

HBsAg Rapid Test Cassette (Serum/Plasma) Package Insert

REF IHBSG-302 English

A rapid test for the qualitative detection of Hepatitis B Surface Antigen (HBsAg) in serum or plasma. onal <u>in vitro diagnostic use only</u>.

INTENDED USE

The HBsAg Rapid Test Cassette is a rapid chromatographic immunoassay for the qualitative detection of Hepatitis B Surface Antigen in serum or plasma.

Viral hepatitis is a systemic disease primarily involving the liver. Most cases of acute viral hepatitis are caused by Hepatitis A virus, Hepatitis B virus (HBV) or Hepatitis C virus. The complex antigen found on the surface of HBV is called HBsAg. Previous designations included the Australia or Au antigen.1 The presence of HBsAg in serum or plasma is an indication of an active Hepatitis B infection, either acute or chronic. In a typical Hepatitis B infection, HBsAg will be detected 2 to 4 weeks before the ALT level becomes abnormal and 3 to 5 weeks before symptoms or jaundice develop. HBsAg has four principal subtypes: adw, ayw, adr and ayr. Because of antigenic heterogeneity of the determinant, there are 10 major serotypes of Hepatitis B virus.

The HBsAg Rapid Test Cassette is a rapid test to qualitatively detect the presence of HBsAg in serum or plasma specimen. The test utilizes a combination of monoclonal and polyclonal antibodies to selectively detect elevated levels of HBsAg in serum or plasma

PRINCIPLE

The HBsAg Rapid Test Cassette is a qualitative, solid phase, two-site sandwich immunoassay for the detection of HBsAg in serum or plasma. The membrane is pre-coated with anti-HBsAg antibodies on the test line region of the cassette. During testing, the serum or plasma specimen reacts with the particle coated with anti-HBsAg antibodies. The mixture migrates upward on the membrane chromatographically by capillary action to react with anti-HBsAg antibodies on the membrane and generate a colored line. The presence of this colored line in the test region indicates a positive result, while its absence indicates 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 wicking has occurred.

REAGENTS

The test device contains anti-HBsAg particles and anti-HBsAg coated on the membrane

PRECAUTIONS

Please read all the information in this package insert before performing the test.

- 1. For professional in vitro diagnostic use only. Do not use after the expiration date.
- 2. The test should remain in the sealed pouch until ready to use.
- 3. All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent.
- The used test should be discarded according to local regulations

STORAGE AND STABILITY

Store as packaged 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 HBsAg Rapid Test Cassette can be performed using serum or plasma.
- 2. Separate serum or plasma from blood as soon as possible to avoid hemolysis. Use only clear, nonhemolyzed specimens.
- 3. 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°C for up to 3 days. For long term storage, specimens should be kept below -20°C.
- 4. 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.
- 5. If specimens are to be shipped, they should be packed in compliance with federal regulations covering the transportation of etiologic agents

MATERIALS

Materials provided

• Droppers · Test cassettes

Materials required but not provided Specimen collection containers

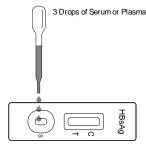
Centrifuge

• Package insert

• Timer

DIRECTIONS FOR USE

- Note: Bring the test cassette and sample to the room temperature if stored at 2-8°C
- Take out the test cassette from the pouch and place on a clean & flat surface
- Add 3 drops of serum or plasma (approx. 75uL) to the specimen well of test cassette.
- Read the result at 15 minutes. (Do not interpret the result after 30 minutes)



INTERPRETATION OF RESULTS

NEGATIVE: Pink / Red line at C only

POSITIVE: Pink / Red lines at C & T

INVALID: If control line does not appear,

The test is invalid. In this case, please repeat the

test using another device following the test procedure correctly



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 and correct procedural technique. Control standards are not supplied with this kit; however, it is recommended that a positive control (containing 10ng/mL HBsAg) and a negative control (containing 0ng/mL HBsAg) be tested as a od laboratory practice to confirm the test procedure and to verify proper test performance

