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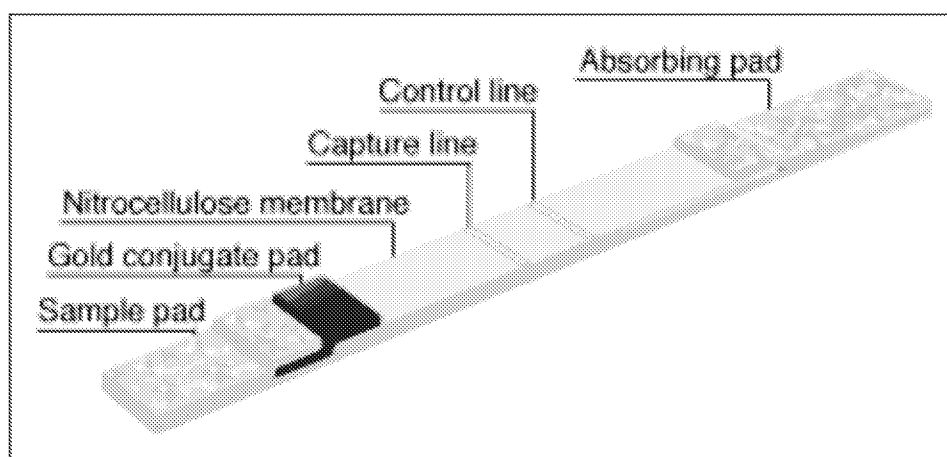
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(54) Title: MYCOBACTERIUM TUBERCULOSIS PROTEINS IN DIAGNOSTIC ASSAYS AND DEVICES FOR TUBERCULOSIS DETECTION AND DIAGNOSIS

FIG. 1



(57) Abstract: The present invention provides a method of detecting antibodies in a sample from a subject, wherein the antibodies bind to epitopes of *Mycobacterium tuberculosis* antigens, comprising contacting the sample with two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS: 1, 3, 5, 7, 9, 11, 13, and 15; and detecting formation of antibody-peptide complexes comprising said isolated polypeptides or antigenic fragments or variants thereof, wherein formation of said complexes is indicative of the presence of the antibodies to epitopes of *Mycobacterium tuberculosis* antigens in said sample.



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- *without international search report and to be republished upon receipt of that report (Rule 48.2(g))*
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- *with sequence listing part of description (Rule 5.2(a))*

Mycobacterium tuberculosis Proteins in Diagnostic Assays and Devices for Tuberculosis
Detection and Diagnosis

CROSS-REFERENCE TO RELATED APPLICATIONS

5 This application claims the benefit of U.S. Provisional Appl. No. 62/398,213, filed September 22, 2016, the contents of which are hereby incorporated by reference in their entirety.

INCORPORATION-BY-REFERENCE OF MATERIAL SUBMITTED
ELECTRONICALLY

10 Incorporated by reference in its entirety herein is a computer-readable sequence listing submitted concurrently herewith and identified as follows: One 19,513 Byte ASCII (Text) file named "sequence_listing.txt," created on November 22, 2017.

FIELD OF THE INVENTION

15 The invention relates to infectious disease, in particular to medical diagnostics and methods of detecting tuberculosis infections.

BACKGROUND OF THE INVENTION

Traditionally, the diagnosis of tuberculosis (TB) is based on signs and symptoms suggestive of TB together with appropriate chest x-ray changes and demonstration of
20 mycobacteria in the sputum (smear-positive TB) and positive cultures for TB. In order to get a positive smear, the number of TB organisms in the sputum sample must exceed certain detection threshold. TB cultures are often slow and laborious, and many labs may not have the appropriate facilities and expertise. As a result, a TB skin test, the tuberculin skin test (TST) is often used in addition to smears and cultures to establish a TB diagnosis in patients
25 with relevant symptoms and x-ray changes. The tuberculin skin test could be used to diagnose latent tuberculosis, but it requires two visits and skilled personnel for test placement and interpretation. In addition, the tuberculin skin test often does not separate latent tuberculosis infection from prior immunization with *Mycobacterium bovis* Bacille Calmette Guerin (BCG) or infection with environmental mycobacteria since the TST
30 utilizes tuberculin purified protein derivatives (PPD) as the antigen components. A major advance was the identification of early secreted antigenic target 6 kD protein (ESAT-6)

and culture filtrate protein 10 (CFP10). ESAT-6 and CFP-10 are secreted by all *M. tuberculosis* and pathogenic *M. bovis* strains but are absent from all Bacille Calmette-Guérin (BCG) vaccine strains and from commonly encountered nontuberculous mycobacteria (NTM) except *M. kansasii*, *M. szulgai*, and *M. marinum*. Colangeli *et al.*, Infect. Immun. 2000; 68:990–993; Harboe *et al.*, Infect. Immun. 1996; 64:16–22.

Given the cumbersome nature of these assays - smears, cultures and TST, - time consuming, requiring unique expertise and facility (culturing), return visit to the clinics (TST), there have been intense interests at other blood markers that could be used to establish the diagnosis of TB. Advances in these areas have led to at least two commercially available assays – TSPOT-TB and QuantiFeronTB-Gold. Both of these tests essentially detect blood T-cells that react with antigens (ESAT6 and CFP10) specific to *M. tuberculosis*. These tests involve stimulating blood lymphocytes with the antigens in the form of peptides corresponding to the ESAT6 and CFP10 or the full length recombinant antigens, followed by measurement of interferon- γ (IFN- γ) secreted by the T-cells by enzyme-linked immunoassay (QuantiFeronTB-Gold) or by detection of interferon- γ -producing cells by enzyme-linked immunospot assay (TSPOT-TB).

While these T-cell based TB tests in ELISA format are a definite improvement over the TST in the diagnosis of TB, there are still a number of caveats and issues. For instance, the laboratory intensive nature of these IGRAs which are based on the ELISA format is problematic, especially under resource poor settings. An alternative to T-cell based tests are assays based on the detection of tuberculosis-specific antibodies.

A serological test with appropriate sensitivity and specificity to detect tuberculosis-specific antibodies in blood/serum/saliva samples can have significant advantages over currently available tests. Unlike the tuberculin skin test (TST), assays of antibody responses to *M. tuberculosis* antigens is less invasive and dangerous (adverse effects) and saves time. These tests also do not require the patient to return to the clinic for evaluation. These advantages are similar to those of IGRAs. In addition, the serological assay to detect TB-specific antibodies can also be casted into user-friendly and field-ready rapid formats. These rapid formats can reduce the heavy laboratory dependence of T-cell based assays. The responses with rapid formats can also be calibrated in such a way that the ambiguity in result interpretation might be avoided as found in previous studies. Liebeschuetz *et al.*

Lancet 364(9452):2196–203; Goodwin, D.J. (2010) Operational issues for QFT-GIT testing. Tri-Service TB screening and testing policy review. Joint Preventive Medicine Policy Group. Rosslyn, VA; Oct 2010. (88ABW-2010-5700). This process can be achieved in rapid tests by tuning, i.e. positive responses observed only above certain pre-determined threshold. The observable threshold is determined through extensive screening with field samples.

One major issue with the serological assay to detect TB-specific antibodies is which antigen(s) can be used in the assay. Over the past hundred years, our understanding of the antibody response has changed dramatically. Also, new antigens have been identified and several recombinant antigens have been produced. However, the accuracy of existing serological assays is modest, and these tests have not been clinically useful. Steingart *et al.* Thorax 2007; 62:911–8; Steingart *et al.*, PLoS Med. 2007; 4:e202; Steingart *et al.*, Clin. Vaccine Immunol. 2009; 16:260–76; Abebe *et al.*, Scand. J. Immunol. 2007; 66:176–91. Nevertheless, efforts towards discovery of novel additional antigens and better methodological strategies for developing efficient serological assays have continued.

There is a significant need to develop new assays and screens to detect tuberculosis infections in patients.

This background information is provided for informational purposes only. No admission is necessarily intended, nor should it be construed, that any of the preceding information constitutes prior art against the present invention.

SUMMARY

It is to be understood that both the foregoing general description of the embodiments and the following detailed description are exemplary, and thus do not restrict the scope of the embodiments.

In one aspect, the invention relates to a protein combination that can be used in diagnostics to detect tuberculosis.

In another aspect, the invention provides isolated Rv0222 protein or protein(s) with high sequence identity (>80% sequence identity), whole or immunogenic peptides to be used singly or in combination with other antigens in diagnostics/detection devices to detect antibodies which specifically bind to Rv0222 and which are present in a bodily fluid sample (serum, whole blood, plasma, saliva).

In another aspect, the invention provides isolated Rv3120 protein or protein(s) with high sequence identity (>80% sequence identity), to be used singly or in combination with other antigens in diagnostics/detection devices to detect antibodies which specifically bind to Rv3120 and which are present in a bodily fluid sample (serum, whole blood, plasma, saliva).

In another aspect, the invention provides isolated Rv1989c protein or protein(s) with high sequence identity (>80% sequence identity), to be used singly or in combination with other antigens in diagnostics/detection devices to detect antibodies which specifically bind to Rv1989c and which are present in a bodily fluid sample (serum, whole blood, plasma, saliva).

In another aspect, the invention provides isolated Rv3118 protein or protein(s) with high sequence identity (>80% sequence identity), whole or immunogenic peptides to be used singly or in combination with other antigens in diagnostics/detection devices to detect antibodies which specifically bind to Rv3118 and which are present in a bodily fluid sample (serum, whole blood, plasma, saliva).

In another aspect, the invention provides isolated Rv1636 protein or protein(s) with high sequence identity (>80% sequence identity), whole or immunogenic peptides to be used singly or in combination with other antigens in diagnostics/detection devices to detect antibodies which specifically bind to Rv1636 and which are present in a bodily fluid sample (serum, whole blood, plasma, saliva).

In another aspect, the invention provides isolated Rv3426 protein or protein(s) with high sequence identity (>80% sequence identity), whole or immunogenic peptides to be used singly or in combination with other antigens in diagnostics/detection devices to detect antibodies which specifically bind to Rv3426 and which are present in a bodily fluid sample (serum, whole blood, plasma, saliva).

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes the Rv0222 or protein(s) with high sequence identity (>80% sequence identity), full-length, or immunogenic fragments thereof is a

native protein, conjugated to a molecule, or part of a complex of multiple polypeptide chains.

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes the Rv3120 or protein(s) with high sequence identity (>80% sequence identity), full-length, or immunogenic fragments thereof is a native protein, conjugated to a molecule, or part of a complex of multiple polypeptide chains.

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes the Rv1989c or protein(s) with high sequence identity (>80% sequence identity), full-length, or immunogenic fragments thereof is a native protein, conjugated to a molecule, or part of a complex of multiple polypeptide chains.

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes the Rv3118 or protein(s) with high sequence identity (>80% sequence identity), full-length, or immunogenic fragments thereof is a native protein, conjugated to a molecule, or part of a complex of multiple polypeptide chains.

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes the Rv1636 or protein(s) with high sequence identity (>80% sequence identity), full-length, or immunogenic fragments thereof is a native protein, conjugated to a molecule, or part of a complex of multiple polypeptide chains.

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes the Rv3426 or protein(s) with high sequence identity (>80% sequence identity), full-length, or immunogenic fragments thereof is a native protein, conjugated to a molecule, or part of a complex of multiple polypeptide chains.

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes a combination of the Rv0222 and/or Rv3120 and/or Rv1989c or protein(s) with highly similar sequence identity (>80% sequence identity), full-length, or immunogenic fragments, thereof is a native protein, conjugated to a molecule, or part of a complex of multiple polypeptide chains, with the following combinations Rv0222 and Rv3120, Rv0222 and Rv1989c, Rv3120 and Rv1989c, Rv0222 and Rv3120 and Rv1989c.

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes a combination of the Rv3118 and/or Rv1636 and/or Rv3426 or protein(s) with highly similar sequence identity (>80% sequence identity), full-length, or immunogenic fragments, thereof is a native protein, conjugated to a molecule, or part of a complex of multiple polypeptide chains, with the following combinations Rv3118 and Rv1636, Rv3118 and Rv3426, Rv1636 and Rv3426, Rv3118 and Rv1636 and Rv3426.

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes a combination of the Rv0222 and/or Rv3120 and/or Rv1989c and/or Rv3118 and/or Rv1636 and/or Rv3426 and/or Rv2185c and/or Rv3354 protein(s) with highly similar sequence identity (>80% sequence identity), full-length, or

immunogenic fragments, thereof is a native protein, conjugated to a molecule, or part of a complex of multiple polypeptide chains. In some embodiments, the following combinations are used: Rv0222 and Rv3118; Rv0222 and Rv1636; Rv0222 and Rv3426; Rv0222 and Rv3354; Rv0222 and Rv2185c; Rv0222 and Rv3118 and Rv1636; Rv0222 and Rv3118 and Rv3426; Rv0222 and Rv1636 and Rv3426; Rv0222 and Rv3354 and Rv2185c; Rv1989c and Rv3118; Rv1989c and Rv1636; Rv1989c and Rv3426; Rv1989c and Rv3354; Rv1989c and Rv2185c; Rv1989c and Rv3118 and Rv1636; Rv1989c and Rv3118 and Rv3426; Rv1989c and Rv1636 and Rv3426; Rv1989c and Rv3354 and Rv2185c; Rv3120 and Rv3118; Rv3120 and Rv1636; Rv3120 and Rv3426; Rv3120 and Rv3354; Rv3120 and Rv2185c; Rv3120 and Rv3118 and Rv1636; Rv3120 and Rv3118 and Rv3426; Rv3120 and Rv1636 and Rv3426; Rv3120 and Rv3354 and Rv2185c; Rv0222 and Rv1989c and Rv3118; Rv0222 and Rv1989c and Rv1636; Rv0222 and Rv1989c and Rv3426; Rv0222 and Rv1989c and Rv3354; Rv0222 and Rv1989c and Rv2185c; Rv0222 and Rv1989c and Rv3118 and Rv1636; Rv0222 and Rv1989c and Rv3118 and Rv3426; Rv0222 and Rv1989c and Rv1636 and Rv3426; Rv0222 and Rv1989c and Rv3354 and Rv2185c; Rv0222 and Rv3120 and Rv3118; Rv0222 and Rv3120 and Rv1636; Rv0222 and Rv3120 and Rv3426; Rv0222 and Rv3120 and Rv3354; Rv0222 and Rv3120 and Rv2185c; Rv0222 and Rv3120 and Rv3118 and Rv1636; Rv0222 and Rv3120 and Rv3118 and Rv3426; Rv0222 and Rv3120 and Rv1636 and Rv3426; Rv022 and Rv3120 and Rv3354 and Rv2185c; Rv1989c and Rv3120 and Rv3118; Rv1989c and Rv3120 and Rv1636; Rv1989c and Rv3120 and Rv3426; Rv1989c and Rv3120 and Rv3354; Rv1989c and Rv3120 and Rv2185c; Rv1989c and Rv3120 and Rv3118 and Rv1636; Rv1989c and Rv3120 and Rv1626 and Rv3426; Rv1989c and Rv3120 and Rv3354 and Rv2185c; Rv0222 and Rv1989c and Rv3120 and Rv3118, Rv0222 and Rv1989c and Rv3120 and Rv1636; Rv0222 and Rv1989c and Rv3120 and Rv3426; Rv0222 and Rv1989c and Rv3120 and Rv3354; Rv0222 and Rv1989c and Rv3120 and Rv2185c; Rv0222 and Rv1989c and Rv3120 and Rv3118 and Rv1636; Rv0222 and Rv1989c and Rv3120 and Rv3118 and Rv3426, Rv0222 and Rv1989c and Rv3120 and Rv1636 and Rv3426; Rv0222 and Rv1989c and Rv3120 and Rv3354 and Rv2185c; Rv0222 and Rv1989c and Rv3120

and Rv3118 and Rv1636 and Rv3426; and Rv0222 and Rv1989c and Rv3120 and Rv3354 and Rv2185c and Rv3118 and Rv1636 and Rv3426.

In another aspect, the invention provides a diagnostics tool such as a TB lateral flow rapid diagnostic test or an enzyme-linked immunoassay detecting interferon- γ (IFN- γ) released by the T-cells or an enzyme-linked immunospot assay detecting IFN- γ -producing cells, and others that utilizes a combination of the Rv0222, and/or Rv1989c, and/or Rv3120, and/or Rv3118, and/or Rv1636, and/or Rv3426 and/or with other TB antigens.

In another aspect, the invention provides a method of detecting antibodies in a sample from a subject, wherein the antibodies bind to epitopes of *Mycobacterium tuberculosis* antigens, comprising

- i. contacting the sample with two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15; and
- ii. detecting formation of antibody-peptide complexes comprising said isolated polypeptides or antigenic fragments or variants thereof;

wherein formation of said complexes is indicative of the presence of the antibodies to epitopes of *Mycobacterium tuberculosis* antigens in said sample. In some embodiments, the subject has been infected with *Mycobacterium tuberculosis*. In some embodiments, the polypeptides or antigenic fragments or variants thereof are linked to an affinity tag sequence to facilitate purification. In some embodiments, the affinity tag is a 6x-Histidine tag.

In another aspect, the invention provides a method for assaying interferon- γ production from a sample comprising T cells from a subject, comprising

- i. contacting the sample comprising T cells from the subject with two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15; and
- ii. detecting the presence of interferon- γ produced by the T cells.

In another aspect, the invention provides a method for detecting interferon- γ producing T cells from a sample from a subject, comprising

- i. contacting the sample comprising T cells from the subject with two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15; and
- ii. detecting the presence of interferon- γ producing T cells.

In some embodiments, the sample is incubated with the two or more isolated polypeptides or antigenic fragments or variants thereof for between 4 and 24 hours prior to detecting the presence of interferon- γ produced by the T cells. In some embodiments, the T cells are freshly isolated. The method of any of claims 44-46, wherein the T cells are in blood or isolated from blood. In some embodiments, the T cells comprise CD4+ and CD8+ T cells. In some embodiments, the T cells comprise CD4+ immediate effector T cells. In some embodiments, the subject has been infected with *Mycobacterium tuberculosis*. In some embodiments, the sample is selected from the group consisting of blood, serum, plasma, lymph nodes, skin, saliva, urine, cerebrospinal fluid and milk.

In another aspect, the invention provides a device, wherein the device comprises two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15. In some embodiments, the two or more isolated polypeptides or antigenic fragments or variants thereof are attached or immobilized to a solid support. In some embodiments, the two or more isolated polypeptides or antigenic fragments or variants thereof are attached or immobilized to a bead, a flow path in a lateral flow immunoassay device, a well in a microtiter plate, or a flow path in a rotor. In some embodiments, the device is for assaying for the presence of antibodies in a sample from a subject, wherein the antibodies bind to epitopes of *Mycobacterium tuberculosis* antigens.

Other objects, features and advantages of the present invention will become apparent from the following detailed description. It should be understood, however, that the detailed description and the specific examples, while indicating specific embodiments of the invention, are given by way of illustration only, since various changes and

modifications within the spirit and scope of the invention will become apparent to those skilled in the art from this detailed description.

BRIEF DESCRIPTION OF THE FIGURES

The skilled artisan will understand that the drawings, described below, are for illustration purposes only. The drawings are not intended to limit the scope of the present teachings in any way.

FIG. 1. Schematics of a lateral-flow rapid test strip.

FIG. 2A. Examples of the single-path lateral flow TB test. A) Example of a housing cassette for the lateral flow test strip. B) Example of a 3-antigen lateral flow strip test after being assayed with TB-positive sample obtained from the World Health Organization. The 3 antigens used with this strip are Rv0222 (top line), Rv1989c (middle line), and Rv3120 (bottom line). C) Example of a 5-antigen test strip after assayed with a TB positive sample. D) Example of a lateral flow prototype before the assay. (Note: No control line in these lateral flow strip examples).

FIG. 2B. Examples of 5-antigen IgM-lateral flow test strips after assayed with TB positive/negative samples obtained from the World Health Organization. The 5 antigens used with these strips are Rv0222, Rv1989c, Rv3120, Rv3354, and Rv2185c. The TB samples are Sample #98 - Smear positive/Culture positive (Active TB); Sample #185 - Smear negative/Culture negative/Chest X-ray positive with improvement upon treatment (Active TB); Sample #105 - Smear negative/Culture negative (Non-active TB).

FIG. 3. A) Example of a dual-path lateral flow test. The device has been assayed with a serum sample, hence the control line is visible. B) The top part of the housing cassette. C) The low part of the cassette and the 2 lateral flow strips allowing the evaluation of up to 10 analytes in the sample. a) Sample pad, b) Conjugate pad, c) Chasing buffer reservoir.

FIG. 4. A typical Rann scale to be used to rank signal intensity visualized by the naked eyes.

FIG. 5. Codes for the TB serum samples received from WHO/FIND.

FIG. 6. Codes for the TB serum samples received from WHO/FIND.

FIG. 7. Codes for the TB serum samples received from WHO/FIND.

FIG. 8. Typical lateral flow IgM strips after assayed with WHO/FIND TB serum samples. The strips were made with the Rv0222, Rv1989c, Rv3120 antigens for IgM detection.

FIG. 9. Typical lateral flow IgG strips after assayed with WHO/FIND TB serum samples. The strips were made with the Rv0222, Rv1989c, Rv3120 antigens for IgG detection.

FIG. 10. Summary of lateral flow test results after assaying with the WHO/FIND TB samples using strips made with the Rv0222, Rv1989c, Rv3120 antigens.

FIG. 11. Summary of lateral flow test results after assaying with the WHO/FIND TB samples using strips made with the Rv0222, Rv1989c, Rv3120 antigens.

FIG. 12. Summary of lateral flow test results after assaying with the WHO/FIND TB samples using strips made with the Rv0222, Rv1989c, Rv3120 antigens.

FIG. 13. Tabulation of lateral flow test result interpretation after assaying with the WHO/FIND TB samples using strips made with the Rv0222, Rv1989c, Rv3120 antigens.

FIG. 14. The Minimum Specifications for a Point-Of-Care TB Test.

DETAILED DESCRIPTION OF THE INVENTION

The present invention is based, in part, on the discovery that a combination of polypeptides from *Mycobacterium tuberculosis*, or antigenic fragments or variants thereof provide for robust detection of immune system responses - an antibody response or T-cell response against *Mycobacterium tuberculosis* infection. In some embodiments, the invention provides an assay and device having the appropriate sensitivity and specificity to detect tuberculosis-specific antibodies in patient samples and having significant advantages over currently available tests. Accordingly, in some embodiments, the invention provides compositions, devices, methods, and kits useful for the detection of antibodies that bind to *Mycobacterium tuberculosis* antigens and the diagnosis of tuberculosis in subjects.

Reference will now be made in detail to the presently preferred embodiments of the invention which, together with the drawings and the following examples, serve to explain the principles of the invention. These embodiments describe in sufficient detail to enable those skilled in the art to practice the invention, and it is understood that other embodiments

may be utilized, and that structural, biological, and chemical changes may be made without departing from the spirit and scope of the present invention. Unless defined otherwise, all technical and scientific terms used herein have the same meanings as commonly understood by one of ordinary skill in the art.

5 In some embodiments, the practice of the present invention employs various techniques of molecular biology (including recombinant techniques), microbiology, cell biology, biochemistry and immunology. *See, e.g.,* Sambrook *et al. Molecular Cloning: A Laboratory Manual*, 2nd edition (1989); *Current Protocols in Molecular Biology* (F. M. Ausubel *et al.* eds. (1987)); the series *Methods in Enzymology* (Academic Press, Inc.);
10 *PCR: A Practical Approach* (M. MacPherson *et al.* IRL Press at Oxford University Press (1991)); *PCR 2: A Practical Approach* (M. J. MacPherson, B. D. Hames and G. R. Taylor eds. (1995)); *Antibodies, A Laboratory Manual* (Harlow and Lane eds. (1988)); *Using Antibodies, A Laboratory Manual* (Harlow and Lane eds. (1999)); and *Animal Cell Culture* (R. I. Freshney ed. (1987)).

15 Definitions of common terms in molecular biology may be found, for example, in Benjamin Lewin, *Genes VII*, published by Oxford University Press, 2000 (ISBN 019879276X); Kendrew *et al.* (eds.); *The Encyclopedia of Molecular Biology*, published by Blackwell Publishers, 1994 (ISBN 0632021829); and Robert A. Meyers (ed.), *Molecular Biology and Biotechnology: a Comprehensive Desk Reference*, published by
20 Wiley, John & Sons, Inc., 1995 (ISBN 0471186341).

 For the purpose of interpreting this specification, the following definitions will apply and whenever appropriate, terms used in the singular will also include the plural and vice versa. In the event that any definition set forth below conflicts with the usage of that word in any other document, including any document incorporated herein by reference, the
25 definition set forth below shall always control for purposes of interpreting this specification and its associated claims unless a contrary meaning is clearly intended (for example in the document where the term is originally used). The use of "or" means "and/or" unless stated otherwise. As used in the specification and claims, the singular form "a," "an" and "the" include plural references unless the context clearly dictates otherwise. For example, the
30 term "an antibody" includes a plurality of antibodies, including mixtures thereof. The use of "comprise," "comprises," "comprising," "include," "includes," and "including" are

interchangeable and not intended to be limiting. Furthermore, where the description of one or more embodiments uses the term "comprising," those skilled in the art would understand that, in some specific instances, the embodiment or embodiments can be alternatively described using the language "consisting essentially of" and/or "consisting of."

5 As used herein, the term "about" means plus or minus 10% of the numerical value of the number with which it is being used.

The term "antigen," as used herein, refers to a molecule capable of being recognized by an antibody. An antigen can be, for example, a peptide or a modified form thereof. An antigen can comprise one or more epitopes.

