

H.pylori Antibody Rapid Test Cassette (Whole Blood /Serum/Plasma) Package Insert

REF IHPB-C41 English

A rapid test for the qualitative detection of antibodies to Helicobacter pylori(H.pylori) in whole blood, serum or plasma.

For professional in vitro diagnostic use only.

[INTENDED USE]

The H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) is a rapid chromatographic immunoassay for the qualitative detection of antibodies to H.pylori in whole blood, serum, or plasma to aid in the diagnosis of H.pvlori infection.

(SUMMARY)

H.pylori is a small, spiral-shaped bacterium that lives in the surface of the stomach and duodenum. It is implicated in the etiology of a variety of gastrointestinal diseases, including duodenal and gastric ulcer, non-ulcer dyspepsia and active and chronic gastritis^{1,2} Both invasive and non-invasive methods are used to diagnose H.pylori infection in patients with symptoms of gastrointestinal disease. Specimen dependent and costly invasive diagnostic methods include gastric or duodenal biopsy followed by urease testing (presumptive), culture, and/or histologic staining.³ Non-invasive techniques include the urea breath test, which requires expensive laboratory equipment and moderate radiation exposure, and serological methods. ^{5.5} Individuals infected with *H.pylori* develop antibodies which correlate strongly with histologically confirmed *H.pylori* infection. ^{6,7,8} The *H.pylori* Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) is a simple test that utilizes a combination of H.pylori antigen coated particles and anti-human IgG to qualitatively and selectively detect H.pylori antibodies in whole blood,

[PRINCIPLE]

The H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) is a qualitative membrane based immunoassay for the detection of H.pylori antibodies in whole blood, serum, or plasma. In this test procedure, anti-human IgG is immobilized in the test line region of the test. After specimen is added to the specimen well of the device, it reacts with H.pylori antigen coated particles in the test. This mixture migrates chromatographically along the length of the test and interacts with the immobilized anti-human IgG. If the specimen contains H.pylori antibodies, a colored line will appear in the test line region indicating a positive result. If the specimen does not contain H.pylori antibodies, a colored line will not appear in this region indicating a negative result. To serve as a procedural control. a colored line will always appear in the control line region, indicating that proper volume of specimen has been added and membrane wicking has occurred.

[REAGENTS]

The test contains *H.pylori* antigen coated particles and anti-human IgG coated on the membrane. [PRECAUTIONS]

- For professional in vitro diagnostic use only. Do not use after the expiration date. . Do not eat, drink or smoke in the area where the specimens or kits are handled.
- Do not use test if pouch is damaged.
- Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout testing and follow the standard procedures for proper disposal of specimens.
- · Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are being tested.
- The used test should be discarded according to local regulations.

Humidity and temperature can adversely affect results. **[STORAGE AND STABILITY]**

Store as packaged in the sealed pouch at room temperature or refrigerated (2-30°C). The test is stable through the expiration date printed on the sealed pouch. The test must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

SPECIMEN COLLECTION AND PREPARATION

- . The H.pylori Antibody Rapid Test Cassette can be performed using whole blood (from venipuncture or fingerstick) serum or plasma.
- To collect <u>Fingerstick Whole Blood specimens</u>:
- . Wash the patient's hand with soap and warm water or clean with an alcohol swab. Allow to dry.
- . Massage 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 sterile lancet. 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 nuncture site.
- Add the Fingerstick Whole Blood specimen to the test by using a capillary tube:
- Touch the end of the capillary tube to the blood until filled to approximately 50 μL. Avoid air hubbles
- Place the bulb onto the top end of the capillary tube, then squeeze the bulb to dispense the whole blood to the specimen area of the test cassette
- · Separate serum or plasma from blood as soon as possible to avoid hemolysis. Use only clear non-hemolyzed specimens
- · Testing should be performed immediately after the specimens have been collected. Do not leave the specimens at room temperature for prolonged periods. Serum and plasma specimens may be stored at 2-8°C for up to 3 days. For long term storage, specimens should be kept below -20°C. Whole blood collected by venipuncture should be stored at 2-8°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.
- · 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.
- . If specimens are to be shipped, they should be packed in compliance with local regulations covering the transportation of etiologic agents.

[MATERIALS]

Materials provided

Test cassettes Droppers Package insert Materials required but not provided Specimen collection containers

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

[DIRECTIONS FOR USE]

Allow the test, specimen, buffer and/or controls to reach room temperature (15-30°C) prior

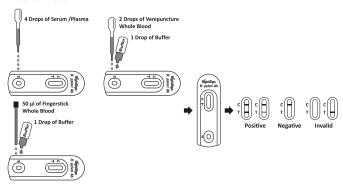
- 1. Bring the pouch to room temperature before opening it. Remove the test cassette from the sealed pouch and use it within one hour
- 2. Place the cassette on a clean and level surface.

