Leptospira IgG/IgM Rapid Test Cassette JusChek. (Whole Blood/Serum/Plasma)

Package Insert

A rapid test for the qualitative detection of IgG and IgM antibodies to Leptospira interrogans in human's whole blood, serum or plasma specimen. in vitro diagnostic use only

INTENDED USE

The Leptospira IgG/IgM Rapid Test Cassette (Whole Blood/Serum/Plasma) is a rapid chromatographic immunoassay for the qualitative detection of IgG and IgM antibodies to Leptospira is in human's whole blood, serum or plasma. SUMMARY

EUMMARY Eutopairosis occurs worldwide and is a common mild to severe health problem for humans and animals, particularly in area with a hot and humid climate. The natural reservoirs for leptospirosis are rodents as well as a large variety of domesticated mammals. Human infection is caused by Leptospira interrogans, the pathogenic member of the genus of Leprospira¹². The infection is spread via urine from the host animal. After infection, leptospires are present in the blood until they are cleared after 4 to 7 days following the production of anti-Leptospira interrogans antibodies, initially of the IgM class. Culture of the blood, urine and cerebrospinal fluid is an effective means of confirming the diagnosis during 1st to 2nd weeks after exposure. Serological detection of anti-Leptospira interrogans antibodies is also a common diagnostic method. Tests are available under this category:1) The microscopic agglutination test (MAT) ; 2) ELISA; 3) Indirect fluorescent antibody tests (IFATs)⁶. However, all above mentioned methods require a sophisticated facility and well- trained technicians. PRINCIPLE

PRINCIPLE The Leptospira IgG/IgM Rapid Test Cassette (Whole Blood/Serum/Plasma) is a qualitative, membrane based immunoassay for the detection of IgG and IgM antibodies to Leptospira in whole blood, serum or plasma. The membrane is pre-coated with recombinant HCV antigen on the test line region of the cassette. During testing, the whole blood, serum or plasma specimen reacts with recombinant Leptospira interrogans antigen conjugated colloid gold. The mixture migrates upward on the membrane chromatographically by capillary action to react with mouse anti-human IgG or/and mouse anti-human IgM on the membrane and generate a colored line. Presence of this colored line indicates a positive result, while its absence indicates a negative result. To serve as a procedural control, a colored line will always appear at the control line region indicating that proper volume of specimen has been added and membrane witking has occurred. n has been added and membrane wicking has occurred.

REAGENTS The test cassette contains recombinant Leptospira interrogans antigen conjugated colloid gold, mouse anti-human IgG and mouse anti-human IgM coated on the membrane. PRECAUTIONS

For professional in vitro diagnostic use only. Do not use after 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 microbiological hazards throughout the procedure 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 assayed.

can adversely affect results Humidity and temperature ca STORAGE AND STABILITY

The kit can be stored at room temperature or refrigerated (2-30°C). The test cassette is stable through the expiration date printed on the sealed pouch. The test cassette must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date. The third can be stored at both temperature set of bingstrated (2 to c), the text casette must remain in the sealed pouch until use, DO NOT FREEZE. Do not use beyond the expiration date.
SPECIMENCOLLECTION AND PREPARATION
The Leptospira IgG/IgM Rapid Test Cassette (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.
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 puncture site.
Add the Fingerstick Whole Blood specimen to the test by using a capilary tube:
Touch the end of the capilary tube to the blood until filled to approximately 40 µL. Avoid air bubbles.

- bubbles 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.
 Add the Fingerstick Whole Blood specimen to the test by using hanging drops:
 Position the patient's finger so that the drop of blood is just above the specimen area of the test casset.
- test cassette
- Position the patients imper so that the drop of blocd is just above the specimen area of the test cassette.
 Allow 1 hanging drop of fingerstick whole blood to fall into the center of the specimen area on the test cassette, or move the patient's finger so that the hanging drop touches the center of the specimen area. Avoid touching the finger directly to the specimen area.
 Separate the serum or plasma from blood as soon as possible to avoid hemolysis. Only clear, non-hemolyzed specimens can be used.
 Testing should be performed immediately after the specimens have been collected. Do not leave the specimens area tome terme area tore of the specimens area to more thereature 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 are to memperature 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 federal regulations for transportation of etiologic agents.

MATERIALS		Materials provided	
 Test cassettes 	 Droppers 	• Buffer	 Package insert
		Is required but not provided	J
 Specimen collection 	n containers	 Centrifuge (for plasma only) 	 Timer
· Lancets (for fingers	tick whole blood onl	y)	
 Heparinized capillar 	y tubes and dispension	sing bulb (for fingerstick whole blood	only)

DIRECTIONS FOR USE

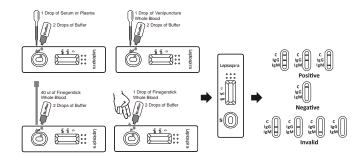
ette, specimen, and/or controls to equilibrate to room temperature (15-30°C) prior to

 Bring the pouch to room temperature before opening it. Remove the test cassette from the sealed pouch and use it as soon as possible. Best results will be obtained if the assay is performed within one hour.