10 The term "epitope," as used herein, is a portion of an antigen that is specifically recognized by an antibody. An epitope, for example, can comprise or consist of a portion of a peptide (e.g., a peptide of the invention). An epitope can be a linear epitope, sequential epitope, or a conformational epitope. In certain embodiments, epitopes may comprise non-contiguous regions.

15 The terms "nucleic acid," "oligonucleotide" and "polynucleotide" are used interchangeably herein and encompass DNA, RNA, cDNA, whether single stranded or double stranded, as well as chemical modifications thereof.

 Single letter amino acid abbreviations used herein have their standard meaning in the art, and all peptide sequences described herein are written according to convention, with the N-terminal end to the left and the C-terminal end to the right.

20

Methods

In one embodiment, the invention provides a method of detecting antibodies in a sample from a subject, wherein the antibodies bind to epitopes of *Mycobacterium tuberculosis* antigens, comprising

25 i. contacting the sample with two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the isolated polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15; and

 ii. detecting formation of antibody-peptide complexes comprising said isolated polypeptides or antigenic fragments or variants thereof;

30 wherein formation of said complexes is indicative of the presence of the antibodies to epitopes of *Mycobacterium tuberculosis* antigens in said sample.

The sample is not particularly limiting. In some embodiments, the sample is selected from the group consisting of blood, serum, plasma, lymph nodes, skin, saliva, urine, cerebrospinal fluid and milk.

The *Mycobacterium tuberculosis* antigens comprise polypeptides comprising SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and/or 15. The amino acid and nucleic acid sequences of the *Mycobacterium tuberculosis* antigens are shown below.

Rv2185c

Amino Acid:

10 MADKTTQTIYIDADPGEVMKAIADIEAYPQWISEYKEVEILEADDEGYPKRARM
MDAAIFKDTLIMSIEWPEDRQSLSWTLESSLLKSLEGTYRLAPKGSGETVYEL
AVDLAVPMIGMLKRKAERRLIDGALKDLKKRVEG (SEQ ID NO:1)

Nucleotide (Strain H37Rv):

gtggcggaca agacgacaca gacgatttac atcgacgcgg atccaggcga ggtgatgaag gcgatcgccg
15 acatcgaagc ctaccgcaa tggatttcgg agtataagga agtcgagatc ctagaggccg acgacgaggg
ctaccgaaa cgagcgcgaa tgttgatgga cgcagccatc ttcaaagaca ccttgatcat gtcctacgag tggccggaag
accgccaatc gcttagctgg actctcgat ccagctcgct gctaaagtcc ctcgaaggca cgtatcgctt ggcgccaag
gggtctggca ctgaggtcac ctacgagctt gccgtcgacc ttgctgtccc catgatcggg atgctcaagc gtaaggcgga
acgcaggttg atagacggcg cggtgaagga tctgaagaaa cgagtcgagg gctga (SEQ ID NO:2)

20

Rv3354

Amino Acid:

MNLRRHQTLTLRLLAASAGILSAAFAAPAQANPVDDAFIAALNNAGVNYGDP
VDAKALGQSVCPILAEPGGSFNTAVASVVARAQGMSQDMAQTFTSIAISMYCPS
25 VMADVASGNLPALPDMPGLPGS (SEQ ID NO:3)

Nucleotide (Strain H37Rv):

atgaacctac ggcgccatca gaccctgacg ctgcgactgc tggcggcatc cgcgggcatt ctcagcgccg
cggccttcgc cgcgccagca caggcaaacc ccgtcgacga cgcgttcac gccgcgctga acaatgccgg
cgtaactac ggcgatccgg tcgacgcaa agcgctgggt cagtccgtt gcccgatcct ggccgagccc
30 ggcgggtcgt ttaacaccgc ggtagccagc gttgtggcgc gcgccaagg catgtcccag gacatggcgc

aaaccttcac cagtatcgcg atttcgatgt actgcccctc ggtgatggca gacgtcgcca ggggcaacct gccggccctg
ccagacatgc cggggctgcc cgggtcctag (SEQ ID NO:4)

Rv0222 (or echA1 - enoyl-CoA hydratase EchA1)

5 Amino Acid:

MSSESDAANTEPEVLVEQRDRILIITINRPKAKNAVNAAVSRGLADAMDQLDGD
AGLSVAILTGGGGSFCAGMDLKAFARGENVVVEGRGLGFTERPPTKPLIAAVEG
YALAGGTELALAADLIVAARDSAFGIPEVKRGLVAGGGGLLRLPERIPYAIAMEL
ALTGDNLPAERAHELGLVNVLAEPGTALDAAIALAEKITANGPLAVVATKRIITE
10 SRGWSPDTMFAEQMKILVPVFTSNDAKEGAIAFAERRRPRWTGT (SEQ ID NO:5)

Nucleotide (Strain H37Rv):

atgagcagcg aaagcgacgc agccaacacc gaacctgagg ttctggtaga acagcgggat cggattttga tcacacgat
caaccgcccc aaagccaaga acgcggtcaa cgccgcagtc agccggggct tggccgatgc gatggatcag
cttgacggcg atgccggcct gtcggtggca atcctgaccg gtggggggcgg ttcgttctgc ggggcatgg acctcaaggc
15 gtgcgcccg ggcgagaatg tcgtcgtcga aggtcgcggc ctggccttta ccgaacgtcc gccgaccaag ccgctcattg
ctgcggtgga aggtacgcg ttggcgggtg gcaccgagct ggcgcttctt gccgacctga tcgtggcggc
cagggattcg gcggtcggga ttctgaagt caagcgggggt ctggttgccg gcggcggggg attgctgcgg
ttgccggagc gcatcccgta tgcgatagcc atggagtgg cgctgaccgg tgacaaccta ccggccgaac
gcgcgcacga gctggggctc gtcaacgttt tggccgagcc ggggaccgcc ctgatgctg cgatcgcggt
20 ggcggagaag atcaccgcca atgggcccgt ggcggtggtg gccaccaagc ggattatcac cgagtcgcgt
gggtggagtc ccgacactat gtctgctgag cagatgaaga tctggtgcc ggtgttcacc tccaacgacg cgaagggaagg
tgcgatcgcg ttcgccgaga ggcgccggcc ccgttgacg ggcacctag (SEQ ID NO:6)

Rv1989c

25 Amino Acid:

MSDALDEGLVQRIDARGTIEWSETCYRYTGAHRDALSGEGARRFGGRWNPPLLF
PAIYLADSAQACMVEVERAAQAASTTAEKMLEAAYRLHTIDVTDLAVLDLTPQ
AREAVGLENDIDIYGDDWSGCQAVGHAAWFLHMQGVLVPAAGGVGLVVTAYE
QRTRPGQLQLRQSVDLTPALYQELRAT (SEQ ID NO:7)

30 Nucleotide (Strain H37Rv):

gtgagcgatg ccctcgatga agggctcgtc cagcgatcg acgcacgcgg aacaattgag tggcggaaa
 cgtgctaccg gtataccggc gcgcaccgtg acgccttgc cggtgagggc gcgcgcagat tcggaggcag
 gtggaatccg ccgctgctct ttccggcgat ctatcttgc gattccgccc aagcctgcat ggttgagggtg gaacggggcg
 cgcaagcggc ttcaacgacc gcagagaaga tgctcgagge ggcctaccga ctacacacga tcgacgtcac
 5 ggacctggcc gtctcgatc tgacaacccc gcaagctcgg gaagccgtgg ggctcgagaa cgacgacatc
 tatggcgacg actggtcagg gtgccaggcg gtccgacatg cggcctgggt ctgcacatg caaggtgtcc tcgtgccggc
 ggcggggcgt gtccgctcg ttgtaccgc gtatgaacag cgaactcggc cgggccaact acaactgcga
 caaagegtcg atctgacgcc tgctctttac caagaacttc gagccacgta g (SEQ ID NO:8)

10 *Rv3120*

Amino Acid:

MSPSPSALLADHPDIRWNAKYECADPTEAVFAPISWLGDVLQFGVPEGPVLEL
 ACGRSGTALGLAAAGRCVTAIDVSDTALVQLELEATRRELADRLTLVHADLCSW
 QSGDGRFALVLCRLFWHPPTFRQACEAVAPGGVVAWEAWRPIDVARDTRRAE

15 WCLKPGQPESELPAGFTVIRVVDTDGSEPSRRIIAQRSL (SEQ ID NO:9)

Nucleotide (Strain H37Rv):

atgagtcctg ctccatcgcc cctgctcgcc gaccacccgg accgcattcg ttggaacgcg aaatacagat gcgtgaccc
 cacggaggcg gtatttgcgc ccatatcctg gctcggcgac gtgctgcagt tcgggggtgcc agaagggccg gttctggaac
 tggcgtgcgg tcggtccggc accgcgctgg ggctagccgc ggcggggcgc tgcgtgactg cgatcgacgt
 20 ttccgatacc gcgttggttc agctcgagct cgaagcgacc cgacgggaat tggccgatcg cctcacactg gtgcacgccg
 atctctgctc ctggcagtcg ggggatggac gctttgctct ggtactttgc cgactattct ggcatccgcc cacttttcgc
 caggcttgcg aggctgtggc gccgggcggt gtagtggcgt gggaggcatg gcggcggccc atcgatgtcg
 ctggggatac ccgtcgagcc gaatggtgct tgaagccagg ccagcccag tetgaacttc ccgcccgtt caggtgatt
 cgggtggteg acaccgatgg ttcagagccg tcgcggcgca tcatcgccca acggtcactg tga (SEQ ID NO:10)

25

Rv3118

Amino Acid:

MCSGPKQGLTLPASVDLEKETVITGRVVDGDGQAVGGAFFVRLLDSSDEFTAEEV
 ASATGDFRFFAAPGSWTLRALSAAGNGDAVVQPSGAGIHEVDVKIT (SEQ ID

30 NO:11)

Nucleotide (Strain H37Rv):

atgtgctctg gacccaagca aggactgaca ttgccggcca gcgtcgacct ggaaaaagaa acggtgatca
 ccggccgcgt agtggacggt gacggccagg cctggggcgg cgcgttcgtg cggtgctgg actcctccga
 cgagttcacc gcggaggtcg tcgcgtcggc caccggcgat ttccggttct tcgccgcgcc cggatcctgg acgtgcgcg
 cgctgtcggc ggccggcaac ggcgacgcgg ttgtgcagcc ctccggcgcg ggcattccac aggttagacgt
 5 caagatcacc tga (SEQ ID NO:12)

Rv1636 (TB15.3)

Amino Acid:

MSAYKTVVVGTDGSDSSMRAVDRAAQIAGADAKLIASAYLPQHEDARAADILK
 10 DESYKVTGTAPIYEILHDAKERAHNAGAKNVEERPIVGAPVDALVNLADEEKAD
 LLVVGNVGLSTIAGRLLGSVPANVSRRRAKVDVLIVHTT (SEQ ID NO:13)

Nucleotide (Strain H37Rv):

atgagcgctt ataagaccgt ggtggttaga accgacgggt cggactcgct gatcgagcg gtagatcgcg ctgccagat
 cgccggcgca gacgccaagt tgatcatcgc ctccgcatac ctacctcagc acgaggacgc tcgcgccgcc
 15 gacattctga aggacgaaag ctacaaggtg acgggcaccg ccccgatcta cgagatcttg caccgaccca
 aggaacgagc gcacaacgcc ggtgcgaaaa acgtcgagga acggccgacg gtcggcgccc cggtcgacgc
 gttggtgaac ctggccgatg aggagaaggc ggacctgctg gtcgtcggca atgtcgttct gacgacgac
 gcgggtcggc tgctcggatc ggtaccggcc aatgtgtcac gccgggcca ggtcgacgtg ctgacgtgc
 acaccaccta g (SEQ ID NO:14)

20

Rv3426 (PPE58)

Amino Acid:

MHLMIPAEYISNVIYEGPRADSLYAADQRLRQLADSVRTTAESLNTTLDELHEN
 WKGSSSEWMADAALRYLDWLSKHSRQILRTARVIESLVMAYEETLLRVVPPATI
 25 ANNREEVRRLIASNVAGGKHSSNRRPRGTIRAVPGRKYPSPNGPLSKLDPICAEAA
 PMAGAAADPQERVGPRGRRGLAGQQQCRGPRGPSLRCSHDTPRFQMNQAFHT
 MVNMLLTCTFACQEKPR (SEQ ID NO:15)

Nucleotide (Strain H37Rv):

atgcatctaa tgataccgc ggagtatac tccaacgtaa tatatgaagg tccgcgtgct gactcattgt atgccgccga
 30 ccagcgattg cgacaattag ctgactcagt tagaacgact gccgagtcgc tcaacaccac gctcgacgag ctgcacgaga
 actggaaagg tagttcatcg gaattgatgg ccgacgcggc ttgcggtat ctgactggc tgtctaaaca ctcccgctag

atTTTgcgaa cgcggcggt gatcgaatcc ctgtaatgg cctatgagga gacattctg aggggtgttac cccggcgac
 tatcgccaac aaccgcgagg aggtgcgcag gctgatcgcg agcaacgtgg ccgggggtaa acactccagc
 aatgcgagac ctgaggcac aatacgagca gtaccgggcc gaaaatatcc aagcaatgga ccgctatcta agttggaccc
 gatttgcgct atcgaagctg ccccgatggc gggagccgcc gcagatccac aggagcgggt aggtccaaga
 5 ggccggcgcg gtcttcagg ccagcaaaa tgccgcggtc gaccagccc atcgcttcgc tgctgcacg
 acacaccgcg gtttcagatg aatcaggcgt ttcacacat ggtgaacatg ttgctgacgt gttttgatg tcaggagaaa
 ccgagatga (SEQ ID NO:16).

In accordance with the method, the sample is contacted with two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the polypeptides comprise
 10 polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15.

The *Mycobacterium tuberculosis* polypeptides, variants and antigenic fragments can be prepared in any suitable manner. Such polypeptides include isolated naturally occurring polypeptides, recombinantly produced polypeptides, synthetically produced
 15 polypeptides, or polypeptides produced by a combination of these methods.

In some embodiments, the *Mycobacterium tuberculosis* polypeptides are optimized for high level expression in *E. coli* using codons that are preferred in *E. coli*. In some embodiments, engineered antigenic fragments of *Mycobacterium tuberculosis* polypeptides (nucleic acid and amino acid sequences), which are optimized for expression
 20 in *E. coli* can be used, and which harbor an affinity tag (e.g., a histidine tag) to facilitate purification of the protein. As used herein, a codon that is "optimized for high level expression in *E. coli*" refers to a codon that is relatively more abundant in *E. coli* in comparison with all other codons corresponding to the same amino acid. In some
 25 embodiments, at least 40% of the codons are optimized for high level expression in *E. coli*. In some embodiments, at least 50%, at least 60%, at least 70%, at least 80%, at least 85%, at least 90%, at least 95%, or at least 99% of the codons are optimized for high level expression in *E. coli*. In some embodiments, the gene is cloned into an expression vector, such as pET30B to add an N-terminal hexahistidine tag and/or protease cleavage site.

In some embodiments, the polypeptides of the invention may be in substantially
 30 purified form. They may be in substantially isolated form, in which case they will generally

comprise (for example about or at least) 90%, such as (for example about or at least) 95, 97 or 99% of the polypeptide in the preparation.

The two or more isolated polypeptides include at least two of the polypeptides selected from SEQ ID NO:1, SEQ ID NO:3, SEQ ID NO:5, SEQ ID NO:7, SEQ ID NO:9, 5 SEQ ID NO:11, SEQ ID NO:13, and SEQ ID NO:15 as well as antigenic fragments and variants thereof which have at least 80% identity thereto. In some embodiments, the polypeptides have at least 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or greater identity to the polypeptides of NO:1, SEQ ID NO:3, SEQ ID NO:5, SEQ ID NO:7, SEQ ID NO:9, SEQ ID NO:11, SEQ ID NO:13, and SEQ ID NO:15 and antigenic 10 fragments thereof. In some embodiments, the polypeptides have at least 100% identity to the polypeptide of NO:1, SEQ ID NO:3, SEQ ID NO:5, SEQ ID NO:7, SEQ ID NO:9, SEQ ID NO:11, SEQ ID NO:13, and SEQ ID NO:15 and antigenic fragments thereof.

Methods for aligning polynucleotides or polypeptides are codified in computer programs, including the GCG program package (Devereux et al., Nuc. Acids Res. 12:387 15 (1984)), BLASTP, BLASTN, FASTA (Atschul et al., J Molec. Biol. 215:403 (1990)), and Bestfit program (Wisconsin Sequence Analysis Package, Version 8 for Unix, Genetics Computer Group, University Research Park, 575 Science Drive, Madison, Wis. 53711) which uses the local homology algorithm of Smith and Waterman (Adv. App. Math., 2:482-489 (1981)). For example, the computer program ALIGN which employs the 20 FASTA algorithm can be used, with an affine gap search with a gap open penalty of -12 and a gap extension penalty of -2.

When using any of the sequence alignment programs to determine whether a particular sequence is, for instance, about 95% identical to a reference sequence, the parameters are set such that the percentage of identity is calculated over the full length of 25 the reference polynucleotide and that gaps in identity of up to 5% of the total number of nucleotides in the reference polynucleotide are allowed.

In some embodiments, the variant polypeptides, including those which have 80% or more identity to the *Mycobacterium tuberculosis* polypeptides described herein or antigenic fragments thereof, are recognized by an antibody that binds a polypeptide 30 selected from the group consisting of SEQ ID NO:1, SEQ ID NO:3, SEQ ID NO:5, SEQ ID NO:7, SEQ ID NO:9, SEQ ID NO:11, SEQ ID NO:13, and SEQ ID NO:15 and antigenic

fragments thereof. In some embodiments, the variant has 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or more identity to a *Mycobacterium tuberculosis* polypeptide described herein and is recognized by an antibody that binds a *Mycobacterium tuberculosis* polypeptide selected from the group consisting of SEQ ID NO:1, SEQ ID NO:3, SEQ ID NO:5, SEQ ID NO:7, SEQ ID NO:9, SEQ ID NO:11, SEQ ID NO:13, and SEQ ID NO:15 and antigenic fragments thereof.

In some embodiments, the *Mycobacterium tuberculosis* polypeptides, variants or antigenic fragments are part of a larger protein such as a fusion protein. It is often advantageous to include additional amino acid sequence which contains secretory or leader sequences, pro-sequences, sequences which aid in purification such as multiple histidine residues, or additional sequence for stability during recombinant production.

An antigenic fragment is a polypeptide having an amino acid sequence that entirely is the same as part but not all of the amino acid sequence of one of the aforementioned *Mycobacterium tuberculosis* polypeptides. The antigenic fragment can be "free-standing," or comprised within a larger polypeptide of which they form a part or region, most preferably as a single continuous region.

In some embodiments, the antigenic fragments include, for example, truncation polypeptides having the amino acid sequence of the *Mycobacterium tuberculosis* polypeptides, except for deletion of a continuous series of residues that includes the amino terminus, or a continuous series of residues that includes the carboxyl terminus or deletion of two continuous series of residues, one including the amino terminus and one including the carboxyl terminus. In some embodiments, fragments are characterized by structural or functional attributes such as fragments that comprise alpha-helix and alpha-helix forming regions, beta-sheet and beta-sheet-forming regions, turn and turn-forming regions, coil and coil-forming regions, hydrophilic regions, hydrophobic regions, alpha amphipathic regions, beta amphipathic regions, flexible regions, surface-forming regions, and high antigenic index regions.

The antigenic fragment can be of any size. In some embodiments the fragment is capable of inducing an immune response in a subject or be recognized by a specific antibody. In some embodiments, the specific antibody recognizes the full-length protein. In some embodiments, the fragment corresponds to an amino-terminal truncation mutant.

In some embodiments, the number of amino terminal amino acids missing from the fragment ranges from 1-100 amino acids. In some embodiments, it ranges from 1-75 amino acids, 1-50 amino acids, 1-40 amino acids, 1-30 amino acids, 1-25 amino acids, 1-20 amino acids, 1-15 amino acids, 1-10 amino acids and 1-5 amino acids.

5 In some embodiments, the fragment can be, *e.g.*, at least 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, or 44 amino acids in length. The fragment can be contiguous or can include one or more deletions (*e.g.*, a deletion of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, or more amino acid residues). In some embodiments, peptides of the invention that comprise a fragment
10 of a peptide sequence described herein can further comprise an additional N-terminal peptide sequence, an additional C-terminal peptide sequence, or a combination thereof. In some embodiments, the additional N-terminal and/or C-terminal peptide sequences can be non-native sequences.

 In some embodiments, the fragment corresponds to carboxyl-terminal truncation
15 mutant. In some embodiments, the number of carboxyl terminal amino acids missing from the fragment ranges from 1-100 amino acids. In some embodiments, it ranges from 1-75 amino acids, 1-50 amino acids, 1-40 amino acids, 1-30 amino acids, 1-25 amino acids, 1-20 amino acids, 1-15 amino acids, 1-10 amino acids and 1-5 amino acids.

 In some embodiments, the fragment corresponds to an internal fragment that lacks
20 both the amino and carboxyl terminal amino acids. In some embodiments, the fragment is 7-200 amino acid residues in length. In some embodiments, the fragment is 10-150 amino acid residues, 15-85 amino acid residues, 25-65 amino acid residues or 30-50 amino acid residues in length. In some embodiments, the fragment is 7 amino acids, 10 amino acids, 12 amino acids, 15 amino acids, 20 amino acids, 25 amino acids, 30 amino acids, 35 amino
25 acids, 40 amino acids, 45 amino acids, 50 amino acids 55 amino acids, 60 amino acids, 80 amino acids or 100 amino acids in length.

 Larger antigenic fragments are also useful according to the present invention, as are fragments corresponding to most, if not all, of the amino acid sequence of SEQ ID NO:1, SEQ ID NO:3, SEQ ID NO:5, SEQ ID NO:7, SEQ ID NO:9, SEQ ID NO:11, SEQ ID
30 NO:13, and SEQ ID NO:15.

In some embodiments, the polypeptides useful in the methods of the invention include polypeptides having an amino acid sequence at least 80% identical to that of SEQ ID NO:1, SEQ ID NO:3, SEQ ID NO:5, SEQ ID NO:7, SEQ ID NO:9, SEQ ID NO:11, SEQ ID NO:13, and SEQ ID NO:15 or antigenic fragments thereof. In some embodiments, the variants are those that vary from the reference by conservative amino acid substitutions, i.e., those that substitute a residue with another of like characteristics. Typical substitutions are among Ala, Val, Leu and Ile; among Ser and Thr; among the acidic residues Asp and Glu; among Asn and Gln; and among the basic residues Lys and Arg, or aromatic residues Phe and Tyr. In some embodiments, the polypeptides are variants in which several, 5 to 10, 1 to 5, or 1 to 2 amino acids are substituted, deleted, or added in any combination.

In some embodiments, peptides of the invention are modified. The peptides of the invention may be modified by a variety of techniques, such as by denaturation with heat and/or a detergent (e.g., SDS). In some embodiments, peptides of the invention may be modified by association with one or more further moieties. The association can be covalent or non-covalent, and can be, for example, via a terminal amino acid linker, such as lysine or cysteine, a chemical coupling agent, or a peptide bond. The additional moiety can be, for example, a ligand, a ligand receptor, a fusion partner, a detectable label, an enzyme, or a substrate that immobilizes the peptide.

Peptides useful in the invention can be conjugated to a ligand, such as biotin (e.g., via a cysteine or lysine residue), a lipid molecule (e.g., via a cysteine residue), or a carrier protein (e.g., serum albumin, keyhole limpet hemocyanin (KLH), immunoglobulin Fc domain via e.g., a cysteine or lysine residue). Attachment to ligands, such as biotin, can be useful for associating the peptide with ligand receptors, such as avidin, streptavidin, polymeric streptavidin (see e.g., US 2010/0081125 and US 2010/0267166, both of which are herein incorporated by reference), or neutravidin. Avidin, streptavidin, polymeric streptavidin, neutravidin, in turn, can be linked to a signaling moiety (e.g., a moiety that can be visualized, such as colloidal gold, a fluorescent moiety, or an enzyme (horseradish peroxidase or alkaline phosphatase) or a solid substrate (e.g., an Immobilon or nitrocellulose membrane). In some embodiments, the peptides of the invention can be fused or linked to a ligand receptor, such as avidin, streptavidin, polymeric streptavidin, or neutravidin, thereby facilitating the association of the peptides with the corresponding

ligand, such as biotin and any moiety (e.g., signaling moiety) or solid substrate attached thereto. Examples of other ligand-receptor pairs are well-known in the art and can similarly be used. In some embodiments, the peptides of the invention can be linked or conjugated to a signaling moiety directly.

5 In some embodiments, peptides useful in the invention can be fused or conjugated to a fusion partner (e.g., a peptide or other moiety). In some embodiments, a fusion partner can facilitate purification, expression of the peptide in a host cell, detection, stabilize the peptide, connecting the peptide to a surface or other entities, etc. Examples of suitable compounds for fusion partners include carrier proteins (e.g., serum albumin, immunoglobulin Fc domain, dendrimer, etc.), beta-galactosidase, glutathione-S-transferase, a histidine tag, etc. The fusion can be achieved by means of, e.g., a peptide bond. For example, peptides of the invention and fusion partners can be fusion proteins and can be directly fused in-frame or can comprise a peptide linker, as discussed above in the context of additional N-terminal and C-terminal peptide sequences. In some
10 embodiments, a mixture of peptides of the invention can be linked by a dendrimer, e.g., as in a MAPS structure.

