

# Immunofluorescence test for the detection of Burkholderia pseudomallei in clinical specimen

#### Lot number:

Volume of IFA Reagent: 150 µl (10X IFA reagent)

*Positive and Negative control:* 1 ml of killed *B. pseudomallei* and *B. thailandensis*, respectively.

*Storage condition:* Store at 2-8°C, solutions should be mixed and leaved at room temperature before use

## Expire date:

Purpose: To detect B. pseudomallei in clinical specimen

**Note:** The immunofluorescence test is based on specific reaction between monoclonal antibody (MAb) and exopolysaccharide of *B*. *pseudomallei*  $^{1, 2, 3}$ .

## Method:

1. Freshly prepare 1X IFA working reagent by diluting 10X concentrated IFA reagent to 1:10 in PBS, as follows

Composition for 1 reaction

10X IFA reagent	1.0	μ
PBS	9.0	μ

- 2. Pipette 10 µl of 1X IFA reagent onto a glass slide
- 3. Add 10 µl of sample into reagent and mix gently with a toothpick and place a coverslip
- 4. Leave at room temperature for 10 min
- 5. Observe the slide under fluorescent microscope using 40X and 100X immersion oil objective lenses

#### Interpretation:

Negative: Not found bacteria

Positive: Found bright green fluorescent bacilli



AlexaFluor488 conjugated-MAb stained *B. pseudomallei* observed under a fluorescent microscope with 1000X magnification

# Precautions:

- 1. False-positive result for this immunofluorescence test may occur in these following organisms *Staphylococcus aureus*. However, they are different from *B. pseudomallei* in that *S. aureus* is gram positive cocci.
- 2. *B. pseudomallei* is classified as **Category B** bioterrorism agent by CDC, creating of aerosol may occurred. This test is recommended to perform in biosafety cabinet. Glove and gown should be worn.
- 3. Contaminated glass slide should be decontaminated with proper disinfectant before dispose in sharp container.

#### References:

- 1. Anuntagool N, et al. 2000. J Med Microbiol. 49:1075-1078.
- 2. Tandhavanant et al. 2013. Am J Trop Med Hyg. 89(1):165-8.
- 3. Chantratita et al. 2013. Am J Trop Med Hyg. 89(5):971-2.

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