

HIV 1.2 Rapid Test Cassette (Serum/Plasma) Package Insert

REF IHI-302 English

A rapid test for the diagnosis of Human Immunodeficiency Virus to detect antibodies to HIV type 1 and type 2 qualitatively in Serum or plasma.

For professional in vitro diagnostic use only.

[INTENDED USE]

The HIV1.2 Rapid Test Cassette (Serum/Plasma) is a rapid chromatographic immunoassay for the qualitative detection of antibodies to Human Immunodeficiency Virus (HIV) type 1 and type 2 in serum or plasma to aid in the diagnosis of HIV infection.

[SUMMARY]

HIV is the etiologic agent of Acquired Immune Deficiency Syndrome (AIDS). The virion is surrounded by a lipid envelope that is derived from host cell membrane. Several viral glycoproteins are on the envelope. Each virus contains two copies of positive-sense genomic RNAs. HIV 1 has been isolated from patients with AIDS and AIDS-related complex, and from healthy people with high potential risk for developing AIDS. 1 HIV 2 has been isolated from West African AIDS patients and from seropositive asymptomatic individuals.² Both HIV 1 and HIV 2 elicit immune response.³ Detection of HIV antibodies in serum, plasma is the most efficient and common way to determine whether an individual has been exposed to HIV and to screen blood and blood products for HIV.4 Despite the differences in their biological characteristics, serological activities and genome sequences, HIV 1 and HIV 2 show strong antigenic cross-reactivity.^{5,6} Most HIV 2 positive sera can be identified by using HIV 1 based serological tests.

The HIV 1.2 Rapid Test Cassette (Serum/Plasma) is a rapid test to qualitatively detect the presence of antibody to HIV 1 and/or HIV 2 in serum or plasma specimen. The test utilizes latex conjugate and multiple recombinant HIV proteins to selectively detect antibodies to the HIV 1.2 in serum or plasma.

The HIV 1.2 Rapid Test cassette (Serum/Plasma) is a qualitative, membrane based immunoassay for the detection of antibodies to HIV 1.2 in serum or plasma. The membrane is pre-coated with recombinant HIV antigens. During testing, the serum or plasma specimen reacts with HIV antigen coated particles in the test cassette. The mixture then migrates upward on the membrane chromatographically by capillary action and reacts with recombinant HIV antigen on the membrane in the test line region. If the specimen contains antibodies to HIV 1 and/or HIV 2, a colored line will appear in the test line region, indicating a positive result. If the specimen does not contain HIV 1 and/or HIV 2 antibodies, a colored line will not appear in the test line 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 HIV 1.2 recombinant antigens coated particles and HIV 1.2 recombinant antigens 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 test cassettes 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 all procedures and follow the standard procedures for proper disposal of specimens.
- Wear protective clothing such as laboratory coats, disposable gloves and eve protection when specimens are assayed.
- 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 either 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 after the expiration

[SPECIMEN COLLECTION AND PREPARATION]

- The HIV 1.2 Rapid Test Cassette (Serum/Plasma) can be performed using serum or
- 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.
- 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.

[MĂTERIALS] Test cassettes

Buffer

Materials provided Droppers

- Package insert

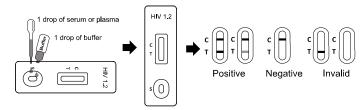
Materials required but not provided

 Specimen collection containers Centrifuge Timer

[DIRECTIONS FOR USE]

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

- 1. Bring the pouch to room temperature before opening it. Remove the test cassette from the sealed pouch and use it as soon as possible.
- 2. Place the cassette on a clean and level surface.
- For Serum or Plasma specimen: Hold the dropper vertically and transfer 1 drop of serum or plasma (approximately 25 µL) to the specimen area, 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 lines appear. One colored line should be in the control line region (C) and another apparent colored line should be in the test line region (T).

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

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

[QUALITY CONTROL]

A procedural control is included in the test. A colored line appearing in the control line region (C) is considered an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.

Control standards are not supplied with this test cassette; 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]

- 1. The HIV 1.2 Rapid Test Cassette (Serum/Plasma) is for in vitro diagnostic use only. The test should be used for the detection of HIV antibodies in serum or plasma specimens only. Neither the quantitative value nor the rate of increase in HIV antibodies can be determined by this qualitative test.
- 2. The HIV 1.2 Rapid Test Cassette (Serum/Plasma) will only indicate the presence of HIV antibodies in the specimen and should not be used as the sole criteria for the diagnosis of HIV 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 HIV infection.