 In addition, peptides of the invention may be modified to include any of a variety of known chemical groups or molecules. Such modifications include, but are not limited to, glycosylation, acetylation, acylation, ADP-ribosylation, amidation, covalent attachment
20 to polyethylene glycol (e.g., PEGylation), covalent attachment of flavin, covalent attachment of a heme moiety, covalent attachment of a nucleotide or nucleotide derivative, covalent attachment of a lipid or lipid derivative, covalent attachment of phosphatidylinositol, cross-linking, cyclization, disulfide bond formation, demethylation, formation of covalent cross-links, formation of cystine, formation of pyroglutamate,
25 formylation, gamma carboxylation, glycosylation, GPI anchor formation, hydroxylation, iodination, methylation, myristoylation, oxidation, proteolytic processing, phosphorylation, prenylation, racemization, selenoylation, sulfation, ubiquitination, modifications with fatty acids, transfer-RNA mediated addition of amino acids to proteins such as arginylation, etc. Analogues of an amino acid (including unnatural amino acids)
30 and peptides with substituted linkages are also included. Peptides of the invention that

consist of any of the sequences discussed herein may be modified by any of the discussed modifications. Such peptides still "consist of" the amino acids.

Modifications as set forth above are well-known to those of skill in the art and have been described in great detail in the scientific literature. Several particularly common
5 modifications, glycosylation, lipid attachment, sulfation, gamma-carboxylation of glutamic acid residues, hydroxylation and ADP-ribosylation, for instance, are described in many basic texts, such as *Proteins-Structure and Molecular Properties*, 2nd ed., T. E. Creighton, W.H. Freeman and Company, New York (1993). Many detailed reviews are available on this subject, such as by Wold, F., *Posttranslational Covalent Modification of*
10 *Proteins*, B. C. Johnson, Ed., Academic Press, New York 1-12 (1983); Seifter et al. (1990) *Meth. Enzymol.* 182:626-646 and Rattan et al. (1992) *Ann. N.Y. Acad. Sci.* 663:48-62.

The subject is not necessarily limiting. In some embodiments, the subject has been infected with *Mycobacterium tuberculosis*. In some embodiments, the subject can have active tuberculosis, latent tuberculosis, or be tuberculosis-negative. A positive result also
15 includes the possibility of a previous infection that has been completely cleared and no possibility of latent tuberculosis. In some embodiments, the method is performed as a screen for tuberculosis in mass populations in developing countries. In some embodiments, the method could be utilized as a community-based triage or referral test to identify people suspected of having tuberculosis. A triage test can be a test that can be used by first-contact
20 providers in the community (for example, community health workers or informal providers) to test persons with any symptoms or risk factors suggestive of tuberculosis who are seeking care (that is, it would not be used for active case-finding) to rule out TB (identify those who are triage-test negative) and direct individuals who require further evaluation (those who are triage-test positive) to a confirmatory test. The triage test can
25 have higher accuracy than symptom screening. Symptom-only screening has very low specificity.

The subject is generally a human but may be an animal, typically one which can be naturally or artificially infected by a mycobacterium. The subject can be a mammal, such as a primate, cow, sheep, pig, badger or rodent, e.g. a mouse or rat. In some embodiments,
30 the subject typically has an active or latent mycobacterial infection, or has had such an infection recently. The subject may test positive or negative in a Mantoux test. In some

embodiments, the subject may be at risk of a mycobacterial infection, typically for socio-economic reasons or may have a genetic or acquired predisposition to mycobacterial infection. In some embodiments, the subject is a healthy contact who has been exposed to a mycobacterium. In some embodiments, the exposure is to pulmonary tuberculosis, such as `open` pulmonary tuberculosis which is sputum a. f. b. (acid-fast bacillus) smear positive. In some embodiments, the method may be used to trace the healthy contacts of individuals with such tuberculosis infections. The method may also be used to carry out population surveys to measure the number of individuals in a population who have a mycobacterial infection or are healthy contacts.

In some embodiments, the method can help distinguish between a subject that has “active” tuberculosis and a subject that has “latent” tuberculosis. In some embodiments, active tuberculosis can be screened wherein the sample from the subject is contacted with SEQ ID NO:9 or an antigenic fragment or variant thereof; SEQ ID NO:11 or an antigenic fragment or variant thereof; SEQ ID NO:13 or an antigenic fragment or variant thereof; and SEQ ID NO:15 or an antigenic fragment or variant thereof; followed by detecting formation of antibody-peptide complexes comprising said isolated polypeptides or antigenic fragments or variants thereof; wherein formation of said complexes is indicative of the presence of the antibodies to epitopes of *Mycobacterium tuberculosis* antigens in said sample, wherein the sample is from a subject that has “active” tuberculosis. These B-cell antigens (SEQ ID NO: 9, 11, 13 and 15) induce antibody immune responses that seem to be confined to various categories of “active” TB (smear positive, smear negative, smear negative/culture negative/chest X-ray positive with improvement with treatment) while exhibit little antibody responses (5-10%) in patients with LTBI (smear negative/culture negative/QuantiFERON-TB positive category).

In accordance with the method, the sample is contacted with two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15. In some embodiments, the sample is contacted with at least two, three, four, five, six, seven, eight or more isolated polypeptides or antigenic fragments or variants thereof. In some embodiments, the two or more polypeptides comprise at least SEQ ID NO:9 or an antigenic fragment or variant thereof. In some embodiments, at least one of the

polypeptides, antigenic fragments or variants thereof comprises a non-native sequence, such as an affinity tag to facilitate purification of the polypeptide. In some embodiments, the affinity tag can include 6x-His, HA, GST, or FLAG. In some embodiments, all of the polypeptides, antigenic fragments or variants thereof comprise non-native sequences, such as an affinity tag. In some embodiments, at least two of the polypeptides are conjugated to each other, or part of a fusion protein.

In some embodiments, the sample is contacted with SEQ ID NO:5 or an antigenic fragment or variant thereof; SEQ ID NO:7 or an antigenic fragment or variant thereof; and SEQ ID NO:9 or an antigenic fragment or variant thereof.

In some embodiments, the sample is contacted with SEQ ID NO:1 or an antigenic fragment or variant thereof; SEQ ID NO:3 or an antigenic fragment or variant thereof; SEQ ID NO:5 or an antigenic fragment or variant thereof; SEQ ID NO:7 or an antigenic fragment or variant thereof; and SEQ ID NO:9 or an antigenic fragment or variant thereof.

In some embodiments, the sample is contacted with SEQ ID NO:9 or an antigenic fragment or variant thereof; SEQ ID NO:11 or an antigenic fragment or variant thereof; SEQ ID NO:13 or an antigenic fragment or variant thereof; and SEQ ID NO:15 or an antigenic fragment or variant thereof.

In some embodiments, the accuracy/sensitivity of detecting antibody-peptide complexes in the sample from a subject infected with *Mycobacterium tuberculosis* is at least 70%, at least 80%, at least 90%, or at least 95%.

In some embodiments, the polypeptides are attached to or immobilized upon a solid support. In some embodiments, the solid support is a bead (e.g., a colloidal particle, nanoparticle, latex bead, etc.), a flow path in a lateral flow immunoassay device (e.g., a porous membrane), a flow path in an analytical rotor, or a tube or a well (e.g., in a plate suitable for an ELISA assay). In some embodiments, the solid support comprises metal, glass, a cellulose-based material (e.g., nitrocellulose), or a polymer (e.g., polystyrene, polyethylene, polypropylene, polyester, nylon, polysulfone, etc.). In some embodiments, the peptide or mixture of different peptides is attached to a dendrimer and/or incorporated into a MAPS system.

In some embodiments, the detecting step comprises performing an ELISA assay. In other embodiments, the detecting step comprises performing a lateral flow

immunoassay. In other embodiments, the detecting step comprises performing an agglutination assay. In other embodiments, the detecting step comprises spinning the sample in an analytical rotor. In other embodiments, the detecting step comprises analyzing the sample using a Western blot, a slot blot, or a dot blot. In still other embodiments, the detecting step comprises analyzing the sample with an electrochemical sensor, an optical sensor, or an opto-electronic sensor. In some embodiments, the two or more isolated polypeptides or antigenic fragments or variants thereof is conjugated to a ligand. In some embodiments, the two or more isolated polypeptides or antigenic fragments or variants thereof are biotinylated. In some embodiments, the two or more isolated polypeptides or antigenic fragments or variants thereof are conjugated to streptavidin.

Suitable immunoassay methods typically include: receiving or obtaining (e.g., from a patient) a sample of body fluid or tissue likely to contain antibodies; contacting (e.g., incubating or reacting) a sample to be assayed with a peptide of the invention, under conditions effective for the formation of a specific peptide-antibody complex (e.g., for specific binding of the peptide to the antibody); and assaying the contacted (reacted) sample for the presence of an antibody-peptide reaction (e.g., determining the amount of an antibody-peptide complex). The presence of an elevated amount of the antibody-peptide complex indicates that the subject was exposed to and infected with an infectious *Mycobacterium tuberculosis*. A peptide, including a modified form thereof, which "binds specifically" to (e.g., "is specific for" or binds "preferentially" to) an antibody against a *Mycobacterium tuberculosis* antigen interacts with the antibody, or forms or undergoes a physical association with it, in an amount and for a sufficient time to allow detection of the antibody. By "specifically" or "preferentially," it is meant that the peptide has a higher affinity (e.g., a higher degree of selectivity) for such an antibody than for other antibodies in a sample. For example, the peptide can have an affinity for the antibody of at least about 1.5-fold, 2-fold, 2.5-fold, 3-fold, or higher than for other antibodies in the sample. Such affinity or degree of specificity can be determined by a variety of routine procedures, including, e.g., competitive binding studies. In an ELISA assay, a positive response is defined as a value 2 or 3 standard deviations greater than the mean value of a group of healthy controls.

Conditions for reacting peptides and antibodies so that they react specifically are well-known to those of skill in the art. See, e.g., Current Protocols in Immunology (Coligan et al., editors, John Wiley & Sons, Inc).

The methods comprise receiving or obtaining a sample of body fluid or tissue that might contain antibodies from a subject. The antibodies can be, e.g., of IgG, IgE, IgD, IgM, or IgA type. Once the peptide antigen and sample antibody are permitted to react in a suitable medium, an assay is performed to determine the presence or absence of an antibody-peptide reaction. Among the many types of suitable assays, which will be evident to a skilled worker, are immunoprecipitation and agglutination assays.

In some embodiments of the invention, the assay comprises: immobilizing the antibody(s) in the sample, e.g., directly or indirectly via binding to peptides of the invention; adding a peptide of the invention; and detecting the degree of antibody bound to the peptide, e.g., by the peptide being labeled or by adding a labeled substance, such as a labeled binding partner (e.g., streptavidin-colloidal gold complex) or a labeled antibody which specifically recognizes the peptide. In other embodiments, the assay comprises: immobilizing a peptide of the invention; adding the sample containing antibodies; and detecting the amount of antibody bound to the peptide, e.g., by adding another peptide of the invention conjugated, directly or indirectly, to a label (e.g., colloidal gold complex, fluorescent label, enzyme (e.g., horseradish peroxidase or alkaline phosphatase)) or by adding a labeled substance, such as a binding partner or a labeled antibody which specifically recognizes the sample antibodies (e.g., anti-human IgG antibodies, anti-human IgM antibodies, etc.) or combinations thereof. In some embodiments, the assay comprises: immobilizing a peptide of the invention; adding the sample containing antibodies; and detecting the amount of antibody bound to the peptide, e.g., by adding a first binding partner which specifically recognizes the sample antibodies (e.g., anti-human IgG antibodies, anti-human IgM antibodies, etc.), and further adding a second binding partner (e.g., protein A, protein G, protein L, etc.), wherein the second binding partner is labeled and recognizes said first binding partner. In still other embodiments, the assay comprises: reacting the peptide and the sample containing antibodies without any of the reactants being immobilized, and then detecting the amount of complexes of antibody and peptide, e.g., by the peptide being labeled or by adding a labeled substance, such as a labeled binding partner

(e.g., streptavidin-colloidal gold complex) or a labeled antibody which specifically recognizes the peptide.

Immobilization of a peptide of the invention can be either covalent or non-covalent, and the non-covalent immobilization can be non-specific (e.g., non-specific binding to a polystyrene surface in, e.g., a microtiter well). Specific or semi-specific binding to a solid or semi-solid carrier, support or surface, can be achieved by the peptide having, associated with it, a moiety which enables its covalent or non-covalent binding to the solid or semi-solid carrier, support or surface. For example, the moiety can have affinity to a component attached to the carrier, support or surface. In this case, the moiety may be, e.g., a biotin or biotinyl group or an analogue thereof bound to an amino acid group of the peptide, such as 6-aminohexanoic acid, and the component is then avidin, streptavidin, neutravidin, or an analogue thereof. An alternative is a situation in which the moiety has the amino acid sequence His-His-His-His-His-His and the carrier comprises a Nitrilotriacetic Acid (NTA) derivative charged with Ni^{++} or Co^{++} ions. In some embodiments, the moiety is a fusion partner.

Suitable carriers, supports, and surfaces include, but are not limited to, beads (e.g., magnetic beads, colloidal particles or nanoparticles, such as colloidal gold, or nanoparticles comprising silica, latex, polystyrene, polycarbonate, or PDVF), latex of co-polymers such as styrene-divinyl benzene, hydroxylated styrene-divinyl benzene, polystyrene, carboxylated polystyrene, beads of carbon black, non-activated or polystyrene or polyvinyl chloride activated glass, epoxy-activated porous magnetic glass, gelatin or polysaccharide particles or other protein particles, red blood cells, mono- or polyclonal antibodies or Fab fragments of such antibodies.

A particularly useful assay format is a lateral flow immunoassay format. Antibodies to human or animal immunoglobulins can be labeled with a signal generator or reporter (e.g., colloidal gold) that is dried and placed on a glass fiber pad (sample application pad or conjugate pad). The diagnostic peptide is immobilized on membrane, such as nitrocellulose or a PVDF (polyvinylidene fluoride) membrane (e.g., an Immobilon membrane). When a solution of sample (blood, serum, etc.) is applied to the sample application pad (or flows through the conjugate pad), it dissolves the labeled reporter, which then binds to all antibodies in the sample. The resulting complexes are then

transported into the next membrane (PVDF or nitrocellulose containing the diagnostic peptide) by capillary action. If antibodies against the diagnostic peptide are present, they bind to the diagnostic peptide striped on the membrane, thereby generating a signal (e.g., a band that can be seen or visualized). An additional antibody specific to the labeled antibody or a second labeled antibody can be used to produce a control signal.

An alternative format for the lateral flow immunoassay comprises the peptides or compositions of the invention being conjugated to a ligand (e.g., biotin) and complexed with labeled ligand receptor (e.g., streptavidin-colloidal gold). The labeled peptide complexes can be placed on the sample application pad or conjugate pad. Anti-human IgG/IgM or anti-animal (e.g., dog, mouse, deer) IgG/IgM antibodies or other peptides of the invention are immobilized on a membrane, such as nitrocellulose or PVDF, at a test site (e.g., a test line).

When sample is added to the sample application pad, antibodies in the sample react with the labeled peptide complexes such that antibodies that bind to peptides of the invention become indirectly labeled. The antibodies in the sample are then transported into the membrane (PVDF or nitrocellulose containing the diagnostic peptides) by capillary action and bind to the immobilized anti-human IgG/IgM/IgA or anti-animal IgG/IgM/IgA antibodies (or protein A, protein G, protein L, or combinations thereof) or immobilized peptides of the invention. If any of the sample antibodies are bound to the labeled peptides of the invention, the label associated with the peptides can be seen or visualized at the test site.

Alternatively, when sample is added to the sample application pad, antibodies in the sample react with the labeled anti-human IgG/IgM/IgA or anti-animal IgG/IgM/IgA antibodies (or protein A, protein G, protein L, or combinations thereof) such that antibodies that bind to peptides of the invention become indirectly labeled. The labeled antibodies in the sample are then transported into the membrane (PVDF or nitrocellulose containing the diagnostic peptides) by capillary action and bind to the immobilized peptides of the invention. If any of the sample antibodies are bound to the immobilized peptides of the invention, the label associated with the peptides can be seen or visualized at the test site.

In the embodiments utilizing the lateral flow immunoassay format described above, the lateral flow device may comprise two ports: a sample port, which is positioned between

a conjugate pad (containing a labeled analyte-binding partner) and a test site or line (containing an immobilized analyte-binding partner) and a chase port, which is positioned downstream (e.g. toward the end of the device away from test site) of the conjugate pad. In such devices comprising two ports, sample is deposited downstream of the test site via the sample port and fluid flow through the conjugate pad is initiated by depositing solution (e.g. diluent, buffer, or the like) via the chase port. The "chase" solution dissolves the labeled reagents in the conjugate pad and flows through to interact with the sample and then the immobilized reagents at the test site. Alternatively, sample is deposited downstream of the test site via the sample port and migrates toward the test site(s), resulting in the capture of the analyte(s) by the immobilized agents at the test site(s). Subsequently, fluid flow through the conjugate pad is initiated by depositing solution (e.g. diluent, buffer, or the like) via the chase port. The "chase" solution dissolves the labeled reagents in the conjugate pad and flows through to interact with the captured analyte(s) at the test site(s).

In other embodiments utilizing the lateral flow immunoassay format described above, the lateral flow device may comprise one port: a sample/chase buffer port, which is positioned below a conjugate pad (containing a labeled analyte-binding partner) and the test site(s) or line(s) containing immobilized analyte-binding partner(s). In such devices, sample is deposited downstream of the test site via the sample/buffer port and fluid flow through the conjugate pad is initiated by depositing solution (e.g. diluent, buffer, or the like) via the sample/chase buffer port. The "chase" solution dissolves the labeled reagents in the conjugate pad and flows through to interact with the sample and then the immobilized reagents at the test site(s).

Another assay for the screening of blood products or other physiological or biological fluids is an enzyme linked immunosorbent assay, *i.e.*, an ELISA. Typically, in an ELISA, isolated peptides or compositions of the invention are adsorbed to the surface of a microtiter well directly or through a capture matrix (e.g., an antibody). Residual, non-specific protein-binding sites on the surface are then blocked with an appropriate agent, such as bovine serum albumin (BSA), heat-inactivated normal goat serum (NGS), or BLOTTO (a buffered solution of nonfat dry milk which also contains a preservative, salts, and an antifoaming agent). The well is then incubated with a biological sample suspected of containing specific antibody. The sample can be applied neat, or more often it can be

diluted, usually in a buffered solution which contains a small amount (0.1-5.0% by weight) of protein, such as BSA, NGS, or BLOTTO. After incubating for a sufficient length of time to allow specific binding to occur, the well is washed to remove unbound protein and then incubated with an optimal concentration of an appropriate anti-immunoglobulin antibody (e.g., for human subjects, an anti-human immunoglobulin from another animal, such as dog, mouse, cow, etc.) or another peptide of the invention that is conjugated to an enzyme or other label by standard procedures and is dissolved in blocking buffer. The label can be chosen from a variety of enzymes, including horseradish peroxidase (HRP), beta-galactosidase, alkaline phosphatase, glucose oxidase, etc. Sufficient time is allowed for specific binding to occur again, then the well is washed again to remove unbound conjugate, and a suitable substrate for the enzyme is added. Color is allowed to develop and the optical density of the contents of the well is determined visually or instrumentally (measured at an appropriate wave length). The cutoff OD value may be defined as the mean OD+3 standard deviations (SDs) of at least 50 serum samples collected from individuals from an area where TB is not endemic, or by other such conventional definitions. In the case of a very specific assay, OD+2 SD can be used as a cutoff value.

In one embodiment of an ELISA, a peptide or peptides of the invention is immobilized on a surface, such as a ninety-six-well ELISA plate or equivalent solid phase that is coated with streptavidin or an equivalent biotin-binding compound, such as avidin or neutravidin, at an optimal concentration in an alkaline coating buffer and incubated at 4 degrees C overnight. After a suitable number of washes with standard washing buffers, an optimal concentration of a biotinylated form of a peptide or composition of the invention, dissolved in a conventional blocking buffer, is applied to each well. A sample is then added, and the assay proceeds as above. Conditions for performing ELISA assays are well-known in the art.

In another embodiment, the methods comprise an agglutination assay. For example, in some embodiments, colloidal particles (e.g., colloidal gold, etc.) or latex beads are conjugated to peptides or compositions of the invention. Subsequently, the biological fluid is incubated with the bead/peptide conjugate, thereby forming a reaction mixture. The reaction mixture is then analyzed to determine the presence of the antibodies. In some embodiments, the agglutination assays comprise the use of a second population of particles,

such as colloidal particles (e.g., colloidal gold, etc.) or latex beads, conjugated to (1) antibodies specific to the peptides of compositions of the invention, in the case of a competition assay, or (2) antibodies capable of detecting sample antibodies (e.g., anti-human IgG or IgM or IgA antibodies, etc.), in the case of a sandwich assay. Suitable
5 agglutination methods can comprise centrifugation as a means of assessing the extent of agglutination.

It should be understood by one of skill in the art that any number of protein assay formats, particularly immunoassay formats, may be designed to utilize the isolated peptides of this invention for the detection of antibodies and infection in a subject. This invention
10 is thus not limited by the selection of the particular assay format, and is believed to encompass assay formats that are known to those of skill in the art.

In another embodiment, the invention provides a method for assaying interferon- γ production from a sample comprising T cells from a subject, comprising

i. contacting the sample comprising T cells from the subject with two or more
15 isolated polypeptides or antigenic fragments or variants thereof, wherein the isolated polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15; and

ii. detecting the presence of interferon- γ produced by the T cells.

In another aspect, the invention provides a method for detecting interferon- γ
20 producing T cells from a sample from a subject, comprising

i. contacting the sample comprising T cells from the subject with
two or more isolated polypeptides or antigenic fragments or
variants thereof, wherein the polypeptides comprise polypeptides
selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9,
25 11, 13, and 15; and

ii. detecting the presence of interferon- γ producing T cells.

The T cells which recognize the peptide in the method are generally T cells which have been pre-sensitized *in vivo* to antigen from a mycobacterium. In some embodiments, these antigen-experienced T cells are generally present in the peripheral blood of a host
30 which has been exposed to the mycobacterium at a frequency of 1 in 10^6 to 1 in 10^3

peripheral blood mononuclear cells (PBMCs). The T cells may be CD4+ and/or CD8+ T cells.

In the method the T cells can be contacted with the peptides *in vitro* or *in vivo*, and determining whether the T cells recognize the peptide can be done *in vitro* or *in vivo*.

5 Determination of whether the T cells recognize the peptide is generally done by detecting an increased secretion of cytokine, such as interferon- γ , in the presence of the peptide. The interferon- γ can typically be detected by allowing it to bind to a specific binding agent and then measuring the presence of the specific binding agent/ interferon- γ complex. The specific binding agent is typically an antibody, such as polyclonal or
10 monoclonal antibodies. Antibodies to interferon- γ are commercially available, or can be made using standard techniques.

In some embodiments, the specific binding agent for interferon- γ is immobilized on a solid support. After the substance is allowed to bind the solid support it can optionally be washed to remove material which is not specifically bound to the agent. The
15 agent/substance complex can be detected by using a second binding agent which will bind the complex. In some embodiments, the second agent binds the substance at a site which is different from the site which binds the first agent. The second agent can be an antibody that is labeled directly or indirectly by a detectable label.

In some embodiments, the second agent can be detected by a third agent which is
20 typically labeled directly or indirectly by a detectable label. For example, the second agent may comprise a biotin moiety, allowing detection by a third agent which comprises a streptavidin moiety and typically alkaline phosphatase as a detectable label.

In one embodiment the detection system which is used is the ex-vivo ELISPOT assay described in WO 98/23960. In that assay interferon- γ secreted from the T cell is
25 bound by a first interferon- γ specific antibody which is immobilized on a solid support. The bound interferon- γ is then detected using a second interferon- γ specific antibody which is labeled with a detectable label. Such a labeled antibody can be obtained from MABTECH (Stockholm, Sweden). Other detectable labels which can be used are discussed below.

30 In some embodiments, the T cells which are contacted in the method are taken from the host in a blood sample, although other types of samples which contain T cells can be

used. The sample may be added directly to the assay or may be processed first. Typically, the processing may comprise diluting of the sample, for example with water or buffer. Typically, the sample is diluted from 1.5 to 100 fold, for example 2 to 50 or 5 to 10-fold.

The processing may comprise separation of components of the sample. Typically, mononuclear cells (MCs) are separated from the samples. The MCs will comprise the T cells and APCs. In some embodiments of the method the APCs present in the separated MCs can present the peptide to the T cells. In another embodiment only T cells, such as only CD4 or only CD8 T cells, can be purified from the sample. PBMCs, MCs and T cells can be separated from the sample using techniques known in the art, such as those described in Lalvani *et al* (1997) *J. Exp. Med.* 186, p 859-865.

In some embodiments, the T cells used in the assay are in the form of unprocessed or diluted whole blood samples, or are freshly isolated T cells (such as in the form of freshly isolated MCs or PBMCs) which are used directly *ex vivo*, i.e. they are not cultured before being used in the method. However, the T cells can be cultured before use, for example in the presence of one or more of the peptides, and generally also exogenous growth promoting cytokines. During culturing the peptides are typically present on the surface of APCs, such as the APC used in the method. Pre-culturing of the T cells can lead to an increase in the sensitivity of the method.

The APC which can be present in the method can be from the same host as the T cell or from a different host. The APC can be a naturally occurring APC or an artificial APC. The APC is a cell which is capable of presenting the peptide to a T cell. It is typically a B cell, dendritic cell or macrophage. It is typically separated from the same sample as the T cell and is typically co-purified with the T cell. Thus, the APC may be present in MCs or PBMCs. The APC is typically a freshly isolated *ex vivo* cell or a cultured cell. It may be in the form of a cell line, such as a short term or immortalized cell line. The APC may express empty MHC class II molecules on its surface.

