



## (Whole Blood/Serum/Plasma)

#### PRODUCT CODE RT003

#### **INTENDED USE**

The H.pylori Ab Rapid Test is a sandwich lateral flow chromatographic immunoassay for the qualitative detection of antibodies (IgG, IgM, and IgA) anti-*Helicobacter pylori* (*H.pylori*) in human whole blood, serum or plasma. It is intended to be used as a screening test and as an aid in the diagnosis of infection with *H.pylori*. Any reactive specimen with the H.pylori Ab Rapid Test must be confirmed with alternative testing method(s) and clinical findings.

### CLINICAL SIGNIFICANCE

Helicobacter pylori is associated with a variety of gastrointestinal diseases included non-ulcer dyspepsia, duodenal and gastric ulcer and active, chronic gastritis  $^{1,2}$ . The prevalence of H.pylori infection could exceed 90% in patients with signs and symptoms of gastrointestinal diseases. Recent studies indicate an

#### association of H.pylori infection with stomach cancer<sup>3</sup>.

H.pylori colonizing in the gastrointestinal system elicits specific antibody responses<sup>4,5,6</sup> which aids in the diagnosis of H.pylori infection and in monitoring the prognosis of the treatment of H.pylori related diseases. Antibiotics in combination with bismuth compounds have been shown to be effective in treating active H.pylori infection. Successful eradication of H.pylori is associated with clinical improvement in patients with gastrointestinal diseases providing a further evidence<sup>7</sup>.

The H.pylori Ab Rapid Test is a latest generation of chromatographic immunoassay which utilizes recombinant antigens to detect the antibodies to H.pylori in human whole blood, serum or plasma. The test is user friendly, highly sensitive and specific.

## PRINCIPLE

The H.pylori Ab Rapid Test is a lateral flow chromatographic immunoassay based on the principle of the double antigen–sandwich technique. The test cassette consists of: 1) a burgundy colored conjugate pad containing H.pylori antigens conjugated with colloidal gold (H.pylori conjugates) and rabbit IgG-gold conjugates, 2) a nitrocellulose membrane strip containing a test band (T band) and a control band (C band). The T band is pre-coated with non-conjugated H.pylori antigens, and the C band is pre-coated with goat anti-rabbit IgG.

When an adequate volume of test specimen is dispensed into the sample well of the cassette, the specimen migrates by capillary action across the cassette. The antibodies: either the IgG, the IgM, or the IgA, to H.pylori if present in the specimen will bind to the H.pylori conjugates. The immunocomplex is then captured on the membrane by the pre-coated H.pylori antigens, forming a burgundy colored T band, indicating a H.pylori Ab positive test result. Absence of the T band suggests a negative result. The test contains an internal control (C band) which should exhibit a burgundy colored band of the immunocomplex of goat anti-rabbit IgG/rabbit IgG-gold conjugate regardless the presence of any antibodies to H. pylori. Otherwise, the test result is invalid and the specimen must be retested with another device.

#### MATERIALS SUPPLIED

1. Test Cassette 2. Disposable Specimen Droppers 3.Desiccant 4.Buffer 5. Package Insert

## ADDITIONAL REQUIREMENTS

1.Specimen collection containers

2.Lancets (for fingerstick whole blood only)

3.Centrifuge (for plasma only)

4.Timer

5.Heparinized capillary tubes and dispensing bulb (for fingerstick whole blood only)

#### PRECAUTIONS

1. For professional in vitro diagnostic use only. Do not use beyond expiration date.

Do not eat, drink or smoke in the area where the specimens or kits are handled.
Handle all specimens as if they contain infectious agents. Observe established precautions against micro-biological hazards throughout all procedures and follow the standard procedures for proper disposal of specimens.

4. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.

5. Humidity and temperature can adversely affect test results.

## REAGENT STORAGE AND STABILITY

The kit can be stored at room temperature or refrigerated  $(2-30^{\circ}C)$ . The test device is stable through the expiration date printed on the sealed pouch. The test device must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

#### SPECIMEN AND SAMPLE PREPARATION

 The H.pylori Ab Rapid Test (Whole Blood/Serum/Plasma) can be performed using whole blood (from venipuncture or fingerstick), serum or plasma.
To collect Fingerstick Whole Blood specimens:

- Wash the patient's hand with soap and warm water or clean with an alcohol swab. Allow to dry.
- the hand without touching the puncture site by rubbing down the hand towards the fingertip of the middle or ring finger.
- Puncture the skin with a new sterile lancet for each person. Wipe away the first sign of blood.
- Gently rub the hand from wrist to palm to finger to form a rounded drop of blood over the puncture site. Add the Finger stick Whole Blood specimen to the test device by using a capillary tube:
- Touch the end of the capillary tube to the blood until filled to approximately 50  $\mu$ L. Avoid air bubbles.
- Place the bulb onto the top end of the capillary tube, then squeeze the bulb to dispense the whole blood into the specimen well (S) of the test device.
- Add the Finger stick Whole Blood specimen to the test device by using hanging drops:
- • Position the patient's finger so that the drop of blood is just above the specimen well (S) of the test device.