- The HBsAg Rapid Test Cassette is for professional in vitro diagnostic use only. The test should be used for the detection of HBsAg in serum or plasma specimen. Neither the quantitative value nor the rate of HBsAg concentration can be determined by this qualitative tes-
- 2. The HBsAg Rapid Test Cassette will only indicate the presence of HBsAg in the specimen and should not be used as the sole criteria for the diagnosis of Hepatitis B viral infection.
- 3. As with all diagnostic tests, all results must be considered with other clinical information available to the physician.
- 4. The HBsAg Rapid Test Cassette cannot detect less than 1 PEI ng/mL of HBsAg in specimens. If the test result is negative and clinical symptoms persist, additional follow-up testing using other clinical methods is suggested. A negative result at any time does not preclude the possibility of Hepatitis B infection.

EXPECTED VALUES

The HBsAg Rapid Test Cassette (Serum/Plasma) has been compared with a leading commercial HBsAg ELISA test. The correlation between these two systems is over 99%.

PERFORMANCE CHARACTERISTICS

Sensitivity

The HBsAg Rapid Test Cassette (Serum/Plasma) has been tested with a sensitivity panel ranging from 0 to 300ng/mL. All 10 HBsAg subtypes produced positive results on The HBsAg Rapid Test Cassette (Serum/Plasma). The test can detect 1 PEI ng/mL of HBsAg in serum/plasma.

Specificity

Antibodies used for the HBsAg Rapid Test Cassette (Serum/Plasma) were developed against whole Hepatitis B antigen isolated from Hepatitis B virus. Specificity of the HBsAg Rapid Test Cassette (Serum/Plasma) was also tested with laboratory strains of Hepatitis A and Hepatitis C. They all yielded negative results.

Method		ELISA		Total Results
HBsAg Rapid Test Cassette(Serum/Plasma)	Results	Positive	Negative	1 otal Results
	Positive	200	1	201
	Negative	0	349	349
Total Results		200	350	550

Relative Sensitivity: >99.9% (95%CI*: 98.5%-100%)

Relative Specificity: 99.7% (95%CI*: 98.4%-100%)

Accuracy: 99.8% (95%CI*: 99.0%-100%)

*Confidence Intervals

Intra-Assay

Within-run precision has been determined by using 15 replicates of three specimens containing Ong/mL, 1ng/mL and 5ng/mL of HBsAg. The negative and positive values were correctly identified 98% of the time.

Inter-Assay

Between-run precision has been determined by using the same three specimens of Ong/mL, 1ng/mL and 5ng/mL of HBsAg in 15 independent assays. Three different lots of the HBsAg Rapid Test Cassette (Serum/Plasma) has been tested over a 10 days period using negative, low positive and high positive specimens. The specimens were correctly identified 98% of the time. Cross-reactivity

The HBsAg Rapid Test Cassette (Serum/Plasma) has been tested by HAMA, Rheumatoid factor (RF), HAV, Syphilis, HIV, H. Pylori, MONO, CMV, Rubella and TOXO positive specimens. The results showed no cross-reactivity

Interfering Substances

The HBsAg Rapid Test Cassette (Serum/Plasma) has been tested for possible interference from visibly hemolyzed and lipemic specimens. No interference was observed.

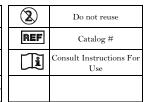
In addition, no interference was observed in specimens containing up to 2,000 mg/dL Hemoglobin, 1000 mg/dL Bilirubin, and 2000 mg/dL human serum Albumin,

BIBLIOGRAPHY

1. Blumberg, B.S. The Discovery of Australian Antigen and its relation to viral hepatitis. Vitro. 1971;

\triangle	Attention, see instructions for use		
IVD	For in vitro diagnostic use only		
2°C -30°C	Store between 2-30°C		
	Do not use if package is damaged		





ACRO BIOTECH, Inc. 9500 Seventh Street Unit M, Rancho Cuca CA 91730, U.S.A.

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