In some embodiments, the T cells derived from the sample can be placed into an assay with all the peptides (*i.e.* a pool of the peptides) which it is intended to test (the relevant panel) or the T cells can be divided and placed into separate assays each of which contain one or more of the peptides.

In one embodiment peptide per se is added directly to an assay comprising T cells and APCs. As discussed above the T cells and APCs in such an assay could be in the form of MCs. When peptides which can be recognized by the T cell without the need for presentation by APCs are used then APCs are not required. Analogues which mimic the original peptide bound to a MHC molecule are an example of such a peptide.

In one embodiment the peptide is provided to the APC in the absence of the T cell. The APC is then provided to the T cell, typically after being allowed to present the peptide on its surface. The peptide may have been taken up inside the APC and presented, or simply be taken up onto the surface without entering inside the APC.

The duration for which the peptide is contacted with the T cells will vary depending on the method used for determining recognition of the peptide. Typically, 10^5 to 10^7 , preferably 5×10^5 to 10^6 PBMCs are added to each assay. In the case where peptide is added directly to the assay its concentration is from 10^{-1} to 10^3 $\mu\text{g/ml}$, preferably 0.5 to 50 $\mu\text{g/ml}$ or 1 to 10 $\mu\text{g/ml}$.

Typically, the length of time for which the T cells are incubated with the peptide is from 4 to 24 hours, preferably 6 to 16 hours.

Compositions and Devices

In another embodiment, the invention provides devices. In some embodiments, the devices are useful for performing an immunoassay. For example, in some embodiments, the device is a lateral flow immunoassay device. In other embodiments, the device is an analytical rotor. In other embodiments, the device is a dot blot, slot blot, or Western blot. In other embodiments, the device is a tube or a well, e.g., in a plate suitable for an ELISA assay. In still other embodiments, the device is an electrochemical sensor, an optical sensor, or an opto-electronic sensor.

In some embodiments, the device comprises at least two polypeptides, antigenic fragments or variants of *Mycobacterium tuberculosis* antigens as described herein. For example, in some embodiments, the device comprises two, three, four, five, six, seven or eight or more different polypeptides of the invention. In some embodiments, the peptides are attached to or immobilized upon the device. In some embodiments, peptides of the invention are attached to or immobilized on a substrate, such as a solid or semi-solid support. The attachment can be covalent or non-covalent, and can be facilitated by a moiety

associated with the peptide that enables covalent or non-covalent binding, such as a moiety that has a high affinity to a component attached to the carrier, support or surface. For example, the peptide can be associated with a ligand, such as biotin, and the component associated with the surface can be a corresponding ligand receptor, such as avidin. In some
5 embodiments, the peptide can be associated with a fusion partner, e.g., bovine serum albumin (BSA), which facilitates with the attachment of the peptide to a substrate. The peptide can be attached to or immobilized on the substrate either prior to or after the addition of a sample containing antibody during an immunoassay.

In some embodiments, the substrate is a bead, such as a colloidal particle (e.g., a
10 colloidal nanoparticle made from gold, silver, platinum, copper, metal composites, other soft metals, core-shell structure particles, or hollow gold nanospheres) or other type of particle (e.g., a magnetic bead or a particle or nanoparticle comprising silica, latex, polystyrene, polycarbonate, polyacrylate, or PVDF). Such particles can comprise a label (e.g., a colorimetric, chemiluminescent, or fluorescent label) and can be useful for
15 visualizing the location of the peptides during immunoassays. In some embodiments, a terminal cysteine of a peptide of the invention is used to bind the peptide directly to the nanoparticles made from gold, silver, platinum, copper, metal composites, other soft metals, etc.

In some embodiments, the substrate is a dot blot or a flow path in a lateral flow
20 immunoassay device. For example, the peptides can be attached or immobilized on a porous membrane, such as a PVDF membrane (e.g., an Immobilon.TM. membrane), a nitrocellulose membrane, polyethylene membrane, nylon membrane, or a similar type of membrane.

In some embodiments, the substrate is a flow path in an analytical rotor. In other
25 embodiments, the substrate is a tube or a well, such as a well in a plate (e.g., a microtiter plate) suitable for use in an ELISA assay. Such substrates can comprise glass, cellulose-based materials, thermoplastic polymers, such as polyethylene, polypropylene, or polyester, sintered structures composed of particulate materials (e.g., glass or various thermoplastic polymers), or cast membrane film composed of nitrocellulose, nylon,
30 polysulfone, or the like. A substrate can be sintered, fine particles of polyethylene, commonly known as porous polyethylene, for example, 0.2-15 micron porous polyethylene

from Chromex Corporation (Albuquerque, N. Mex.). All of these substrate materials can be used in suitable shapes, such as films, sheets, or plates, or they may be coated onto or bonded or laminated to appropriate inert carriers, such as paper, glass, plastic films, or fabrics. Suitable methods for immobilizing peptides on solid phases include ionic,
5 hydrophobic, covalent interactions and the like.

In one aspect, the invention provides a composition comprising mixtures of at least two isolated polypeptides, fragments and/or variants thereof capable of binding to antibodies that recognize *Mycobacterium tuberculosis* antigens. In certain embodiments, the polypeptides are selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11,
10 13, 15 and combinations thereof. In some embodiments, the polypeptides comprise an affinity tag to facilitate purification of the polypeptide. In some embodiments, the affinity tag is a 6x-Histidine tag, which can be present on the N- and/or C-terminus of the protein. The mixtures of polypeptides can be useful, *e.g.*, in diagnostic assays to detect antibodies that recognize one or more epitopes on SEQ ID NOS: 1, 3, 5, 7, 9, 11, 13, and 15. In some
15 embodiments, the composition comprises a mixture of 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 25, 30, 40, 50, 60, 70, 80, 90, 100, 150, 200, 250, 300, 400, 500, or more polypeptides, antigenic fragments and variants thereof as described herein. In some embodiments, the peptides are modified (*e.g.*, by association with one or more further moieties), as described herein.

In another aspect, the invention provides nucleic acids comprising sequences encoding the polypeptides, antigenic fragments and variants thereof of the invention. Nucleic acids of the invention contain less than an entire microbial genome and can be single- or double-stranded. A nucleic acid can be RNA, DNA, cDNA, genomic DNA, chemically synthesized RNA or DNA or combinations thereof. The nucleic acids can be
25 purified free of other components, such as proteins, lipids and other polynucleotides. For example, the nucleic acids can be 50%, 75%, 90%, 95%, 96%, 97%, 98%, 99%, or 100% purified. The nucleic acids of the invention encode the peptides described herein. In some embodiments, the nucleic acids encode a peptide having the sequence of SEQ ID NO: 1, 3, 5, 7, 9, 11, 13 and 15 or combinations thereof. Nucleic acids of the invention can
30 comprise other nucleotide sequences, such as sequences coding for linkers, signal sequences, TMR stop transfer sequences, transmembrane domains, or ligands useful in

protein purification such as glutathione-S-transferase, histidine tag, and staphylococcal protein A.

Nucleic acids of the invention can be isolated. An "isolated" nucleic acid is one that is not immediately contiguous with one or both of the 5' and 3' flanking genomic sequences that it is naturally associated with. An isolated nucleic acid can be, e.g., a recombinant DNA molecule of any length, provided that the nucleic acid sequence naturally found immediately flanking the recombinant DNA molecule in a naturally-occurring genome is removed or absent. Isolated nucleic acids can also include non-naturally occurring nucleic acid molecules. Nucleic acids of the invention can also comprise fragments that encode immunogenic peptides. Nucleic acids of the invention can encode full-length polypeptides, peptide fragments, and variant or fusion peptides.

Nucleic acids of the invention can be isolated, at least in part, from nucleic acid sequences present in, for example, a biological sample, such as blood, serum, saliva, or tissue from an infected individual. Nucleic acids can also be synthesized in the laboratory, for example, using an automatic synthesizer. An amplification method such as PCR can be used to amplify nucleic acids, at least in part, from either genomic DNA or cDNA encoding the polypeptides.

Nucleic acids of the invention can comprise coding sequences for naturally occurring polypeptides or can encode altered sequences that do not occur in nature.

Vectors, Host Cells and Recombinant Expression

In some embodiments, the present invention relates to vectors that comprise a polypeptides, antigenic fragments or variants thereof from *Mycobacterium tuberculosis*, host cells which are genetically engineered to express the polypeptides, antigenic fragments or variants thereof and the production of polypeptides, antigenic fragments or variants thereof of the invention by recombinant techniques. Cell-free translation systems can also be employed to produce such proteins using RNAs derived from the DNA constructs of the invention.

When a polynucleotide encoding a polypeptide, antigenic fragment or variant thereof from *Mycobacterium tuberculosis* is used for the recombinant production of a polypeptide, the polynucleotide may include the coding sequence for the full-length

polypeptide or an antigenic fragment or variant thereof, by itself; the coding sequence for the full-length polypeptide, fragment or variant thereof in reading frame with other coding sequences, such as those encoding a leader or secretory sequence, a pre-, or pro or prepro-protein sequence, or other fusion peptide portions. For example, an affinity tag that facilitates purification of the fused polypeptide can be encoded. In certain embodiments of this aspect of the invention, the marker sequence is a hexa-histidine peptide, for example, as provided in the pQE vector (Qiagen, Inc.) and described in Gentz *et al.*, *Proc Natl Acad Sci USA* 86:821-824 (1989), or it may be the HA tag, which corresponds to an epitope derived from the influenza hemagglutinin protein (Wilson, I., *et al.*, *Cell* 37:767, 1984). The polynucleotide may also contain non-coding 5' and 3' sequences, such as transcribed, non-translated sequences, ribosome binding sites and sequences that stabilize mRNA.

Representative examples of appropriate hosts include bacterial cells, such as streptococci, staphylococci, *E. coli*, *Streptomyces*, *Bacillus subtilis*, and fungal cells, such as yeast cells and *Aspergillus* cells. In some embodiments, gram negative bacteria are the host cells. A great variety of expression systems can be used, including DNA or RNA vectors. In other embodiments, the invention provides an isolated nucleic acid molecule comprising a type IV pilin operably linked to a heterologous promoter. In some embodiments, the invention further provides an isolated *Mycobacterium tuberculosis* nucleic acid molecule operably linked to a heterologous promoter, wherein said isolated nucleic acid molecule is capable of expressing a polypeptide when used to transform an appropriate host cell.

In some embodiments, the invention relates to an isolated nucleic acid molecule encoding an antigenic fragment or variant of *Mycobacterium tuberculosis* polypeptide linked to an affinity tag sequence and/or enzymatic cleavage sequence to facilitate purification. In some embodiments, the affinity tag is a 6x-Histidine tag. In some embodiments, the cleavage sequence is recognized by enterokinase. In some embodiments, the nucleic acid molecules are optimized to increase expression in *E. coli* without altering the amino acid sequence using preferred codons in *E. coli*. In some embodiments, the present invention is directed to purified polypeptides, variants and antigenic fragments of a *Mycobacterium tuberculosis* polypeptide as described herein.

In some embodiments, the amino acid sequence to be expressed is reverse translated for codon optimization in *E. coli* using a commercial tool and synthesized along with flanking restriction sites. In some embodiments, the synthetic gene is cloned into an expression vector, such as pET30B to add an N-terminal hexahistidine tag and protease
5 cleavage site.

Kits

In some embodiments, the kits comprise polypeptides of the invention. In some
embodiments, the kits comprise two, three, four, or more different polypeptides of the
10 invention. In some embodiments, the polypeptides are attached to or immobilized on a
solid support as described herein.

In some embodiments, the kits further comprise a population of beads or a plate
(e.g., a plate suitable for an ELISA assay). In other embodiments, the kits further comprise
a device, such as a lateral flow immunoassay device, an analytical rotor, a Western blot, a
15 dot blot, a slot blot, an electrochemical sensor, an optical sensor, or an opto-electronic
sensor. In some embodiments, the population of beads, the plate, or the device is useful for
performing an immunoassay. For example, in some embodiments, the population of beads,
the plate, or the device is useful for detecting formation of an antibody-peptide complex
comprising an antibody from a sample and a peptide of the invention. In some
20 embodiments, a peptide or a mixture of different peptides of the invention is attached to or
immobilized on the beads, the plate, or the device.

In some embodiments, the kits further comprise an instruction. For example, in
some embodiments, the kits comprise an instruction indicating how to use a peptide of the
invention to detect an antibody to tuberculosis antigens or to diagnose tuberculosis disease.
25 In some embodiments, the kits comprise an instruction indicating how to use a population
of beads, a plate, or a device (e.g., comprising a peptide or a mixture of different peptides
of the invention) to detect antibodies to tuberculosis antigens or to diagnose tuberculosis.

In some embodiments the kit for carrying out the method comprises one or more of
the polypeptides, antigenic fragments or variants thereof and optionally a means to detect
30 the recognition of interferon- γ secreted by a T cell. In some embodiments, the peptides are

provided for simultaneous, separate or sequential use. In some embodiments, the means to detect recognition allows or aids detection based on the techniques discussed above.

The kit may additionally include a specific binding agent for the substance, such as an antibody. In some embodiments, the agent is typically specific for interferon- γ . The agent is typically immobilized on a solid support. This means that after binding the substance will remain in the vicinity of the T cell which secreted it. Thus `spots` of substance/agent complex are formed on the support, each spot representing a T cell which is secreting the substance. Quantifying the spots, and typically comparing against a control, allows determination of recognition of the peptide.

In some embodiments, the kit comprises a means to detect the substance/agent complex. A detectable change may occur in the agent itself after binding the substance, such as a color change. Alternatively, a second agent directly or indirectly labeled for detection may be allowed to bind the substance/agent complex to allow the determination of the spots. As discussed above the second agent may be specific for the substance, but binds a different site on the substance than the first agent.

The immobilized support may be a plate with wells, such as a microtiter plate. Each assay can therefore be carried out in a separate well in the plate.

The kit may additionally comprise medium for the T cells, detection agents or washing buffers to be used in the detection steps. The kit may additionally comprise reagents suitable for the separation from the sample, such as the separation of PBMCs or T cells from the sample. The kit may be designed to allow detection of the T cells directly in the sample without requiring any separation of the components of the sample.

The kit may comprise an instrument which allows administration of the peptide, such as intradermal or epidermal administration. In some embodiments, such an instrument comprises one or more needles. The instrument may allow ballistic delivery of the peptide. The polypeptides in the kit may be in the form of a pharmaceutical composition.

The kit may also comprise controls, such as positive or negative controls. The positive control may allow the detection system to be tested. The positive control typically mimics recognition of the peptide in any of the above methods. In some embodiments, the kits designed to determine recognition in vitro the positive control is a cytokine. In the kit

designed to detect in vivo recognition of the peptide the positive control may be antigen to which most individuals should response.

The kit may also comprise a means to take a sample containing T cells from the host, such as a blood sample. The kit may comprise a means to separate mononuclear cells or T cells from a sample from the host.

Application of the teachings of the present invention to a specific problem is within the capabilities of one having ordinary skill in the art in light of the teaching contained herein. Examples of the compositions and methods of the invention appear in the following non-limiting Examples.

EXAMPLES

Example 1. *Mycobacterium tuberculosis* regions of difference

Comparative genomic studies have identified several *Mycobacterium tuberculosis*-specific genomic regions of difference (RDs) which are absent in the vaccine strains of *Mycobacterium bovis* BCG and which may be useful for the diagnosis of TB. Detailed information on ORF present in various RD, distributions of RD in various mycobacterial species including BCG strains, *M. tuberculosis* and *M. bovis* isolates are shown in Tables 1–3. These Tables are obtained from O. Parkash *et al.*, Scandinavian Journal of Immunology 2009; 70(4), 345–357. The proteins encoded by these regions are called RD proteins. In recent years, a number of RD antigens have been investigated for their potential in T-cell-based cell-mediated immune response (CMI) assays. Particularly, these RD antigens have attracted attention for their potential in improving serological assays for tuberculosis diagnosis. Our work in this area has identified a number of antigens in various RDs and related *M. tuberculosis* genomic regions for use in serological diagnostics. The best performing antigens for use in serological TB assays that we have uncovered include the Rv0222, Rv3120, Rv1989c, Rv3118, Rv1636, Rv3426, Rv2185c, Rv3354 and others.

Table 1. Characteristics of regions of differences (RD) present in *Mycobacterium tuberculosis*.

RD	Size of ORF (kb)	ORF (number)	ORF (range)	Gene Segment(s)	ORF (bp range)
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Abbreviation: ORF, open reading frames.

RD	Size of ORF (kb)	ORF (number)	ORF (range)	Gene Segment(s)	ORF (bp range)
1	9.5	9	Rv3871-Rv3879c	160	7534–16989
2	5.6	11	Rv1978-Rv1988	88–89	14211–8598
3	9.3	14	Rv1573-Rv1586c	70	7677–16923
4	1.9	3	Rv0221-Rv0223c	12	17432–19335
5	2.8	5	Rv3117-Rv3121	135	27437–30212
6	12.8	11	Rv1506c-Rv1516c	65	23614–36437
7	~9.0	8	Rv2346c-Rv2353c	103	17622–26584
8	3.4	4	Rv0309-Rv0312	16	17018–20446
9	18.3	7	Rv3617-Rv3623	153–154	21131–2832
10	3.0	3	Rv1255c-Rv1257c	55	3689–6696
11	28.8	5	Rv3425-Rv3429	145–146	30303–1475
12	2.0	4	Rv2072c-Rv2075c	93	9301–11331
13	~11.0	16	Rv2645-Rv2660c	118	12475–23455
14	~9.1	8	Rv1766-Rv1773c	79	30573–39642
15	12.7	15	Rv1963c-Rv1977	88	1153–13873
16	7.6	6	Rv3400-Rv3405c	145	5012–12621

Table 2. Distributions of RD regions in various mycobacteria.

Mycobacteria	Regions of differences (RD)															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<i>Mycobacterium tuberculosis</i> H37Rv	+	+	+	+	+	+	+	+	+	+	+	+	+	NR	+	NR
<i>M. tuberculosis</i> Erdman	+	+	+	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
<i>M. africanum</i>	NR	NR	NR	+	+	+	+	+	–	+	NR	NR	NR	NR	NR	NR
<i>M. bovis</i>	+	+	+	–	–	–	–	–	–	–	NR	NR	+	NR	NR	NR
<i>M. microti</i> OV254	NR	NR	NR	+	–	–	–	–	–	–	NR	NR	NR	NR	NR	NR
<i>M. tuberculosis</i> CSU93	NR	NR	NR	+	+	–	+	+	+	+	NR	NR	NR	NR	NR	NR
<i>M. smegmatis</i>	–	–	–	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
<i>M. avium</i>	–	–	–	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Abbreviation: NR - no report.

Table 3. Distributions of RD regions in various BCG strains.

BCG Strains	Regions of Differences (RD)															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Denote: +, present; –, absent; NR, no report; BCG, Bacillus Calmette Guerin.																
Source: Based on references 19, 20.																
BCG-Danish	–	–	–	–	–	–	–	+	–	–	–	–	–	+	–	+
BCG-Prague	–	–	–	–	–	–	–	+	–	–	–	–	–	+	–	+
BCG-Glaxo	–	–	–	–	–	–	–	+	–	–	–	–	–	+	–	+
BCG-Frappier	–	–	–	–	–	–	–	–	–	–	–	–	–	+	–	+
BCG-Connauht	–	–	–	–	–	–	–	–	–	–	–	–	–	+	–	+
BCG-Phipps	–	–	–	–	–	–	–	+	–	–	–	–	–	+	–	+
BCG-Tice	–	–	–	–	–	–	–	+	–	–	–	–	–	+	–	+
BCG-Pasteur	–	–	–	–	–	–	–	+	–	–	–	–	–	–	–	+
BCG-Moreau	–	+	–	–	–	–	–	+	–	–	–	–	–	+	–	–
BCG-Birkhaug	–	+	–	–	–	–	–	+	–	–	–	–	–	+	–	+
BCG-Sweden	–	+	–	–	–	–	–	+	–	–	–	–	–	+	–	+
BCG-Japan	–	+	–	–	–	–	–	+	–	–	–	–	–	+	–	+
BCG-Russia	–	+	–	–	–	–	–	+	–	–	–	–	–	+	–	+
BCG-Brazil	–	+	–	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Example 2. Obtaining Purified, Recombinant, Full-Length Rv0222, Rv3120, and Rv1989c

5 The full-length, correctly folded *M. tuberculosis* proteins Rv0222, Rv3120, Rv1989c, Rv3118, Rv1636, Rv3426 can be obtained as recombinant versions expressed in *E. coli* or any other suitable recombinant protein overexpression host organisms. A method to obtain significant quantities of purified aforementioned antigens from *E. coli* cells in the inventors' laboratory is described here. A DNA segment encoding the full-length Rv0222

10 or Rv3120, or Rv1989c or Rv3118 or Rv1636 or Rv3426 amino acid sequence (Table 4) is cloned into an *E. coli* protein expression of choice. Examples of suitable expression vectors include the pJexpress vector – an *E. coli* expression vector utilizing T5 phage promoter or our proprietary expression vector pMOS containing the pmol1 promoter. The expression vector is subsequently transformed into *E. coli* cells. After the recombinant

15 protein expressing cells have been cultured and collected, the recombinant cells are lysed

with an appropriate method. The cell lysate is centrifuged at 12K rpm for 15 min to separate the soluble extract from the particulate fraction. If the recombinant protein is expressed as a soluble protein, the recombinant protein can be purified from the soluble extract using chromatography, for instance, metal affinity chromatography, taking
5 advantage of the 6xHis tag at the C-terminus of the recombinant protein. If the protein is expressed as inclusion bodies, the pellet fraction obtained after centrifugation step, can be solubilized with solution containing 8M urea, refolded by slow dialysis to remove urea, and then purified using metal affinity chromatography, taking advantage of the 6xHis tag at the C-terminus of the recombinant protein.

10 Example 3. Embodiments of the TB diagnostics Test – Rapid Lateral Flow Tests Utilizing the Rv0222, Rv3120, and Rv1989c and their combination with other antigens

An embodiment of the invention for the use of the Rv0222, Rv3120, and Rv1989c proteins is the rapid lateral flow chromatographic test to diagnose Tuberculosis. The so-called rapid tests introduced first in the 1980s are inexpensive, disposable, membrane-based lateral flow assays that provide visual evidence of the presence of an analyte in a
15 patient sample. The tests can be formatted either as freestanding dipsticks or as devices enclosed within plastic housings. As little as 10-100 µl of liquid sample is required to perform the test, which can be completed within 5-15 minutes. In clinical tests, the sample
20 may be a small volume of whole blood, serum, plasma, saliva, or urine depending on the type of assay product and marker to be detected. These can be applied directly to the sample application wick for dipstick device or sample well for card device. No instrumentation is required to perform such tests, which can be used in clinics, laboratories, field locations, and the home, often by inexperienced personnel. Optional use of portable table-top or hand-
25 held optical density or fluorescence intensity analyzing instruments is also available.

The “basic” (or classical) architecture of the lateral flow rapid test strips is shown in Figure 1. The basic test strips have these components: sample pad, conjugate pad, the nitrocellulose membrane (where the antigen and control materials are printed on), backing card, absorbent wick, and cover tape if desired (Figure 1). The appropriate sample pad
30 material (eg. Cytosep or untreated paper or glass fiber), conjugate pad material (polyester or glass fiber), membrane (nitrocellulose), and absorbent wick (paper) as well as their

dimension were optimized to determine the best combination to yield to best flow characteristics and reactivity. An additional mixing pad is also employed in many embodiment of the lateral flow rapid test strip.

The rapid lateral flow assays are also capable of detecting multiple analytes simultaneously on a single strip. Tests with up to 5 different analytes on the same strip have been developed and marketed. For our TB serodiagnostic tests, the base substrate is a nitrocellulose membrane onto which the capture antigen(s) is (are) immobilized (Figure 1, capture line or test line). For usage convenience, our TB lateral flow test would have three to five test lines with one different capture antigen (Rv0222 or Rv3120 or Rv1989c or Rv3354 or Rv2185c or Rv3118 or Rv1636 or Rv3426 or their various combinations – Figure 2) on each test line. A pad containing dried conjugate is attached to the membrane strip. For this particular embodiment of our Tuberculosis test, this conjugate pad contains gold or fluorescent or magnetic nanoparticles conjugated with goat anti-human anti-IgG or anti-IgM or anti-IgA antibodies. The sample pad can also have an additional function of blood separation. This will allow 3 types of blood samples - whole blood, plasma or serum to be used. When applied to the sample pad, the liquid sample migrates by capillary diffusion through the conjugate pad, rehydrating the conjugates and allowing the interaction of the sample analyte with the conjugates. The complex of conjugates and analytes (*M. tuberculosis* antigen-specific IgG and IgM antibodies) then moves onto the membrane strip and migrates towards the capture proteins, where the complexes become immobilized and produce a distinct signal in the form of a red/purple line if gold conjugates are used. A control line forms regardless of target analyte(s) presence or absence in the specimen indicating the test is complete. In the case that all 6 antigens and/or additional antigens are desired to be present in the TB test, dual-path lateral flow test design (Figure 3) can be utilized, which will allow up to 10 antigens to be evaluated in a single assay.

