used. For this reaction the RNase/DNase free water should be used instead of template. A negative result indicates that the reagents have not become contaminated while setting up the run.

Resuspension protocol

To minimize the risk of contamination with foreign DNA, we recommend that all pipetting be performed in a PCR clean environment. Ideally this would be a designated PCR lab or PCR cabinet. Filter tips are recommended for all pipetting steps.

1. Pulse-spin each tube in a centrifuge before opening.

This will ensure lyophilised primer and probe mix is in the base of the tube and is not spilt upon opening the tube.

2. Resuspend the kit components in the RNase/DNase free water supplied, according to the table below:

To ensure complete resuspension, vortex each tube thoroughly.

Component - resuspend in water	Volume
Pre-PCR pack	
SARS primer/probe mix (BROWN)	165 µl

3. Resuspend the positive control template in the template preparation buffer supplied, according to the table below:

To ensure complete resuspension, vortex the tube thoroughly.

Component - resuspend in template preparation buffer	Volume
Post-PCR heat-sealed foil	
SARS Positive Control Template (RED) *	500 µl

* This component contains high copy number template and is a VERY significant contamination risk. It must be opened and handled in a separate laboratory environment, away from the other components.

OneStep RT-qPCR detection protocol

A OneStep approach combining the reverse transcription and amplification in a single closed tube is the preferred method. If, however, a two step approach is required see page 10.

For optimum performance and sensitivity.

All pipetting steps and experimental plate set up should be performed on ice. After the plate is poured proceed immediately to the OneStep amplification protocol. Prolonged incubation of reaction mixes at room temperature can lead to PCR artifacts that reduce the sensitivity of detection.

- 1. For each RNA sample prepare a reaction mix according to the table below:**
Include sufficient reactions for positive and negative controls.

Component	Volume
oasig OneStep or PrecisionPLUS OneStep 2X RT-qPCR Master Mix	10 μ l
SARS primer/probe mix (BROWN)	1 μ l
RNase/DNase free water (WHITE)	4 μ l
Final Volume	15 μl

- 2. Pipette 15 μ l of this mix into each well according to your qPCR experimental plate set up.**
- 3. Pipette 5 μ l of RNA template into each well, according to your experimental plate set up.**
For negative control wells use 5 μ l of RNase/DNase free water. The final volume in each well is 20 μ l.
- 4. If a standard curve is included for quantitative analysis prepare a reaction mix according to the table below:**

Component	Volume
oasig OneStep or PrecisionPLUS OneStep 2X RT-qPCR Master Mix	10 μ l
SARS primer/probe mix (BROWN)	1 μ l
RNase/DNase free water (WHITE)	4 μ l
Final Volume	15 μl

5. Preparation of standard curve dilution series

- 1) Pipette 90µl of template preparation buffer into 5 tubes and label 2-6
- 2) Pipette 10µl of Positive Control Template (**RED**) into tube 2
- 3) Vortex thoroughly
- 4) Change pipette tip and pipette 10µl from tube 2 into tube 3
- 5) Vortex thoroughly

Repeat steps 4 and 5 to complete the dilution series

Standard Curve	Copy Number
Tube 1 Positive control (RED)	2 x 10 ⁵ per µl
Tube 2	2 x 10 ⁴ per µl
Tube 3	2 x 10 ³ per µl
Tube 4	2 x 10 ² per µl
Tube 5	20 per µl
Tube 6	2 per µl

6. Pipette 5µl of standard template into each well for the standard curve according to your plate set up

The final volume in each well is 20µl.

OneStep RT-qPCR amplification protocol

Amplification conditions using oasig OneStep or PrecisionPLUS OneStep 2X RT-qPCR Master Mix.

	Step	Time	Temp
	Reverse Transcription	10 min	55 °C
	Enzyme activation	2 min	95 °C
Cycling x50	Denaturation	10 s	95 °C
	DATA COLLECTION *	60 s	60 °C

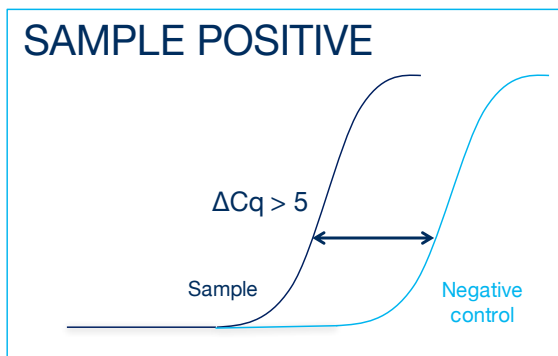
* Fluorogenic data should be collected during this step through the FAM channel

Interpretation of results

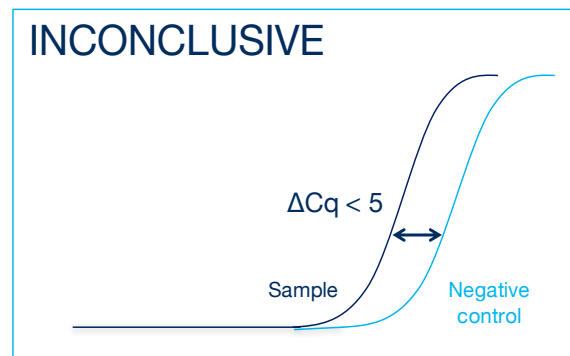
Target	Positive control	Negative control	Interpretation
+	+	-	POSITIVE QUANTITATIVE RESULT calculate copy number
-	+	-	NEGATIVE RESULT
+ / -	+	≤ 35	EXPERIMENT FAILED due to test contamination
+ / -	+	> 35	*
+ / -	-	+ / -	EXPERIMENT FAILED

Positive control template (RED) is expected to amplify between Cq 16 and 23. Failure to satisfy this quality control criterion is a strong indication that the experiment has been compromised

*Where the test sample is positive and the negative control is positive with a Cq > 35, the sample must be reinterpreted based on the relative signal strength of the two results:



If the sample amplifies > 5 Cq earlier than the negative control then the sample should be reinterpreted (via the table above) with the negative control verified as negative.



If the sample amplifies < 5 Cq earlier than the negative control then the positive sample result is invalidated and the result should be determined inconclusive due to test contamination. The test for this sample should be repeated.