For Serum or Plasma specimen:

- Hold the dropper vertically and transfer 4 drops of serum or plasma (approximately 100 μL) to the specimen well of test Cassette and start the timer. See illustration below. For Venipuncture Whole Blood specimen:
- Hold the dropper vertically and transfer 2 drops of whole blood (approximately 50 µL) to the specimen well, then add 1 drop of buffer (approximately 40 μL), and start the timer. See

For Fingerstick Whole Blood specimen:

- To use a capillary tube: Fill the capillary tube and transfer approximately 50µL of fingerstick whole blood specimen to the specimen area of test cassette, then add 1 drop of buffer (approximately 40 µL) and start the timer. See illustration below.
- 3. Wait for the colored line(s) to appear. Read results at 10 minutes. Do not interpret the result after 20 minutes.



[INTERPRETATION OF RESULTS]

(Please refer to the illustration above)

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

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

NEGATIVE: One colored line appears in the control region (C). No apparent colored 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 cassette. If the problem persists, discontinue using the test kit immediately and contact your local distributor

[QUALITY CONTROL]

A procedural control is included in the test. A colored line appearing in the control region (C) is the internal procedural control. It confirms sufficient specimen volume.

Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test

[LIMITATIONS]

- 1. The H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) is for in vitro diagnostic use only. The test should be used for the detection of H.pylori antibodies in whole blood, serum or plasma specimens only. Neither the quantitative value nor the rate of increase in H.pylori antibody concentration can be determined by this qualitative test.
- 2. The H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) will only indicate the presence of H.pylori antibodies in the specimen and should not be used as the sole criteria for the diagnosis of H.pylori infection.
- 3. As with all diagnostic tests, all results must be interpreted together with other clinical information available to the physician.
- 4. If the test result is negative and clinical symptoms persist, additional testing using other clinical methods is recommended. A negative result does not at any time preclude the possibility of H.pylori

[EXPECTED VALUES]

The H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) has been compared with Culture/Histology, demonstrating an overall accuracy of 91.4%.

[PERFORMANCE CHARACTERISTICS]

Clinical Sensitivity, Specificity and Accuracy
The *H.pylori* Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) has been evaluated with specimens obtained from a population of symptomatic and asymptomatic individuals who presented for endoscopic examination. Biopsy (Culture) served as the reference method for the H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma). Histology and a Rapid Urease Test (RUT) were performed on all negative culture specimens. The specimen was considered positive if Culture was positive. The specimen was also considered positive if the Culture was negative, but both Histology and RUT were positive. The result shows that the sensitivity of the H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) is 93.8% and the specificity is 89.7% relative to Biopsy/Histology/RUT.

H nylori Antibody Panid Tast Cassatta vs. Rioney/Histology/PLIT

n.pylon Antibody Rapid Test Cassette vs. biopsy/histology/Roll								
Method		Biopsy/Histology/RUT		Total Results				
H.pylori	Results	Positive	Negative	Total Results				
Antibody Rapid	Positive	122	19	141				
Test Cassette	Negative	8	166	174				
Total Results		130	185	315				

Relative Sensitivity: 93.8% (88.2%-97.3%) Accuracy: 91.4% (87.8%-94.3%) *

Relatively Specificity: 89.7% (84.4%-93.7%)*

*95% Confidence Intervals Precision

Intra-Assay

Within-run precision has been determined by using 10 replicates of four specimens: a negative, a low positive, a medium positive and a high positive. The negative, low positive, medium positive and high positive values were correctly identified >99% of the time.

Inter-Assav

Between-run precision has been determined by 10 independent assays on the same four specimens: a negative, a low positive, a medium positive and a high positive. Three different lots of the H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) have been tested using negative, low positive, medium positive and high positive specimens. The specimens were correctly identified >99% of

Cross-reactivity

Sera containing known amounts of antibodies to *H.pylori* have been tested with Hepatitis A, B, C, E, HIV and Syphilis. No cross-reactivity was observed, indicating that the H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) has a high degree of specificity for antibodies to H.pylori.

Interfering Substances

The H.pylori Antibody Rapid Test Cassette (Whole Blood/Serum/Plasma) has been tested for possible interference from visibly hemolyzed and lipemic specimens, as well as serum specimens containing high bilirubin levels. In addition, no interference was observed in specimens containing up to 1,000 mg/dL hemoglobin; up to 1,000 mg/dL bilirubin; and up to 2,000 mg/dL human serum albumin.

- (BIBLIOGRAPHY) 1. Marshall, BJ, McGechie, DB, Rogers, PAR and Glancy, RG. Pyloric Campylobacter infection and gastroduodenal disease, Med. J. Australia, (1985), 149; 439-44.
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Index of Symbols

[]i	Consult Instruction for use	Σ	Tests per kit	EC REP	Authorized Representative		
IVD	For <i>in vitro</i> diagnostic use only		Use by	2	Do not reuse		
2°C 30°C	Store between 2-30°C	LOT	Lot Number	REF	Catalog #		
	Do not use if package is damaged						





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Number: RP5038804 Effective date: 2015-02-05