There are many choices for the conjugates to be used in the assays - magnetic nanoparticles, fluorescent nanoparticles in addition to the standard of the industry - gold conjugates. As a result of their greater stability, sensitivity, precision and reproducibility, gold conjugates were introduced into membrane-based rapid tests in the late 1980s and have become the industry mainstay. Gold particles of any accurately defined size can be manufactured reproducibly under the appropriate manufacturing conditions. The visual

signal is generated on the test strip by the accumulation of gold particles by the specific immunochemical reaction at the test (capture) or control line. Generally, the larger the gold particles are, the better visualization occurs. However, the trade-off between required visibility and steric hindrance dictates that, for most immunoassay applications, the optimum particle size is 40-60 nm. Larger particles may be preferred when a darker red color is desired or when the lower curvature of the particle surface would improve the molecular interaction between the antibody and antigen.

Example 4. TB Serodiagnostic Assays

The major issue with current TB serodiagnostics/rapid tests is that these tests are known to be of inferior quality. Mostly TB rapid serodiagnostics are produced out of China and India, but poor quality standards and sloppy practices have resulted in a huge range of accuracy data, rendering them all but essentially useless.

In order to correct for this situation, the first issue in order to develop better TB serodiagnostics would be the selection of better antigens that can be used in the serological assay. Although the accuracy of existing serological rapid assays is poor and these tests have not been clinically useful, efforts towards discovery of novel TB antigens and better strategies for developing efficient serodiagnostics have continued unabatedly in the hope of discovering better-performing markers/antigens. If such a POC, highly sensitive, inexpensive, rapid serodiagnostic test could ever be developed, even with a moderate specificity (80%-90%), the impact could be very significant. These tests could be used as screening tests to triage the patients into stratified groups so that the more expensive but “definitive” testing methods (like culture or the Xpert MTB/RIF) can be focused on the highly suspected cases. Such tests would also be very useful for large-scale active case-finding approaches, where current tests are prohibitively expensive.

In order to come up with better TB antigens, we have screened by IgM/IgG ELISA a collection of smear-positive samples (>200 serum samples from various TB endemic countries) for promising antigen candidates. The antigens screened include approximately 75% of all proteins belonging to the Regions of Difference (RDs) of the *M. tuberculosis* genome and their vicinities, numerous antigens not in the RDs but found in various literature sources to be good antigens, as well as TB antigens known to have been utilized

in other TB serodiagnostics/rapid tests. The results from these IgG/IgM screening experiments indicated the following: 1) Very few single antigen that we have investigated (>100 candidates) could provide a positive reading with >40% of the samples (both IgM and IgG). 2) TB antigens known to have been utilized previously in TB serodiagnostics/rapid tests currently in the market exhibited either very poor or poor results (20-30% positive detection rate, combined IgM and IgG). 3) A minimal combination of 3 best performing antigens was needed in order to detect >80% of the samples. Eventually we settled on a best combination of the most immunogenic antigens, Rv0222, Rv3120, Rv1989c, Rv2185c, and Rv3354 (Panel I). These antigens are among the most immuno- dominant ones that we were able to identify. Our Panel II antigens comprise of the following antigens, Rv3118, Rv1636, Rv3426, and Rv3120, which were discovered in a later screening using samples that we received from the World Health Organization (WHO).

Our TB diagnostics prototypes were evaluated by blind testing using a TB sample collection provided by the WHO. This collection contains samples in the following categories: smear positive/culture positive, smear negative/culture positive, smear negative/culture negative/chest radiology X-ray (CRX) positive (with improvement upon treatment), smear negative/culture negative/Quantiferon positive (latent TB), and non-TB (smear negative/culture negative). These samples were collected from patients from South Africa, Brazil, Peru and Vietnam.

After blind testing following a previously described protocol by the WHO (<http://www.who.int/tdr/publications/documents/diagnostic-evaluation-2.pdf>), the results obtained with the Panel I TB serodiagnostic prototypes can be summarized as following:

- 1) In the smear positive/culture positive group, our test detected 95% of these samples (n=60);
- 2) In the smear negative/culture positive group, our test detected 98% of these samples (n=40);
- 3) In the smear negative/culture negative/CRX positive group, our test detected 100% of these samples (n=15);
- 4) In the smear negative/culture negative/quantiferon-TB positive, our test detected 100% of these samples (n=20);

5) In the so-called Non-TB group (smear negative/culture negative), our TB test correctly predicted TB-negative status in 82% of these samples (n=60).

The “non-TB” samples in the WHO collection were evaluated only by smear microscopy and culture methods and therefore probably have included patients with latent TB. A more accurate term to refer to these “non-TB” cases is “non-active” TB. As such, the positive responses in this so-called “non-TB” group are actually LTBI cases. These testing results indicate that our Panel I TB test probably is a point-of-care equivalent of the IGRA QuantiFERON-TB test.

Our Panel 2 TB test prototypes were also evaluated using the WHO sample collection, and the following results were obtained:

- 1) The detection rates in the smear negative/culture positive, smear negative/culture negative/CRX positive categories are still >90%-95%;
- 2) The detection rate in the latent TB category (smear negative/culture negative/Quantiferon positive) is low, only 10%;
- 3) In the smear positive/culture positive category, the TB 2 test detected 93% of these samples while maintaining a specificity of 90% in the non-TB group.

Our TB diagnostics comprising of two Panels which can be combined into a single test or separated into 2 tests as mentioned in the Device Description Section. The test utilizing Panel I antigens is the POC equivalent of the QuantiFeron-TB test, capable of detecting almost all TB cases, including active TB and LTBI. The Panel I TB test should perform very well with HIV/TB co-infection cases since three antigens in this panel (Rv0222, Rv3154, Rv2185c) have been found to yield 85% or better responses in the TB/HIV category where current commercial serodiagnostics have performed poorly.

WHAT IS CLAIMED IS:

- 5 1. A method of detecting antibodies in a sample from a subject, wherein the antibodies bind to epitopes of *Mycobacterium tuberculosis* antigens, comprising
- i. contacting the sample with two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15; and
- 10 ii. detecting formation of antibody-peptide complexes comprising said isolated polypeptides or antigenic fragments or variants thereof;
- wherein formation of said complexes is indicative of the presence of the antibodies to epitopes of *Mycobacterium tuberculosis* antigens in said sample.
2. The method of claim 1, wherein the subject has been infected with *Mycobacterium*
- 15 *tuberculosis*.
3. The method of any of claims 1-2, wherein the sample is selected from the group consisting of blood, serum, plasma, lymph nodes, skin, saliva, urine, cerebrospinal fluid and milk.
4. The method of any of claims 1-3, wherein the sample is contacted with at least three
- 20 isolated polypeptides or antigenic fragments or variants thereof.
5. The method of any of claims 1-4, wherein the sample is contacted with at least four isolated polypeptides or antigenic fragments or variants thereof.
6. The method of any of claims 1-5, wherein the sample is contacted with at least five isolated polypeptides or antigenic fragments or variants thereof.
- 25 7. The method of any of claims 1-6, wherein the sample is contacted with at least six isolated polypeptides or antigenic fragments or variants thereof.
8. The method of any of claims 1-7, wherein the sample is contacted with at least seven isolated polypeptides or antigenic fragments or variants thereof.
9. The method of any of claims 1-3, wherein the sample is contacted with at least eight
- 30 isolated polypeptides or antigenic fragments or variants thereof.

10. The method of any of claims 1-9, wherein the sensitivity of detecting antibody-peptide complexes in a sample from a subject infected with *Mycobacterium tuberculosis* is at least 70%.

5 11. The method of any of claims 1-10, wherein the sensitivity of detecting antibody-peptide complexes in a sample from a subject infected with *Mycobacterium tuberculosis* is at least 80%.

12. The method of any of claims 1-11, wherein the sensitivity of detecting antibody-peptide complexes in a sample from a subject infected with *Mycobacterium tuberculosis* is at least 90%.

10 13. The method of any of claims 1-12, wherein the sensitivity of detecting antibody-peptide complexes in a sample from a subject infected with *Mycobacterium tuberculosis* is at least 95%.

14. The method of any of claims 1-13, wherein the sample is contacted with SEQ ID NO:9 or an antigenic fragment or variant thereof.

15 15. The method of any of claims 1-14, wherein the sample is contacted with SEQ ID NO:5 or an antigenic fragment or variant thereof; SEQ ID NO:7 or an antigenic fragment or variant thereof; and SEQ ID NO:9 or an antigenic fragment or variant thereof.

16. The method of any of claims 1-15, wherein the sample is contacted with SEQ ID NO:1 or an antigenic fragment or variant thereof; SEQ ID NO:3 or an antigenic fragment or variant thereof; SEQ ID NO:5 or an antigenic fragment or variant thereof; SEQ ID NO:7 or an antigenic fragment or variant thereof; and SEQ ID NO:9 or an antigenic fragment or variant thereof.

17. The method of any of claims 1-14, wherein the sample is contacted with SEQ ID NO:11 or an antigenic fragment or variant thereof; SEQ ID NO:13 or an antigenic fragment or variant thereof; and SEQ ID NO:15 or an antigenic fragment or variant thereof.

18. The method of any of claims 1-14, wherein the sample is contacted with SEQ ID NO:9 or an antigenic fragment or variant thereof; SEQ ID NO:11 or an antigenic fragment or variant thereof; SEQ ID NO:13 or an antigenic fragment or variant thereof; and SEQ ID NO:15 or an antigenic fragment or variant thereof.

19. The method of any of claims 1-14, wherein the sample is contacted with SEQ ID NO:9 or an antigenic fragment or variant thereof; SEQ ID NO:11 or an antigenic fragment

or variant thereof; SEQ ID NO:13 or an antigenic fragment or variant thereof; SEQ ID NO:15 or an antigenic fragment or variant thereof; SEQ ID NO:1 or an antigenic fragment or variant thereof; SEQ ID NO:3 or an antigenic fragment or variant thereof; SEQ ID NO:5 or an antigenic fragment or variant thereof; and SEQ ID NO:7 or an antigenic fragment or variant thereof.

20. The method of any of claims 1-19, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof is linked to an affinity tag sequence to facilitate purification.

21. The method of claim 20, wherein the affinity tag is a 6x-Histidine tag.

22. The method of any of claims 1-21, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof is conjugated to a ligand.

23. The method of any of claims 1-21, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are biotinylated.

24. The method of any of claims 1-21, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are conjugated to streptavidin.

25. The method of any of claims 1-2, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are attached or immobilized to a solid support.

26. The method of claim 25, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are attached or immobilized to a bead, a flow path in a lateral flow immunoassay device, a well in a microtiter plate, or a flow path in a rotor.

27. The method of any of claims 1-24, wherein the formation of said complexes is detected by one or more of the following: ELISA, immunoblot, radioimmunoassay, flow cytometry, fluorescence polarization, latex agglutination, lateral flow assay, immunochromatographic assay, immunochips, dip stick immunotesting, and bead-based technology.

28. A device for assaying for the presence of antibodies in a sample from a subject, wherein the antibodies bind to epitopes of *Mycobacterium tuberculosis* antigens, wherein the device comprises two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15.

29. The device of claim 28, wherein the device comprises at least three isolated polypeptides or antigenic fragments or variants thereof.

30. The device of any of claims 28-29, wherein the device comprises at least four isolated polypeptides or antigenic fragments or variants thereof.

5 31. The device of any of claims 28-30, wherein the device comprises at least five isolated polypeptides or antigenic fragments or variants thereof.

32. The device of any of claims 28-31, wherein the device comprises at least six isolated polypeptides or antigenic fragments or variants thereof.

10 33. The device of any of claims 28-32, wherein the device comprises at least seven isolated polypeptides or antigenic fragments or variants thereof.

34. The device of any of claims 28-33, wherein the device comprises at least eight isolated polypeptides or antigenic fragments or variants thereof.

35. The device of any of claims 28-34, wherein the device comprises SEQ ID NO:9 or an antigenic fragment or variant thereof.

15 36. The device of any of claims 28-35, wherein the device comprises SEQ ID NO:5 or an antigenic fragment or variant thereof; SEQ ID NO:7 or an antigenic fragment or variant thereof; and SEQ ID NO:9 or an antigenic fragment or variant thereof.

20 37. The device of any of claims 28-36, wherein the device comprises SEQ ID NO:1 or an antigenic fragment or variant thereof; SEQ ID NO:3 or an antigenic fragment or variant thereof; SEQ ID NO:5 or an antigenic fragment or variant thereof; SEQ ID NO:7 or an antigenic fragment or variant thereof; and SEQ ID NO:9 or an antigenic fragment or variant thereof.

25 38. The device of any of claims 28-34, wherein the device comprises SEQ ID NO:9 or an antigenic fragment or variant thereof; SEQ ID NO:11 or an antigenic fragment or variant thereof; SEQ ID NO:13 or an antigenic fragment or variant thereof; and SEQ ID NO:15 or an antigenic fragment or variant thereof.

39. The device of any of claims 28-38, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are linked to an affinity tag sequence.

40. The device of claim 39, wherein the affinity tag is a 6x-Histidine tag.

30 41. The device of any of claims 28-40, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof is conjugated to a ligand.

42. The device of any of claims 28-41, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are biotinylated.

43. The device of any of claims 28-42, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are conjugated to streptavidin.

5 44. The device of any of claims 28-43, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are attached or immobilized to a solid support.

45. The device of any of claims 28-44, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are attached or immobilized to a bead, a flow path in a lateral flow immunoassay device, a well in a microtiter plate, or a flow path in a
10 rotor.

46. A method for assaying interferon- γ production from a sample comprising T cells from a subject, comprising

i. contacting the sample comprising T cells from the subject with two or more isolated polypeptides or antigenic fragments or variants thereof, wherein the
15 polypeptides comprise polypeptides selected from the group consisting of SEQ ID NOS:1, 3, 5, 7, 9, 11, 13, and 15; and

ii. detecting the presence of interferon- γ produced by the T cells.

47. The method of claim 46, wherein the sample is incubated with the two or more isolated polypeptides or antigenic fragments or variants thereof for between 4 and 24 hours
20 prior to detecting the presence of interferon- γ produced by the T cells.

48. The method of any of claims 46-47, wherein the T cells are freshly isolated.

49. The method of any of claims 46-48, wherein the T cells are isolated from blood.

50. The method of any of claims 46-49, wherein the T cells comprise CD4+ and CD8+ T cells.

25 51. The method of any of claims 46-49, wherein the T cells comprise CD4+ immediate effector T cells.

52. The method of any of claims 46-51, wherein the subject has been infected with *Mycobacterium tuberculosis*.

53. The method of any of any of claims 46-52, wherein the sample is selected from the
30 group consisting of blood, serum, plasma, lymph nodes, skin, saliva, urine, cerebrospinal fluid and milk.

54. The method of any of any of claims 46-53, wherein the sample is contacted with at least three isolated polypeptides or antigenic fragments or variants thereof.

55. The method of any of any of claims 46-54, wherein the sample is contacted with at least four isolated polypeptides or antigenic fragments or variants thereof.

5 56. The method of any of claims 46-55, wherein the sample is contacted with at least five isolated polypeptides or antigenic fragments or variants thereof.

57. The method of any of claims 46-56, wherein the sample is contacted with at least six isolated polypeptides or antigenic fragments or variants thereof.

10 58. The method of any of claims 46-57, wherein the sample is contacted with at least seven isolated polypeptides or antigenic fragments or variants thereof.

59. The method of any of claims 46-58, wherein the sample is contacted with at least eight isolated polypeptides or antigenic fragments or variants thereof.

60. The method of any of claims 46-59, wherein the sensitivity of detecting interferon- γ in a sample from a subject infected with *Mycobacterium tuberculosis* is at least 70%.

15 61. The method of any of claims 46-60, wherein the sensitivity of detecting interferon- γ in a sample from a subject infected with *Mycobacterium tuberculosis* is at least 80%.

62. The method of any of claims 46-61, wherein the sensitivity of detecting interferon- γ in a sample from a subject infected with *Mycobacterium tuberculosis* is at least 90%.

20 63. The method of any of claims 46-62, wherein the sensitivity of detecting interferon- γ in a sample from a subject infected with *Mycobacterium tuberculosis* is at least 95%.

64. The method of any of claims 46-63, wherein the sample is contacted with SEQ ID NO:9 or an antigenic fragment or variant thereof.

25 65. The method of any of claims 46-64, wherein the sample is contacted with SEQ ID NO:5 or an antigenic fragment or variant thereof; SEQ ID NO:7 or an antigenic fragment or variant thereof; and SEQ ID NO:9 or an antigenic fragment or variant thereof.

30 66. The method of any of claims 46-65, wherein the sample is contacted with SEQ ID NO:1 or an antigenic fragment or variant thereof; SEQ ID NO:3 or an antigenic fragment or variant thereof; SEQ ID NO:5 or an antigenic fragment or variant thereof; SEQ ID NO:7 or an antigenic fragment or variant thereof; and SEQ ID NO:9 or an antigenic fragment or variant thereof.

67. The method of any of claims 46-64, wherein the sample is contacted with SEQ ID NO:9 or an antigenic fragment or variant thereof; SEQ ID NO:11 or an antigenic fragment or variant thereof; SEQ ID NO:13 or an antigenic fragment or variant thereof; and SEQ ID NO:15 or an antigenic fragment or variant thereof.

5 68. The method of any of claims 46-67, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are linked to an affinity tag sequence to facilitate purification.

69. The method of claim 68, wherein the affinity tag is a 6x-Histidine tag.

10 70. The method of any of claims 46-69, wherein the two or more isolated polypeptides or antigenic fragments or variants thereof are attached or immobilized to a solid support.

71. The method of any of claims 46-70, wherein the interferon- γ is detected by one or more of the following: ELISA, immunoblot, radioimmunoassay, flow cytometry, fluorescence polarization, latex agglutination, lateral flow assay, immunochromatographic assay, immunochips, dip stick immunotesting, and bead-based technology.