[EXPECTED VALUES]

The HIV 1.2 Rapid Test Cassette (Serum/Plasma) has been compared with a leading commercial HIV ELISA test. The correlation between these two systems is 99.8%.

[PERFORMANCE CHARACTERISTICS]

Sensitivity and Specificity

The HIV 1.2 Rapid Test cassette (Serum/Plasma) has correctly identified specimens of a seroconversion panel and has been compared to a leading commercial ELISA HIV test using clinical specimens. The results show that the relative sensitivity of the HIV 1.2 Rapid Test cassette (Serum/Plasma) is >99.9% and the relative specificity is 99.8%.

Method			ELISA		Total Result
UIV 4.2 Danid To	Toot coocetto	Results	Positive	Negative	Iotal Result
HIV 1.2 Rapid Test cassette (Serum/Plasma)		Positive	158	2	160
(Serum/Plas	riasilia)	Negative	0	998	998
Total Result			158	1000	1158

Relative sensitivity: >99.9% (97.5%CI*: 98.1%~100.0%); Relative specificity: 99.8% (95%CI*: 99.3%~99.9%);

Accuracy: 99.8% (95%CI*: 99.4%~99.9%).

Intra-Assay

*Confidence Intervals

Within-run precision has been determined by using 15 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-Assay

Between-run precision has been determined by 15 independent assays on the same four specimens: a negative, a low positive, a medium positive and a high positive. Three different lots of the HIV 1.2 Rapid Test cassette (Serum/Plasma) have been tested over a 3-day period using negative, low positive, medium positive and high positive specimens. The specimens were correctly identified >99% of the time.

Cross-reactivity

The HIV 1.2 Rapid Test Cassette (Serum/Plasma) has been tested by HAMA, RF, HBsAg, HBsAb, HBeAg, HBeAb, HBcAb, HCV, Syphilis, H. Pylori, MONO, CMV, Rubella and TOXO positive specimens. The results showed no cross-reactivity.

Interfering Substances

Hemoglobin: 1100 mg/dL

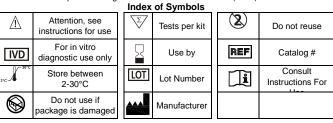
The following potentially interfering substances were added to HIV negative and positive specimens Acetaminophen: 20 mg/dL Caffeine: 20 mg/dL Acetylsalicylic Acid: 20 mg/dL Gentisic Acid: 20 mg/dL Ascorbic Acid: 2g/dL Albumin: 2 g/dL

Bilirubin: 1g/dL Oxalic Acid: 600mg/dL None of the substances at the concentration tested interfered in the assay.

[BIBLIOGRAPHY]

Creatin: 200 mg/dL

- 1. Chang, SY, Bowman, BH, Weiss, JB, Garcia, RE and White, TJ. The origin of HIV-1 isolate HTLV-IIIB. Nature (1993) 3:363:466-9
- 2. Arya, SK, Beaver, B, Jagodzinski, L, Ensoli, B, Kanki, PJ, Albert, J, Fenyo, EM, Biberfeld, G, Zagury, JF and Laure, F. New human and simian HIV-related retroviruses possess functional transactivator (tat) gene. Nature (1987) 328:548-550
- 3. Caetano JA Immunologic aspects of HIV infection. Acta Med Port (1991) 4 Suppl 1:52S-58S
- 4. Janssen, RS. Satten, GA. Stramer, SL. Rawal, BD. O'Brien, TR. Weiblen, BJ. Hecht, FM. Jack, N. Cleghorn, FR, Kahn, JO, Chesney, MA and Busch MP. New testing strategy to detect early HIV-1 infection for use in incidence estimates and and for clinical and prevention purposes. JAMA (1998) 280(1): 42-48
- 5. Travers, K, Mboup, S, Marlink, R, Gueye-Nidaye, A, Siby, T, Thior, I, Traore, I, Dieng-Sarr, A, Sankale, JL and Mullins, C. Natural protection against HIV-1 infection provided by HIV-2. Science (1995) 268:1612-1615
- 6. Greenberg, AE, Wiktor, SZ, DeCock, KM, Smith, P, Jaffe HW and Dondero, TJ, Jr. HIV-2 and natural protection against HIV-1 infection. Science (1996) 272:1959-1960





ACRO BIOTECH, Inc.

9500 Seventh Street, Unit M, Rancho Cucamonga, CA 91730, U.S.A.

Distributed By: Egyptian Trade Imp & Exp CO

Add- Desouk - Kafr El-Sheikh Egypt samy@et-egy.com www.et-egy.com

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