WHO Reference Reagent
Anti-HNA-1a (minimum potency)
NIBSC code: 09/284
Instructions for use
(Version 1.0, Dated 11/11/2011)

1. INTENDED USE
This material was established in 2011 as the 1st WHO Reference Reagent, Anti-human Neutrophil Antigen 1a (anti-HNA-1a), by the Expert Committee on Biological Standardization (ECBS) of the World Health Organization (WHO).

When reconstituted and diluted as described below, it should be used as a reference reagent for minimum acceptable potency for the detection of antibodies against the Human Neutrophil Antigen 1a. It should not be used for HNA-1a typing or any other purpose.

2. CAUTION
This preparation is not for administration to humans or animals in the human food chain.

The preparation contains material of human origin, and either the final product or the source materials, from which it is derived, have been tested and found negative for HBsAg, anti-HIV and HCV RNA. As with all materials of biological origin, this preparation should be regarded as potentially hazardous to health. It should be used and discarded according to your own laboratory’s safety procedures. Such safety procedures should include the wearing of protective gloves and avoiding the generation of aerosols. Care should be exercised in opening ampoules or vials, to avoid cuts.

3. UNITAGE
No units are assigned to this material.

4. CONTENTS
Country of origin of biological material: Australia.

Each ampoule contains the residue after freeze-drying of 1 ml human plasma. The plasma was collected from one donor and anticoagulated with citrate. Antibodies against other HNA antigens or HLA Class I antigens have not been detected in this preparation.

5. STORAGE
Unopened ampoules should be stored at -20ºC.

Please note: because of the inherent stability of lyophilized material, NIBSC may ship these materials at ambient temperature.

6. DIRECTIONS FOR OPENING

DIN ampoules have an ‘easy-open’ coloured stress point, where the narrow ampoule stem joins the wider ampoule body.

Tap the ampoule gently to collect the material at the bottom (labeled) end. Ensure that the disposable ampoule safety breaker provided is pushed down on the stem of the ampoule and against the shoulder of the ampoule body. Hold the body of the ampoule in one hand and the disposable ampoule breaker covering the ampoule stem between the thumb and first finger of the other hand. Apply a bending force to open the ampoule at the coloured stress point, primarily using the hand holding the plastic collar.

Care should be taken to avoid cuts and projectile glass fragments that might enter the eyes, for example, by the use of suitable gloves and an eye shield. Take care that no material is lost from the ampoule and no glass falls into the ampoule. Within the ampoule is dry nitrogen gas at slightly less than atmospheric pressure. A new disposable ampoule breaker is provided with each DIN ampoule.

7. USE OF MATERIAL
No attempt should be made to weigh out any portion of the freeze-dried material prior to reconstitution.

Reconstitute the contents of one ampoule with 1.0 ml distilled water using gentle mixing. The ampoules do not contain bacteriostat and the preparation should not be assumed to be sterile.

Dilute the reconstituted material immediately before use by adding 1 volume of reconstituted material to 3 volumes of phosphate buffered saline containing bovine serum albumin (or other buffer suited to your assay). Diluted material should then be tested for the presence of IgG anti-HNA-1a antibodies using HNA-1a1a neutrophils. This dilution (1 in 4) is the minimum dilution expected to be detectable in GIFT-M, GIFT-F, GAT and MAIGA assays. However, many laboratories can detect the anti-HNA-1a at higher dilutions, as shown in the following histogram which is taken from the WHO collaborative study report.

N.B. the monoclonal antibody clone 3G8 is not suitable for use in the MAIGA to detect this antibody.
withdrawn or replaced. These studies have also shown that the material is suitably stable for shipment at ambient temperature without any effect on the assigned values. Users who have data supporting any deterioration in the characteristics of any reference preparation are encouraged to contact NIBSC.

9. REFERENCES
The report on the collaborative study carried out in order to establish this material is available from NIBSC on request.

10. ACKNOWLEDGEMENTS
The plasma used to make this material was supplied by ARCBS, Sydney.

11. FURTHER INFORMATION
Further information can be obtained as follows:
This material: enquiries@nibsc.org
WHO Biological Standards:
http://www.who.int/biologicals/en/
JCTLM Higher order reference materials:
http://www.bipm.org/en/committees/jc/jctlm/
Derivation of International Units:
http://www.nibsc.org/standardisation/international_standards.aspx
Ordering standards from NIBSC:
http://www.nibsc.org/products/ordering.aspx
NIBSC Terms & Conditions:
http://www.nibsc.org/terms_and_conditions.aspx

12. CUSTOMER FEEDBACK
Customers are encouraged to provide feedback on the suitability or use of the material provided or other aspects of our service. Please send any comments to enquiries@nibsc.org

13. CITATION
In all publications, including data sheets, in which this material is referenced, it is important that the preparation's title, its status, the NIBSC code number, and the name and address of NIBSC are cited and cited correctly.

14. MATERIAL SAFETY SHEET
Classification in accordance with Directive 2000/54/EC, Regulation (EC) No 1272/2008: Not applicable or not classified

### Physical and Chemical properties
- **Physical appearance:** Pale yellow freeze-dried powder
- **Stable:** Yes
- **Hygroscopic:** Yes
- **Flammable:** No
- **Other (specify):** Contains material of human origin

### Toxicological properties
- **Effects of inhalation:** Not established, avoid inhalation
- **Effects of ingestion:** Not established, avoid ingestion
- **Effects of skin absorption:** Not established, avoid contact with skin

### Suggested First Aid
- **Inhalation:** Seek medical advice
- **Ingestion:** Seek medical advice
- **Contact with eyes:** Wash with copious amounts of water. Seek medical advice
- **Contact with skin:** Wash thoroughly with water.

### Action on Spillage and Method of Disposal
Spillage of contents should be taken up with absorbent material wetted with an appropriate disinfectant. Rinse area with an appropriate disinfectant followed by water. Absorbent materials used to treat spillage should be treated as biological waste.

15. LIABILITY AND LOSS
In the event that this document is translated into another language, the English language version shall prevail in the event of any inconsistencies between the documents.

Unless expressly stated otherwise by NIBSC, NIBSC's Standard Terms and Conditions for the Supply of Materials (available at http://www.nibsc.org/About_Us/Terms_and_Conditions.aspx or upon request by the Recipient) ("Conditions") apply to the exclusion of all other terms and are hereby incorporated into this document by reference. The Recipient's attention is drawn in particular to the provisions of clause 11 of the Conditions.

16. INFORMATION FOR CUSTOMS USE ONLY
Country of origin for customs purposes*: United Kingdom
* Defined as the country where the goods have been produced and/or sufficiently processed to be classed as originating from the country of supply, for example a change of state such as freeze-drying.

**Net weight:** 0.08g
**Toxicity Statement:** Toxicity not assessed
**Veterinary certificate or other statement if applicable:** Attached: No

17. CERTIFICATE OF ANALYSIS
NIBSC does not provide a Certificate of Analysis for WHO Biological Reference Materials because they are internationally recognised primary reference materials fully described in the instructions for use. The reference materials are established according to the WHO Recommendations for the preparation, characterization and establishment of international and other biological reference standards http://www.who.int/bloodproducts/publications/TRS932Annex2_Inter_biol_refstandardsrev2004.pdf (revised 2004). They are officially endorsed by the WHO Expert Committee on Biological Standardization (ECBS) based on the report of the international collaborative study which established their suitability for the intended use.