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FIG. 1

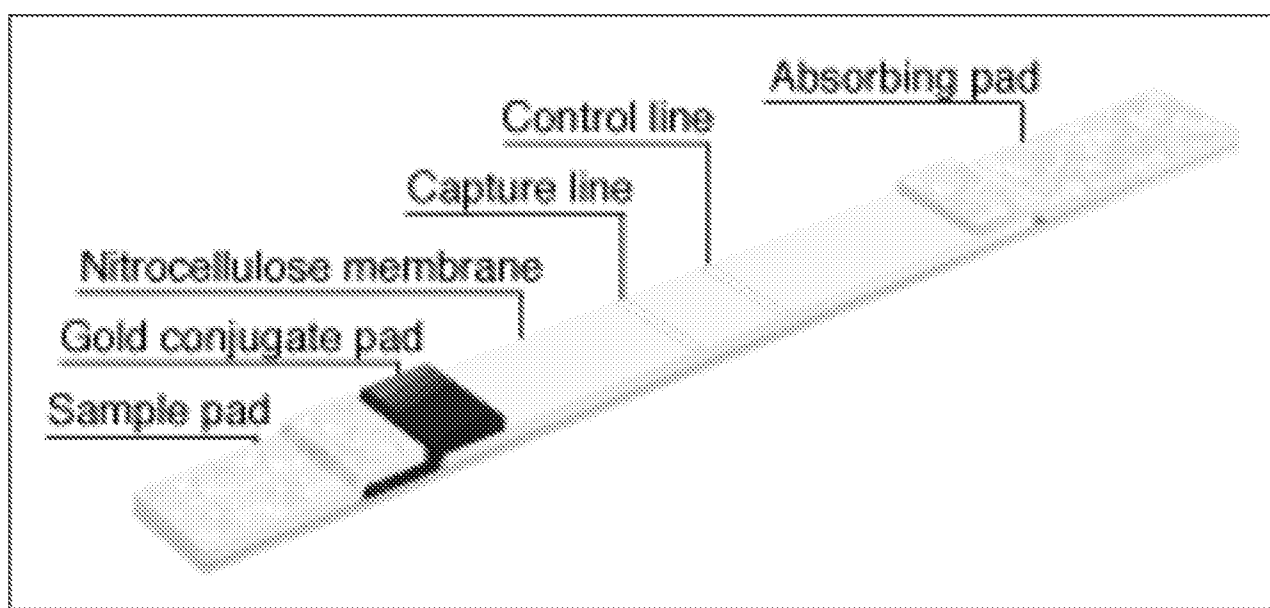


FIG. 2A

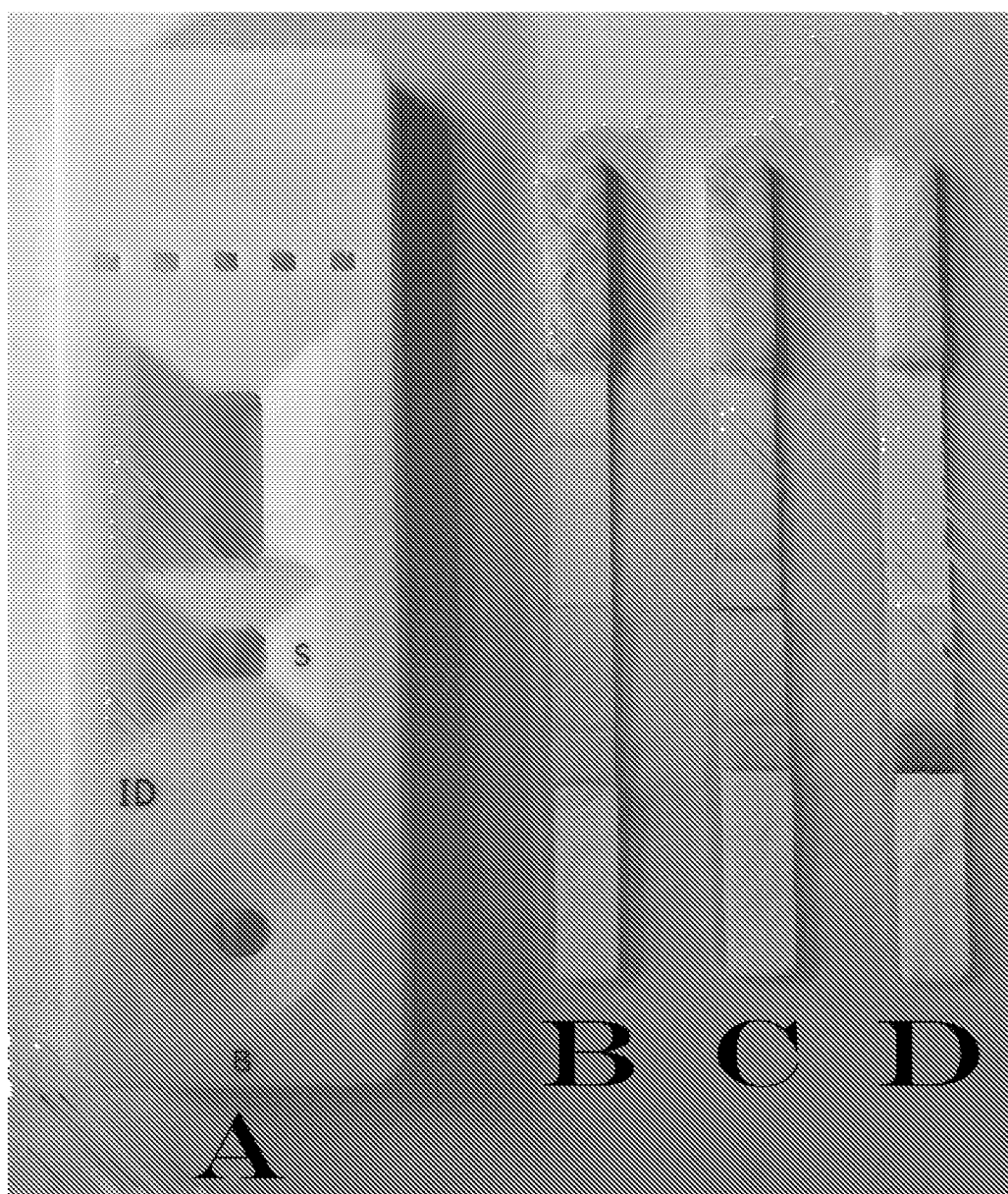


FIG. 2B

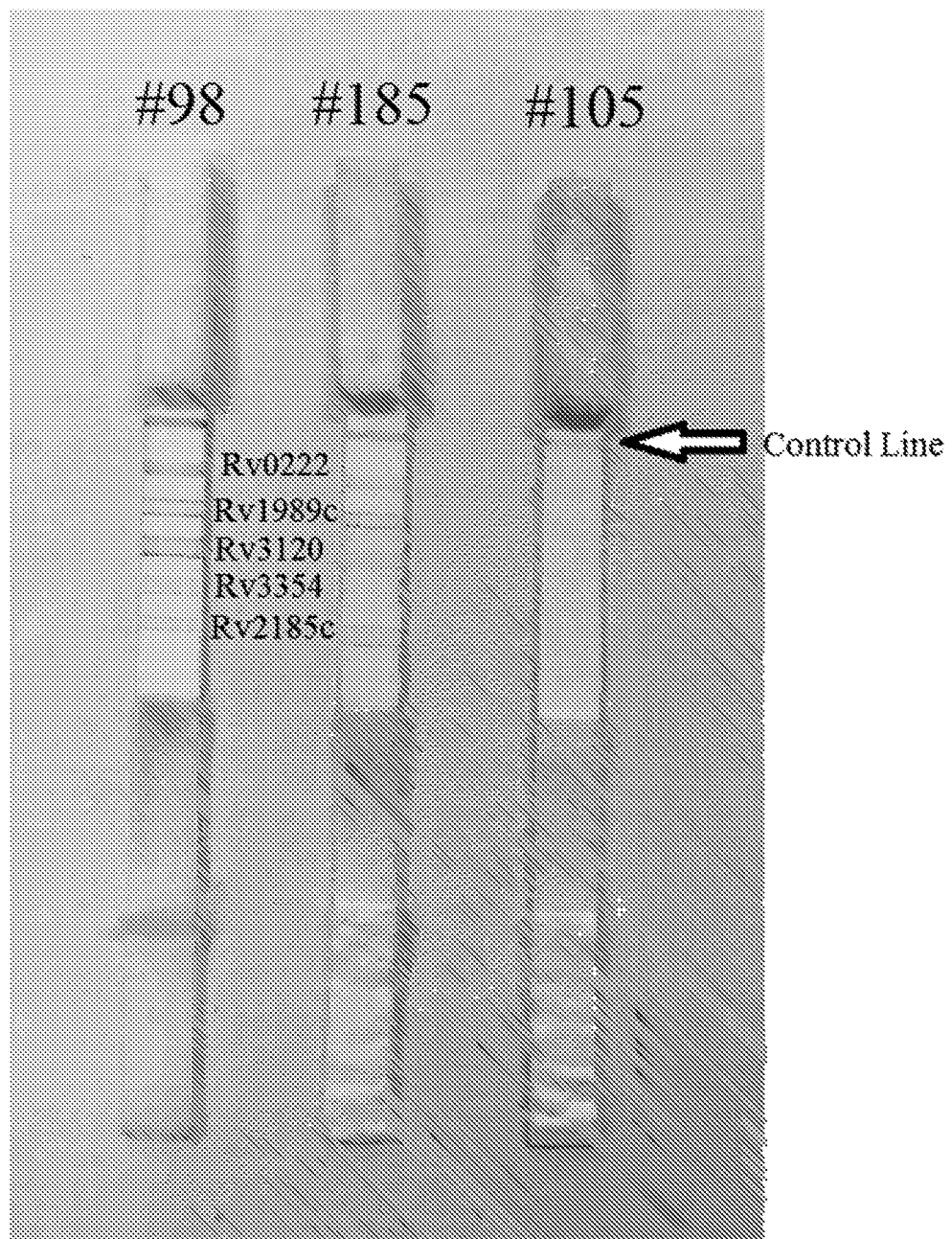


FIG. 3

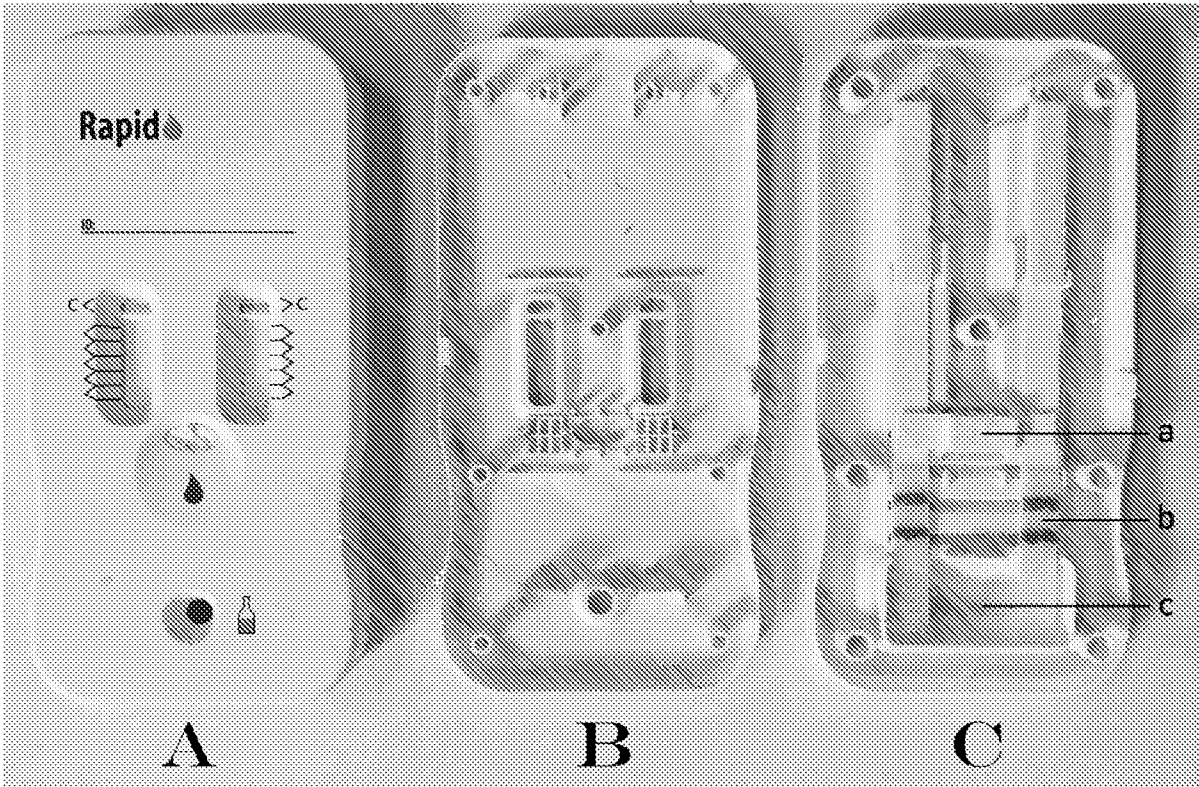


FIG. 4

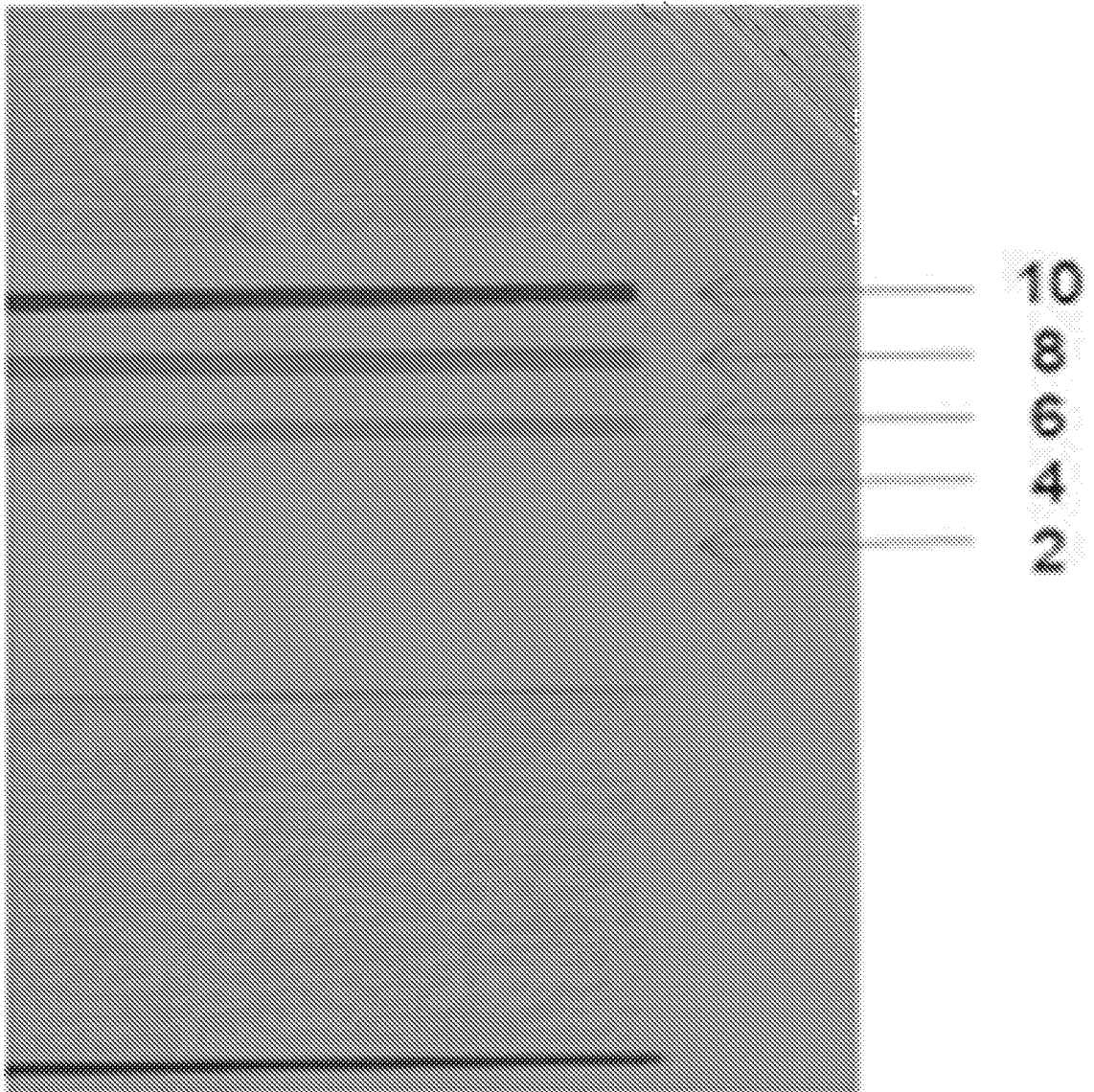


FIG. 5

Alcort Barcode	Location	Position	Prepared	Sent	Assigned Order
01 01 4348 Se 01	Z1 - Shelf 1 - Rack 3 - Box 63	18	No	No	133
01 14 0447 Se 04	Z1 - Shelf 1 - Rack 4 - Box 74	64	No	No	123
01 01 4345 Se 01	Z1 - Shelf 1 - Rack 4 - Box 74	33	No	No	118
10 01 3027 Se 01	Z1 - Shelf 1 - Rack 4 - Box 77	36	No	No	165
10 01 3044 Se 01	Z1 - Shelf 1 - Rack 4 - Box 77	74	No	No	029
10 01 3037 Se 01	Z1 - Shelf 1 - Rack 4 - Box 78	56	No	No	167
10 01 3039 Se 01	Z1 - Shelf 1 - Rack 4 - Box 78	65	No	No	098
10 01 3010 Se 01	Z1 - Shelf 1 - Rack 4 - Box 78	68	No	No	105
10 01 3012 Se 01	Z1 - Shelf 1 - Rack 4 - Box 78	51	No	No	070
10 01 3022 Se 01	Z1 - Shelf 1 - Rack 4 - Box 79	5	No	No	002
01 18 0336 Se 02	Z1 - Shelf 1 - Rack 4 - Box 84	29	No	No	169
01 18 0410 Se 02	Z1 - Shelf 1 - Rack 4 - Box 89	71	No	No	107
07 52 0033 Se 02	Z1 - Shelf 1 - Rack 5 - Box 103	31	No	No	044
07 52 0019 Se 02	Z1 - Shelf 1 - Rack 5 - Box 103	46	No	No	020
01 18 0233 Se 01	Z1 - Shelf 1 - Rack 5 - Box 99	81	No	No	128
01 18 0288 Se 01	Z1 - Shelf 1 - Rack 5 - Box 99	21	No	No	103
01 41 0010 Se 10	Z1 - Shelf 1 - Rack 6 - Box 124	14	No	No	076
01 41 0056 Se 08	Z1 - Shelf 1 - Rack 6 - Box 124	77	No	No	067
01 41 0072 Se 08	Z1 - Shelf 1 - Rack 6 - Box 126	12	No	No	037
01 41 0038 Se 00	Z1 - Shelf 1 - Rack 6 - Box 127	12	No	No	000
01 18 0098 Se 01	Z1 - Shelf 1 - Rack 6 - Box 130	19	No	No	019
01 18 0088 Se 03	Z1 - Shelf 1 - Rack 6 - Box 131	37	No	No	114
01 18 0151 Se 01	Z1 - Shelf 1 - Rack 6 - Box 141	76	No	No	050
01 18 0177 Se 01	Z1 - Shelf 1 - Rack 6 - Box 141	28	No	No	127
01 18 0172 Se 01	Z1 - Shelf 1 - Rack 6 - Box 143	14	No	No	080
07 52 0238 Se 03	Z1 - Shelf 1 - Rack 6 - Box 144	80	No	No	100
07 52 0338 Se 03	Z1 - Shelf 2 - Rack 1 - Box 145	44	No	No	131
07 52 0131 Se 05	Z1 - Shelf 2 - Rack 1 - Box 147	14	No	No	110
07 52 0233 Se 04	Z1 - Shelf 2 - Rack 1 - Box 156	41	No	No	013
07 52 0258 Se 04	Z1 - Shelf 2 - Rack 1 - Box 158	40	No	No	048
01 18 0082 Se 01	Z1 - Shelf 2 - Rack 1 - Box 159	23	No	No	147
01 18 0058 Se 03	Z1 - Shelf 2 - Rack 1 - Box 160	76	No	No	038
01 01 0033 Se 02	Z1 - Shelf 2 - Rack 1 - Box 163	27	No	No	083
01 01 0007 Se 02	Z1 - Shelf 2 - Rack 1 - Box 163	19	No	No	161
01 01 0010 Se 01	Z1 - Shelf 2 - Rack 1 - Box 163	26	No	No	168
01 01 0022 Se 01	Z1 - Shelf 2 - Rack 1 - Box 163	51	No	No	063
01 41 0148 Se 11	Z1 - Shelf 2 - Rack 1 - Box 163	17	No	No	015
01 18 0215 Se 01	Z1 - Shelf 2 - Rack 1 - Box 167	77	No	No	042
01 18 0213 Se 01	Z1 - Shelf 2 - Rack 2 - Box 169	2	No	No	021
01 18 0211 Se 01	Z1 - Shelf 2 - Rack 2 - Box 170	47	No	No	058
01 18 0050 Se 03	Z1 - Shelf 2 - Rack 2 - Box 176	77	No	No	086
01 14 0325 Se 04	Z1 - Shelf 2 - Rack 2 - Box 184	4	No	No	031
01 14 0410 Se 03	Z1 - Shelf 2 - Rack 2 - Box 191	25	No	No	102
07 52 0532 Se 03	Z1 - Shelf 2 - Rack 3 - Box 206	76	No	No	115
07 52 0520 Se 03	Z1 - Shelf 2 - Rack 3 - Box 206	12	No	No	027
01 14 0359 Se 03	Z1 - Shelf 2 - Rack 3 - Box 211	33	No	No	036
01 14 0230 Se 03	Z1 - Shelf 2 - Rack 4 - Box 218	8	No	No	027
01 18 0037 Se 03	Z1 - Shelf 2 - Rack 4 - Box 233	72	No	No	152
01 18 0016 Se 02	Z1 - Shelf 2 - Rack 4 - Box 234	39	No	No	119
07 52 0126 Se 01	Z1 - Shelf 2 - Rack 5 - Box 242	61	No	No	026
07 52 0039 Se 04	Z1 - Shelf 2 - Rack 5 - Box 243	62	No	No	040
07 52 0447 Se 03	Z1 - Shelf 2 - Rack 5 - Box 255	24	No	No	172
07 52 0436 Se 03	Z1 - Shelf 2 - Rack 5 - Box 258	56	No	No	142
01 18 0123 Se 02	Z1 - Shelf 2 - Rack 5 - Box 260	66	No	No	087
01 18 0113 Se 02	Z1 - Shelf 2 - Rack 5 - Box 261	37	No	No	127
01 18 0115 Se 03	Z1 - Shelf 2 - Rack 5 - Box 261	48	No	No	088
01 18 0019 Se 03	Z1 - Shelf 2 - Rack 5 - Box 263	45	No	No	135

FIG. 6

Aliquot Barcode	Location	Position	Prepared	Sent	Assigned Order
01 01 4219 Se 03	Z1 - Shelf 2 - Rack 5 - Box 263	69	No	No	051
01 01 0279 Se 03	Z1 - Shelf 2 - Rack 6 - Box 266	4	No	No	047
01 01 0285 Se 02	Z1 - Shelf 2 - Rack 6 - Box 266	10	No	No	091
01 01 0293 Se 02	Z1 - Shelf 2 - Rack 6 - Box 266	27	No	No	112
01 01 0300 Se 02	Z1 - Shelf 2 - Rack 6 - Box 266	64	No	No	041
01 01 0301 Se 03	Z1 - Shelf 2 - Rack 6 - Box 266	38	No	No	179
01 01 0314 Se 02	Z1 - Shelf 2 - Rack 6 - Box 266	46	No	No	124
01 01 0318 Se 02	Z1 - Shelf 2 - Rack 6 - Box 266	49	No	No	077
01 01 0325 Se 02	Z1 - Shelf 2 - Rack 6 - Box 267	18	No	No	176
07 52 0296 Se 04	Z1 - Shelf 2 - Rack 6 - Box 268	74	No	No	053
07 52 0329 Se 04	Z1 - Shelf 2 - Rack 6 - Box 269	75	No	No	101
07 52 0331 Se 05	Z1 - Shelf 2 - Rack 6 - Box 269	33	No	No	166
07 52 0315 Se 05	Z1 - Shelf 2 - Rack 6 - Box 270	56	No	No	097
01 14 0237 Se 03	Z1 - Shelf 2 - Rack 6 - Box 276	75	No	No	009
01 18 0319 Se 02	Z1 - Shelf 2 - Rack 6 - Box 279	6	No	No	011
01 18 0307 Se 02	Z1 - Shelf 2 - Rack 6 - Box 281	45	No	No	068
01 18 0303 Se 03	Z1 - Shelf 2 - Rack 6 - Box 288	75	No	No	163
01 18 0409 Se 01	Z1 - Shelf 2 - Rack 6 - Box 288	26	No	No	062
01 18 0205 Se 02	Z1 - Shelf 3 - Rack 1 - Box 289	37	No	No	018
01 18 0216 Se 01	Z1 - Shelf 3 - Rack 1 - Box 289	13	No	No	125
01 41 0264 Se 06	Z1 - Shelf 3 - Rack 1 - Box 290	45	No	No	084
01 18 0195 Se 01	Z1 - Shelf 3 - Rack 1 - Box 293	15	No	No	130
01 01 4090 Se 03	Z1 - Shelf 3 - Rack 1 - Box 295	61	No	No	093
01 18 0245 Se 01	Z1 - Shelf 3 - Rack 1 - Box 297	54	No	No	056
01 18 0242 Se 01	Z1 - Shelf 3 - Rack 1 - Box 298	14	No	No	117
01 18 0096 Se 01	Z1 - Shelf 3 - Rack 1 - Box 299	58	No	No	136
01 18 0328 Se 01	Z1 - Shelf 3 - Rack 1 - Box 299	25	No	No	178
01 18 0268 Se 02	Z1 - Shelf 3 - Rack 1 - Box 299	26	No	No	014
01 14 0182 Se 03	Z1 - Shelf 3 - Rack 1 - Box 311	75	No	No	025
01 01 4133 Se 01	Z1 - Shelf 3 - Rack 2 - Box 312	79	No	No	157
01 01 4149 Se 01	Z1 - Shelf 3 - Rack 2 - Box 317	53	No	No	104
01 14 0126 Se 03	Z1 - Shelf 3 - Rack 2 - Box 318	67	No	No	040
01 01 4145 Se 01	Z1 - Shelf 3 - Rack 2 - Box 318	89	No	No	154
01 01 4150 Se 01	Z1 - Shelf 3 - Rack 2 - Box 320	5	No	No	033
01 14 0004 Se 04	Z1 - Shelf 3 - Rack 2 - Box 324	31	No	No	099
01 01 4004 Se 01	Z1 - Shelf 3 - Rack 2 - Box 324	63	No	No	065
01 01 4044 Se 03	Z1 - Shelf 3 - Rack 2 - Box 326	4	No	No	155
01 01 4091 Se 01	Z1 - Shelf 3 - Rack 2 - Box 326	53	No	No	074
01 18 0125 Se 02	Z1 - Shelf 3 - Rack 2 - Box 326	75	No	No	030
01 18 0130 Se 02	Z1 - Shelf 3 - Rack 2 - Box 326	38	No	No	129
01 18 0133 Se 02	Z1 - Shelf 3 - Rack 2 - Box 326	54	No	No	085
01 18 0054 Se 03	Z1 - Shelf 3 - Rack 3 - Box 327	30	No	No	095
01 18 0134 Se 02	Z1 - Shelf 3 - Rack 3 - Box 328	25	No	No	028
01 18 0143 Se 02	Z1 - Shelf 3 - Rack 3 - Box 328	26	No	No	089
01 18 0145 Se 03	Z1 - Shelf 3 - Rack 3 - Box 328	58	No	No	054
01 18 0189 Se 01	Z1 - Shelf 3 - Rack 3 - Box 328	14	No	No	132
01 18 0190 Se 01	Z1 - Shelf 3 - Rack 3 - Box 328	20	No	No	173
01 18 0181 Se 02	Z1 - Shelf 3 - Rack 3 - Box 328	10	No	No	133
01 18 0182 Se 02	Z1 - Shelf 3 - Rack 3 - Box 329	32	No	No	181
01 18 0194 Se 01	Z1 - Shelf 3 - Rack 3 - Box 329	19	No	No	059
01 01 4238 Se 01	Z1 - Shelf 3 - Rack 3 - Box 329	47	No	No	081
01 18 0156 Se 02	Z1 - Shelf 3 - Rack 3 - Box 340	15	No	No	109
01 18 0159 Se 02	Z1 - Shelf 3 - Rack 3 - Box 340	14	No	No	150
01 18 0170 Se 02	Z1 - Shelf 3 - Rack 3 - Box 340	19	No	No	116
01 18 0175 Se 02	Z1 - Shelf 3 - Rack 3 - Box 340	9	No	No	005
01 18 0176 Se 02	Z1 - Shelf 3 - Rack 3 - Box 340	49	No	No	111
01 18 0178 Se 02	Z1 - Shelf 3 - Rack 3 - Box 340	36	No	No	126
01 18 0179 Se 02	Z1 - Shelf 3 - Rack 3 - Box 340	33	No	No	060
01 14 0540 Se 03	Z1 - Shelf 3 - Rack 3 - Box 341	66	No	No	174
01 18 0199 Se 01	Z1 - Shelf 3 - Rack 3 - Box 344	60	No	No	140
01 14 0080 Se 04	Z1 - Shelf 3 - Rack 3 - Box 345	73	No	No	043
01 14 0520 Se 03	Z1 - Shelf 3 - Rack 3 - Box 345	7	No	No	143
01 14 0116 Se 03	Z1 - Shelf 3 - Rack 3 - Box 349	20	No	No	010
01 01 4143 Se 01	Z1 - Shelf 3 - Rack 3 - Box 350	17	No	No	024
01 18 0262 Se 02	Z1 - Shelf 3 - Rack 3 - Box 352	59	No	No	032

FIG. 7

Aliquot Barcode	Location	Position	Prepared	Sent	Assigned Order
01 14 0639 Se 04	Z1 - Shelf 3 - Rack 3 - Box 353	40	No	No	022
01 18 0251 Se 01	Z1 - Shelf 3 - Rack 3 - Box 355	77	No	No	134
01 18 0258 Se 01	Z1 - Shelf 3 - Rack 3 - Box 355	3	No	No	156
01 14 0683 Se 03	Z1 - Shelf 3 - Rack 3 - Box 358	80	No	No	069
01 01 4140 Se 01	Z1 - Shelf 3 - Rack 4 - Box 362	40	No	No	072
01 01 0138 Se 03	Z1 - Shelf 3 - Rack 4 - Box 371	80	No	No	007
01 01 0139 Se 03	Z1 - Shelf 3 - Rack 4 - Box 371	71	No	No	064
01 01 0157 Se 06	Z1 - Shelf 3 - Rack 4 - Box 371	42	No	No	052
01 01 0159 Se 02	Z1 - Shelf 3 - Rack 4 - Box 371	40	No	No	017
01 01 0162 Se 06	Z1 - Shelf 3 - Rack 4 - Box 371	53	No	No	012
01 01 0177 Se 03	Z1 - Shelf 3 - Rack 4 - Box 371	50	No	No	160
01 01 0080 Se 02	Z1 - Shelf 3 - Rack 4 - Box 372	28	No	No	122
01 01 0091 Se 03	Z1 - Shelf 3 - Rack 4 - Box 372	32	No	No	151
01 01 0093 Se 06	Z1 - Shelf 3 - Rack 4 - Box 372	53	No	No	008
01 01 0099 Se 02	Z1 - Shelf 3 - Rack 4 - Box 372	45	No	No	001
01 01 0100 Se 03	Z1 - Shelf 3 - Rack 4 - Box 372	11	No	No	078
01 01 0102 Se 03	Z1 - Shelf 3 - Rack 4 - Box 372	55	No	No	153
01 01 0105 Se 06	Z1 - Shelf 3 - Rack 4 - Box 372	57	No	No	148
01 01 0109 Se 06	Z1 - Shelf 3 - Rack 4 - Box 372	68	No	No	055
01 01 0112 Se 06	Z1 - Shelf 3 - Rack 4 - Box 372	77	No	No	121
01 01 0136 Se 06	Z1 - Shelf 3 - Rack 4 - Box 372	3	No	No	175
01 01 0137 Se 02	Z1 - Shelf 3 - Rack 4 - Box 372	1	No	No	082
01 01 0056 Se 03	Z1 - Shelf 3 - Rack 4 - Box 373	34	No	No	071
01 01 0060 Se 06	Z1 - Shelf 3 - Rack 4 - Box 373	51	No	No	141
01 01 0063 Se 01	Z1 - Shelf 3 - Rack 4 - Box 373	26	No	No	094
01 01 0070 Se 01	Z1 - Shelf 3 - Rack 4 - Box 373	38	No	No	177
01 01 0079 Se 02	Z1 - Shelf 3 - Rack 4 - Box 373	37	No	No	049
01 01 0117 Se 06	Z1 - Shelf 3 - Rack 4 - Box 373	12	No	No	079
01 01 0120 Se 01	Z1 - Shelf 3 - Rack 4 - Box 373	6	No	No	075
01 01 0212 Se 02	Z1 - Shelf 3 - Rack 4 - Box 373	78	No	No	090
01 01 0045 Se 04	Z1 - Shelf 3 - Rack 4 - Box 374	72	No	No	164
01 01 0046 Se 02	Z1 - Shelf 3 - Rack 4 - Box 374	52	No	No	108
01 01 0048 Se 01	Z1 - Shelf 3 - Rack 4 - Box 374	50	No	No	106
01 01 0053 Se 02	Z1 - Shelf 3 - Rack 4 - Box 374	65	No	No	039
01 01 0214 Se 01	Z1 - Shelf 3 - Rack 4 - Box 374	1	No	No	004
01 01 0215 Se 06	Z1 - Shelf 3 - Rack 4 - Box 374	42	No	No	158
01 01 0216 Se 06	Z1 - Shelf 3 - Rack 4 - Box 374	28	No	No	138
01 01 0220 Se 03	Z1 - Shelf 3 - Rack 4 - Box 374	37	No	No	102
01 01 0245 Se 05	Z1 - Shelf 3 - Rack 4 - Box 374	20	No	No	171
01 01 0030 Se 03	Z1 - Shelf 3 - Rack 4 - Box 375	79	No	No	159
01 01 0035 Se 02	Z1 - Shelf 3 - Rack 4 - Box 375	56	No	No	003
01 01 0043 Se 03	Z1 - Shelf 3 - Rack 4 - Box 375	2	No	No	092
01 01 0255 Se 02	Z1 - Shelf 3 - Rack 4 - Box 375	38	No	No	046
01 01 0256 Se 03	Z1 - Shelf 3 - Rack 4 - Box 375	44	No	No	180
01 01 0267 Se 02	Z1 - Shelf 3 - Rack 4 - Box 375	39	No	No	096
01 01 0029 Se 03	Z1 - Shelf 3 - Rack 4 - Box 376	58	No	No	170
01 18 0076 Se 01	Z1 - Shelf 3 - Rack 4 - Box 376	54	No	No	061
01 18 0083 Se 01	Z1 - Shelf 3 - Rack 4 - Box 376	41	No	No	034
01 18 0089 Se 01	Z1 - Shelf 3 - Rack 4 - Box 376	47	No	No	073
01 18 0063 Se 01	Z1 - Shelf 3 - Rack 4 - Box 377	34	No	No	035
01 18 0068 Se 01	Z1 - Shelf 3 - Rack 4 - Box 377	9	No	No	149
01 18 0067 Se 01	Z1 - Shelf 3 - Rack 4 - Box 377	10	No	No	120
01 18 0070 Se 01	Z1 - Shelf 3 - Rack 4 - Box 377	2	No	No	016
01 18 0053 Se 01	Z1 - Shelf 3 - Rack 4 - Box 378	56	No	No	032
07 52 0071 Se 04	Z1 - Shelf 3 - Rack 4 - Box 382	53	No	No	146
07 52 0028 Se 02	Z1 - Shelf 3 - Rack 4 - Box 383	3	No	No	144
07 52 0035 Se 03	Z1 - Shelf 3 - Rack 4 - Box 383	47	No	No	066
01 01 4262 Se 01	Z1 - Shelf 3 - Rack 5 - Box 394	66	No	No	145