• Allow 2 hanging drops of finger stick whole blood to fall into the center of specimen well (S) on the test device, or move the Massage patient's finger so that the hanging drop touches the center of the specimen well (S). Avoid touching the finger directly to the specimen well (S).

**3** Separate serum or plasma from blood as soon as possible to avoid hemolysis. Use only clear, non-hemolyzed specimens.

**4** Testing should be performed immediately after specimen collection. Do not leave the specimens at room temperature for prolonged periods. Serum and plasma specimens may be stored at  $2-8^{\circ}$ C for up to 3 days. For long term storage, specimens should be kept below  $-20^{\circ}$ C. Whole blood collected by venipuncture should be stored at  $2-8^{\circ}$ C if the test is to be run within 2 days of collection. Do not freeze whole blood specimens. Whole blood collected by fingerstick should be tested immediately.

**5** Bring specimens to room temperature prior to testing. Frozen specimens must be completely thawed and mixed well prior to testing. Specimens should not be frozen and thawed repeatedly.

**6** If specimens are to be shipped, they should be packed in compliance with local regulations covering the transportation of etiologic agents.

## PROCEDURE

Allow test device, specimen, buffer and/or controls to equilibrate to room temperature (15-30 $^{\circ}$ C) prior to testing.

- 1. Remove the test device from the Aluminum pouch and use it as soon as possible. Best results will be obtained if the assay is performed within one hour.
- 2. Place the test device on a clean and level surface.

For Serum or Plasma Specimens: Hold the dropper vertically and transfer 1 drop of serum or plasma (approximately 30  $\mu$ L) to the specimen well (S) of the test device, then add 1 drop of buffer (approximately 40  $\mu$ L) and start the timer. See illustration below.

For Venipuncture Whole Blood Specimens: Hold the dropper vertically and transfer 2 drops of venipuncture whole blood (approximately  $50\mu L$ ) to the



**Bio Research For Medical Diagnostics** Muslim Al Attar Street,P.O.Box:1235, Amman-11953,Jordan Tel:+962 64892525, Fax: +962 64892526, www.bioresearch.com.jo



MDSS GmbH Schiffgraben 41 30175 Hannover, Germany

Doc.No.: IFU-RT-003 Rev.: 02 Page **1** of **2** 



# (Whole Blood/Serum/Plasma)

specimen well (S) of the test device, then add 1 drop of buffer (approximately 40  $\mu$ L) and start the timer. See illustration below.

- For Fingerstick Whole Blood Specimens: Allow 2 hanging drops of fingerstick whole blood (approximately 50  $\mu$ L) to fall into the center of the specimen well (S) on the test device, then add 1 drop of buffer (approximately 40  $\mu$ L)and start the timer. See illustration below.
- 3. Wait for the red line(s) to appear. The result should be read in 15 minutes.

**Note:** Low levels of H.pylori antibodies might result in a faint line appearing in the test region(T) after an extended period of time; therefore,do not interpret the result after 15 minutes.



## RESULTS

**POSITIVE\*:** Two distinct red lines appear. One line should be in the control region (C) and another line should be in the test region (T).

**\*NOTE:** The intensity of the red color in the test line region (T) will vary depending on the concentration of H.P antibodies in the specimen. Therefore, any shade of red in the test region (T) should be considered positive.

**NEGATIVE:** One red line appears in the control region (C). No apparent red or pink line appears in the test region (T).

**INVALID:** Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test device. If the problem persists, discontinue using the test kit immediately and contact your local distributor.

### SYMBOLS OB LABEL

Symbols	Signify	Symbols	Signify
REF	Catalogue Number	SIZE	Pack Size
	Expiry Date	VOL	Volume
	Storage Condition	LOT	Lot Number
	Instruction for Use	IVD	In Vitro Diagnostics
	Manufacturing Date	***	Manufacturer
$\overline{\Sigma}$	Number of Tests	2	For Single Use Only
EC REP	EC Representative	CE	European conformity

#### REFERENCE

1. Marshall, B.J. et.al. 1985. Med. J. Australia. 149:439-44,

2. Soll,A.H. 1990. New England J. Med.322:909-916.

3.Parsonnet, J.et.al. 1991. New England J. Med. 325:1127-31.



**Bio Research For Medical Diagnostics** Muslim Al Attar Street,P.O.Box:1235, Amman-11953,Jordan Tel:+962 64892525, Fax: +962 64892526, www.bioresearch.com.jo



MDSS GmbH Schiffgraben 41 30175 Hannover, Germany

Doc.No.: IFU-RT-003 Rev.: 02 Page **2** of **2** 

- 4.Ansong, R. et.al. 1991. J.Clin.Micro. 29:51-53,
- 5.Pronovost, A.P.et.al. 1994. J.Clin.Microbiol.32:46-50.
- 6.Megraud, F.et.al. 1989. 27:1870-3, 1989
- 7. Marshall, B.J. et.al. 1988. Lancet. Dec. 1437-42