2. Place the cassette on a clean and level surface. For <u>Serum or Plasma</u> specimen: Hold the dropper vertically and transfer 1 drop of serum or plasma (approximately 40 μL) to the specimen area, then add 2 drops of buffer (approximately 80 μL), and start the timer, see illustration below.

80 μL) and start the timer, see illustration below.
For <u>Venipuncture Whole Blood</u> specimen: Hold the dropper vertically and transfer 1 drop of whole blood (approximately 40 μL) to the specimen area, then add 2 drops of buffer (approximately 40 μL), and start the timer. See illustration below.
For <u>Fingerstick Whole Blood</u> specimen:
To use a capillary tube: Fill the capillary tube and transfer approximately 40 μL of fingerstick whole blood specimen to the specimen area of test cassette, then add 2 drops of buffer (approximately 80 μL) and start the timer. See illustration below.
To use hanging drops: Allow 1 hanging drop of fingerstick whole blood specimen (approximately 40 μL) to fall into the specimen area of test cassette, then add 2 drops of buffer (approximately 40 μL) to fall into the specimen area of test cassette, then add 2 drops of buffer (approximately 40 μL) to fall into the specimen area of test cassette, then add 2 drops of buffer (approximately 40 μL) to fall into the specimen area of test cassette, then add 2 drops of buffer (approximately 40 μL) to fall into the specimen area of test cassette, then add 2 drops of buffer (approximately 40 μL) to fall into the specimen area of test cassette, then add 2 drops of buffer (approximately 80 μL) and start the timer. See illustration below.

3. Wait for the



INTERPRETATION OF RESULTS

INTERPRETATION OF RESULTS (Please refer to the illustration above) (Please refer to the illustration above) and another color line should be in the IgG region. IgM POSITIVE: Two distinct colored lines appear. One color line should be in the control region (C) and another color line should be in the IgM region. IgG and IgM POSITIVE: Three distinct colored lines appear. One color line should be in the control region and appendix the should be in the IgM region.

region (C) and another two color lines should be in the IgG and IgM region. NOTE: The intensity of the color in the test line region (T) will vary depending on the concentration of Leptospira antibodies present in the specimen. Therefore, any shade of red in the test region should

be considered positive. NEGATIVE: One color line appears in the control region (C). No apparent red or pink line appears in

NEGATIVE: One color line appears in the control region (c). To appearent test a plant the IgG and IgM region. 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** Internal procedural controls are included in the test. A color line appearing in the control region (C) is an internal positive procedural control. It confirms sufficient specimen volume and correct procedural

technique

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 performance.

- LIMITATIONS
 I.The Direction for Use and the Interpretation of Result must be closely when testing the presence of antibodies to pathogenic Linterrogans in serum, plasma or whole blood from individual subjects. Failure to follow the procedure may give inaccurate results.
 2. The Leptospira IgG/IgM Rapid Test Cassette (Whole Blood/Serum/Plasma) is limited to the qualitative detection of antibodies to Leptospira interrogans in human serum, plasma or whole blood. The intensity of the test band does not have linear correlation with antibody titer in the specimen.
- blood. The intensity of the test band does not nave intear correlation with antibody the interespecimen.
 3.A negative result for an individual subject indicates absence of detectable Leptospira interrogans antibodies. However, a negative test result does not preclude the possibility of exposure to Leptospira interrogans.
 4.A negative result can occur if the quantity of Leptospira interrogans antibodies present in the specimen is below the detection limits of the assay, or the antibodies that are detected are not present during the stage of disease in which a sample is collected.
 5. Some specimens containing unusually high titer of heterophile antibodies or rheumatoid factor may affect exorcited results.
- affect expected results.
- 6. The results obtained with this test should only be interpreted in conjunction with other diagnostic procedures and clinical findings.

The Leptospira IgG/IgM Rapid Test Cassette (Whole Blood/Serum/Plasma) has been compared with a leading commercial Leptospira IgG/IgM EIA test. The correlation between these two systems is

98%. PERFORMANCE CHARACTERISTICS Sensitivity and Specificity A total of 210 samples from susceptible subjects were tested by the Leptospira IgG/IgM Rapid Test cassette and by a commercial Leptospira IgM EIA kit. Comparison for all subjects is shown in the following table. IgM Results

	Method	E	Total Result					
	Leptospira IgG/IgM Rapid	Results	Positive	Negative	Total Result			
	Test Cassette (Whole	Positive	9	2	11			
	Blood/Serum/Plasma)	Negative	1	198	199			
Total Result			10	200	210			
	Relative sensitivity: 90% (95%CI:*55.5%-99.7%)							

*Confidence Intervals

Relative sensitivity: 99% (95%CI:*55.5%-99.7%) Relative specificity: 99.0% (95%CI:*55.5%-99.7%) Accuracy: 98.6% (95%CI:*95.9%-99.7%) A total of 206 samples from susceptible subjects were tested by the Leptospira IgC/IgM Rapid Test Cassette and by a commercial Leptospira IgC EIA kit. Comparison for all subjects is shown in the following table.