FIG. 8

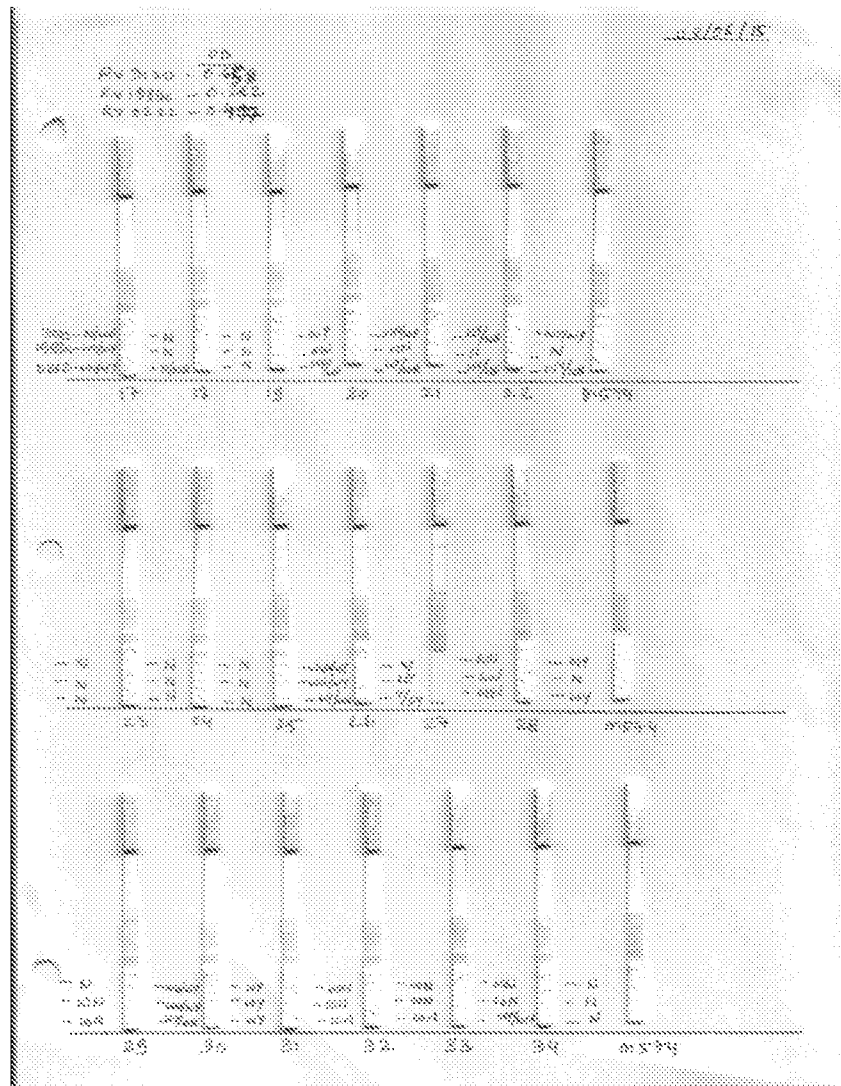


FIG. 9

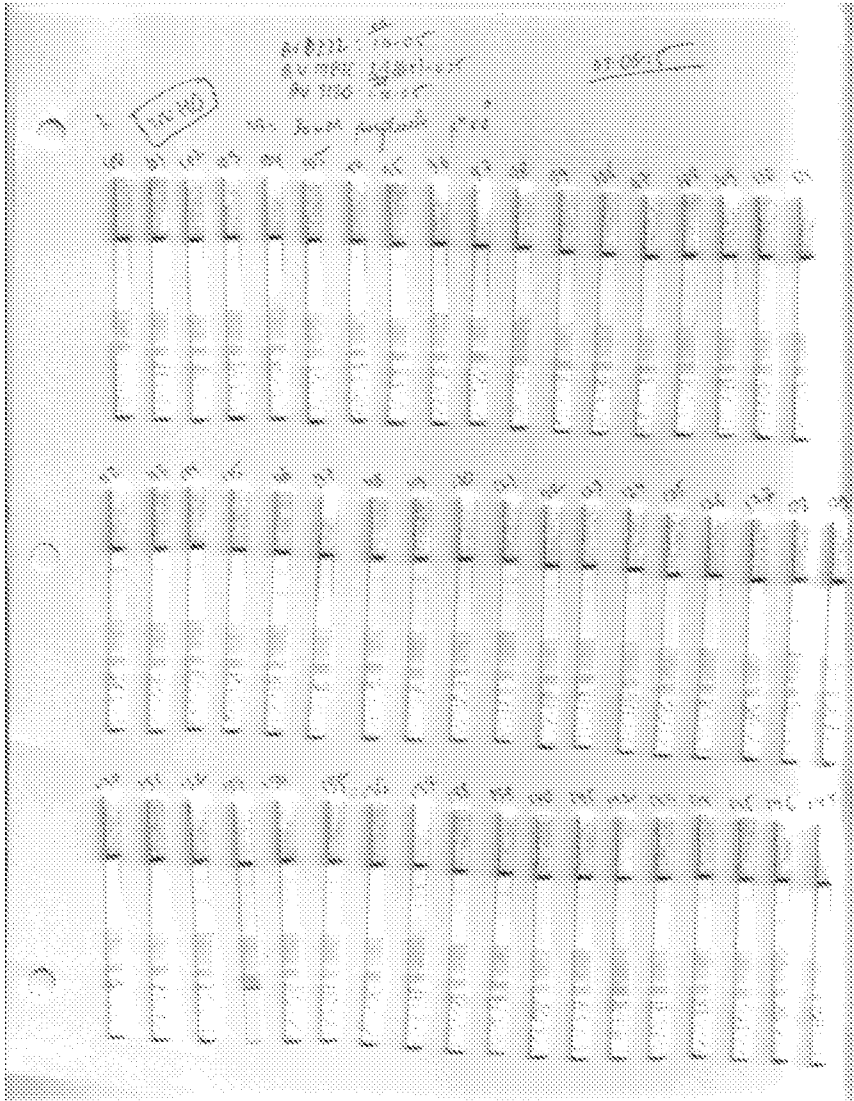


FIG. 10

FIND Code	Key	TE Result Interpretation	Sample #	IgM Rv3120	IgM Rv1989c	IgM Rv0222	IgM Result	IgG Rv3120	IgG Rv1989c	IgG Rv0222	IgG Result
0101 4348 Se01 Smear+ Culture+		Pos	1	wY	wY/wN	Y/wY	Pos	wY	wY	Y	Pos
0118 0088 Se01 Smear+ Culture+		Pos	2	wY/wN	wY	wY/wN	Pos	N	wY/wN	wY/wN	Pos/Neg (?)
0118 0082 Se01 Non TB		Neg	3	N	N	N	Neg	N	N	N	Neg
0118 0050 Se03 Smear+ Culture+		Neg/Pos ?	4	N	wN/wY	wN/wY	Neg/Pos (?)	N	N	N	Neg
0118 0123 Se02 Non TB		Neg/Pos ? or invalid	5	wN/wY	wN	wN/wY	Neg/Pos ?	wY	wN	Y	Pos (Invalid)
0101 0314 Se02 Smear+ Culture+		Pos	6	wY	N	wY	Pos	wY	wY	wY	Pos
0118 0206 Se02 Smear+ Culture+		Pos	7	wN/wY	wN/wY	wN/wY	Neg/Pos	Y	Y	Y	Pos
0114 0004 Se04 Smear+ Culture+		Pos	8	wY	wY/wN	wY	Pos	N	N	wY/Y	Pos (?)
0118 0145 Se03 Non TB		Neg/Pos ?	9	wN	wN	wN	Neg (?)	wN/wY	N	wY/wN	Neg/Pos (?)
0114 0447 Se04 Smear+ Culture+		Pos	10	wY	wY	wY	Pos	wY	wY	wY	Pos
0118 0088 Se03 Smear+ Culture+		Pos	11	N	wY	N	Pos (?)	wY/wN	wY	wY	Pos
0118 0068 Se03 Smear+ Culture+		Pos	12	N	N	wY	Pos (?)	N	N	wY	Pos (?)
0114 0325 Se04 Smear+ Culture+		Neg/Pos ?	13	N	N	N	Neg	wN/wY	wN/wY	wN/wY	Neg/Pos (?)
0118 0115 Se03 Non TB		Neg	14	N	N	N	Neg	N	N	N	Neg
0101 0318 Se02 Smear+ Culture+		Pos	15	wY	wY	wY	Pos	N	N	N	Neg
0118 0278 Se01 Non TB		Neg	16	N	N	wN	Neg	wN/wY	N	N	Neg (?)
0101 4044 Se03 CX+		Pos	17	N/wN	wN/wY	wN/wY	Neg/Pos (?)	wY	Y/wY	wY	Pos
0118 0189 Se01 Non TB		Neg ?	18	N	N	N	Neg	N	N	wN/wY	Neg/Pos (?)
0101 4345 Se01 Smear+ Culture+		Neg	19	N	N	N	Neg	N	N	N	Neg
0118 0161 Se01 Non TB		Pos	20	wY	wN	wY/wN	Pos (?)	sY	Y/wY	Y/wY	Pos
0101 0003 Se02 Smear+ Culture+		Pos	21	wN/wY	N	wN/wY	Neg (?)	Y	Y	Y	Pos
0114 0410 Se03 Smear+ Culture+		Pos	22	wY/wN	N	wY/wN	Pos (?)	Y	wY	Y	Pos
0118 0019 Se03 Smear+ Culture+		Neg/Pos ?	23	N	N	N	Neg	wN/wY	wN/wY	wN/wY	Neg/Pos (?)
0101 0325 Se03 Smear+ Culture+		Pos	24	N	N	N	Neg	Y	Y	Y	Pos
0118 0195 Se01 Non TB		Pos	25	wN	wN	wN	Neg (?)	sY	Y	Y	Pos
0101 4091 Se01 CX+		Pos	26	wY	wY/wN	Y/wY	Pos	sY	Y	Y	Pos
0118 0190 Se01 Non TB		Pos	27	Y	wY	Y/sY	Pos	sY	Y	Y	Pos
1001 3044 Se01 Smear+ Culture+		Pos	28	wN	wN	wN	Neg	Y	Y	Y	Pos
0118 0177 Se01 Non TB		Neg/Pos ?	29	N	wN	wN	Neg	wN	N	wN/wY	Neg/Pos (?)
0101 0007 Se02 Smear+ Culture+		Pos	30	wN/wY	wN/wY	wN/wY	Neg/Pos (?)	wN	wN/wY	wY	Pos
0752 0502 Se03 Latent TB		Pos	31	wY	wY	wY	Pos	Y	wY	wY	Pos
0101 4219 Se03 CX+		Pos	32	wN	wN	wN	Neg ?	wY	wY	wY/Y	Pos
0752 0290 Se04 Latent TB		Neg	33	N	N	N	Neg	N	N	N	Neg
0101 4080 Se03 CX+		Pos	34	wN	wN	wY/wN	Pos/Neg (?)	wY	wY	wY	Pos
0118 0125 Se02 Non TB - No FU Labs		Neg	35	N	N	N	Neg	N	N	N	Neg
0118 0181 Se02 Smear+ Culture+		Pos	36	wN	wN	wN	Neg ?	wY	wY	wY/Y	Pos
0118 0336 Se02 Smear+ Culture+		Pos	37	N	wY/wN	wY/wN	Pos/Neg (?)	wY	wY	wY/Y	Pos
0118 0172 Se01 Non TB - No FU Labs		Neg ? or Pos ?	38	N	N	N	Neg	wN	wN/N	wY	Pos (?)
0101 0010 Se01 Smear+ Culture+		Pos	39	wN	wN	wN	Neg ?	wY/wN	wY	wY/wN	Pos
0752 0528 Se03 Latent TB		Pos	40	N	wN	wN	Neg ?	wY	wY	wY	Pos
0101 0279 Se03 Smear+ Culture+		Pos	41	N	wY	wN	Pos	N	wY	N	Pos
0752 0329 Se04 Latent TB		Pos	42	wN	wY	wN/wY	Pos	wY	wN/wY	wN/wY	Pos
0118 0245 Se01 Non TB - No FU Labs		Neg ?	43	wN	wN	wN	Neg (?)	N	N	wN	Neg
0118 0130 Se02 Non TB - No FU Labs		Neg ?	44	wN	N	wN	Neg	wN	N	wY/wN	Neg/Pos (?)
0118 0182 Se02 Non TB - No FU Labs		Neg/Pos ?	45	N	N	N	Neg	wN/wY	N	wN/wY	Neg/Pos (?)
0752 0003 Se02 Latent TB		Pos	46	wN	wN	wN	Neg	wY/wN	wY	wY/wN	Pos
0752 0209 Se03 Latent TB		Pos	47	wY	wY/Y	Y/wY	Pos	wY/Y	wY/Y	wY/Y	Pos
0101 0022 Se01 Smear+ Culture+		Pos/Neg ?	48	wY/wN	wN	wY/wN	Pos/Neg (?)	N	N	wN/wY	Neg/Pos (?)
0114 0359 Se03 Smear+ Culture+		Pos	49	wY/wN	wY	wY	Pos	Y	wY	wY/Y	Pos
0101 0285 Se02 Smear+ Culture+		Neg/Pos ?	50	wN	N	wN	Neg ?	wN	wN	wN/wY	Neg/Pos (?)
0752 0331 Se05 Latent TB		Pos	51	N/wN	wY	wY/Y	Pos	N	wN	wY	Pos
0118 0242 Se01 Non TB - No FU Labs		Neg ?	52	wN	wN	wN	Neg ?	N (wY 1st)	N	N	Neg
0118 0133 Se02 Non TB - No FU Labs		Neg/Pos ?	53	wN	wY/wN	N/wN	Neg ?	wN/wY	wN/wY	wN/wY	Neg/Pos (?)
0118 0184 Se01 Non TB - No FU Labs		Neg	54	N	N	N	Neg	N	N	N	Neg
0752 0009 Se02 Latent TB		Neg ?	55	N	N	N	Neg	N/wN	N/wN	N/wN	Neg ?
0752 0380 Se03 Latent TB		Pos	56	N/wN	N	wY	Pos (?)	wY	wY	wY	Pos
0118 0215 Se01 Non TB - No FU Labs		Pos	57	N	N	N	Neg	wY	wY	wY	Pos
0118 0007 Se03 Smear+ Culture+		Neg ?	58	wN	wN	wN	Neg ?	N	N	N	Neg
0101 0293 Se02 Smear+ Culture+		Pos	59	wY	wY/wN	wY	Pos	N/wN	N/wN	N/wN	Neg
0752 0315 Se05 Latent TB		Pos	60	wY/wN	wN	wN/wY	Pos/Neg (?)	wY	N	wY	Pos
0118 0096 Se01 Non TB - No FU Labs		Neg	61	N	N	N	Neg	N	N	N	Neg
0118 0054 Se02 Non TB - No FU Labs		Neg/Pos or invalid	62	wN/wY	wN/wY	wN/wY	Neg/Pos (?)	Y	wY	Y	Pos (Invalid)
0101 4238 Se01 CX+		Neg	63	N	N	N	Neg	N	N	N	Neg
0118 0283 Se01 Non TB - No FU Labs		Neg ?	64	wN	wN	wN	Neg (?)	wN	N	wN/wY	Neg/Pos (?)
0752 0233 Se04 Latent TB		Pos	65	wN/wY	wN/wY	wN/wY	Neg/Pos (?)	wY	wY/wN	wY	Pos

FIG. 11

FIND Code	Key	TB Result Interpretation	Sample #	IgM Rv3120	IgM Rv1989c	IgM Rv0222	IgM Result	IgG Rv3120	IgG Rv1989c	IgG Rv0222	IgG Result
0118 0213	Se01 Non TB - No FU Labs	Neg ?	66 N	N	N	N	Neg	N/wN	N	wN	Neg ?
0118 0016	Se02 Smear- Culture+	Pos ?	67 N	N	N	N	Neg	N	N	wY	Pos (?)
0101 0300	Se02 Smear- Culture+	Pos	68 wY	wN	wY/wN		Pos	wY/wN	N	N	Pos/Neg (?)
0118 0319	Se02 Smear- Culture+	Pos	69 N	N	N	N	Neg	Y	Y	Y	Pos
0118 0228	Se01 Smear- Culture+	Pos	70 N	wN/wY	wN/wY		Neg/Pos (?)	wY	wY	wY	Pos
0118 0134	Se02 Non TB - No FU Labs	Neg ?	71 N	wN	wN		Neg ?	N	wN	wN	Neg ?
0118 0156	Se02 Smear- Culture+	Pos ?	72 N	N	N/wN		Neg	wN	N	wY	Pos (?)
0118 0286	Se01 Non TB - No FU Labs	Neg	73 N	N	N		Neg	N	N	N	Neg
0752 0258	Se04 Latent TB	Pos	74 wN/wY	wN	wN/wY		Neg/Pos (?)	wY	N	wY/Y	Pos
0118 0211	Se01 Non TB - No FU Labs	Neg/Pos ?	75 N	N	N		Neg	wN/wY	wN	wN/wY	Neg/Pos (?)
0752 0447	Se03 Latent TB	Pos	76 wY	wY	wY		Pos	wY	wY	wY/Y	Pos
0118 0143	Se02 Smear- Culture+	Pos ?	77 N	N	wY		Pos ?	wN	wN	wN	Neg (?)
0118 0159	Se02 Smear- Culture+	Pos	78 wY	wN/wY	wY		Pos	N/wN	N/wN	N/wN	Neg (?)
0101 0301	Se03 Smear+ Culture+	Pos/Neg ?	79 wN	wN	wN		Neg (?)	N	N	wY/wN	Pos/Neg (?)
0118 0303	Se03 Smear+ Culture+	Pos ?	80 N	N	N		Neg	N	N	wY	Pos
0118 0258	Se02 Smear- Culture+	Pos	81 wN	N	wN/wY		Neg/Pos (?)	Y	Y	Y	Pos
1001 3037	Se02 Smear- Culture+	Pos	82 wY/wN	wN	wY/wN		Pos/Neg (?)	wY	N	Y	Pos
1001 3009	Se02 Smear+ Culture+	Pos	83 wN/wN	wN	wY		Pos	wY	wY	Y	Pos
1001 3010	Se02 Smear- Culture+	Pos	84 N	N	N		Neg	wY	wY	wY	Pos
1001 3012	Se02 Smear- Culture+	Pos	85 wY	wY	wY		Pos	wY	wN/wY	wY	Pos
0118 0410	Se04 Smear+ Culture+	Pos	86 wN	wN	wN		Neg (?)	wY/wN	wY	wY	Pos
0141 0010	Se11 Smear+ Culture+	Pos	87 N	N	Y		Pos	Y	wY/Y	Y	Pos
0141 0056	Se09 Smear+ Culture+	Neg ?	88 N/wN	N	wN		Neg ?	N	N	N/wN	Neg
0141 0072	Se09 Smear+ Culture+	Neg	89 N	N	N		Neg	N	N	N	Neg
0141 0055	Se10 Smear+ Culture+	Neg	90 N	N	N		Neg	N	N	N	Neg
0118 0067	Se01 Non TB - No FU Labs	Neg ?	91 N	N	N		Neg	wN	wN	wN	Neg ?
0118 0070	Se01 Smear+ Culture+	Neg ?	92 N	N	N		Neg	N	N/wN	N/wN	Neg ?
0118 0053	Se01 Smear+ Culture+	Neg ?	93 wN	wN	wN		Neg ?	N	N	N	Neg
0752 0071	Se04 Latent TB	Pos	94 wY/Y	wY	wY/Y		Pos	wY	N	wY	Neg
0752 0028	Se02 Latent TB	Pos	95 wY/Y	wY/wN	wY/Y		Pos	wY/Y	wN	wY/Y	Pos
0752 0038	Se03 Latent TB	Pos	96 wN	wN	N		Neg	wN	wY/wN	wY	Pos
0101 4262	Se01 CX+	Pos ?	97 N	wN	wN		Neg ?	N	N	wY	Pos ?
1001 3022	Se02 Smear+ Culture+	Pos	98 N	wN	N/wN		Neg ?	N	wN	wY	Pos
1001 3027	Se02 Smear+ Culture+	Pos	99 wY/wN	wY/wN	wY/wN		Pos/Neg (?)	wY	wY	wY	Pos
0101 0255	Se02 Smear+ Culture+	Pos	100 wY	wY/wN	wY		Pos	wY/wN	wY	wY	Pos
0101 0256	Se03 Smear+ Culture+	Pos	101 wY	wY	wY		Pos	wY	wY/wN	wY	Pos
0101 0267	Se02 Smear+ Culture+	Pos	102 wN/wY	N	wY		Pos	wY	wN	wY	Pos
0101 0029	Se03 Smear+ Culture+	Pos	103 N	wN	wN		Neg ?	wY	wY	Y	Pos
0118 0076	Se01 Non TB - No FU Labs	Neg	104 N	N	N		Neg	wN	N	N/wN	Neg
0118 0083	Se01 Non TB - No FU Labs	Neg	105 N	wN	N		Neg	N	N	N	Neg
0118 0089	Se01 Smear- Culture+	Neg	106 N	N	N		Neg	N	N	wN	Neg ?
0118 0083	Se01 Smear- Culture+	Pos	107 wY/wN	wY/Y	wY		Pos	N	N	N	Neg
0118 0056	Se01 Smear- Culture+	Pos	108 N	N	N		Neg	wY/wN	wY	wY	Pos
0101 0053	Se02 Smear- Culture+	Pos	109 wY/wN	N	wY/wN		Pos/Neg (?)	wY/wN	wN	wY	Pos
0101 0214	Se01 Smear+ Culture+	Neg	110 N	N	N		Neg	N	N	wN	Neg ?
0101 0215	Se06 Non TB	Neg ?	111 N	N	N		Neg	wN/N	wN	wN/N	Neg ?
0101 0216	Se06 Non TB	Neg or Invalid	112 wY	wN	Y		Pos (Invalid)	Y	wY	sY/Y	Pos (Invalid)
0101 0220	Se03 Smear+ Culture+	Pos	113 wN	wN	wY/wN		Pos/Neg (?)	wY	wY	wY/Y	Pos
0101 0245	Se05 Non TB	Neg or Invalid	114 N	N	N		Neg	wY	wY	wY	Pos (Invalid)
0101 0030	Se03 Smear- Culture+	Pos	115 wY	wY	wY		Pos	N	N	N	Neg
0101 0035	Se02 Smear- Culture+	Pos	116 wY	wN	wY/wN		Pos	sY	wN	Y/wY	Pos
0101 0043	Se03 Smear+ Culture+	Pos	117 N	N	N		Neg	N	wN/wY	wY	Pos
0101 0083	Se01 Smear- Culture+	Pos	118 N	N	wN/wY		Neg/Pos (?)	wY	wY	wY/Y	Pos
0101 0070	Se01 Smear- Culture+	Pos	119 N	N	wY/wN		Pos/Neg (?)	wY	wY	Y	Pos
0101 0079	Se02 Smear- Culture+	Neg	120 N	N	N		Neg	N	N	N	Neg
0101 0117	Se06 Non TB	Pos	121 wY	wY/wN	wY		Pos	wY	wY	Y	Pos
0101 0120	Se Smear- Culture+	Pos	122 wN/wY	wN/wY	wN/wY		Neg/Pos (?)	wY/wN	wY	wY	Pos
0101 0212	Se02 Smear- Culture+	Pos	123 N	wN	wY		Pos	N	N	wY	Pos (?)
0101 0045	Se04 Smear+ Culture+	Pos	124 wY	wY/wN	wY		Pos	wN	wN	wY/Y	Pos
0101 0046	Se02 Smear- Culture+	Pos	125 wY	wN/wY	wN/wY		Pos	N	wN	wY	Pos
0101 0048	Se01 Smear- Culture+	Pos	126 N	N	N		Neg	wN/wY	wN/wY	wY	Pos
0101 0100	Se03 Smear- Culture+	Neg ?	127 N	N	N		Neg	N	N	wN	Neg ?
0101 0102	Se03 Smear- Culture+	Pos	128 N	N	wN/wY		Neg (?)	wY	wY	wY	Pos
0101 0105	Se06 Non TB	Pos	129 wY	wN	wY		Pos	sY	wN	wY	Pos
0101 0109	Se06 Non TB	Neg	130 N	N	N		Neg	N	N	wN	Neg

FIG. 12

FIND Code	Key	TB Result Interpretation	Sample #	IgM Rv3120	IgM Rv1989c	IgM Rv0222	IgM Result	IgG Rv3120	IgG Rv1989c	IgG Rv0222	IgG Result
0101 0112	Se06 Non TB	Neg	131 N	N	wN	Neg	N	N	N	N	Neg
0101 0130	Se06 Non TB	Neg/Pos ?	132 wN/wY	N	wN/wY	Neg/Pos (?)	wN/wY	wN	wN/wY	wN/wY	Neg/Pos (?)
0101 0137	Se02 Smear+, Culture+	Pos	133 wY	wN	wY	Pos	wY	wY	wY	wY	Pos
0101 0056	Se03 Smear+ Culture+	Pos ?	134 wN	wN	wY/wN	Pos/Neg (?)	N	N	wY	wY	Pos (?)
0101 0060	Se06 Non TB	Neg ? (Pos ?)	135 wN	N	wN	Neg ?	N	N	wY	wY	Pos ? Hook eff
0101 0138	Se03 Smear+, Culture+	Pos	136 wN	N	wN	Neg	wY	wN	wY/wN	wY	Pos
0101 0157	Se06 Non TB	Pos	137 N	N	wN/wY	Neg (?)	wY	wY	Y	Y	Pos
0101 0159	Se02 Smear-, Culture+	Pos	138 wY	wY	wY	Pos	wN	wY	Y/wY	Y	Pos
0101 0162	Se06 Non TB	Pos	139 wN	N	wY/wN	Neg (?)	wY	wY	Y	Y	Pos
0101 0177	Se03 Smear+, Culture+	Pos/Neg ?	140 wY/wN	wN	wN	Pos/Neg (?)	wY/wN	wN	wY/wN	wY/wN	Pos/Neg ?
0101 0090	Se02 Smear-, Culture+	Pos	141 wY/wN	wY	wY	Pos	wY	wN	wY	wY	Pos
0101 0091	Se03 Smear+, Culture+	Neg/Pos ?	142 wN/wY	wN/wY	wN/wY	Neg/Pos (?)	wN	wN	wN	wN	Neg ?
0101 0093	Se06 Non TB	Neg/Pos ?	143 wN/wY	wN	wN/wY	Neg/Pos (?)	N	N	wN/wY	wN/wY	Neg/Pos (?)
0101 0095	Se02 Smear-, Culture+	Pos ?	144 wN	N	wY	Pos (?)	N	wN	wY	wY	Pos (?)
0114 0619	Se03 Smear+, Culture+	Pos	145 wN	wN/wY	wN/wY	Neg/Pos ?	wY/wN	wY	wY	wY	Pos
0101 4143	Se01 CX+	Pos	146 wY	wN	Y	Pos	Y/wY	wY	wY	wY	Pos
0118 0262	Se02 Smear-, Culture+	Pos ?	147 wN	N	wY	Pos ?	N	N	N	N	Neg
0114 0619	Se04 Smear+, Culture+	Neg ?	148 N	N	N	Neg	N	wN	wN	wN	Neg (?)
0116 0251	Se01 Non TB - No FU Labs	Neg ? or Pos (Hook eff.)	149 N	wN	Y	Pos ?	wN/wY	wN/wY	wY	wY	Pos ?
0118 0258	Se01 Smear+, Culture+	Pos	150 wY	wN	wN/wY	Pos	N	N	wN	wN	Neg
0114 0683	Se03 Smear+, Culture+	Pos	151 wY/wN	N	wY	Pos	wY	wY	wY	wY	Pos
0101 4140	Se01 CX+	Pos	152 N	N	wN/wY	Neg/Pos ?	wY	wY	wY	wY	Pos
0101 0138	Se03 Smear-, Culture+	Neg/Pos ?	153 N	N	N	Neg	wN/wY	wN/wY	wN/wY	wN/wY	Neg/Pos (?)
0115 0170	Se02 Smear-, Culture+	Neg/Pos ?	154 wN/wY	N	wN/wY	Neg/Pos (?)	N	N	wN	wN	Neg
0118 0175	Se02 Non TB - No FU Labs	Neg	155 N	N	N	Neg	N	wN	Neg	Neg	Neg
0118 0176	Se02 Non TB - No FU Labs	Neg/Pos ?	156 wN/wY	wN	wN	Neg/Pos	N	N	N/wN	Neg	Neg
0118 0176	Se02 Non TB - No FU Labs	Neg	157 N	N	N	Neg	N	N	N	N	Neg
0118 0719	Se02	Pos	158 N	N	N	Neg	wN/wY	wN/wY	wY	wY	Pos
0114 0540	Se03 Smear+, Culture+	Pos	159 N	N	N	Neg	wY	wN	wY	wY	Pos
0116 0198	Se01 Non TB - No FU Labs	Neg/Pos ?	160 wN	N	N	Neg	wN	wN	wN/wY	Neg/Pos (?)	Neg/Pos (?)
0114 0089	Se04	Neg	161 N	N	N	Neg	N	N	wN/wY	Neg (?)	Neg (?)
0114 0520	Se03 Smear+, Culture+	Pos	162 wY	wN/wY	wY/wN	Pos	N	N	wN/wY	Neg/Pos (?)	Neg/Pos (?)
8-00978		Neg	163 N/wN	N	N/wN	Neg (?)	N	N	N	N	Neg
8-00993		Pos ?	164 wY	wN/wN	wN/wN	Pos ?	Y	wY/wN	wY/wN	wY/wN	Pos
8-00995		Pos	165 wY/wN	wN/wY	wN	Neg/Pos (?)	wY	wY/wN	wY	wY	Pos
8-01051		Neg	166 N	N	N	Neg	N	N/wN	N	N	Neg
1-00006		Neg or Invalid	167 wY	Y	N	Pos (Invalid)	N	N	N	N	Neg
1-00040		Pos	168 sY/Y	wY	wY/Y	Pos (Invalid)	sY	N	wY	wY	Pos
1-00346		Neg	169 N	N	N	Neg	N	N	N	N	Neg
1-00373		Neg or Invalid	170 N	N	N	Neg	sY	wY	Y	Y	Pos (Invalid)
1-00384		Neg or Invalid	171 wY	wY	wY	Pos (Invalid)	sY	sY	sY	sY	Pos (Invalid)
1-00357		Neg	172 N	N	N	Neg	N	N	N	N	Neg
1-00391		Pos	173 Y/sY	Y	sY/Y	Pos	Y	wY/wN	Y	Y	Pos
1-00343		Neg	174 N	N	N	Neg	N	N	N	N	Neg
1-00355		Negative or Invalid	175 wN	wN	wN	Neg ?	wY	wN	wY	wY	Pos (Invalid)
9-03674		Neg	176 N	N	N	Neg	N	N	N	N	Neg
8-00920		Neg/Pos ?	177 wN/wY	N	wN/wY	Neg/Pos (?)	N	N	N	N	Neg
0118 0409	Se03 Smear+, Culture+	Neg ?	178 N/wN	N	N/wN	Neg ?	N	N	N	N	Neg
0141 0264	Se08 Smear+, Culture+	Neg ?	179 N	N	N	Neg	N	N	wN	wN	Neg ?
0114 0182	Se05 Smear+, Culture+	Pos	180 N	wY	N	Pos	Y	N	Y	Y	Pos
0101 4153	Se02 CX+	Pos	181 wN/wY	N/wN	wN/wY	Neg/Pos ?	sY	N	wY	wY	Pos
0101 4149	Se02 CX+	Pos	182 wY	N	wY/wN	Pos	sY	N	wY	wY	Pos
0114 0128	Se04 Smear+, Culture+	Neg	183 N	N	N	Neg	N	N	N	N	Neg
0101 4145	Se02 CX+	Pos	184 wY	wY/wN	wY	Pos	wY	wY	wY	wY	Pos
0101 4150	Se02 CX+	Pos	185 wN	wN/wY	wN/wY	Neg/Pos ?	wN	wN	wY	wY	Pos
0101 4004	Se02 CX+	Pos	186 wY/wN	wY/wN	wY	Pos	wN	N	wN	wN	Neg ?
0752 0181	Se06 Latent TB	Pos	187 wN	wY	wY	Pos	N	N	N	N	Neg
0141 0168	Se13 Smear+, Culture+	Pos/Neg ?	188 wN	N	wY/wN	Pos/Neg (?)	N	N	N	N	Neg
0114 0290	Se04 Smear+, Culture+	Neg	189 N	N	N	Neg	N	N	N	N	Neg
0752 0126	Se02 Latent TB	Pos	190 wY	wY	wY	Pos	Y	N	N	N	Pos
0752 0089	Se05 Latent TB	Pos	191 N	N/wN	N/wN	Neg (?)	N	wN	wY	wY	Pos (?)
0752 0466	Se03 Latent TB	Pos	192 wN	wY	wY	Pos	N	wY	wY	wY	Pos
0118 0113	Se03 Smear+, Culture+	Pos	193 wN	wN	wN	Neg (?)	wY	wY	Y/wY	Y/wY	Pos
0114 0237	Se04 Smear+, Culture+	Pos	194 wY	wN	wN/wY	Pos	wY	wN/wY	wY	wY	Pos
0118 0367	Se03 Smear+, Culture+	Pos	195 N	N	wN	Neg (?)	wY/wN	wY	wY	wY	Pos

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Category: Smear Neg/Culture Pos			Category: Smear Neg/Culture Pos			Category: Smear -/Culture +/Chest X-Ray			Category: Smear -/Culture -/Quantiferon Assay					
Pos (Key)	Pos (Blind Test)	Sample #1	Pos (Key)	Pos (Blind Test)	Sample #6	Pos (Key)	Pos (Blind Test)	Sample #17	Pos (Key)	Pos (Blind Test)	Sample #21	Neg (Key)	Neg (Blind Test)	Sample #23
Pos (Key)	Pos (Blind Test)	Sample #2	Pos (Key)	Pos (Blind Test)	Sample #7	Pos (Key)	Pos (Blind Test)	Sample #28	Pos (Key)	Neg (Blind Test)	Sample #31	Neg (Key)	Neg/Incon (Blind Test)	Sample #35
Pos (Key)	Pos (Blind Test)	Sample #9	Pos (Key)	Pos (Blind Test)	Sample #15	Pos (Key)	Pos (Blind Test)	Sample #32	Pos (Key)	Pos (Blind Test)	Sample #40	Neg (Key)	Neg (Blind Test)	Sample #13
Pos (Key)	Pos (Blind Test)	Sample #16	Pos (Key)	Pos (Blind Test)	Sample #20	Pos (Key)	Pos (Blind Test)	Sample #34	Pos (Key)	Pos (Blind Test)	Sample #42	Neg (Key)	Neg (Blind Test)	Sample #18
Pos (Key)	Pos (Blind Test)	Sample #11	Pos (Key)	Pos (Blind Test)	Sample #38	Pos (Key)	Neg (Blind Test)	Sample #65	Pos (Key)	Pos (Blind Test)	Sample #48	Neg (Key)	Neg ? (Blind Test)	Sample #16
Pos (Key)	Pos (Blind Test)	Sample #12	Pos (Key)	Pos (Blind Test)	Sample #57	Pos (Key)	Pos ? (Blind Test)	Sample #92	Pos (Key)	Pos (Blind Test)	Sample #47	Neg (Key)	Pos (Blind Test)	Sample #29
Pos (Key)	Neg (Blind Test)	Sample #19	Pos (Key)	Pos ? (Blind Test)	Sample #67	Pos (Key)	Pos (Blind Test)	Sample #140	Pos (Key)	Pos (Blind Test)	Sample #61	Neg (Key)	Neg (Blind Test)	Sample #25
Pos (Key)	Pos (Blind Test)	Sample #21	Pos (Key)	Pos (Blind Test)	Sample #68	Pos (Key)	Pos (Blind Test)	Sample #152	Pos (Key)	Neg ? (Blind Test)	Sample #65	Neg (Key)	Pos (Blind Test)	Sample #27
Pos (Key)	Pos (Blind Test)	Sample #22	Pos (Key)	Pos (Blind Test)	Sample #69	Pos (Key)	Pos (Blind Test)	Sample #161	Pos (Key)	Pos (Blind Test)	Sample #56	Neg (Key)	Neg (Blind Test)	Sample #35
Pos (Key)	Pos (Blind Test)	Sample #25	Pos (Key)	Pos (Blind Test)	Sample #70	Pos (Key)	Pos (Blind Test)	Sample #162	Pos (Key)	Pos (Blind Test)	Sample #60	Neg (Key)	Neg/Incon (Blind Test)	Sample #39
Pos (Key)	Pos (Blind Test)	Sample #36	Pos (Key)	Pos ? (Blind Test)	Sample #72	Pos (Key)	Pos (Blind Test)	Sample #164	Pos (Key)	Pos (Blind Test)	Sample #66	Neg (Key)	Neg ? (Blind Test)	Sample #43
Pos (Key)	Pos (Blind Test)	Sample #41	Pos (Key)	Pos ? (Blind Test)	Sample #77	Pos (Key)	Pos (Blind Test)	Sample #180	Pos (Key)	Pos (Blind Test)	Sample #74	Neg (Key)	Neg ? (Blind Test)	Sample #44
Pos (Key)	Pos (Blind Test)	Sample #48	Pos (Key)	Pos (Blind Test)	Sample #79	Pos (Key)	Pos (Blind Test)	Sample #182	Pos (Key)	Pos (Blind Test)	Sample #76	Neg (Key)	Neg ? (Blind Test)	Sample #52
Pos (Key)	Neg ? (Blind Test)	Sample #56	Pos (Key)	Pos (Blind Test)	Sample #81				Pos (Key)	Pos (Blind Test)	Sample #78	Neg (Key)	Neg (Blind Test)	Sample #54
Pos (Key)	Pos (Blind Test)	Sample #58	Pos (Key)	Pos (Blind Test)	Sample #82				Pos (Key)	Pos (Blind Test)	Sample #85	Neg (Key)	Pos (Blind Test)	Sample #57
Pos (Key)	Pos ? (Blind Test)	Sample #66	Pos (Key)	Pos (Blind Test)	Sample #84				Pos (Key)	Pos (Blind Test)	Sample #86	Neg (Key)	Neg (Blind Test)	Sample #61
Pos (Key)	Pos (Blind Test)	Sample #63	Pos (Key)	Pos (Blind Test)	Sample #85				Pos (Key)	Pos (Blind Test)	Sample #107	Neg (Key)	Neg/Incon (Blind Test)	Sample #62
Pos (Key)	Pos (Blind Test)	Sample #86	Pos (Key)	Neg ? (Blind Test)	Sample #108				Pos (Key)	Pos (Blind Test)	Sample #106	Neg (Key)	Neg ? (Blind Test)	Sample #64
Pos (Key)	Pos (Blind Test)	Sample #87	Pos (Key)	Pos (Blind Test)	Sample #107				Pos (Key)	Pos (Blind Test)	Sample #101	Neg (Key)	Neg (Blind Test)	Sample #88
Pos (Key)	Neg ? (Blind Test)	Sample #88	Pos (Key)	Pos (Blind Test)	Sample #108				Pos (Key)	Pos (Blind Test)	Sample #132	Neg (Key)	Neg ? (Blind Test)	Sample #11
Pos (Key)	Pos (Blind Test)	Sample #92	Pos (Key)	Pos (Blind Test)	Sample #109							Neg (Key)	Neg (Blind Test)	Sample #73
Pos (Key)	Pos (Blind Test)	Sample #95	Pos (Key)	Pos (Blind Test)	Sample #115							Neg (Key)	Neg ? (Blind Test)	Sample #69
Pos (Key)	Neg ? (Blind Test)	Sample #97	Pos (Key)	Pos (Blind Test)	Sample #116							Neg (Key)	Neg (Blind Test)	Sample #104
Pos (Key)	Neg ? (Blind Test)	Sample #93	Pos (Key)	Pos (Blind Test)	Sample #118							Neg (Key)	Neg (Blind Test)	Sample #105
Pos (Key)	Pos (Blind Test)	Sample #96	Pos (Key)	Pos (Blind Test)	Sample #119							Neg (Key)	Neg ? (Blind Test)	Sample #111
Pos (Key)	Pos (Blind Test)	Sample #94	Pos (Key)	Neg ? (Blind Test)	Sample #120							Neg (Key)	Neg/Incon (Blind Test)	Sample #112
Pos (Key)	Pos (Blind Test)	Sample #109	Pos (Key)	Pos (Blind Test)	Sample #122							Neg (Key)	Neg/Incon (Blind Test)	Sample #114
Pos (Key)	Pos (Blind Test)	Sample #101	Pos (Key)	Pos (Blind Test)	Sample #123							Neg (Key)	Pos (Blind Test)	Sample #121
Pos (Key)	Pos (Blind Test)	Sample #102	Pos (Key)	Pos (Blind Test)	Sample #125							Neg (Key)	Pos (Blind Test)	Sample #126
Pos (Key)	Pos (Blind Test)	Sample #103	Pos (Key)	Pos (Blind Test)	Sample #126							Neg (Key)	Pos (Blind Test)	Sample #130
Pos (Key)	Neg ? (Blind Test)	Sample #110	Pos (Key)	Neg ? (Blind Test)	Sample #127							Neg (Key)	Neg (Blind Test)	Sample #131
Pos (Key)	Pos (Blind Test)	Sample #113	Pos (Key)	Pos (Blind Test)	Sample #128							Neg (Key)	Neg/Incon (Blind Test)	Sample #135
Pos (Key)	Pos (Blind Test)	Sample #117	Pos (Key)	Pos (Blind Test)	Sample #131							Neg (Key)	Pos (Blind Test)	Sample #137
Pos (Key)	Pos (Blind Test)	Sample #124	Pos (Key)	Pos (Blind Test)	Sample #141							Neg (Key)	Pos (Blind Test)	Sample #139
Pos (Key)	Pos ? (Blind Test)	Sample #134	Pos (Key)	Pos ? (Blind Test)	Sample #144							Neg (Key)	Pos ? (Blind Test)	Sample #149
Pos (Key)	Pos (Blind Test)	Sample #136	Pos (Key)	Pos ? (Blind Test)	Sample #147							Neg (Key)	Neg (Blind Test)	Sample #155
Pos (Key)	Pos (Blind Test)	Sample #145										Neg (Key)	Neg (Blind Test)	Sample #157
Pos (Key)	Neg ? (Blind Test)	Sample #148												
Pos (Key)	Pos (Blind Test)	Sample #151												
Pos (Key)	Pos (Blind Test)	Sample #151												
Pos (Key)	Pos (Blind Test)	Sample #159												
Pos (Key)	Pos (Blind Test)	Sample #162												
Pos (Key)	Neg ? (Blind Test)	Sample #178												
Pos (Key)	Neg ? (Blind Test)	Sample #179												
Pos (Key)	Pos (Blind Test)	Sample #180												
Pos (Key)	Pos (Blind Test)	Sample #183												
Pos (Key)	Pos (Blind Test)	Sample #189												
Pos (Key)	Pos (Blind Test)	Sample #193												
Pos (Key)	Pos (Blind Test)	Sample #193												
Pos (Key)	Pos (Blind Test)	Sample #194												
Pos (Key)	Pos (Blind Test)	Sample #196												
Pos (Key)	Neg/Pos (Blind Test)	Sample #111	Pos (Key)	Neg/Pos (Blind Test)	Sample #114							Neg (Key)	Neg/Pos (Blind Test)	Sample #69
Pos (Key)	Neg/Pos (Blind Test)	Sample #21	Pos (Key)	Neg/Pos (Blind Test)	Sample #117							Neg (Key)	Neg/Pos (Blind Test)	Sample #28
Pos (Key)	Pos/Neg (Blind Test)	Sample #46	Pos (Key)	Pos/Pos (Blind Test)	Sample #154							Neg (Key)	Neg/Pos (Blind Test)	Sample #45
Pos (Key)	Neg/Pos (Blind Test)	Sample #50										Neg (Key)	Neg/Pos (Blind Test)	Sample #53
Pos (Key)	Pos/Neg (Blind Test)	Sample #71										Neg (Key)	Neg/Pos (Blind Test)	Sample #75
Pos (Key)	Pos/Neg (Blind Test)	Sample #140										Neg (Key)	Neg/Pos (Blind Test)	Sample #132
Pos (Key)	Neg/Pos (Blind Test)	Sample #142										Neg (Key)	Neg/Pos (Blind Test)	Sample #143
Pos (Key)	Pos/Neg (Blind Test)	Sample #168										Neg (Key)	Neg/Pos (Blind Test)	Sample #158
												Neg (Key)	Neg/Pos (Blind Test)	Sample #160

FIG. 14

Test Specification	Minimum Required Value
Medical decision	Treatment initiation
Sensitivity - adults [for pulmonary TB only; regardless of HIV status]	Pulmonary TB: - 95% for smear positive, culture positive - 60%-80% for smear negative, culture positive [Detection of extrapulmonary TB being a preferred but not minimal requirement]
Sensitivity - children [including extrapulmonary TB; regardless of HIV status]	- 80% compared to culture of any specimen and - 60% of probable TB (noting problem of lack of a gold standard)
Specificity - adults	- 95% compared to culture
Specificity - children	- 90% for culture-negative probable TB (noting problem of lack of a gold standard) - 95% compared to culture
Time to results	3 hours max (patient must receive results the same day) [Desirable would be <15min]
Throughput	20 tests/day minimum, by 1 laboratory technician
Specimen type	Adults: urine, oral, breath, venous blood, sputum [Desired: NON sputum-based sample type and use of finger prick instead of venous blood] Children: urine, oral, capillary blood (finger/heel prick)
Sample preparation	- 3 steps maximum - Safe: biosafety level 1 - Ability to use approximate volumes (i.e., no need for precise pipetting) - Preparation that is not highly time sensitive
Number of samples	One sample per test
Readout	- Easy-to-read, unambiguous, simple "yes", "no", or "invalid" answer - Readable for at least 1 hour
Waste disposal	- Simple burning or sharps disposal; no glass component - Environmentally acceptable disposal
Controls	- Positive control included in test kit - Quality control simpler and easier than with sputum smear microscopy
Reagents	- All reagents in self-contained kit - Kit contains sample collection device and water (if needed)
Storage/stability required	- Shelf life of 24 months, including reagents - Stable at 30°C, and at higher temperatures for shorter time periods - Stable in high humidity environments
Instrumentation	- If instrument needed, no maintenance required - Instrument works in tropical conditions - Acceptable replacement cost - Fits in backpack - Shock resistant
Power requirement	Can work on battery
Training	- 1 day maximum training time - Can be performed by any health worker
Cost	<US\$10 per test, after scale-up

专利名称(译)	结核分枝杆菌蛋白质用于结核病检测和诊断的诊断分析和装置		
公开(公告)号	EP3516394A2	公开(公告)日	2019-07-31
申请号	EP2017859333	申请日	2017-11-22
[标]发明人	NGUYEN HIEP HOA T		
发明人	NGUYEN, HIEP-HOA, T.		
IPC分类号	G01N33/543 G01N33/569 G01N33/53 C07K14/35		
CPC分类号	G01N33/505 G01N33/5695 G01N33/6866 G01N2333/57 G01N2469/20 C07K16/1289 C07K2317/34 C07K2317/92 G01N33/538		
优先权	62/398213 2016-09-22 US		
外部链接	Espacenet		

摘要(译)

本发明提供检测来自受试者的样品中的抗体的方法，其中所述抗体结合结核分枝杆菌抗原的表位，所述方法包括使所述样品与两种或更多种分离的多肽或其抗原性片段或变体接触，其中所述多肽包含选择的多肽来自SEQ ID NOS：1,3,5,7,9,11,13和15组成的组；并检测包含所述分离的多肽或其抗原性片段或变体的抗体-肽复合物的形成，其中所述复合物的形成指示所述样品中抗结核分枝杆菌抗原表位的抗体的存在。