	- igi	3 Results			
Method	E	IA	Total Result		
Leptospira IgG/IgM Rapid	Results	Positive	Negative	i otar Result	
Test Cassette (Whole	Positive	6	2	8	
Blood/Serum/Plasma)	Negative	0	198	198	
Total Result		6	200	206	

Relative sensitivity: >99.9% (95%CI:*60.7%-100% Relative specificity: 99.0% (95%CI:*96.4%-99.9%) Accuracy: 99.0% (95%CI:*96.5%-99.9%)

Precision

Precision
 Intra-Assay
 Within-run precision has been determined by using 20 replicates of three specimens: a negative, a
 Leptospira IgM low titer positive, a Leptospira IgM nigh titer positive, a Leptospira IgG low titer
 positive and a Leptospira IgG high titer positive. The negative, a Leptospira IgG low titer
 positive values were correctly identified 100% of the time.
 Inter-Assay
 Between-run precision has been determined by 20 independent assays on the same three
 specimens: a negative, a Leptospira IgM low titer positive. Three different lots of the
 Leptospira IgG low titer positive and a Leptospira IgG low titer
 positive values were correctly identified 100% of the time.
 Inter-Assay
 Between-run precision has been determined by 20 independent assays on the same three
 specimens: a negative, a Leptospira IgM low titer positive. Three different lots of the
 Leptospira IgG/IgM Rapid Test Cassette (Whole Blood/Serum/Plasma) have been tested over a 3 month period using negative, a Leptospira IgG high titer positive, a Leptospira IgG high titer positive and a Leptospira IgG high titer positive as the specimens.
 Tross-reactivity
 The Leptospira IgG/IgM Rapid Test Cassette (Whole Blood/Serum/Plasma) has been tested by
 HAMA, RF, HBsAg, HBsAb, HBeAb, HBcAb, Syphilis, HIV, H. Pylori, MONO, CMV, Rubella
 and TOXO positive specimens. The results showed no cross-reactivity.
 Interfering Substances
 The following optentially interferions substances were added to HCV penative and positive specimens

nces

tances ded to HCV negative and positive specimens. Caffeine: 20 mg/dL Centrisic Acid: 20 mg/dL The following potentially interf Acetaminophen: 20 mg/dL Acetylsalicylic Acid: 20 mg/dl

Acetylsalicylic Acid: 20 mg/dL	Gentisic Acid: 20 mg/dL				
Ascorbic Acid: 2g/dL	Albumin: 2 g/dL				
Creatin: 200 mg/dL	Hemoglobin 1000mg/dL				
Bilirubin: 1g/dL	Oxalic Acid: 60mg/dL				
None of the substances at the concentration tested interfered in the assay					

BIBLIOGRAPHY 1. Stallman GND.

- EIBLOGRAPHY
 1. Stallman GND. The International Committee on Systematic Bacteriology: Sub committee on the Taxonomy of Leptospira. Int J Syst Bacteriol 1987; 37:472.
 2. Levett PN. Leptospirosis. Clin Microbiol Rev 2001;14:296-326
 3. Faine S, ed. Guidelines for the control of leptospirasis. Geneva: World Health Organization, 1982.
 4. Cumberland PC, Everard COR, Levett PN. Assessment of the efficacy of the IgM enzyme-intervence the construction of the efficacy of the IgM enzyme-
- Cumberland PC, Everard COR, Levett PN. Assessment of the efficacy of the IgM enzyme-linked immunosorbent assay (ELISA) and microscopic agglutination test (MAT) in the diagnosis of acute leptospirosis. Am J Trop Med Hyg. 1999;61:731–734.
 Adler B, Murphy AM, Locarnini SA, Faine S. Detection of specific anti-leptospiral immunoglobulins M and G in human serum by solid-phase enzyme-linked immunosorbent assay. J Clin Microbiol. 1980;11:452–457.
 Appassakij H, Silpapojakul K, Wansit R, et al: Evaluation of the immunofluorescent antibody test for the diagnosis of human leptospirosis. Am J Trop Med Hyg 1995;52:340. Index of Symbols

Index of Symbols							
\wedge	Attention, see instructions for use		Σ.	Tests per kit		EC REP	Authorized Representative
IVD	For in vitro diagnostic use only			Use by		(\mathbf{A})	Do not reuse
2°C - 30°C	Store between 2-30°C		LOT	Lot Number		REF	Catalog #
	Do not use if package is damaged						
Hangzhou AllTest Biotech Co., Ltd. #5500 Yinhal Street Hangzhou Eckmological Development Area Hangzhou 310018, P. R. China www.allests.com.com.com.com.com.com.com.com.com.com							

DN: Rev. Date:

	Interfering S	ubstan
fering	substances were	e added
-		0-